

PROTECTING

the Abused & Neglected Child



**A Guide for Recognizing & Reporting
Child Abuse & Neglect**



Every child has the basic human right to be safe.

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Introduction

Every child has the basic human right to be safe. Child abuse and neglect threaten a child's safety by placing him/her at risk of physical and emotional injuries and even death. Child abuse and neglect occur in all cultural, ethnic, occupational, and socioeconomic groups.

While the true extent of child abuse and neglect is not completely known, The National Clearinghouse on Child Abuse and Neglect estimates that, in 2005, 3.3 million reports were received by CPS agencies in the United States alleging that children were maltreated by their parents or guardians. Nationally, approximately 1,460 children die each year as a result of maltreatment. During 2006, Washington State CPS received more than 78,700 reports of child abuse and neglect, and more than 37,000 of them were screened in for investigation or other intervention.

Parents have the fundamental right to raise their children, and our community presumes that parents will act in their children's best interest. When parents do not protect children from harm and put them at risk of abuse or neglect, the community has a responsibility to intervene to protect the health and welfare of children.

While everyone should be concerned about child abuse and neglect, certain professionals and other individuals are required by law to report suspected child abuse or neglect. This brochure is designed to serve as a guide for understanding the child abuse reporting law. For further information, contact the Department of Social and Health Services, Division of Children and Family Services (DCFS), CPS, or your local law enforcement agency.

Purpose of the Child Abuse Reporting Law

The purpose of the Washington State law, Revised Code of Washington (RCW) Chapter 26.44, is to protect children who have been non-accidentally injured, sexually exploited, or deprived of the right to minimal nurture, health, and safety by their parents, custodian, or guardian.

While the State respects the bond between parent/guardian and child, the State does assert the right to intervene for the general welfare of the child when there is a clear and present danger to the child's health, welfare, or safety. The State does not intend to interfere with reasonable parental discipline and child-raising practices that are not injurious to the child.

It is the intent of the law that comprehensive protective services will be provided for abused, neglected, exploited, and abandoned children found in Washington State. CPS aims to assist parents or persons legally responsible for abused children to overcome the problems leading to abuse and neglect, strengthen families, and improve the general welfare of abused and neglected children.

"Mandated reporters" are persons or groups of persons who have frequent contact with children and families and are required by Washington's State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency (RCW 26.44.030). It is the intent of the law that these designated persons, who are in positions to identify children who are at risk from abuse and neglect, will report suspected child abuse and neglect so that the need for protective services can be assessed.

Recognizing Child Abuse and Neglect

Washington statute defines **child abuse or neglect**:

'Abuse or neglect' means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety... or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. (RCW 26.44.020).

Negligence is further defined as:

'Negligent treatment or maltreatment' means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100. When considering whether a clear and pres-



*Learn
the signs
of child
abuse &
neglect.*

ent danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself. (RCW 26.44.020).

Types of Child Abuse

Physical Abuse:

Physical abuse means the non-accidental infliction of physical injury on or physical mistreatment of a child. Physical abuse includes, but is not limited to, such actions as:

1. Throwing, kicking, burning, or cutting a child;
2. Striking a child with a closed fist;
3. Shaking a child under age three;
4. Interfering with a child's breathing;
5. Threatening a child with a deadly weapon;
6. Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child's health, welfare, and safety. (WAC 388-15-009).

Sexual Abuse:

Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.

Sexual Exploitation:

Sexual exploitation includes, but is not limited to, such actions as allowing, permitting, compelling encouraging, aiding, or otherwise causing a child to engage in:

1. Prostitution;
2. Sexually explicit, obscene, or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted; or
3. Sexually explicit, obscene, or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

Negligent Treatment or Maltreatment:

Negligent treatment or maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child of such magnitude that it creates a clear and present danger to the child's health, welfare, or safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare, or safety. Negligent treatment or maltreatment includes, but is not limited, to:

1. Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, or safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves;
2. Actions, failures to act, or omissions that result in injury to or that create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or

3. The cumulative effects of a pattern of conduct, behavior, or inaction by a parent or guardian in providing for the physical, emotional, and developmental needs of a child, or the effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child.

Abandonment:

A parent or guardian abandons a child when the parent or guardian is responsible for the care, education, or support of a child and:

1. Deserts the child in any manner whatsoever with the intent to abandon the child;
2. Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as food, water, shelter, clothing, hygiene, and medically necessary health care; or
3. Forgoes for an extended period of time parental rights, functions, duties, and obligations despite an ability to exercise such rights, duties, and obligations.

Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of itself, but a pattern of criminal activity or repeated or long-term incarceration may constitute abandonment of a child.

Recognizing Child Abuse and Neglect: Signs and Symptoms

The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family; however, when these signs appear repeatedly or in combination, you should take a closer look at the situation and consider the possibility of child abuse.

The following signs may signal the presence of child abuse or neglect.

● **THE CHILD:**

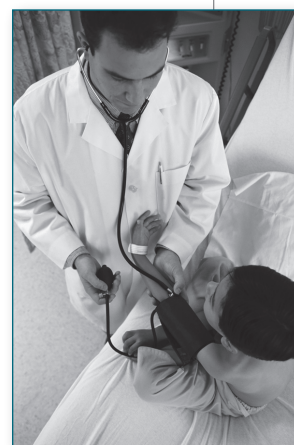
- Shows sudden changes in behavior or school performance.
- Has not received help for physical or medical problems brought to the parents’ attention.
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Is always watchful, as though preparing for something bad to happen.
- Lacks adult supervision.
- Is overly compliant, passive, or withdrawn.
- Comes to school or other activities early, stays late, or does not want to go home.

● **THE PARENT:**

- Shows little concern for the child.
- Denies the existence of—or blames the child for—the child’s problems in school or at home.
- Asks teachers or other caretakers to use harsh physical discipline if the child misbehaves.
- Sees the child as entirely bad, worthless, or burdensome.
- Demands a level of physical or academic performance the child cannot achieve.
- Looks primarily to the child for care, attention, and satisfaction of emotional needs.

● **THE PARENT & CHILD:**

- Rarely touch or look at each other.
- Consider their relationship entirely negative.
- State that they do not like each other.





Consider the possibility of *PHYSICAL ABUSE* when:

● **THE CHILD:**

- Has unexplained burns, bites, bruises, broken bones, or black eyes.
- Offers conflicting explanations as to how the injury occurred.
- Has fading bruises or other marks noticeable after an absence from school.
- Is frightened of the parents and protests or cries when it is time to go home.
- Shrinks at the approach of adults.
- Reports injury by a parent or another adult caregiver.

● **THE PARENT OR OTHER ADULT CAREGIVER:**

- Offers conflicting, unconvincing, or no explanation for the child's injury.
- Describes the child as "evil," or in some other very negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.

Consider the possibility of *NEGLECT* when:

● **THE CHILD:**

- Is frequently absent from school.
- Begs or steals food or money.
- Lacks needed medical or dental care, immunizations, or glasses.
- Is consistently dirty and has severe body odor.
- Lacks sufficient clothing for the weather.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.

● **THE PARENT OR OTHER ADULT CAREGIVER:**

- Appears to be indifferent to the child.
- Seems apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Is abusing alcohol or other drugs.

Consider the possibility of *SEXUAL ABUSE* when:

● **THE CHILD:**

- Has difficulty walking or sitting.
- Suddenly refuses to change for gym or to participate in physical activities.
- Reports nightmares or bedwetting.
- Experiences a sudden change in appetite.
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior.
- Becomes pregnant or contracts a venereal disease, particularly if under age 14.
- Runs away.
- Reports sexual abuse by a parent or another adult caregiver.

● **THE PARENT OR OTHER ADULT CAREGIVER:**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex.
- Is secretive and isolated.
- Is jealous or controlling with family members.

Consider the possibility of *EMOTIONAL MALTREATMENT* when:

Emotional Maltreatment is not specifically defined in Washington State law. However, emotional maltreatment may occur at the same time with other forms of maltreatment.

● THE CHILD:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression.
- Is inappropriately acting like an adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example).
- Is delayed in physical or emotional development.
- Has attempted suicide.
- Reports a lack of attachment to the parent.

● THE PARENT OR OTHER ADULT CAREGIVER:

- Constantly blames, belittles, or berates the child.
- Is unconcerned about the child and refuses to consider offers of help for the child’s problems.
- Overtly rejects the child.

Potential Child Abuse and Neglect Situations

Domestic Violence:

There is a high co-occurrence of domestic violence in cases of child abuse and neglect. However, a child’s exposure to domestic violence in and of itself, does not constitute child abuse and neglect. Domestic Violence is considered child abuse and neglect when it causes harm or creates a clear and present danger of harm to the child’s health, welfare, or safety.

Corporal Punishment:

“Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child’s misconduct. A parent’s belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.” (WAC 388-15-009)

“The following actions are presumed unreasonable when used to correct or restrain a child: (1) Throwing, kicking, burning, or cutting a child; (2) striking a child with a closed fist; (3) shaking a child under age three; (4) interfering with a child’s breathing; (5) threatening a child with a deadly weapon; or (6) doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks. The age, size, and condition of the child and the location of the injury shall be considered when determining whether the bodily harm is reasonable or moderate. This list is illustrative of unreasonable actions and is not intended to be exclusive.” (RCW 9A.16.100)

Corporal punishment is not permitted in public schools, foster homes, group homes, and other child-care facilities.

Unsupervised or “Latchkey” Children:

Washington laws do not set a specific age for when a child legally can stay alone. Age alone is not a very good indicator of a child’s maturity level. Some very mature 10-year- old children may be ready for self care while some 15-year-old children may not be ready, due to emotional problems or behavioral difficulties.

Failure to Obtain Medical Care:

Failure of a parent or caregiver to provide needed health care treatment for a condition that, if untreated, could result in illness, developmental delays, or endangerment can be reported to CPS as suspected medical neglect. Children with medically diagnosed diseases or disabilities or under the care of a medical practitioner are at increased risk for medical neglect.



*When
children
disclose,
take them
seriously.*

Prenatal Substance Abuse

In 2003, Congress enacted the Keeping Children and Families Safe Act, which requires each state to develop policies and procedures “to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.”

In Washington State, health care providers are mandated reporters and are required to notify CPS when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected, this may indicate child abuse/neglect and should be reported. It is critical that mandated reporters provide as much information regarding issues/behaviors, risk factors, or positive supports that were observed during the interaction with the family.

Newborn Safety Act

The Newborn Safety Act is an act relating to the safety of newborn children. The Legislature’s intent in passing this law was to assure abandonment does not occur and all newborns have an opportunity for adequate health care and a stable home life. The Legislature intends to increase the likelihood pregnant women will obtain adequate prenatal care and will provide their newborns with adequate health care during the first few days of their lives.

This law allows the parent to transfer a newborn (less than 72 hours old) anonymously and without criminal liability if the transfer to a qualified person is at an appropriate location. A qualified person is defined as “any person that the parent transferring the newborn reasonably believes is a bona fide employee, volunteer, or medical staff member of the hospital or federally designated rural health clinic and who represents to the parent transferring the newborn that he or she can and will summon appropriate resources to meet the newborn’s immediate needs; or a fire fighter, volunteer, or emergency medical technician.”

An appropriate location is defined under this legislation as “the emergency department of a hospital licensed under chapter 70.41 RCW during the hours the hospital is in operation; or a fire station during its hours of operation and while fire personnel are present; or a federally designated rural health clinic during its hours of operation.” (RCW 13.34.360)

Reporting Child Abuse and Neglect

Why should I report?

The purpose of mandated reporting is to identify suspected abused and neglected children as soon as possible so they can be protected from further harm. CPS cannot act until a report is made. Mandated reporters play a critical role in preventing any future harm to children. Without detection, reporting, and intervention, a child may die as a result of severe abuse or neglect, or remain a victim for the rest of his/her life.

Reporting should be regarded as a request for an investigation into a suspected incident of abuse or neglect; a report does not necessarily constitute a proven fact – it is the raising of a question about the condition or state of a child. Making a report can begin a process that can help parents learn to care for and protect their own children.

Who must report?

Anyone who has reasonable cause to believe that a child has suffered abuse or neglect can, in good faith, report. If you are identified as a mandated reporter, you are required by law to report your concerns to the local Children’s Administration (CA) office, Child Abuse Hotline or law enforcement.

State law RCW 26.44.030 requires the following people to report:

- **Medical practitioners** (licensed health service providers, including: podiatrists, optometrists, chiropractors, registered or licensed nurses, dentists, osteopaths, surgeons, physicians and religious healing practitioners)
- **Professional school personnel** (including, but not limited to, teachers, counselors, administrators, child care facility personnel and school nurses)

- **“Social services counselor”** (anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support or education of children, or providing social services to adults or families, including mental health, drug and alcohol treatment, and domestic violence programs)
- **Coroners, medical examiners and licensed pathologists**
- **Registered pharmacists**
- **Licensed or certified child care providers or their employees**
- **Department of Social and Health Services employees**
- **Juvenile probation officers**
- **Law enforcement**
- **Department of Corrections employees** who become aware of possible child abuse or neglect during the course of their employment
- **Staff of responsible living skills programs or HOPE centers**
- **Staff or volunteers in the Family and Children’s Ombudsman Office**
- **Any adult who resides with a child suspected to have suffered severe abuse**
- **Any supervisor with a nonprofit or for-profit organization** which has a reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a child or children as part of the employment, contract, or voluntary service
- **Guardians ad litem (GALs)**
- **Court Appointed Special Advocates (CASAs)**

When should I report?

If there is reasonable cause to believe that a child has suffered abuse or neglect, the report must be made at the first opportunity, but in no case longer than 48 hours. The report must include the identity of the accused, if known.

What if I’m not sure I should make a report?

You should discuss the situation with your local CA office or Child Abuse and Neglect Hotline. If you are in doubt about what should be reported, it is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected.

What if the abuse occurred in the past?

The reporting requirement does not apply to abuse or neglect that occurred during childhood if it’s discovered after the child has become an adult. However, if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused, the requirement does apply.

Who do I make a report to?

CA offices in local communities receive and investigate reports of suspected child abuse and neglect. CPS Intake staff receive reports either by phone, mail, or in person and assess these reports to determine if the report meets the legal definition of abuse or neglect, and how dangerous the situation is.

Each school district has child abuse or neglect reporting protocol. Check with your local district to find out who to report to. Remember, the law requires a mandated reporter to make a report or CAUSE a report to be made.

CA offers several ways to report abuse: 1-866-EndHarm (1-866-363-4276)

- **Daytime:** Contact a local CA CPS office. A local CPS office can be located on the following link: <https://fortress.wa.gov/dshs/f2ws03apps/caofficespub/offices/general/OfficePick.asp>
- **Nights & Weekends:** Call the Child Abuse and Neglect Hotline at **1-866-ENDHARM (1-866-363-4276)**. This number is Washington State’s toll-free, 24-hour, 7-day-a-week hotline for reporting suspected child abuse or neglect.
- **Information about reporting abuse and neglect of children can be located at:** <http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2>



What information will I be asked to provide?

Reports to CPS or a law enforcement agency MUST contain the following information, if known:

- The name, address, and age of the child and parent(s).
- The nature and extent of the child abuse or neglect.
- Any information about previous incidences of abuse or neglect.
- Whether the mother or father is of Indian ancestry.

It is extremely important to provide information about risk and protective factors. This information will assist the Intake worker in determining whether the situation meets the legal definition of child abuse or neglect or risk of imminent harm. Examples of this information include:

- Extended family members.
- Family strengths that can help the parent(s) care for and protect the children.
- Parent's(s') socioeconomic status.
- Parent's(s') resources and family strengths.
- Previous history of mental health disorder.
- History of substance use.
- Parent's(s') response to interventions, etc.

If a crime has been committed, law enforcement must be notified. The name of the person making the report is not a requirement; however, mandated reporters must provide their name in order to satisfy their mandatory reporting requirement.

Must I give my name?

As a mandated reporter, you are required by law to report. When you give your name, it will be documented that you have met your legal obligation to report suspected child abuse or neglect. This also makes it possible for CA to contact you later if additional information is needed.

Can I be sued for making a report?

Any person who in good faith makes a report or gives testimony in regard to possible child abuse or neglect is immune from civil or criminal liability. Any administrator of a hospital or similar institution or licensed physician taking a child into custody, such as in the instance when a hospital hold is warranted, is also immune from liability (RCW 26.44.060)

What happens if someone knowingly makes a false report?

The law seeks to prevent reporting that can occur as a result of family or neighborhood disputes. A person who, intentionally and in bad faith, knowingly makes a false report of alleged abuse or neglect shall be guilty of a misdemeanor punishable in accordance with the RCW (RCW 9A.20.021).

What if I do not report?

Under Washington state law, mandated reporters who knowingly fail to make a report, or cause a report to be made, shall be guilty of a gross misdemeanor (RCW 26.44.080).

Upon receiving a report of alleged child abuse or neglect, the law (RCW 26.44.030) gives CPS access to all relevant records about a child in the possession of mandated reporters and their employees.

Should I tell the parents I made a report?

The law does not give you a choice about reporting, but you don't have to tell the parents about your CPS report. If you choose to inform the parents after you have made the report and CPS has made contact, it's important that you be honest. Often parents will respect your honesty, even though they may disagree with the position you've taken. You might explain that you are required by law to report all situations of neglect or injury to children caused by questionable or other-than-accidental means.

You can describe filing a report of suspected child abuse or neglect as “making a referral to request help and services for the child and family.” Making a report is a way to protect the child from further harm and to improve family relationships.

There may be some instances in which you will not want to inform the parents of your report to CPS. These instances include: a situation when the child’s safety would be jeopardized by the parent’s knowing the child has disclosed information to you or when a child is in imminent danger and you believe the parent might run away with the child.

Responding to the Child

How should I respond to a child who reports being abused or neglected?

DO:

- Remain calm. A child may retract information or stop talking if he/she senses a strong reaction.
- Find a private place to talk without interruptions.
- Put the child at ease by sitting near him/her, not behind a desk.
- Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused.
- Reassure the child that he/she is not in trouble.
- Use the child’s vocabulary.
- Let the child know what you will do: “We need to tell (name). He/she knows how to help children and families.”
- Support the child: “I’m sorry that happened to you.”
- Do what you can to make certain the child is safe from further abuse.

DO NOT:

- Press for details. You do not need to prove abuse or neglect.
- Ask “why” questions. These questions require children to explain actions that they may or may not understand.
- Promise that you will not tell anyone about the child’s disclosure of possible abuse or neglect.
- Ask leading or suggestive questions.
- Make angry or critical comments about the alleged perpetrator. The child often knows, loves, or likes this person.
- Disclose information indiscriminately, keeping in mind the child’s right to privacy.
- Make the child feel different or singled out.
- Investigate a case yourself. Call the police or CPS.

The CPS Response

What happens after a report is made?

When suspected child abuse or neglect is reported, CA Intake staff determines whether the situation described meets the legal definition of child abuse or neglect. In order for CPS to intervene, the report must meet the legal definition of child abuse or neglect, or there is risk of imminent harm to the child.

Referrals that contain sufficient information may be assigned for investigation or other community response.

CPS investigations include the following:

- Determining the nature and extent of abuse and neglect.
- Evaluating the child’s condition, including danger to the child, the need for medical attention, etc.
- Identifying the problems leading to or contributing to abuse or neglect.
- Evaluating parental or caretaker responses to the identified problems and the condition of the child and their willingness to cooperate to protect the child.
- Taking appropriate action to protect the child.
- Assessing factors which greatly increase the likelihood of future abuse or neglect and the family strengths that serve to protect the child.



*CA
offers
several
ways to
report
child
abuse &
neglect.*

If a child is of Native American ancestry, CPS staff must follow the requirements of the Indian Child Welfare Act, state laws, and the WAC.

Reasonable efforts are made to assure the abused or neglected child is protected from further experiences and conditions that are detrimental to healthy growth and development, and to assure the child will receive the essentials for well-being and development either in the child's own home or in appropriate substitute care.

What happens if a report does not meet the definition of child abuse or neglect?

When CA receives information that does not meet the definition of child abuse or neglect and CA does not have the authority to investigate. Intake staff document this information in the systems database as an "Information Only" referral.

If CPS decides not to respond and you disagree with this decision, you may discuss your concerns with the Intake Supervisor. When a case is not appropriate for CPS, you may consult with the local CA office for suggestions or guidance in dealing with the family.

What services may be provided?

CPS provides services to abused/neglected children and their families without regard to income. Rehabilitative services for prevention and treatment of child abuse are provided by the Department of Social and Health Services and other community resources (there may be a charge for these services). Services to children and families may include:

- Home support specialist services
- Day care
- Foster family care
- Financial and employment assistance
- Parent aides
- Mental health services, such as counseling, for parents, children, and families
- Psychological and psychiatric services
- Parenting and child management classes
- Self-help groups
- Family preservation services

What if a child must be removed from home?

Emergency Situations – Protective Custody Procedures: Law enforcement may take a child into protective custody without a court order in emergent situations where there is a clear and present danger to a child's health, safety, or welfare. Probable cause must exist to believe the child is abused or neglected, and the child would be injured or could not be taken into custody if it were necessary to first obtain a court order. CPS and law enforcement are authorized to interview children wherever they are located and to photograph a child for the purpose of providing documentary evidence of the child's physical condition.

Children taken into protective custody are generally placed in shelter care and their parents notified immediately. Unless there is reasonable cause to believe the health, safety, or welfare of the child would be jeopardized or efforts to reunite the parent and child will be hindered, priority placement for a child in shelter care shall be with any person related to the child, as defined under RCW 74.15.020(2)(a).

If legal action is required, the parents/guardians have the right to proper notice and summons, to be a party to legal proceedings, and to legal counsel. The child has the right to have a guardian ad litem or counsel appointed.

CA social workers must identify a child as Native American early in the case activity. Such early identification is necessary to ensure compliance with requirements of the Indian Child Welfare Act and the involvement of the tribe in the development of the case plan.

Physicians or hospital administrators may detain a child without the consent of the person legally responsible for the child, whether or not medical treatment is required, if they have reasonable cause to believe that releasing the child would place the child in imminent danger. If a physician or hospital administrator makes

a decision to detain a child, he/she must notify CPS or law enforcement as soon as possible and in no case longer than 72 hours.

CPS shall, upon notification, assess the need for the child to remain in protective custody. If the child cannot be safely returned home, CPS will notify the parents, place the child into temporary shelter care, and file a petition with the Juvenile Court. A shelter care hearing will be held within 72 hours, excluding Saturdays, Sundays, and holidays, to review the need for out-of-home placement.

CPS will also explore less restrictive and voluntary options with parents who are available and able to participate in planning for the continued safety of their child.

Questions and Concerns About Reporting Suspected Child Abuse and Neglect

Will my name be revealed as the reporter?

RCW 13.50.100(7)(c) permits (but does not require) CA to delete the name and identifying information of persons reporting allegations of suspected child abuse or neglect. CA generally does not delete the names of mandated reporters, but does delete the names of other reporters. However, CA will delete the name of a mandated reporter if it appears disclosure of the name will create a risk of harm to the reporter or to the child. Even where a reporter's name is deleted, a family may be able to identify the reporter. Additionally, if the case is brought into court or to an administrative hearing, the reporter's identity may be revealed either during the judicial/administrative proceedings or earlier, if the juvenile, his or her parents, the juvenile's attorney and the juvenile's parent's attorney, requests the information.

What is my responsibility *AFTER* reporting child abuse or neglect?

Most often, CPS and/or law enforcement will investigate the report independently and may not require any further assistance from the reporter. Occasionally, court action is necessary, and in some instances, the reporter may be asked to testify in court regarding his/her personal knowledge of the facts of the case.

Will I receive feedback from CPS?

Mandated reporters may request information about the decision to investigate and receive a brief summary of CPS activity in response to the referral. CPS may not divulge further information about the child or family unless there is a continuing service plan and the reporter is a professional helping to treat the child abuse or neglect issue.

Legal Authority for CPS Investigation

Release of Records to CPS

CPS may request records about a child kept by mandated reporters for review during a CPS investigation. RCW 26.44.030 (11) grants CPS the authority to access these records.

Interviewing the child without parental consent and outside the presence of the parents.

RCW 26.44.030 (10) states upon receiving reports of alleged abuse or neglect, CA or law enforcement agency may interview children. The interviews may be conducted at: school premises, day-care facilities, the child's home, or at other suitable locations outside of the presence of parents. Parental notification of the interview must occur at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.

Prior to beginning the interview, CA or law enforcement agency shall determine whether the child wishes a third party to be present for the interview and, if so, shall make reasonable efforts to accommodate the child's wishes. Unless the child objects, CA or law enforcement agency shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation.



Photographs

Washington law allows the CPS worker to take photographs of a child for the purpose of documenting the physical condition of the child (RCW 26.44.050).

CA Resources

- **Medical Consultation Network**

CPS, law enforcement, prosecuting attorneys, Washington State Attorney General's Office, and health care providers can access expert medical consultation on cases of child abuse or neglect.

Contact **Child Protection Medical Consultant's** at: **206.987.2194**

After Hours: **206.987.2000**

The University of Washington contracts with CA to offer this service through a statewide network of practicing physicians. Training on issues of child abuse or neglect is also available.

- **Child Protection Teams (CPT)**

CPS has CPTs in every community who volunteer to staff cases, review issues, and assist in treatment planning for child victims and their families.

- **Family Team Decision Making (FTDM)**

FTDMs are held whenever a decision needs to be made about where a child should live. The meetings are facilitated by trained social workers within CA and are attended by biological parents, extended family members, caregivers, community members, service providers and social workers. FTDMs are designed to build a "team" of individuals which will work together to increase child safety and create a network of support for the child and the adults who care for the child.

For Families and Youth

- **Families and Youth in Conflict**

Families who are in conflict or who are experiencing problems with at-risk youth or a child who may be in need of services may request Family Reconciliation Services (FRS) from CA. The purpose of FRS is to preserve, strengthen, and help families. The range of services are provided to develop skills and supports within families to maintain the family as a unit and prevent out-of-home placement of adolescents. FRS is free, voluntary, and family-focused.

Help to Protect Our Children

Abuse and neglect place children at great risk of physical and emotional injuries and even death.

Take the following steps to help:

- Know the signs of child abuse and neglect (see page 2).
- When children have the courage to tell you about abuse or neglect, take them seriously.
- When you suspect or know of incidents of child abuse or neglect, contact your local CPS office or your local law enforcement agency.
- *You may also contact:*

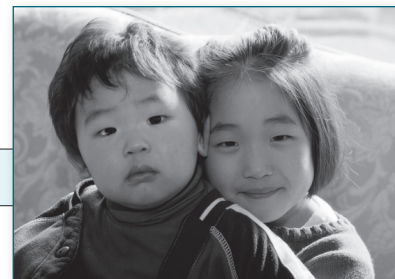
1.866.EndHarm (1.866.363.4276)

This toll-free, statewide number is available 24 hours a day.

Hearing impaired inquiries may be directed to:

TDD: 360.902.7906 (Weekdays from 8:00 a.m. to 5:00 p.m.)

TTY Callers: 1.800.624.6186 to place a direct TTY call.



Help address Racial Disproportionality – A National and Washington State Focus

Racial disproportionality occurs when the population of children of color in any system including the child welfare system is higher than the population of children of color in the general population. Disproportionality exists even though studies have shown that there is no difference between races in the likelihood a parent will abuse or neglect a child.

In 2007, Substitute House Bill 1472 created the Washington State Racial Disproportionality Advisory Committee. Using Children's Administration 2004 data, the committee reported the greatest disproportionality for children of color in Washington State occurs when:

- The initial referral to child Protective Services (CPS) is made.
- The decision to remove the child from the home is made.
- A child is in care for over two years.

Disproportionality begins with the decision of whether to refer a child to CPS. In 2004, mandated reporters submitted about 60 percent of all referrals to CPS. Disproportionality in Indian, Black, and Hispanic populations does not seem to be related to the type of referrer (i.e. non-mandated or mandated reporter). However, these children are more likely to be poor; therefore more likely to be exposed to mandated reporters as they turn to the public social service system for support in times of need. Ultimately, disproportionality will continue to exist if referral rates are not addressed.

In order to successfully improve outcomes for children at risk all of us must:

- Be culturally aware and sensitive as well as aware of one's own bias.
- Identify and understand the importance of a child's natural community including family (paternal and maternal), ethnicity, race, and cultural ties.
- Identify tribal affiliation (including which tribe, whether they are living on a reservation, receive Indian specific services, etc).
- Identify a child's Tribe having jurisdiction (past or present).
- Team with the community to provide protection and higher quality service delivery.

Please join us in the search for better ways to improve opportunities and outcomes for children of color.

To see the Racial Disproportionality and Disparity in Washington State Child Welfare – Remediation Plan go to <http://www.dshs.wa.gov/ca/pubs/disproportion.asp>.



DSHS TOLL FREE
1-866-*ENDHARM*

Voice/TTY Accessible

1-866-363-4276

Washington State Department of Social and Health Services

