

A photograph of three children lying on their backs on green grass. The child on the left is wearing a blue polo shirt and dark sunglasses. The child in the middle is wearing a purple and white checkered shirt and purple sunglasses. The child on the right is wearing a purple t-shirt and colorful sunglasses. They are all smiling and looking towards the camera. The image is partially obscured by a diagonal blue gradient overlay that covers the right side of the slide.

Recognizing and Reporting Child Abuse and Neglect

**Created by the Cabinet for Health and Family Services,
Department for Community Based Services,
Division of Protection and Permanency**



To remain eligible for federal funding, states are required to have procedures for the reporting and investigation of abuse and neglect cases.

Child Abuse Prevention and Treatment Act of 1974 (CAPTA), Public Law: 108-36

Mandatory Reporting

What YOU need to know!

State law requires that anyone with a reasonable suspicion that a child is dependent, abused, or neglected is required to make a report to the Cabinet for Health and Family Services.

(KRS 620.030 (1))

KRS states failure to report is a criminal act. (KRS 620.030 (6))

The statute also states:

“No professional client or patient privilege shall be a ground for refusing to report under this section.”



Who is considered a mandatory reporter?

- Peace Officers
 - Coroners
- Medical Examiners
 - School Personnel
- Child Caring Personnel
 - Dentists
- Health Professionals
- Mental Health Professionals
 - Social Workers
 - Any Organization



The only cited exceptions are for “attorneys/clients” or the “clergy/penitent”

Legal Protection for Reporting Sources

KRS 620.050 (1): Good Faith Immunity:

Anyone acting upon reasonable cause in the making of a report has “good faith immunity” from liability, civil or criminal...That person also has the same immunity with respect to participation in any judicial proceeding resulting from such report or action.

KRS 620.050 (11): Confidentiality:

Identifying information concerning the individual initiating the report shall not be disclosed. Exceptions include:

- to law enforcement officials with a legitimate interest in the case;
- to members of multidisciplinary teams as defined by KRS 620.020 that operated under KRS 431.600;
- or under a court order, after the court has conducted an in camera review of the record of the state related to the report and has found reasonable cause to believe that the reporter knowingly made a false report.

Victim's Disclosure

- A “disclosure” is a statement from the alleged victim or other individual regarding an occurrence of maltreatment.
- Listen attentively, do not overreact.
- Do NOT attempt to interview the individual yourself or conduct your own investigation. *[KRS 620.040 (4) ... “other persons...do not have the authority to conduct internal investigations in lieu of the official investigations outlined in this section”]*
- If you hear a disclosure, witness an incident of maltreatment, or if you receive the information second-hand; at that moment, you become obligated under state law to make a report.

How do you make a report?

During regular business hours...

- Monday – Friday, 8:00 am – 4:30pm
[excluding holidays]
- Regional Centralized Intake
- Online by visiting this link:
<https://prdweb.chfs.ky.gov/ReportAbuse/>

After hours...

- Statewide Abuse Hotline
1-877-597-2331 (1-877-KYSAFE1)



Region	Contact Information
Eastern Mountain Breathitt, Floyd, Johnson, Knott, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike & Wolfe	Phone: 606-788-7132 Fax: 606-788-7110
Jefferson Jefferson County only	Phone: 502-595-4550 Fax: 502-595-0895
Northeastern Bath, Boyd, Bracken, Carter, Elliott, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Montgomery, Morgan, Robertson & Rowan	Phone: 888-351-8901 Fax: 606-920-2098
Northern Bluegrass Boone, Bourbon, Campbell, Carroll, Gallatin, Grant, Harrison, Kenton, Nicholas, Owen, Pendleton & Scott	Phone: 859-292-6550 Fax: 859-292-6400
Salt River Trail Anderson, Breckinridge, Bullitt, Franklin, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington & Woodford	Phone: 270-766-5099 Fax: 270-766-5257
Southern Bluegrass Boyle, Clark, Estill, Fayette, Garrard, Jessamine, Lincoln, Madison, Mercer & Powell	Phone: 859-245-5258 Fax: 859-271-3624
The Cumberlands Adair, Bell, Casey, Clay, Clinton, Cumberland, Green, Harlan, Jackson, Knox, Laurel, McCreary, Pulaski, Rockcastle, Russell, Taylor, Wayne & Whitley	Phone: 606-330-2192 Fax: 606-330-2178
The Lakes Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, Muhlenberg, Todd & Trigg	Phone: 270-388-4818 Fax: 270-388-4824
Two Rivers Allen, Barren, Butler, Daviess, Edmonson, Hancock, Hart, Henderson, Logan, McLean, Metcalfe, Monroe, Ohio, Simpson, Union, Warren & Webster	Phone: 270-651-0287 Fax: 270-651-0294

“But...what do I say?”

- Report only what you hear or see
- Do not try to interpret or paraphrase the child’s statement
- Do not add to/take away parts of the disclosure you feel are not important
- Provide objective information
- Provide as much information as you can about the family (contact information for the family, last known addresses, where the child(ren) attends school, if there are weapons suspected in the home). This will assist the worker in locating the victim and/or the family quickly.

“I know that you believe you understand what you think I said, but I'm not sure you realize that what you heard is not what I meant.”

- Robert McCloskey



What will DCBS ask?

- What is your name and relationship to the child or situation?
- What happened? (specific information regarding concerns and extent of the abuse, neglect, or dependency)
- What is the current location of the child?
- What is the current condition of the child?
- Do you have any knowledge of previous child abuse or neglect issues?
- Are there any immediate safety issues for the child or the investigator?
- What information do you have regarding the perpetrator? (name, relationship to the child, whereabouts, etc.)

Acceptance Criteria

Allegations are screened by centralized intake units based on the acceptance criteria.

The screening options are:

- Meets acceptance criteria
- Does not meet acceptance criteria
- Resource link
- Insufficient information
- Law enforcement assist

Acceptance criteria are based on the statutory definition of abuse, neglect, or dependency.
(Based on KRS 600.020 and 922 KAR 1:330)

“Anything that is not a safety issue is a value judgment.”

The Cabinet **does not** have the statutory authority to investigate allegations that are not related to identifiable safety issues.

Basic Definitions

Physical abuse: Non-accidental physical injury

Sexual abuse or exploitation: Use of the child for purposes of sexual stimulation; use of the child to engage in acts of prostitution, obscene or pornographic material

Neglect: Failure to provide essential protection, care, supervision, food, clothing, shelter, education or medical care necessary for the child's health and safety – considering the child's age

Dependency: The child is without essential protection, care, etc. not due to abuse or neglect

Human trafficking*: Child is subjected to engage in sexual acts or labor services in exchange for something of value (drugs, money, shelter, etc.)

**Only report that DCBS investigates maltreatment in which a non-caretaker is the alleged perpetrator. Caretaker perpetrators of human trafficking are also investigated.*

Types of Neglect

Supervision:

Age of the child (chronological and developmental), length of time the child is unsupervised, maturity of the child, availability of other adults/resources to the child, and safety hazards present in the home or neighborhood

Environmental:

A serious health and safety hazard is present (including: hazardous materials or chemicals, raw sewage, insufficient shelter, a fire/safety hazard, infestations of vermin or rodents)

Medical:

Untreated injury, illness, condition or disability that may: interfere with normal functioning and worsen without treatment, become life-threatening, result in permanent impairment

Risk of Harm:

Incapacitated caretakers, repeated exposure to domestic violence, exposure to a sexual offender

Types of Neglect, Cont'd

Educational:

Age of child, school's exhaustion of all resources, caretaker's neglect prevents child from attending, performing, etc.

Substance use/abuse:

Caretaker under the influence while caring for/driving child, their use has affected their ability to parent

Food:

Dietary needs not met, health impacted (i.e. malnutrition, dehydration, period of time)

Hygiene/Clothing:

Child's physical health is affected by caretaker's act or omission

Emotional injury:

Inflicted harm on child's emotional well-being by non-accidental means, often requires a QMHP assessment

Does Not Meet Criteria

DCBS does not accept reports when the situation does not meet the definition of abuse, neglect or dependency, or if the injury is a result of an accident, including:

- The reporting source has generalized feelings of concern regarding the welfare of the child, but does not give specific allegations that would indicate child abuse, neglect, or dependency;
- The report alleges corporal punishment appropriate to the age of the child, without injury, mark, bruise, or substantial risk of harm; or
- The report concerns child abuse inflicted by a person who is not in a caretaking role (except in cases of human trafficking). These reports are forwarded to the local law enforcement agency or the Kentucky State Police, as well as the Commonwealth's attorney or county attorney.



“How will I know if my report is accepted?”

State law prohibits the Cabinet for Health and Family Services from disclosing any confidential information about a case to anyone except as prescribed by statute:

Custodial parents, alleged perpetrators, court personnel, law enforcement, and specific professional providers (including school personnel) with a legitimate interest in the case.

Note:

KRS 620.050

So...what happens next?

When a report is accepted for investigation, social service workers have required timeframes to make contact with the victim.

Investigation Type	Initiation Timeframe
Imminent Risk	1 Hour
Physical Abuse (Non-Imminent)	24 Hours
Low Risk	48 Hours

These timeframes, as established by 922 KAR 1:330, are to assist the investigating worker in triaging cases to ensure that the most vulnerable victims are seen as soon as possible.

Investigation Steps

Assessment



- Interviews, Observations, Collaterals, Photos
- Records Collection, Forensic Evaluation, Service Referrals
- Risk Assessment, Substance Abuse Assessment



Consultation

- Consults with supervisor and regional management
- Staffing with county attorney

Results / Finding



- Substantiated, Unsubstantiated, In Need of Services
- Case disposition (open or close the case)
- Court Action, Removals, Family Team Meetings, Case Planning
- Notification of Findings



Investigators have 30
working days to
complete an
investigation but may
request additional
time if needed

What warrants an extension?

- Delays related to law enforcement
- Placement of child
- Obtaining external documentation or reports (medical examination, forensic assessments, autopsies, psychological assessments, etc.)
- On-site interviews from outside the county, region or state
- Inability to locate the family

Findings

Unsubstantiated: Sufficient evidence, indicators, or justification does not exist for the substantiation of abuse, neglect, or dependency.

In Need of Services: The overall assessment indicates low to moderate risk of maltreatment. If the issue or concern identified falls below the level that would indicate that a protection case needs to be opened, the parent is refusing services, or it is determined to be a low risk case, the case may be closed and an aftercare plan developed with the family that links them to community resources to prevent the reoccurrence of the reported incident.

Substantiated: The case is moderate to high risk, the issues necessitate removal of the child, or court activity is necessary to ensure the family's cooperation.

Opening a CPS case

- ❖ If the risk assessment identifies risks that need intervention, the case may move from investigation to ongoing.
- ❖ Shift from investigative role to assisting in parenting children safely.
- ❖ DCBS will provide “reasonable efforts.” Case plan is completed outlining services to match any needs identified in the assessment. Family and community partners participate in the case planning conference with the worker.
- ❖ If court active, the family’s case plan also becomes part of the court orders in the case.
- ❖ Worker will make at least monthly home visits to the family and child(ren), documenting progress and areas of concerns. Worker will also maintain contact with service providers involved with the family.
- ❖ The worker will initiate service referrals to assist the family, including First Steps, H.A.N.D.S, mental health services, child care assistance, etc.



Court Action & Removal



Emergency Custody Orders

If the child is at immediate risk...

- Worker staffs emergency removal with their FSOS and regional management;
 - Petitions are filed and emergency custody is requested;
 - If granted by the judge, the child is placed with an approved relative or in foster care;
 - Within 72 hours of an emergency custody order, a temporary removal hearing is held.
- **Law enforcement can remove a child up to 12 hours without a court order.**
- **Physicians and hospital administrators can place a child on a 72 hour hold without a court order.**

Court Action & Removal, Cont'd

Non-removal petitions

- With approval from the FSOS, a worker files a petition to make the case court active.
- This allows the case plan to become a court order which may help with compliance.
- Clients will be appointed legal representation if they cannot afford one.
- Children are appointed a guardian ad litem to represent their best interest in court.

Court Proceedings

- If you are subpoenaed to appear in court, contact the issuing attorney to discuss preparation for your testimony.
- You will need to be prepared with relevant and reliable information.
- Be prepared to testify truthfully in a clear and concise manner.
- Do not elaborate. Answer the questions you are asked to the best of your knowledge.
- If you are unsure, ask for the question to be clarified, repeated, or explained.
- Answer directly to the attorney and/or judge. Do not engage with clients from the stand.

Resources

The Blue Book: Reporting Child
Abuse, Neglect, and
Dependency

www.chfs.ky.gov/dcbs/dpp

Kentucky Child/Adult Protective
Services Reporting System

[https://prd.chfs.ky.gov/
ReportAbuse/home.aspx](https://prd.chfs.ky.gov/ReportAbuse/home.aspx)

Kentucky Child Abuse Hotline

1-877-KYSAFE1 (1-877-597-2331)

Office of the Ombudsman

1-800-372-2973

Recognizing child physical, sexual, emotional abuse and neglect



Physical Abuse

Definition: Non-accidental physical injury

Physical indicators:

- Suspicious bruises, burns, bites, broken bones, black eyes
- Patterned injuries (hand, belt, fly swatter, rope, other objects)
- Observation of a child being punched, hit, kicked - even if there are no current observable injuries
- Altercation between the child and caretaker

Behavioral indicators:

- Fearful of caretaker
- Shy away from touch
- Report of pain
- Wears unnecessary clothing to cover up
- Violent toward others or animals, or withdrawn

Physical Abuse, cont'd

Caregiver indicators:

- No explanation or vague explanation as to how injury occurred
- Aggressive toward others
- May blame child's sibling or others
- May delay seeking treatment for injury

Accidental versus Potentially Suspicious Injury

ACCIDENTAL	SUSPICIOUS
Shins	Upper arms
Lower arms	Anterior thigh
Under chin	Trunk
Forehead	Genitalia
Hips	Buttocks
Elbows	Face
Ankles	Ears
Bony prominences	Neck

Remember:
Inflicted bruises often have characteristic location, patterns, or shapes that can help differentiate them from accidental injuries.

Source: Visual Diagnosis of Child Abuse, American Academy of Pediatrics

Sexual abuse and exploitation

Definition: The use of the child for purposes of sexual stimulation; use of the child to engage in acts of prostitution, obscene or pornographic material

Physical indicators:

- May have trouble sitting or standing, or have stained, bloody or torn underclothes
- Blood in urine or feces
- Sexually transmitted disease or pregnancy in a young child
- Unusual itching or pain in the genital or anal area

Behavioral indicators:

- Sophisticated, age-inappropriate sexual knowledge
- Incontinence or soiling
- Fear of perpetrator or certain places (bedroom, bathroom, etc.)
- Older children may exhibit self-harm, eating disorders, running away, substance abuse

Sexual abuse and exploitation, cont'd

Caregiver indicators:

- Unusually protective or controlling of the child
- Jealous of child's relationship with peers or other adults
- May favor the child over siblings
- Demonstrates what appears to be sexual affection or with sexual overtones

Exploitation/human trafficking

Definition: Criminal activity whereby one or more child(ren) have been subjected to engage in criminal activity involving forced labor services or commercial sexual activity regardless of whether or not force, fraud or coercion is involved

Indicators:

- Unexplained truancy or is not enrolled in school
- Multiple runaway incidents with no explanation as to where child went
- References to frequent travel to other places
- Tattoos or branding
- Inappropriately dressed or dressed provocatively
- Sudden change in attire or possessions (expensive jewelry, clothes, accessories)
- Boyfriend who is noticeably older
- Multiple cell phones

Exploitation/human trafficking, cont'd

- Has multiple forms of IDs or fake IDs
- Access to one or more hotel key cards
- Moves frequently either in state or out of state
- Doesn't know what city, state, community they're in
- Inconsistencies in their story

Emotional Injury

Definition: Inflicted harm on child's emotional well-being by non-accidental means, often requires a QMHP assessment

Physical indicators:

- Bed wetting or soiling
- Frequent psychosomatic complaints (headache, abdominal pain)
- Has not attained significant developmental milestones

Behavioral indicators:

- Desperately seeks affection
- Loss of self confidence or self esteem
- Social withdrawal or loss of interest
- Decrease in school performance or loss of interest
- Depression

Emotional Injury, cont'd

Caregiver indicators:

- Unusually harsh or critical of child
- Calls child names or belittles child
- Unrealistic expectations
- Involves child in adult situations or attempts to sabotage child's relationship with another caretaker

Neglect

Definition: Failure to provide essential protection, care, supervision, food, clothing, shelter, education or medical care necessary for the child's health and safety – considering the child's age

Physical indicators:

- Consistently dressed inappropriately for the weather, or have ill-fitting, dirty clothes and shoes
- Consistently bad hygiene
- Malnourished
- Doesn't receive care for medical problems after the caretaker has been made aware
- Unsupervised or alone for an unacceptable amount of time
- Consistently sleepy or tired

Neglect, cont'd

Behavioral indicators:

- Poor school attendance or performance
- Poor social skills
- Overly compliant, passive or withdrawn
- Takes food or money without permission

Caregiver indicators:

- Fails to provide for child's basic needs or care
- Leaves child home alone or unsupervised
- Puts own needs before child's needs



If you are suspicious of abuse or neglect,
report it!

Kentucky Child Abuse Hotline
1-877-KYSAFE1 (1-877-597-2331)

Cabinet for Health and Family Services
Division of Protection and Permanency

Questions

Child Protection Branch

502-564-2136

DCBSChildProtection@ky.gov

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Manager, Child Protection Branch