

PROTOCOL FOR: Abuse: Child Physical Abuse, Neglect, Sexual Abuse

- POLICIES:** 1. In accordance with the Child Welfare Act, Connecticut General Statutes 17-32 to 52b amended 1983, *Connecticut Acts 43* amended 1988; any case of suspected child abuse, neglect or at-risk situation must be reported to the Department of Children and Families (DCF). The following Hospital and Health Systems professionals are mandated reporters:

Physicians	Police Officers
Surgeons	Medical Examiners
Resident physicians and interns	Chiropractors
Physician assistants	Psychologists
Dentists and dental hygienists	Social Workers
Podiatrists	Mental Health Professionals
Registered Nurses	Members of the clergy
Licensed Practical Nurses	Optometrists
Licensed Substance Abuse Counselors	Physical therapists
School teachers, principals	Pharmacists
Guidance counselors, school coaches	Day Care Employees
Emergency medical service providers	Sexual assault counselors
Pattered women's counselors	Probation/parole officers
Licensed Marital and Family Therapists	

2. A physician or facility must report to Department of Children and Families (DCF) on consultation, examination and treatment for venereal disease on any child under age thirteen (Connecticut General Statute 19a-216).
3. The Social Work Department at John Dempsey Hospital will be notified of any child suspected of being abused, neglected or at risk for abuse or neglect.

SUPPORTIVE DATA: Legal immunity from any civil or criminal liability related to a mandatory report is provided to those who report in good faith. Failure to report can result in a fine of between \$500.00 and \$2500.00.

1. Suspected child abuse is defined as any child under the age of eighteen who has had physical injury or injuries inflicted upon him/her other than by accidental means by a person responsible for his/her health, welfare or care or by a person given access to the child by the responsible person or who has injuries which are at variance with the history given of them, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual abuse, sexual exploitation, deprivation of necessities, emotional maltreatment or cruel punishment or has been neglected [Connecticut General Statute 17a - 101(b) and 46b - 120].
2. Child neglect is defined as any child under eighteen who has been abandoned, or is being denied proper care and attention, physically, emotionally or morally or is being permitted to live under conditions, circumstances or associations injurious to his well being (Connecticut General Statute 46b - 120).

Exception: The treatment of any child by an accredited Christian Science practitioner shall not itself constitute neglect or maltreatment (Connecticut General Statute 17a - 104 and 46b - 120).

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3. Child at Risk is defined as reasonable cause to believe or suspect a child is in danger of being abused as opposed to belief that the abuse has actually occurred. An example would be a child who resides in a violent home or a child whose caretaker is a drug addict (Connecticut General Statute 17a - 102).

DESIRED PATIENT

- OUTCOMES:**
1. The patient's safety will be maintained while hospitalized.
 2. The patient will receive the appropriate referrals and follow-up care.
 3. The patient will be discharged to a safe environment.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Assess for signs and symptoms of possible child physical abuse:
 - a. Child self-reports abusive incidents/environment
 - b. Child developmentally incapable of specified self-injury
 - c. Bruises, wounds or injuries in various states of healing implying repeated exposure to trauma, especially in head or neck region
 - d. Parental/caregiver delay in seeking treatment
 - e. History of repeated injuries or hospitalization
 - f. Passive, accepting, frightened behavior exhibited by child
 - g. Inappropriate response to the severity of injury by parent/caregiver
 - h. Patterns left by whatever was used to inflict injury (teeth, ropes, hands, cigarette tips, etc.)
 2. Assess for signs and symptoms of possible child neglect:
 - a. Child self-report neglectful incidents/environment
 - b. Malnutrition/failure to thrive
 - c. Poor hygiene
 - d. Unattended medical/dental problems
 - e. Lack of proper immunizations
 - f. Abandonment
 - g. Developmentally delayed, dull, inactive, excessively passive and fatigued.
 3. Assess for signs and symptoms of possible child sexual abuse:

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- a. Child self-reports a history of sexual abuse
 - b. Trauma, bleeding or unusual dilation of vaginal/rectal openings
 - c. Vaginal or penile discharge
 - d. Vaginal, rectal or penile lacerations
 - e. Foreign body in the urethra, vagina or rectum
 - f. Pregnancy in young adolescents
 - g. Sexually transmitted diseases
 - h. Gait disturbances
4. Assess parents or guardians or persons entrusted with the care of a child or youth for characteristics of possible abusive and/or neglectful behavior:
- a. Lack of emotional response at time when assistance is being sought for child. May appear noncommittal and unconcerned about child's condition.
 - b. Unconvincing explanations of child's injuries, sometimes with marked discrepancies between history offered and child's condition.
 - c. Contradictory explanations if parents/guardians interviewed separately.
 - d. History of several doctors for child. Abusing parents often "doctor shop" seeking aid from a variety of sources in order to avoid detection.
 - e. Past history of abuse.
 - f. Expectations and requirements of a child which are unreasonable in view of age and maturational level.
 - g. Unwarranted belief in the efficacy of physical force to promote acceptable behavior.
 - h. Parent was abused as child.
 - i. History of partner abuse.
 - j. Admission of child abuse.
5. If child abuse, child neglect, or child at risk is suspected, contact the Social Work Department at x2287. After hours and on weekends contact social worker on call (operator).

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6. Report any case of child abuse, neglect or child at risk to the Department of Children and Families (DCF). The report should be made to Child Abuse Hot Line 24 hours a day 1-800-842-2288. The report should be made as soon as practical but no later than twelve (12) hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm.

- PATIENT TEACHING:** 1. Educate family members regarding resources available for support/education.

- DOCUMENTATION:** 1. Reporter completes Form 136 (Appendix A) and mails the white copy to DCF (address on form) and forwards a copy to the Social Work Department MC-1620 (forms available through Department of Social Work and Emergency Department).

2. Document in the medical record any referrals made to DCF.

3. Document any education in the Patient and Family Teaching Record.

APPROVAL: Nursing Standards Committee
Department of Social Work

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