
Office of Families and Children

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CHILD ABUSE AND NEGLECT

A Reference for Educators

AN OPEN LETTER TO EDUCATORS

Dear School Personnel:

The Ohio Department of Job and Family Services is asking for your help to protect Ohio's children. School systems and local public children services agencies should work cooperatively to protect children from child abuse and neglect.

As an educator, you play an important role in child protection since you may be the first professional to come into contact with a child who is being abused or neglected. Under Ohio law, you are mandated to report any suspicion of abuse or neglect to the public children services or law enforcement agency in your county. The moral commitment you have made to your chosen profession also obligates your action.

We know abused and neglected children may be found in any classroom, in any school, in any neighborhood. Daily exposure to the warning signs of child abuse and neglect, intensified by educators' professional observation skills, put teachers in a unique position to recognize when abuse or neglect may be occurring. Additionally, because of the trust children often have for teachers, they may choose a teacher as a confidant. For these reasons, it is imperative that all educators know the indicators of child abuse and neglect and the proper procedures for reporting any suspicions.

This booklet has been developed to enable you to respond appropriately to suspected cases of child abuse or neglect. This publication was funded by Children's Justice Act grant funds awarded to Ohio by the U.S. Department of Health and Human Services.

An online copy can be downloaded from the Ohio Department of Job and Family Services website: **jfs.ohio.gov**.

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**Quiz Yourself
About
Child Abuse
and Neglect**

1

QUIZ YOURSELF ABOUT CHILD ABUSE AND NEGLECT

1. Child abuse and neglect occur rarely.

FALSE. In Ohio, 73,156 reports of suspected child abuse, neglect, or other maltreatment were received by the Public Children Services Agencies (PCSAs) in 2006.* The rate and number of children who were victims of child abuse or neglect for Federal fiscal year 2006 was at a rate of 12.1 per thousand children in the population resulting in an estimated 905,000 victims* Still many cases of child abuse and neglect go unreported.

2. Child abuse occurs at the same frequency as child neglect.

TRUE. A demographic breakdown of allegations reported to Ohio's central registry on child abuse and neglect has shown a relatively equal number of abuse and neglect reports. Abuse, including various forms of physical, psychological and sexual maltreatment, accounts for 49.8 percent of the total figure; neglect accounts for 54.3 percent.* Experience would indicate that neglect occurs at a higher incidence rate than abuse. Some professionals feel that, because abuse is more easily recognized and generally perceived by the public as more serious than neglect, a larger percentage of abuse cases are reported to PCSAs.

3. Abused or neglected children may become abusive or neglectful parents.

TRUE. A term often used when child maltreatment is discussed is "the cycle of child abuse and neglect." This describes the frequency of occurrence of abuse and neglect in successive generations of families. Very few parents have had formal preparation for the role of being a parent. There is, instead, a tendency to model parenting behaviors after those learned as a child. For example, a child who has been brought up by severe disciplinary measures will be inclined to use these same techniques upon becoming a parent. When praise, love and nurturing are not received as a child, they cannot easily be given as an adult. This does not mean, however, that all abused or neglected children will grow up to be abusive or neglectful parents. Intervention, education, and a child's individuality are impacting factors to a child's health and well being.

4. Spanking and other types of physical discipline are wrong and considered to be child abuse.

FALSE. It is difficult to define right and wrong parenting practices. You must be sensitive to the fact that many families employ practices to which you are unaccustomed. This may be due to cultural, religious, or any number of reasons. This difference alone does not make a situation abusive or neglectful. The intent of Ohio law is not to ensure that all families are alike; it is to ensure that children are

*Child Maltreatment 2006

not in an environment which places them at risk of harm. The key to recognizing if a parenting practice is abusive or neglectful is not whether it fits within your idea of proper parenting, but whether it places a child's physical or emotional well-being at risk of harm. Every parent may at some point make a bad judgement in child-rearing practices. Help may be needed when a potentially harmful condition or behavior is of long duration or beginning to form a pattern.

5. The difference between abuse and neglect is abuse represents an action against a child while neglect represents a lack of action for the child.

TRUE. Abuse may be thought of as an act of commission and neglect as an act of omission. In abuse, a physical or mental injury is inflicted upon a child. In neglect, there is a failure to meet the minimum needs of the child, such as the need for adequate food, supervision, shelter, guidance, education, clothing, or medical care.

6. Abuse may be directed toward only one child in the family.

TRUE. Many times, one child in a family will be seen as "special" by the parents. The child may require extra care because of a physical or mental handicap or may be labeled as different or difficult for little or no apparent reason. In some abusive situations, this child may be singled out from remaining children to be the target of abuse. Neglectful situations, on the other hand, tend to involve all children in a family.

7. Neglect is most likely to involve children from infancy to six years of age.

TRUE. Children under six are at a higher risk of abuse than children of any other age group. This may be the result of the amount of continual care children in this age group require, developmental abilities to reason and understand, unrealistic behavioral and developmental expectations which frequently are placed upon children of this age, and a physical inability for self-protection. Both neglect and abuse, however, can and do occur at any age.

8. Most abusive and neglectful parents suffer from mental illness.

FALSE. It is estimated that only 10 percent of abusive or neglectful parents suffer from a serious mental disorder. Of these parents, 90 percent can be successfully treated if professional intervention occurs. The reasons why parents abuse or neglect their children are as varied as the individuals themselves. Certain factors, however, such as lack of parenting knowledge, excessive stress within the home, and isolation from the support of family and friends, are known to contribute to the occurrence of abuse or neglect.

9. Bruises on the elbows, knees, shins, or forehead are likely to be accidental in a preschooler.

TRUE. Many injuries such as these are the result of the normal bumps and falls commonly experienced by children of this age. The presence of bruises or cuts on

a child does not necessarily mean that a child has been abused. Injuries should be noted in light of the child's ability to cause such injury. The older a child is, the greater the ability to perform tasks that might result in injury. Bruises, which occur on the back, thighs, buttocks, face, or back of the legs are less likely to be accidental. Any injury on an infant is suspect.

10. Abused children usually will discuss the abuse in an effort to stop it.

FALSE. To a child, the fear of the unknown may be much more frightening than the abuse itself. Children often will try to hide their injuries in an attempt to protect their parent or caretaker. The child may feel that the punishment received was deserved or the parent will be punished and removed from the home if the abuse is discovered. In the same way, other family members may try to protect the abusive parent or pretend that the abuse is not occurring. The occurrence of abuse within the home does not mean that strong bonds do not exist between family members. Fear of severe punishment or breakup of the family unit may prevent the reporting of abuse. Sexual abuse often is accompanied by threats of violence or retaliation if the abuse were to be reported. The child may be made to feel responsible for the abuse and any action which may take place as a result of reporting the abuse. Many children simply do not believe that anyone will listen to them if they tell.

11. Children frequently will fantasize that they have been sexually abused to "get even" with an adult.

FALSE. A guide which always should be used when a child tells you that he or she has been sexually touched or used in any way, *believe it*. Almost never is it a lie or a fantasy. A young child who is not being abused will not or should not have the knowledge or frame of reference to draw upon in order to make up such a story, particularly if the child has the ability to provide a lot of detail. Even if the story is the rare result of anger or fantasy in an older child, the fact that the child uses sexually explicit terms or is exhibiting such extreme behavior is a signal that professional intervention is needed immediately.

12. Sexual abuse usually occurs between a child and a stranger.

FALSE. It is estimated that in 80 percent of the cases of sexual abuse, the perpetrator is an adult known to the child. Only 20 percent of the incidents involve the menacing stranger children are warned about. Many other myths accompany the "stranger in a raincoat" perception of child sexual abuse. Sexual abuse usually does not occur as an isolated incident, but is a long-term situation which develops gradually. Sexual abuse is not always accompanied by violence and physical force; it may be the result of subtle forms of coercion, such as the use of adult-child authority or parent-child bonds. Young children do not have the developmental or emotional capability to choose to engage in sexual activity with an adult. All sexual abuse, regardless of the form of coercion employed, is the result of force.

13. A child never will enjoy sexual touch.

FALSE. Many people find it difficult to comprehend a child feeling any good from such a bad situation and can, as a result, misdirect the blame for its occurrence to the child. Similarly, the child may feel tremendous guilt at having enjoyed the experience and perceive himself as dirty or bad. It is important to recognize the difference between sexuality and sex. Sexuality is an inherent characteristic of the human body which is present at birth. It is the quality which lets us develop relationships and care for one another. The human body is programmed to enjoy sexual touch.

It is a normal reaction for a child to like being kissed and caressed, especially by a close or trusted adult. Initially, the child also may feel special for having been singled out for extra attention. One of the most psychologically damaging aspects of intra-familial child sexual abuse is that it takes advantage of and betrays the trust and emotional bonds which exist between family members.

14. The sexual abuser can be the victim of a seductive or sexually promiscuous child.

FALSE. The child is always the victim. A seductive or promiscuous child often is the result, but never the cause, of sexual abuse. One characteristic common to sexual abusers is a capacity for rationalizing their actions, mentally justifying an illegal, unacceptable, and inappropriate behavior as necessary and alright. Perpetrating the myth of the seductive or sexually promiscuous child is one way of doing this. Through this type of reasoning, the abuser shifts the blame for his or her actions onto someone else. In the same manner, incestuous parents often justify their own sexual behavior as a way of teaching the child or keeping him off the street.

These justifications ignore the abuser's responsibility as an adult, the child's vulnerability and dependency on the adult, and long-term harm to the child.

15. In the majority of cases, sexually abused children want to leave their homes permanently.

FALSE. Most children do not want their families disrupted; they simply want the abuse to stop.

16. Once incest is brought to the attention of the authorities, the family admits the problem and seeks help.

FALSE. The denial system of the family usually is very strong. Generally family members will insist that nothing has happened, and will claim that "it will never happen again," if confronted with undeniable circumstances. In these circumstances, treatment is very difficult. If the victim returns home without intensive intervention in the family system, the old patterns of sexual abuse will most likely continue.

17. Abused and neglected children almost always are from low-income families.

FALSE. Maltreated children can be found in all income groups. According to the National Study of the Incidence and Severity of Child Abuse and Neglect, children from low-income families are, however, more likely to suffer maltreatment than are children from high-income families. This finding would tend to lend weight to the hypothesis that various environmental and family stresses associated with low income contribute to child abuse and neglect. A widely accepted explanation is that children from low-income families are not necessarily more likely to be abused or neglected, but are more likely to be reported because of a greater exposure to the public health and day care systems. The most persistent characteristic of child abuse and neglect is its universality. No geographic, ethnic, or economic setting is free of child abuse and neglect. In fact, the National Study of the Incidence and Severity of Child Abuse and Neglect found the incidence rates to be similar for urban, suburban, and rural communities. This same study finds almost identical incidence rates for blacks and whites. A demographic breakdown of Ohio's child abuse and neglect reports shows that the racial distribution of involved children virtually was identical to the general population composition.

18. A child under 12 years of age should never be left at home alone.

FALSE. *"When is it right for a child to stay alone?"* is the most frequently asked and the most difficult question about child care. Like most questions concerning families, there is no one response. When determining the appropriateness of a child being left alone, there are many factors to consider. Primary factors include the child's age; the child's maturity; responsibilities expected of the child, the child's knowledge of safety techniques; the length of time and the time of day the child is left alone; and the proximity and accessibility of trusted adults. The underlying factor is whether the situation places the child at risk of harm. If you are unsure, err on the side of safety and notify your local PCSA to further inquire about the appropriateness of the child being left alone.

19. Early reporting is encouraged so that the child may be removed from the home of the abusive parent.

FALSE. Early reporting to the children services agency is encouraged to prevent injury or harm to a child. If abuse or neglect is occurring, the children services agency will work with the family to alleviate or correct those factors which contribute to its occurrence. Ohio's child abuse and neglect laws are not intended to punish but, instead, to help the family. Primary emphasis is placed upon preserving the family.

20. You must have evidence of abuse or neglect before you report it.

FALSE. Ohio law states that a report should be made if you have "reason to believe" that abuse or neglect is occurring - this means if you suspect abuse or

neglect for any reason. Physical proof or other validation is not required. It is not your responsibility to determine if abuse or neglect is in fact occurring or if any of the circumstances surrounding suspected incidents of abuse or neglect actually happened. Making this determination is the legally mandated function of the public children services agency. To assist the children services worker in this task, you will be asked for information concerning the child, the perpetrator, and the abuse or neglect. Certain information, such as the age of the child or identity of the abuser, may be unknown to you. Although this information is helpful to the children services agency, it is not necessary for making a report.

21. If you report abuse or neglect, and your suspicions are unfounded, you are liable for civil or criminal suit.

FALSE. Under Ohio statute, any person participating in making a good faith report of suspected child abuse or neglect is immune from civil or criminal liability that might otherwise be incurred or imposed as a result of such action. Although no statute can forbid the filing of civil or criminal charges, Ohio law protects the reporter of suspected child abuse and neglect from any decision or award which might be sought through the filing of such a claim.

22. An anonymous report of abuse and neglect will not be investigated.

FALSE. The PCSA is required by law to investigate *every* report of suspected child abuse and neglect which it receives. Although anonymous reports are permitted, they are not encouraged. People who report are asked to give their names so that they may be contacted at a later date if additional information is needed. The reporter's name will not be used or divulged during the investigation. As mandated reporters, reporting anonymously will not relieve the responsibility for reporting suspicions of child abuse and neglect.

23. Medical, health-related, mental health, and legal professionals are not legally required to report child abuse and neglect because of their responsibility to keep client confidentiality.

FALSE. The responsibility to report is a moral duty inherent to the helping disciplines, such as law, medicine, mental health, education, religion, and social work. The ethical commitment which these professionals have accepted through virtue of their positions is recognized under Ohio law through the stipulation of mandated reporting. Ohio law does include exemption under specific circumstances for attorneys and doctors to preserve the attorney-client and physician-patient relationship.

**Defining
Child Abuse
and Neglect**

2

DEFINING CHILD ABUSE AND NEGLECT

Some cases of child abuse and neglect are easily recognized: an infant left alone in a hot car; a one-year old with multiple unexplained fractures; or a child who repeatedly is locked out of the house for long periods of time. However, these cases represent only a fraction of the many children who are in need of professional help. What about the more subtle forms of abuse or neglect: verbal abuse; poor supervision; or overly strict discipline? The key to recognizing the various forms of child maltreatment is a basic understanding of the meaning of the term *child abuse and neglect*. There are numerous factors involved in defining child abuse and neglect: cultural and ethnic backgrounds; attitudes concerning parenting; professional training and affiliation. In seeking commonly acceptable meanings, it is helpful to begin by distinguishing between abuse and neglect.

Two basic forms of child maltreatment are recognized: the **abuse** of a child and the **neglect** of a child.

Abuse: Abuse represents an action against a child. It is an act of commission and is generally characterized in three categories:

- **Physical Abuse:** the non-accidental injury of a child.
- **Sexual Abuse:** any sexual activity upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party.
- **Emotional Abuse:** chronic acts which interfere with the psychological and/or social development of a child.

As used in section 2151.031 of the Ohio Revised Code, an “**abused child**” includes any child who:

(A) Is the victim of “sexual activity” as defined under Chapter 2907 of the Ohio Revised Code, where such activity would constitute an offense under that chapter, except that the court need not find that any person has been convicted of the offense in order to find that the child is an abused child;

(B) Is endangered as defined in Section 2919.22 of the Ohio Revised Code, except that the court need not find that any person has been convicted under that section in order to find that the child is an abused child;

(C) *Exhibits evidence of any physical or mental injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it. Except as provided in division*

(D) *of this section, a child exhibiting evidence of corporal punishment or other physical disciplinary measure by a parent, guardian, custodian, person having custody or control, or person in loco parentis of a child is not an abused child under this division if the measure is not prohibited under Section 2919.22 of the Ohio Revised Code.*

(D) Because of the acts of his parents, guardian, or custodian, suffers physical or

mental injury that harms or threatens the child's health or welfare.

(E) Is subjected to out-of-home care child abuse.

Neglect: Neglect is failure to act on behalf of a child. It is an act of omission and is generally characterized in three categories:

- **Physical Neglect:** failure to meet the requirements basic to a child's physical development, such as supervision, housing, clothing, medical attention, nutrition, and support.
- **Emotional Neglect:** failure to provide the support and/or affection necessary for the child's psychological and social development. For purposes of reporting, some agencies will further break the categories of neglect into more specific acts of omission, such as medical neglect or lack of proper supervision. A category such as this which is especially important to the teacher or school authority is:
- **Educational Neglect:** failure to ensure a child's opportunity to learn in a school or home environment.

For the purpose of reporting, school personnel should exhaust means available to them (i.e. truant officers, court officials, etc.) prior to contacting the PCSA.

As used in section 2151.03 of the Ohio Revised Code, "**neglected child**" includes any child:

- (1) Who is abandoned by his parents, guardian, or custodian;
- (2) Who lacks adequate parental care because of the faults or habits of his parents, guardian, or custodian;
- (3) Whose parents, guardian, or custodian, neglects or refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well being;
- (4) Whose parents, guardian, or custodian neglects the child or refuses to provide the special care made necessary by the child's mental condition;
- (5) Whose parents, legal guardian, or custodian have placed or attempted to place him in violation of sections 5103.16 and 5103.17 of the Revised Code;
- (6) Who, because of the omission of the child's parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare;
- (7) Who is subjected to out-of-home care child neglect.

The above shall not be construed as subjecting a parent, guardian, or custodian of a child to criminal liability when, solely in the practice of the family's religious beliefs, he or she fails to provide adequate medical or surgical care or treatment for the child. This does not abrogate or limit any person's responsibility under

section 2151.421 of the Ohio Revised Code to report known or suspected child abuse, known or suspected child neglect, and children who are known to face or are suspected of facing a threat of suffering abuse or neglect and does not preclude any exercise of the authority of the state, any political subdivision, or any court to ensure that medical or surgical care or treatment is provided to a child when his or her health requires that he or she be provided with medical or surgical care or treatment.

Dependency: As used in section 2151.04 of the Ohio Revised Code, “**dependent child**” includes any child:

(A) Who is homeless or destitute or without adequate care or support, through no fault of his parents, guardian, or custodian;

(B) Who lacks adequate parental care by reason of the mental or physical condition of his parents, guardian, or custodian;

(C) Whose condition or environment is such as to warrant the state, in the interests of the child, to assume his guardianship;

(D) To whom both of the following apply:

(1) Residing in a household in which a parent, guardian, custodian, or other member of the household has abused or neglected a sibling of the child;

(2) Because of the circumstances surrounding the abuse or neglect of the sibling and the other conditions in the household of the child, the child is in danger of being abused or neglected by that parent, guardian, custodian, or member of the household.

Section 2151.05 of the Ohio Revised Code defines the “child without proper parental care” as:

Under sections 2151.01 to 2151.54 of the Ohio Revised Code, a child whose home is filthy and unsanitary; whose parents, stepparents, guardian, or custodian permit him to become dependent, neglected, abused, or delinquent; whose parents, stepparents, guardian, or custodian, when able, refuse or neglect to provide him with necessary care, support, medical attention, and educational facilities; or whose parents, stepparents, guardian, or custodian fail to subject such child to necessary discipline is without proper parental care or guardianship.

Section 2919.22 of the Ohio Revised Code establishes the crime (or criminal offense) of “child endangerment” as:

(A) No person, who is the parent, guardian, custodian, person having custody or control, or person in loco parentis of a child under eighteen years of age or a mentally or physically handicapped child under twenty-one years of age, shall create a substantial risk to the health or safety of the child, by violating a duty of care, protection, or support. It is not a violation of a duty of care, protection,

or support under this provision when the parent, guardian, custodian, or person having custody or control of a child treats the physical or mental illness or defect of such child by a spiritual means through prayer alone, in accordance with the tenets of a recognized religious body.

(B) No person shall do any of the following to a child under eighteen years of age or mentally or physically handicapped child under twenty-one years of age:

(1) Abuse the child;

(2) Torture or cruelly abuse the child;

(3) Administer corporal punishment or other physical disciplinary measure, or physically restrain the child in a cruel manner or for a prolonged period, which punishment, discipline, or restraint is excessive under the circumstances and creates substantial risk of serious physical harm to the child;

(4) Repeatedly administer unwarranted disciplinary measures to the child, when there is a substantial risk that such conduct, if continued, will seriously impair or retard the child's mental health or development;

(5) Entice, coerce, permit, encourage, compel, hire, employ, use, or allow the child to act, model, or in any other way participate in, or be photographed for, the production, presentation, dissemination, or advertisement of any material or performance that he knows or reasonably should know, is obscene, sexually oriented matter, or is nudity oriented matter.

**Indicators of
Child Abuse
and Neglect**

3

INDICATORS OF CHILD ABUSE AND NEGLECT

Certain indicators, warning signals, of child abuse and neglect are especially observable in a classroom setting. Because of the significant time spent with children, the educator can be especially sensitive to the chronic occurrence of these signals, or changes in a child's behavior or performance that may indicate a shift in the child's family environment. While isolated incidence of any of these signs may occur without cause for alarm, the educator should be alert to a frequency of repetition. It indicates a suspicion that a child and his or her family or caretaker may be in need of help.

Child's Appearance:

The Educator May Observe:

- Bruises, welts or marks. Many times, this may be especially noticeable after an extended absence, such as a vacation, weekend, or illness.
- The child wearing clothing inappropriate to the weather, such as a long sleeve shirt or turtleneck in hot weather. Many children, embarrassed about the occurrence of abuse and fearful of punishment of the perpetrator, will attempt to hide marks or bruises under concealing clothing.
- The child with *excessive sunburn, illnesses, colds, insect bites, etc.* This may indicate the child's prolonged exposure to the elements or housing conditions potentially hazardous to the child's health.

Child's Behavior:

The Educator May Observe:

- *A reluctance to change clothing for gym activities.* This may indicate an attempt to hide bruises, welts, or other marks, or an excessive embarrassed feeling of difference about the child's own body. It should be remembered that most adolescents experience a period of shyness and embarrassment, but a sudden change in behavior in an adolescent or embarrassment in a younger child may be significant.
- *A reluctance to participate in physical activities.* This is especially notable if this represents a change in the child's prior behavior.
- The child experiencing *difficulty or pain in walking or sitting.*
- The child consistently expressing *hunger.* The child may not seem properly fed and may beg or steal parts of other children's lunches.
- The child is *chronically tired.* The child may sleep in class.
- The child is *consistently late to school.* The child may have responsibilities

inappropriate to age and/or level of maturity such as feeding, dressing, and managing siblings prior to the child's arrival at school. Cultural, economic and personal factors should be considered.

- The child has frequent unexplained absences.
- The child has medical needs which are untreated. Most parents will need to be told a child requires eyeglasses or hearing aids; however the parent who is aware of, and unresponsive to a child's medical need may pose a threat to the child's well-being. Financial capabilities should be considered.
- The child is wary of physical contact with adults, seems to shrink from closeness. It is not unusual for older children to resist physical contact because of self-consciousness or embarrassment. However, if this reluctance appears rooted in fear or apprehension, the educator may have reason for concern. Younger children normally welcome the opportunity for closeness.
- *Extreme behaviors* in a child such as aggressiveness, disruptiveness, violence, hostility, passivity, withdrawal, or apathy. The educator should be alert to any change in behavior, or behavior which seems excessively beyond the normal boundaries of peers and there is no explanation for the behavior.
- *Unusual behaviors* in a child, or extreme ranges of behavior.
- *Abrupt changes* in the child's behavior with no explanation for the abrupt change (i.e. mother's sudden death).
- *Sudden changes in the child's academic performance.* Children act as barometers of the family environment. A sudden change in behavior or an abrupt drop in a child's academic performance may indicate a change in the home life which has negatively affected the child.
- *Delays in the child's acquisition of language and gross motor skills.* Research has shown a correlation between the acquisition of basic skills and the occurrence of abuse and neglect when that delay is not due to a developmental delay.
- The child is *different, alienated from peers.*
- The elementary child is *truant* and the parent is accepting no responsibility.
- The child is *promiscuous* beyond the level of age and maturity, and in excess of normal sexual exploration.
- The child *abuses drugs or alcohol* and the parent is refusing to access treatment for the child.
- The child frequently complains of pain and/ or injury without apparent injury or illness.

The Parent In Contact With The Educator

The parent may:

- Appear disinterested in the child's serious problems.
- Fail to keep appointments, or return calls and is otherwise unconcerned about the child's serious problems.
- *Become excessively angry* at the child's performance and is threatening towards the child.
- *Refuse to discuss* the child's problems and demonstrates no concern for the child's serious problems.
- Chronically refer to the child as "different," "bad," "stupid."
- Seem *overly protective* or unwilling to "share" the child with anyone else.
- Show *a lack of maturity which puts the child at risk of abuse and neglect because of poor decision making.*
- Appear to *perceive himself or herself as worthless* and unable to cope with the child.

POINTS TO REMEMBER

Each case of child abuse and neglect is individual.

The child is always the victim.

Although Ohio law permits corporal punishment in the home, school, and institution, excessive physical discipline is abuse. It is difficult to define "excessive," but there are guidelines you can use. Physical discipline probably is excessive if:

- it results in physical injury, including bruises
- it is inconsistent, arbitrary punishment designed not to educate but to instill fear
- the caretaker loses control during discipline
- it is inappropriate to the age of the child
- it is the result of unreasonable expectations or demands on the child by the caretaker

A perpetrator of child abuse and/or neglect can be any person.

Commonly, a perpetrator is someone who has care, custody, or control of the child at the relevant time. This could include parent, teacher, babysitter or day care staff person, relative, institution staff person, bus driver, playground attendant, caretaker, boyfriend or girlfriend, or anyone with whom the child has contact. There also are instances when the parent or regular caretaker can be held responsible for abuse or neglect perpetrated by another; for example, when a parent allows the spouse to physically abuse their child, or when a child is left in inappropriate care and subsequently suffers abuse or neglect.

There are no simple answers.

Abuse or neglect rarely occurs in clear, simple and specific terms. Abuse or neglect usually results from complex combinations of a range of human and situational factors.

INDICATORS OF ABUSE OVERVIEW

What we know about ourselves and our behavior says that any of us might abuse or neglect our children. Many of us have felt at times that life is more than we can handle. What stops us from giving up or lashing out are skills and mechanisms we learned to control or divert our anger, accept and assume adult responsibility, recognize realistic boundaries of acceptable behavior and expectation, and seek and accept help and support. When adults are faced with a situation which requires the use of coping skills that have not been developed, child abuse or neglect often results.

Although this explanation is oversimplified, it does help us understand how abuse and neglect can occur. It also explains the term "cycle of child abuse and neglect." Children learn from their parents. A child who has been raised in a home where violence is an accepted response to frustration will, as an adult, tend to react violently. The skills necessary for controlling anger or frustration are never learned; what is learned is violence.

In the same way, a parent who lacks self-esteem or maturity cannot instill these characteristics within his child. Without significant outside influences, the child is likely to become an adult who perceives himself in the same manner as his parent does. This is the cycle of child abuse and neglect: adults tend to repeat the actions and attitudes which they learn as children.

We can identify many skills as essential for good parenting and use them to identify families who may be experiencing problems of abuse or neglect. Frequently, adults who abuse or neglect children share characteristics which reflect their failure to learn these skills. We must remember, however, that child abuse and neglect is a multi-faceted problem created through a mix of many ingredients, each unique and as complex as the individuals involved. An indicator of child abuse and neglect is a clue to a child's possible need. As with any clue, it is only a small piece which must be fit into a larger picture.

ADULTS WHO ABUSE AND/OR NEGLECT CHILDREN WILL USUALLY SHARE SEVERAL OF THE FOLLOWING GENERAL CHARACTERISTICS

ISOLATION: A shoulder to cry on and a friend to lean on are things most of us need. Adults who abuse or neglect children often do not have this support. They are isolated physically and emotionally from family, friends, neighbors, and organized groups. They may discourage social contact, and rarely will participate in school or community activities.

POOR SELF CONCEPT: Many of these adults perceive themselves as bad, worthless, or unlovable. Children of parents with a poor self-concept often are regarded by their parents as deserving abuse or neglect, because they see their children as reflections of themselves. They view abuse and neglect as behavior that is expected of them.

IMMATURITY: This characteristic may be reflected in many ways: impulsive

behavior; using the child to meet the adults's own emotional or physical needs; a constant craving for change and excitement.

LACK OF PARENTING KNOWLEDGE:

Many times, abuse or neglect results because the adult does not understand the child's developmental needs. Society expects people to know the rights and wrongs of parenthood. But parenthood is a complex and difficult job. Abusive parents often are strict disciplinarians who are frustrated from unmet expectations. These parents tend to place unrealistic demands upon their children, and view their child's inability to perform as willful, deliberate disobedience.

SUBSTANCE ABUSE: It has not been clearly established whether substance abuse is a causative or a resulting factor. However, studies consistently have shown a correlation between the misuse of drugs or alcohol and the occurrence of abuse and neglect.

LACK OF INTERPERSONAL SKILLS: The abusive or neglectful adult often has not learned to interact with people. How to form relationships, socialize and work together are skills we learn in childhood.

UNMET EMOTIONAL NEEDS: Often, the abusive or neglectful parent's basic emotional needs have not been met - warmth, support, love. Unable to provide the child with these feelings which let us grow and mature, they will, instead, seek fulfillment from the child.

The adult may express these characteristics through different attitudes or actions. Certain adult behaviors and attitudes can be correlated with the occurrence of specific types of abuse or neglect.

In the family where physical abuse is occurring, the abusive adult may:

- have unrealistically high standards and expectations for himself or his children
- be rigid or compulsive
- be hostile and aggressive
- be impulsive with poor emotional control
- be authoritative and demanding
- fear or resent authority
- lack control or fear losing control
- be cruel or sadistic
- be irrational
- be incapable of child rearing
- trust no one
- believe in the necessity of harsh physical discipline
- accept violence as a viable means of problem resolution
- have an undue fear of spoiling the child
- consistently react to the child with impatience or annoyance
- be overcritical of the child and seldom discuss the child in positive terms

- lack understanding of the child's physical and emotional needs
- lack understanding of the child's developmental capabilities
- be reluctant or unable to explain the child's injuries or condition or give explanations which are farfetched or inconsistent with the injury
- over or underreact to the child's injury
- not consent to diagnostic studies of the child
- have the child treated by a different hospital or physician each time the child needs medical attention
- fail to keep appointments
- perceive himself as alone, without friends or support
- view seeking or accepting help as a weakness
- be under pressure
- have an emotionally dependent spouse
- be engaged in a dominant-passive marital relationship
- have marital problems
- have been physically abused himself

In the family where sexual abuse is occurring, the abusive adult may:

- be overly protective of the child
- refuse to allow the child to participate in social activities
- be jealous of the child's friends or activities
- accuse the child of promiscuity
- distrust the child
- have marital problems
- need to be in control or fear losing control
- be domineering, rigid, or authoritarian
- favor a "special" child in the family
- have been sexually abused himself

In the family where emotional maltreatment is occurring, the maltreating adult may:

- act irrationally or appear to be out of touch with reality
- be deeply depressed
- exhibit extreme mood swings
- constantly belittle the child or describe the child in terms such as "bad," "different," or "stupid"
- be cruel or sadistic
- be ambivalent toward the child
- expect behavior that is inappropriate to the child's age or developmental capabilities
- consistently shame the child
- threaten the child with the withdrawal of love, food, shelter, or clothing
- consistently threaten the child's health or safety
- reject the child or discriminate among children in the family
- be involved in criminal activities
- use bizarre or extreme methods of punishment
- avoid contact with the child, seldom touching, holding, or caressing him
- avoid looking or smiling at the child

- be overly strict or rigid
- torture the child
- physically abuse or neglect the child
- have been abused or neglected himself

In the family where neglect is occurring, the neglecting adult may:

- be apathetic
- have a constant craving for excitement and change
- express desire to be free of the demands of the child
- lack interest in the child's activities
- have a low acceptance of the child's dependency needs
- be generally unskilled as a parent
- have little planning or organizational skills
- frequently appear unkempt
- perceive the child as a burden or bother
- be occupied more with his problems than he is with the child's
- be overcritical of the child and seldom discuss him in positive terms
- have unrealistic expectations of the child, expecting or demanding behavior beyond the child's years or ability
- seldom touch or look at the child
- ignore the child's crying or react with impatience
- keep the child confined, perhaps in a crib or playpen, for long periods of time
- lack understanding of the child's physical or emotional needs
- be sad or moody
- fit the clinical description "passive and dependent"
- lack understanding of the child's developmental capabilities
- fail to keep appointments and return telephone calls
- have been neglected himself

DISTINGUISHING ABUSE FROM ACCIDENT

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace his cognitive skills, allowing him to approach danger without recognizing it. How you can distinguish between the accidental injury caused by the exuberance of childhood from the non-accidental injury caused by the abuse of an adult?

When observing injury you suspect might be the result of abuse, consider:

Where is the injury? Certain locations on the body are more likely to sustain accidental injury: knees, elbows, shins and the forehead; all are parts of the body which can be injured during an accidental fall or bump. Protected or non-protruding parts of the body, such as the back, thighs, genital area, buttocks, back of the legs, or face, are less likely to accidentally come into contact with objects which could cause injury. For example, bruised knees and shins on a toddler are likely to be the result of normal age-related activity; bruises on the lower back are less likely to have been inflicted non-accidentally.

How many injuries does the child have? Are there several injuries occurring at one time or over a period of time? The greater number of injuries, the greater cause for concern. Unless involved in a serious accident, a child is not likely to sustain a number of different injuries accidentally. Injuries in different stages of healing can suggest a chronological pattern of episodes.

What is the size and shape of the injury? Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear strong resemblance to the object used. For example, welts caused by beating a child with an electrical cord might be loop shaped; a belt might cause bruises in the shape of the buckle. Accidental marks resulting from bumps and falls usually have no defined shape.

Does the description of how the injury occurred seem likely? If an injury is accidental, there should be a reasonable explanation of how it happened which is consistent with its severity, type, and location. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern. For example a fall off a chair onto a rug should not produce bruises all over the body.

Is the injury consistent with the child's developmental capabilities? As a child grows and gains new skills, he increases his ability to engage in activities which can cause injury. A toddler trying to run is likely to suffer bruised knees and a bump on the head before the skill is perfected. He is less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees. A two-week-old infant does not have the movement capability to self-inflict a bruise.

Accidents do happen. Parents are not perfect. Injuries occur which may have been avoided. Still, accidents of this nature should not happen repeatedly.

**How the
Educator
Reports Child
Abuse and
Neglect**

4

LEGAL RESPONSIBILITIES FOR REPORTING

Although Ohio law encourages everyone to report alleged child abuse and neglect, in most cases it is an option left for personal and moral decision. However, the professional responsibilities inherent to certain disciplines are distinguished. The ethical commitment to families and children which these professionals have accepted through virtue of their positions is recognized under Ohio law through the stipulation of mandatory reporting of alleged child abuse and neglect.

Section 2151.421 of the Ohio Revised Code clearly removes the option of choice, and requires immediate reporting of known or suspected alleged child abuse and neglect for certain professionals.

(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to the entity or persons specified in this division. Except as provided in section 5120.173 of the Revised Code, the person making the report shall make it to the public children services agency or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

(A)(1)(b) Division (A)(1)(a) of this section applies to any person who is an attorney; physician, including a hospital intern or resident ; dentist; podiatrist; practitioner of a limited branch of medicine as specified in 4731.15 of the Revised Code; registered nurse; licensed practical nurse; visiting nurse; other health care professional; licensed psychologist; **licensed school psychologist**; independent marriage and family therapist or marriage and family therapist; speech pathologist or audiologist; coroner; administrator or employee of a child day care center, administrator or employee of a residential camp or child day camp; administrator or employee of a certified child care agency or other public or private children services agency; **school teacher; school employee; school authority**; person engaged in social work or the practice of professional counseling; agent of a county humane society; person rendering spiritual treatment through prayer in accordance of the tenets of a well-recognized religion; employee of a county department of job and family services who is a professional and who works with children and families; superintendent, board member, or employee of a county board of mental retardation; investigative agency contracted with by a county board of mental retardation; employee of the department of mental retardation and developmental disabilities; employee of a facility or home that provides respite care in accordance with section 5123.171 of the Revised Code; employee of a home health agency; employee of an entity that provides homemaker services; a person performing the duties of an assessor pursuant to Chapter 3107. or 5103. of the Revised Code; or third party employed by a public children services agency to assist in providing child or family related services.

(2) An attorney or a physician is not required to make a report pursuant to division (A)(1) of this section concerning any communication the attorney or physician receives from a client or patient in an attorney-client or physician-patient relationship, if, in accordance with division (A) or (B) of section 2317.02 of the Revised Code, the attorney or physician not testify with respect to that communication in a civil or criminal proceeding, except that the client or patient is deemed to have waived any testimonial privilege under division (A) or (B) of section 2317.02 of the Revised Code with respect to that communication and the attorney or physician shall make a report pursuant to division (A)(1) of this section with respect to that communication, if all of the following apply:

(a) The client or patient, at the time of the communication, is either a child under eighteen years of age or a mentally handicapped retarded, developmentally disabled, or physically impaired person under twenty-one years of age;

(b) The attorney or physician knows or suspects, as a result of the communication or any observations made during that communication, that the client or patient has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the client or patient;

(c) The attorney-client or physician-patient relationship does not arise out of the client's or patient's attempt to have an abortion without the notification of her parents, guardian, or custodian in accordance with section 2151.85 of the Ohio Revised Code.

Failure by any of the cited professionals to report alleged abuse and neglect is a misdemeanor of the fourth degree.

Ohio Administrative Code Rule 5101:2-1-01 provides the following definitions:

- "Reason to believe" is knowing or suspecting that abuse or neglect of a child is occurring or has occurred. Physical proof or other forms of validation are not required.
- "Referral" is an allegation of child abuse or neglect made orally or in writing. It includes, but is not limited to, allegations involving individuals, families, and out-of-home care settings.

Immunity From Civil or Criminal Liability

Although no statute can forbid the filing of civil or criminal charges, section 2151.421 of the Ohio Revised Code protects the reporter of alleged child abuse or neglect from any decision or award which might be sought through the filing of a claim. Division (G)(1)(a) of section 2151.421 of the Ohio Revised Code states:

"..anyone or any hospital, institution, **school**, health department, or agency participating in the making of reports under division (A) of this section, anyone or any hospital, institution, **school**, health department, or agency participating in

good faith in the making of reports under division (B) of this section, and anyone participating in good faith in a judicial proceeding resulting from the reports, shall be immune from any civil or criminal liability for injury, death, or loss to a person or property that otherwise might be incurred or imposed as a result of making the reports or the participation in the judicial proceedings..."

Division (H)(3) of Section 2151.421 of the Ohio Revised Code states:

"A person who knowingly makes or causes another person to make a false report ... that alleges that any person has committed an act or omission that resulted in a child being an abused child or a neglected child, is guilty of a violation section 2921.14 of the Revised Code."

Reporting Model

To ensure complete and effective fulfillment of legal and professional responsibility in incidents of child abuse and neglect, the educator should not only be knowledgeable of the indicators which abused or neglected children may exhibit but also be familiar with the proper steps that should be taken to refer an incident of suspected abuse and neglect. Although not mandated by state statute, it is strongly recommended that each school system develop and implement formal, written procedures for reporting child abuse and neglect. By using the model provided as a starting point from which to build, schools can produce a final product which fulfills the school employee's individual obligation, ensures compliance with Section 2151.421 of the Ohio Revised Code, and meets the needs of their community.

REPORTING PROCEDURES

A report may be made by telephone, in person, or in writing to the children services agency, or to the law enforcement agency, in the county in which the child lives or was abused. It is helpful that you provide as much information as you can. You should not hesitate to report if you do not have all the information. Any uncertainty regarding whether to report should be resolved in favor of the child's protection.

1. Any school employee who has reason to believe that a child is being, or has been abused or neglected shall immediately make an oral report of that suspicion to the *(local PCSA)* by calling *(telephone number)*.
2. If possible the oral report shall include the following information:
 - *The name, address, and telephone number of all of the following:*
 - *The reporter.*
 - *The alleged child victim.*
 - *The caretaker or guardian, if different from the caretaker, of the alleged child victim.*
 - *The approximate age and what is known of the child's behavior and level of functioning.*
 - When and where the alleged abuse or neglect occurred, the type, extent, and duration of the alleged abuse or neglect, and the child's current condition.
 -
 - When, where, and how the child is at risk of abuse or neglect.
 -
 - If there have been prior suspected incidents of abuse and neglect incurred by the alleged child victim.
 -
 - The circumstances surrounding the alleged abuse and neglect or any other information which might be helpful to establish the cause of abuse or neglect.
 -
 - What is known about the behavior and functioning of the caretaker of the alleged child victim.
 -
 - Whether or not anything has been done to reduce the risk to the child.
 -
 - What actions have been taken, such as photographs, medical attention, or notification of law enforcement officials or other persons.
 -
 - The identity and current whereabouts of the alleged perpetrator, the relationship of the alleged perpetrator to the child victim, and the access he may have to the child.
 -
 - Any knowledge of other children living in the home, and if so, their names, approximate ages, and relationship to the alleged child victim.

- Any knowledge if other children in the home are currently or have been alleged victims of child abuse and neglect, and if so, their names and approximate ages, and the identity of the alleged perpetrator.
 - The identity and location of anyone else with knowledge of the current allegation of abuse and neglect.
3. If the school employee is making an oral report other than between the hours of *(local PCSA hours/normal working hours)*, the report shall be made to *(name of after-hours hotline/answering service or PCSA designated outside source)*.
 4. Immediately after making the report, the school employee shall notify *(name and title of principal or principal's designee)* that a report has been made. *(Principal or designee)* shall verify that proper procedures have been followed, and if not, immediately make a report of the incident to the *(local PCSA)*.
 5. The oral report shall be followed up with a written report within five working days. The "Confidential School Report of Alleged Child Abuse and Neglect" (see sample, page 33) shall be mailed to the *(local PCSA and address)*. The report shall be prepared by *(principal or designee)* and include all information given at the time of the oral report. Additional helpful information may be available from school records, such as the name of the family physician, other "directory" information, other reports *your school* has made regarding the child, or social history.
 6. Since it is the responsibility of the PCSA to investigate alleged child abuse and neglect, school personnel shall not pressure the child to divulge information regarding specific circumstances or the identity of the alleged perpetrator.
 7. Under section 2151.421 of the Ohio Revised Code, reports of alleged child abuse and neglect are confidential. Any person who permits, encourages, or disseminates information contained in the report, except in authorized situations, is guilty of a misdemeanor of the fourth degree.

Copies of child abuse and neglect forms or related correspondence should not be kept in the child's education record. Child abuse and neglect reports are considered confidential law enforcement records as defined in section 149.43 of the Ohio Revised Code, and, as such, are excluded from those records accessible to public inspection or inspection by the subject of the report. Educational records may not be guaranteed this privilege, and may be open to inspection or copying by the subject of the personal information, the child's legal guardian, or attorney authorized by the subject.

8. The PCSA shall promptly disseminate upon request to *the mandated reporter who makes a report of child abuse or neglect* the following information:
 - Whether the PCSA has initiated an investigation
 - Whether the PCSA is continuing to investigate
 - Whether the PCSA is otherwise involved with the child who is the subject of the report

- The general status of the health and safety of the child who is the subject of the report
 - Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges in another court
9. It should be the (principal's or designee's) responsibility to communicate information to the school employee who initiated the referral of alleged child abuse and neglect. The information communicated should be confined to that which is necessary for performance of the employee's responsibilities, and should at all times respect laws of confidentiality and the child's personal rights.

**When Suspected
Child Abuse
or Neglect is
Reported**

5

WHEN SUSPECTED CHILD ABUSE OR NEGLECT IS REPORTED

Notably the attitude of the reporter can make all the difference in the progress the family is able to make once the report is made. An educator who is supportive and available to the family throughout the assessment, treatment and rehabilitation process does a great deal not only to protect the child but to help the family maintain their dignity.

When a report of suspected child abuse or neglect is received either directly or by referral from a law enforcement agency, the PCSA determines if the circumstances as described pose an immediate threat of harm to the child's health and well-being (such as alleged abandonment or severe physical abuse of the child, or alleged mental instability of the child's parents or custodians). In these instances, PCSA provides immediate emergency intervention. If a report is determined not to be an emergency, PCSA begins an assessment within 24 hours to determine the level of risk to the child. The assessment includes a visit to the child's home to interview the parents/custodians and the child. Contact may also be made with community professionals who may be able to provide additional information or services: school personnel, hospital and family physicians, public health nurses, and/or mental health counselors.

The PCSA gathers information in order to ensure that critical decisions regarding children are the result of the thorough assessment of both safety and risk. Assessment of safety is determining if the child is currently safe. Evaluating risk is a process which assesses risk factors while considering the ever changing family dynamics in order to determine whether a family is in need of child protective services. Together, these processes support decision-making relative to children and families. In order to maintain consistency in child protective decision making, Ohio uses the Comprehensive Assessment Planning Model - I.S. (CAPMIS) to assist caseworkers in assessing families and in making critical decisions. Utilizing CAPMIS the caseworker completes a safety assessment and family assessment which guide the worker's decision-making and documents the process conducted.

The safety assessment is completed on the family who is subject of the report and assists caseworkers in determining whether or not a child is currently safe. When a child is in need of immediate protection from serious harm, a safety plan is enacted to control active safety threats and/or supplement protective capacities.

The family assessment assists caseworkers in reviewing the child's safety; the identification of the family's risk contributors, non risk contributors, strengths and needs; family perception and the assessment of risk. Within the family assessment is an actuarial risk assessment that classifies families according to how likely they are to maltreat or re-maltreat their children. A Preliminary Matrix-Indicated Case Decision component involving the final risk level and the disposition guides the caseworker's determination whether or not a case should be opened for ongoing protective services and the final case decision. All cases with an active safety plan in place go to ongoing protective services.

The PCSA assesses the safety of the child in the home and any need for court involvement.

NO COURT INVOLVEMENT REQUIRED

- **In-home services provided.** Child remains in home. Most cases of abuse or neglect do not require court involvement. Most families do not neglect or injure a child with willful intent, and will accept help in correcting the circumstances which caused the occurrence. The primary goal of children's protective services is to preserve the family unit intact. The trauma caused by removing a child from the home may often be as damaging as the act of neglect or abuse itself. For this reason, the child will not be removed from the home if there is no serious threat to the child's health and well-being. Services will be provided to the family and child as a unit.

COURT INVOLVEMENT REQUIRED. If the family refuses services or if it is potentially harmful for the child to remain in the home, court involvement will be initiated. PCSA and the law enforcement agency consult with and make recommendations to the county prosecutor. In cases of severe abuse or neglect, the county prosecutor will determine if filing charges against the alleged perpetrator is appropriate.

- **Court orders services for family. Child remains in home.** The court may order the child under protective supervision. The court permits the child to remain in the home with the stipulation that the family participate in appropriate community services, such as parenting education classes, mental health counseling, or homemaker services.
- **Court orders placement of child.** The court may determine it is potentially harmful to the child's health and well being to remain in the home. The court will order removal of the child from the home. In most cases, temporary custody of the child will be given to the PCSA, and placement will be made in a substitute care setting.
- **Court orders child placed in temporary substitute care setting.** Child and family are provided services. The Court orders the child placed in a substitute care setting. PCSA chooses the setting most appropriate to the child's age and personal needs, such as the home of a relative, a foster home, or a group home. The purpose of this type of placement is to remove the child from threat of danger while allowing the parents or custodians the opportunity to correct the circumstances which contributed to or caused the abuse or neglect.
- **Court orders termination of parental rights.** If the court determines that the child's parents or custodians cannot or will not provide the care necessary to ensure the child's healthy physical and emotional development, parental rights will be terminated and the child freed for adoption or placed in a permanent adoptive home. Parental rights are terminated only when it is clearly demonstrated that the parents or custodians are unable or unwilling to meet or adapt to minimum standards of care.

PCSA matches community resources to needs of family. In cases of abuse or neglect, the PCSA provides support and guidance to the family. The PCSA helps the family

recognize and overcome the factors which contributed to or caused the abuse or neglect. Together they identify and set goals aimed to create a home environment suitable for the child. The PCSA acts as case manager to coordinate resources available in the community and to match the most appropriate services to the needs of the family. Many communities have multidisciplinary teams to assist in the selection of comprehensive and effective services. The PCSA workers, physicians, nurses, educators, mental health workers, and law enforcement personnel combine their expertise to provide a broad-based range of skills for treatment planning.

Treatment evaluation. Every child has the basic human right to a permanent and stable home. Early in the treatment planning, the family and the PCSA worker set time-limited guidelines for the achievement of agreed upon goals. The PCSA worker and the family periodically evaluate the family's progress.

PCSA/court determine services unsuccessful. Family unit intact. The treatment plan is reevaluated and changes made. A family may suffer a setback during the time services are provided. An unexpected crisis, unrealistic goals, or inappropriate service selection may prevent the family from achieving set objectives within the agreed-upon time frame. When this occurs, the family and the PCSA worker reevaluate the treatment plan so necessary changes can be made.

PCSA/court determines services unsuccessful. Court orders termination of parental rights. If it becomes apparent during the treatment program that the parents/custodians are unwilling or unable to accomplish the goals necessary to meet minimum standards of care for the child, PCSA requests the court to terminate parental rights and free the child for a permanent adoptive placement.

CONFIDENTIALITY AND DISSEMINATION OF INFORMATION RELATING TO CHILD ABUSE AND NEGLECT

Each report and investigation of alleged child abuse and neglect is confidential and may be shared only when dissemination is authorized. The identity of the reporter and any person providing information during the course of the child abuse or neglect investigation shall remain confidential. The identities of these individuals shall not be re-leased or affirmed by the PCSA to any party without the written consent of the reporter with the following exceptions. The PCSA is authorized to release the identity of the reporter:

- when a subpoena for judicial testimony is issued and court intervention is deemed necessary;
- to the Ohio Department of Job and Family Services staff with supervisory responsibility for children's protective services;
- to law enforcement officials, county prosecutor or city director of law and any PCSA (in- state or out-of-state) participating in or conducting an investigation of a child abuse or neglect report involving a principal of the case;
- to law enforcement officials, county prosecutor or city director of law participating in or conducting an investigation of a report that a person violated Section 2921.14 of the Ohio Revised Code (knowingly making or causing another person to make a false report).

The actions taken and the information gathered during the course of the investigation are made confidential by section 2151.421 of the Ohio Revised Code, under sanction of criminal penalties. The PCSA may not permit the unauthorized dissemination of any information pertaining to them. Some educators find it frustrating that PCSAs often will not let them know whether or not the case is being investigated. Confidentiality laws and policies often make follow up impossible. However, educators, as mandated reporters (as identified on previous pages of this handbook) who make a report of child abuse or neglect shall be informed of the following:

- whether the PCSA has initiated an assessment;
- whether the PCSA is continuing to assess the family;
- whether the PCSA is otherwise involved with the child who is the subject of the report;
- the general status of the health and safety of the child who is the subject of the report;
- whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges in another court.

School Records-Release of Information

The Federal Family Rights and Privacy Act of 1974 (FFRPA) governs the release of information from school records. It is the position of the Fair Information Practices staff, the unit within the U.S. Department of Health and Human Services which administers FFRPA, and the National Center on Child Abuse and Neglect that child

abuse and neglect may be considered a "health or safety emergency." Release of information from school records is permitted in such circumstances without prior parental consent. The Fair Information Practices staff and the National Center on Child Abuse and Neglect have agreed that the responsibility for determining a health or safety emergency rests with the respective school official on a case-by-case basis. Under these circumstances, information from the school record may be disclosed without prior parental consent and without violation of FERPA to the state and local authorities to whom such information is specifically required to be disclosed pursuant to state statute.

CONFIDENTIAL SCHOOL REPORT OF SUSPECTED CHILD ABUSE AND NEGLECT

Name of Child (<i>last, first, middle</i>):			Name of Mother (<i>last, first, middle</i>):		
Street Address			Name of Father (<i>last, first, middle</i>):		
City, State, and Zip Code:			Street Address of Parents (<i>if different</i>) include city, state, and zip code)		
Grade	Age	Date of Birth	Adult With Whom Child Resides		

List names of other children living in the home.

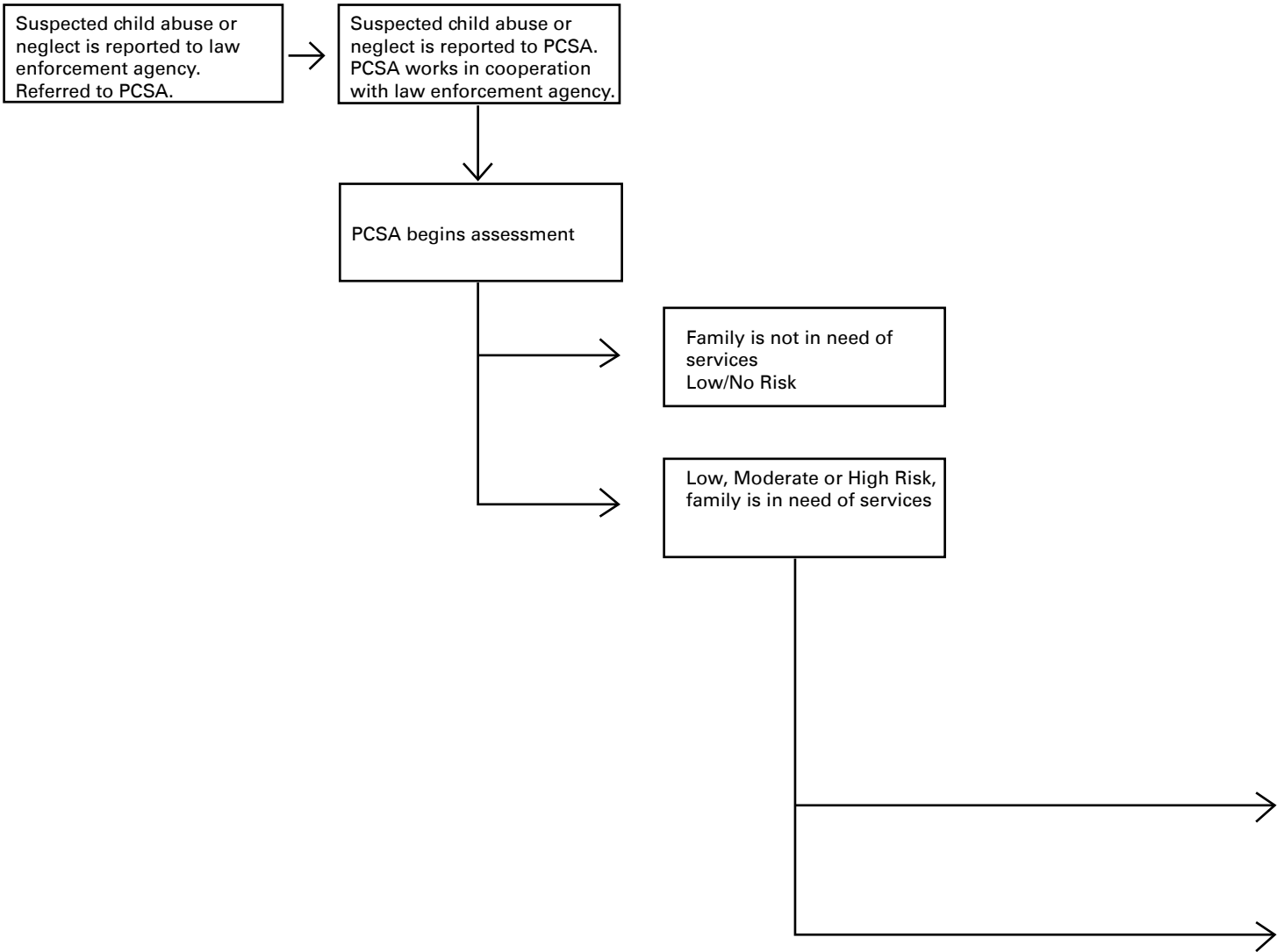
Name of Child	Age	Grade

Indicate reason for report. List observations, previous injuries, and any statements. (*Use reverse side if necessary*).

Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc. (*Use reverse side if necessary*).

Date of Oral Report:	Received By:	Referrer:	
Signature of Official Completing Form	Title	Telephone Number	Date

NOTE: Use of this form by school personnel shall be mutually agreed upon by the local school administration and children services agency.



WHAT HAPPENS WHEN SUSPECTED CHILD ABUSE OR NEGLECT IS REPORTED?

**A Community
Approach**

6

A COMMUNITY APPROACH TO CHILD ABUSE AND NEGLECT...

It Takes A Community To Protect A Child

A community approach to child abuse and neglect is most effective because it makes optimal use of the special skills and knowledge of various professionals so that family and community needs are met. Many communities are turning to multi-disciplinary child abuse and neglect case consultation teams as a means of ensuring integrated investigation, planning, and service delivery.

Case consultation teams usually include representatives from health/mental health, social services, law enforcement, and education agencies. Members bring with them a wide range of backgrounds and a diversity of diagnostic, assessment, and treatment skills. They meet regularly to assess cases of child abuse and neglect and to recommend treatment programs. Team members are able to commit services from the agencies they represent and call upon a broad range of services, resources, skills, and programs to help families at risk.

Each county in Ohio is required by statute to prepare a child abuse and neglect Memorandum of Understanding. The Memorandum outlines the procedures, policies, and responsibilities for handling child abuse and neglect reports for that county. Statute further names certain county and municipal officials parties to the Memorandum of Understanding.

If your school publishes a parent handbook, we suggest you include in it that you cooperate with investigations of child abuse and neglect, as required by Ohio Revised Code Section 2151.421 . It should be clear that your school does not conduct the investigations, but cooperates in them. The investigations are the responsibility of the law enforcement and the county public children services agency.

**Where to
Report**

7

LOCATIONS TO REPORT SUSPECTED CHILD ABUSE AND NEGLECT

Ohio's Public Children Service Agencies

Adams County PCSA

300 North Wilson Drive
West Union, Ohio 45693-1157
Phone: 937-544-2511
Emergency: 937-544-2511

Allen County PCSA

123 West Spring Street
Lima, Ohio 45801-4305
Phone: 419-227-8590
Emergency: 419-221-5680

Ashland County DJFS

15 West Fourth Street
Ashland, Ohio 44805-2137
Phone: 419-282-5001
Emergency: 419-282-5001

Ashtabula County PCSA

3914 'C' Court; P.O. Box 1175
Ashtabula, Ohio 44004
Phone: 440-998-1811
Emergency: 888-998-1811

Athens County PCSA

18 Stonybrook Drive
P. O. Box 1046
Athens, Ohio 45701-1046
Phone: 740-592-3061
Emergency: 1-877-477-0772

Auglaize County DJFS

12 North Wood Street
Wapakoneta, Ohio 45895-0368
Phone: 419-739-6505
Emergency: 419-738-2147

Belmont County DJFS

310 Fox Shannon Place
St. Clairsville, Ohio 43950-0428
Phone: 740-699-3036
Emergency: 740-695-3813

Brown County DJFS

775 Mt. Orab Pike
Georgetown, Ohio 45121
Phone: 937-378-6104
Emergency: 937-378-4435

Butler County PCSA

300 North Fair Avenue
Hamilton, Ohio 45011-4249
Phone: 513-887-4055
Emergency: 513-868-0888

Carroll County DJFS

55 East Main Street;
Carrollton, Ohio 44615
Phone: 330-627-7313
Emergency: 330-627-2141

Champaign County DJFS

1512 South U.S. Highway 68;
Suite N100
Urbana, Ohio 43078-0353
Phone: 937-484-1500
Emergency: 937-652-3409

Clark County DJFS

1345 Lagonda Avenue
P.O. Box 967-A
Springfield, Ohio 45501-1037
Phone: 937-327-1700
Emergency: 937-324-8687

Clermont County DJFS

2400 Clermont Center Drive
Batavia, Ohio 45103
Phone: 513-732-7173
Emergency: 513-732-7867

Clinton County DJFS

1025 S. South Street, Suite 300
Wilmington, Ohio 45177
Phone: 937-382-5935
Emergency: 937-382-2449

Columbiana County DJFS

7989 Dickey Dr., Ste. 2
Lisbon, Ohio 44432
Phone: 330-424-6610
Emergency: 330-424-7767

Coshocton County DJFS

725 Pine Street
Coshocton, Ohio 43812
Phone: 740-622-1020
Emergency: 740-622-2411

Crawford County DJFS

224 Norton Way
Bucyrus, OH 44820
Phone: 563-1570

Cuyahoga County DCFS

3955 Euclid Avenue Room 320-E
Cleveland, Ohio 44115
Phone: 216-431-4500

Darke County DJFS

631 Wagner Avenue
Greenville, Ohio 45331
Phone: 937-548-4132
Emergency: 937-548-2020

Defiance County DJFS

06879 Evansport Road, Suite A
Defiance, Ohio 43512
Phone: 419-782-3881
Emergency: 419-784-1155

Delaware County DJFS

140 North Sandusky Street (2nd floor)
Delaware, Ohio 43015-1789
Phone: 740-833-2300
Emergency: 740-833-2300

Erie County DJFS

221 W. Parish Street
Sandusky, Ohio 44870-4886
Phone: 419-626-6781
Emergency: 419-626-5437

Fairfield County DJFS

239 W. Main Street
Lancaster, Ohio 43130
Phone: 740-652-7887
Emergency: 740-653-5223

Fayette County DJFS

133 S. Main Street
Washington Court House, Ohio 43160
Phone: 740-335-0350
Emergency: 740-335-6171

Franklin County PCSA

855 W. Mound Street
Columbus, Ohio 43223
Phone: 614-275-2571
Emergency: 614-229-7000

Fulton County DJFS

604 South Shoop Avenue, Suite 200
Wauseon, Ohio 43567
Phone: 419-337-0010, 1-800-344-3575

Gallia County PCSA

83 Shawnee Lane
Gallipolis, Ohio 45631-8595
Phone: 740-446-4963
Emergency: 740-446-1221

Geauga County DJFS

12480 Ravenwood Drive
P.O. Box 309
Chardon, Ohio 44024-9009
Phone: 440-285-9141
Emergency: 440-285-5665

Greene County PCSA

601 Ledbetter Road
Xenia, Ohio 45385-5336
Phone: 937-562-6600
Emergency: 937-372-4357

Guernsey County PCSA

274 Highland Avenue
Cambridge, Ohio 43725-2528
Phone: 740-439-5555
Emergency: 740-439-5555

Hamilton County DJFS

222 E. Central Parkway
Cincinnati, Ohio 45202
Phone: 513-946-1000
Emergency: 513-241-5437

Hancock County DJFS

7814 County Road 140, PO. Box 270
Findlay, Ohio 45839-0270
Phone: 419-424-7022
Emergency: 419-424-7022

Hardin County DJFS

175 W. Franklin Street Suite 150
Kenton, OH 43326-9902
Phone: 419-675-1130
Emergency: 419-673-1268

Harrison County DJFS

520 N. Main Street, - P.O. Box 0239
Cadiz, OH 43907-0239
Phone: 740-942-3015
Emergency: 740-942-2197

Henry County DJFS
104 E. Washington Street Hahn Center
Napoleon, OH 43545-0527
Phone: 419-592-0946 ext. 109
Emergency: 419-592-8010

Highland County PCSA
1575 N. High St., Ste. 100
Hillsboro, OH 45133-1468
Phone: 937-393-3111
Emergency: 937-393-1421

Hocking County PCSA
93 West Hunter Street
Logan, OH 43138
Phone: 740-772-7579
Emergency: 740-380-8239

Holmes County DJFS
85 N. Grant Street - PO. Box 72
Millersburg, OH 44654-0072
Phone: 330-674-1111
Emergency: 330-674-5437

Huron County DJFS
185 Shady Lane Drive
Norwalk, OH 44857-2373
Phone: 419-663-5437
Emergency: 419-668-5281

Jackson County DJFS
25 E. South Street
Jackson, OH 45640-1638
Phone: 740-286-4181
Emergency: 800-252-5554

Jefferson County DJFS
240 John Scott Memorial Hwy.
Steubenville, OH 43952-3090
Phone 740-282-0961

Knox County DJFS
117 E. High Street (4th floor)
Mt. Vernon, OH 43050-3400
Phone: 740-397-7177
Emergency: 740-392-5437

Lake County DJFS
177 Main Street
Painesville, OH 44077-9967
Phone: 440-350-4000
Emergency: 440-350-4000

Lawrence County DJFS
1100 S. 7th Street - PO. Box 0539
Ironton, OH 45638-0539
Phone: 740-532-1176
Emergency: 740-532-1176

Licking County DJFS
74 S. Second Street - PO. Box 5030
Newark, OH 43058-5030
Phone: 740-670-8999
Emergency: 740-670-5500

Logan County PCSA
1855 St. Rte.47, W.
Bellefontaine, OH 43311-9329
Phone: 937-599-7290
Emergency: 937-599-7290

Lorain County PCSA
226 Middle Avenue
Elyria, OH 44035-5644
Phone: 440-329-5340
Emergency: 440-329-2121

Lucas County PCSA
705 Adams Street
Toledo, OH 43604
Phone: 419-213-3200
Emergency: 419-213-3200

Madison County DJFS
200 Midway Street
London, OH 43140-1356
Phone: 740-852-4770
Emergency: 740-852-4770

Mahoning County PCSA
222 W. Federal St., 4th Fl.
Youngstown, OH 44503-1206
Phone: 330-941-8888
Emergency: 330-941-8888

Marion County PCSA
1680 Marion-Waldo Road
Marion, OH 43302-7426
Phone: 740-389-2317
Emergency: 740-382-8244

Medina County DJFS
232 Northland Drive
Medina, OH 44256
Phone: 330-722-9300
Emergency: 330-725-6631

Meigs County DJFS

175 Race St. - Box 191
Middleport, OH 45760-0191
Phone: 740-992-2117
Emergency: 740- 992-3658

Mercer County DJFS

220 W. Livingston Street, Ste. 10
Celina, OH 45822-1671
Phone: 419- 586-5106
Emergency: 419-586-2345

Miami County PCSA

510 W. Water St., Ste. 210
Troy, OH 45373-9743
Phone: 937-335-4103
Emergency: 937-339-6400, 800-443-2321

Monroe County DJFS

100 Home Avenue
Woodsfield, OH 43793-1234
Phone: 740-472-1602
Emergency: 740-472-1612

Montgomery County PCSA

3304 North Main Street
Dayton, Ohio 45405
Phone: 937-224-5437
Emergency: 937-224-5437

Morgan County DJFS

155 E. Main Street, Room 009
McConnellsville, Ohio 43756
Phone: 740-962-3838
Emergency: 740-962-4044

Morrow County DJFS

619 W. Marion Road
Mount Gilead, Ohio 43338-1280
Phone: 419-947-9111
Emergency: 419-946-6991

Muskingum County PCSA

205 N. 7th Street- PO Box 157
Zanesville, Ohio 43702-0157
Phone: 740-455-6710
Emergency: 740-849-2344

Noble County DJFS

46049 Marietta Rd.
Caldwell, Ohio 43724-0250
Phone: 740-732-2392
Emergency: 740-732-5631

Ottawa County DJFS

8043 West State Route 163, Suite 200
Oak Harbor, Ohio 43449
Phone: 419-898-3688
Emergency: 419-734-4404

Paulding County DJFS

252 Dooley Dr.
Paulding, Ohio 45879-1497
Phone: 419-399-3756
Emergency: 419-399-3791

Perry County PCSA

526 Mill Street
New Lexington, OH 43764-1478
Phone: 740-342-3836
Emergency: 740-342-3836

Pickaway County DJFS

110 Island Road - PO Box 610
Circleville, OH 43113
Phone: 740-474-3105
Emergency: 740-474-2176

Pike County PCSA

525 Walnut Street
Waverly, OH 45690
Phone: 740-947-5080
Emergency: 740-947-5080

Portage County DJFS

449 S. Meridian Street
Ravenna, OH 44266-1208
Phone: 330-297-3724
Emergency: 330-296-2273

Preble County DJFS

1500 Park Avenue
Eaton, OH 45320
Phone: 937-456-1135
Emergency: 937-456-1135

Putnam County DJFS

575 Ottawa-Glandorf Rd., Ste. 1
Ottawa, Oh 45875-2062
Phone: 419-538-4580
Emergency: 419-523-3208

Richland County PCSA

731 Scholl Road
Mansfield, OH 44907-1571
Phone: 419-774-4100
Emergency: 419-774-4100

Ross County DJFS

475 Western Avenue, Ste. B
PO Box 469
Chillicothe, Ohio 45601
Phone: 740-772-7579
Emergency: 740-380-8239

Sandusky County DJFS

2511 Countryside Drive
Fremont, Ohio 43420-9987
Phone: 419-334-8708
Emergency: 419-334-8708

Scioto County PCSA

3940 Gallia Street
New Boston, Ohio 45662
Phone: 740-456-4164
Emergency: 740-456-4164

Seneca County DJFS

900 E. Cty. Rd. 20
Tiffin, Ohio 44883-9499
Phone: 419-447-5011
Emergency: 419-447-3456

Shelby County DJFS

227 South Ohio Avenue
Sidney, Ohio 45365
Phone: 937-498-4981
Emergency: 937-498-1111

Stark County DJFS

300 Market Ave. N.
Canton, Ohio 44702
Phone: 330-451-8032
Emergency: 330-455-5437

Summit County PCSA

264 S. Arlington Street
Akron, Ohio 44306-1399
Phone: 330-379-9094
Emergency: 330-379-1880

Trumbull County PCSA

2282 Reeves Rd. NE
Warren, OH 44483-4354
Phone: 330-372-2010
Emergency: 330-372-2010

Tuscarawas County DJFS

389 16th Street, SW
New Philadelphia, OH 44663-6401
Phone: 330-339-7791
Emergency: 330-339-2000

Union County DJFS1

940 London Avenue, Suite 1800
P.O. Box 389
Marysville, OH 43040-0389
Phone: 937-644-1010
Emergency: 937-644-5010

Van Wert County DJFS

114 E. Main Street - PO Box 595
Van Wert, OH 45891-0595
Phone: 419-238-5430
Emergency: 419-238-3866

Vinton County DJFS

30975 Industry Park Drive
McArthur, OH 45651
Phone: 740-772-7579
Emergency: 740-380-8239

Warren County PCSA

416 S. East St. 3rd Floor
Lebanon, OH 45036-0620
Phone: 513-695-1546
Emergency: 513-695-1600

Washington County CSB

204 Davis Avenue
Marietta, OH 45750
Phone: 740-373-3485
Emergency: 740-373-3485

Wayne County CSB

2534 Burbank Road
Wooster, Ohio 44691-1600
Phone: 330-345-5340
Emergency: 330-345-5340

Williams County DJFS

117 W. Butler Street
Bryan, Ohio 43506-1650
Phone: 419-636-6725
Emergency: 419-636-3151

Wood County DJFS

1928 E. Gypsy Lane Rd.- PO Box 679
Bowling Green, Ohio 43402-9396
Phone: 419-352-7566
Emergency: 419-354-9669

Wyandot County DJFS

120 E. Johnson Street
Upper Sandusky, Ohio 43351
Phone: 419-294-4977
Emergency: 419-294-2362

Mike DeWine, Governor
Kimberly Henderson, Director

Ohio Department of Job and Family Services
Office for Families and Children

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