



From July 1988 to June 1989, over 100,000 reports of child abuse and neglect were received. That figure is shocking, but even more shocking is the fact that for every case of child abuse reported, two more go unreported. Professionals in daily contact with children are the first line of defense against child abuse and neglect. Suspicion on the part of a teacher, school nurse, child care provider, physician or law enforcement officer often results in the successful diagnosis of abuse or neglect. Such a diagnosis is the necessary first step in treatment for both the child and the family. This pamphlet is intended to provide guidelines for use by professionals in recognizing and reporting abuse and neglect in Florida.



**Child Abuse  
and Neglect in  
Florida**

**A Guide for  
Professionals**

FLORIDA DEPARTMENT OF  
**CHILDREN  
& FAMILIES**

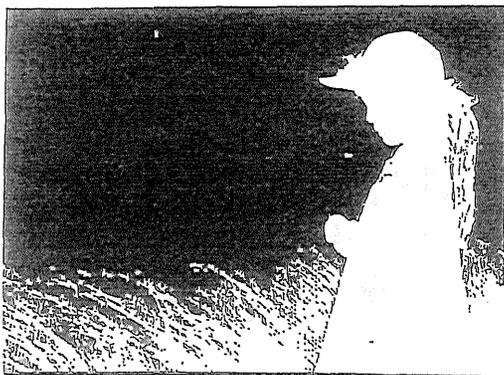
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## The Law

Chapter 415, Florida Statutes, protects children and disabled or aged adults from abuse and/or neglect. Section 415.504 provides for a central abuse registry, (1-800-96-ABUSE) in the Department of Children and Families to receive reports of abuse and neglect and defines who must report abuse. The law assigns to the Department of Children and Families all responsibility for receiving, investigating and acting upon such reports.

Child abuse is defined as including any nonaccidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a person by the parents or other persons responsible for the child's welfare. Child neglect is failure to provide adequate food, clothing, shelter, health care or needed supervision.

People other than the child's parents who may be responsible for a child's welfare include legal guardians, foster, group or nursing home operators, baby-sitters, family day care home operators or day care workers and public or private institution workers. Abusers may also be other persons living in the home or having access to the child, such as other family members, roommates or persons cohabitating with a child's parent.



## Reporting Child Abuse

Anyone who knows or has reasonable cause to suspect child abuse or neglect is required to report that abuse or neglect. Any person failing to report, knowingly preventing another from doing so or making a false report is guilty of a second degree misdemeanor and may be prosecuted. Reporters are occupations specified in Chapter 415, F. S., (physicians, nurses, hospital personnel, medical examiners, mental health professionals, school teachers or other school officials, social workers, daycare workers, foster care workers, residential or institutional workers and law enforcement officers) must confirm the oral report in writing to the local Department of Children and Families' Protective Investigations Office within 48 hours of the initial report.

Some professionals have additional responsibilities. For example, the law gives law enforcement officers, physicians and persons in charge of hospitals or similar institutions the authority to take a child into protective custody if that child appears to be in imminent danger. Any person taking a child into protective custody must immediately notify the Department of Children and Families. A physician may authorize a radiological examination for a child without the consent of the parents or legal guardians if he or she has cause to suspect that an injury was the result of child abuse.

In addition, the law directs any required reporter who believes that a child died as a result of child abuse or neglect to report this suspicion to the medical examiner. The medical examiner, in turn, must investigate and report his findings in writing to the local law enforcement agency, state attorney's office and the Department of Children and Families.

\* Children are defined as persons under 18 years of age.

## Immunity from Liability Confidentiality

Florida law protects those reporting child abuse in two ways -- immunity from liability and confidentiality. Anyone making a report "in good faith" is specifically immune from any civil or criminal charges that might result. The reporter's name will not be released to anyone other than the Department of Children and Families' employees responsible for Child Protective Services or the state attorney without written consent of the person reporting. The reporter is not required to give his or her name, although all persons are encouraged to do so to facilitate the investigation. In addition, the professional is encouraged to inform the family that he or she is obligated by law to make a report and to stress continuing support and concern for the entire family.

## Privileged Communication

In matters of abuse or neglect, Florida law does not recognize the privileged quality of communication between husband and wife, or any professional person and his or her patient or client. The law holds that privileged communication may not constitute grounds for failure to report suspected abuse or failure to cooperate with the Department of Children and Families or to give evidence in judicial proceedings. The exceptions to this are communication between an attorney and a client directly involved with the court as the result of an abuse/neglect report, and communication between a clergyman and a counselee.



## When to Report Suspected Abuse or Neglect

The most readily identified form of abuse is physical abuse. Injury may be the result of a single episode or may occur repeatedly. It can range in severity from minor to fatal.

Nevertheless, identifying physical abuse is complicated by the wide acceptance of corporal punishment in our society. The following guidelines are given to help the professional decide if a given incident of corporal punishment constitutes abuse.

Any injury requiring medical treatment is outside the range of normal discipline.

One bruise may be inflicted inadvertently, however, old and new bruises, bruises on the face or bruises on a child less than one year of age suggests abuse.

Any punishment that involves hitting with a closed fist or an instrument, lacerating, inflicting burns or throwing the child represents abuse regardless of the severity of the resulting injury.

Sexual abuse is sexual contact between a child and an adult or older child. It may or may not involve physical contact. It may or may not be violent. Non-physical sexual abuse may mean indecent exposure or photography of nude children. Non-violent abuse means fondling, touching sexual organs, sex play. Violent sexual abuse means forcible rape, sodomy, oral sex.

Detection of sexual abuse is made difficult when an abuser uses threats, bribery or similar methods to persuade the child to participate in sexual activity. The child may be told that such activity is okay or that the abuser wants to teach the child about sex. An abuser may tell the child that the way to show love and affection for a

parent or relative is through sex. In cases such as these, especially incest, which is far more common than most people think, the child generally does not report the abuse: The child may feel he or she has been a willing participant. If the abuse is discovered, the child may feel guilty about getting a friend or relative in trouble. Professionals must be alert to hidden clues indicating that a child may be sexually abused and must exercise the utmost tact in questioning the child.

Neglect is failure to provide the necessities of life for a child. These include adequate nourishment, health care, clothing, supervision and shelter. Emotional neglect means deprivation of emotional nourishment. These forms of abuse are committed by parents or other persons responsible for the child's welfare who fail to provide a loving environment in which the child can thrive, learn and develop. Such failure may be manifested by ignoring, threatening, terrorizing or simply rejecting the child.

Suspected abuse should be reported as quickly as possible. Often a successful investigation depends on the counselor's ability to document abuse/neglect indicators or injury. You should not wait until the abuse has occurred three or four times; to wait until you are "sure" may be to wait until it is too late.

Proof of abuse or neglect is not required to make a report; "reasonable cause to suspect" is all that is required. It is the responsibility of the Department of Children and Families to determine whether or not the abuse or neglect is actually occurring and to take protective action on behalf of the child. If additional incidents occur after the initial report has been made, make another report.

As previously stated, after making a report, the professional reporter must confirm the report in writing to the local Department of Children and Families office within 48 hours. The Department of Children and Families provides forms for this purpose. The reporter may choose to complete a Department of Children and Families Form 1292, supplied by the local offices or the central abuse registry, complete their own form or submit the information on their own stationery. The professional wishing to be contacted by the protective investigator or to be included in any treatment or services should make this known in both the oral and written reports.

## How to Report Suspected Abuse or Neglect

The report must be made to the Florida Protective Services System toll free abuse registry line 1-800-96-ABUSE (1-800-962-2873) operated 24 hours per day. Reports should include the following:

- ⓐ Names and addresses of child, parent(s), guardian(s) or other persons responsible for the child's welfare.
- ⓑ Child's age, race, sex and sibling's(s) name(s).
- Ⓒ Nature and extent of alleged abuse or neglect.
- Ⓓ Identity of abuser, if known.
- ⓐ Reporter's name, address and telephone number if desired.
- ⓑ Other information reporter believes would be helpful in establishing cause of injury or neglect.
- Ⓒ Directions to the child's location at the time of report.

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	PHYSIC.AL INDIC.A"IFORS	BEHAVIORAL INDICATORS
JPIH\vmcf\L ABUSE	<p>Unexplairerl .Brufa.es &amp; Welts:                      -on face, lips, mouth                      -on torso, back, buttocks, thighs                      -in various stages of healing                      -reflecting shape of article used to inflict jury                      (extension cord, belt buckle, etc.)                      -on several different surface areas                      -regularly appear after absence, weelend                      or vacation</p> <p>Unexplained Burns:                      -cigar, cigarette burns, especially on soles,                      palms, back, or buttocks                      -immersion burns (sock like, glove-like, doughnut                      shaped on buttocks or genitalia)                      -patterned like electric burner, iron, etc.                      rope burns on arms, legs, neclc or torso</p> <p>Unexplained lacerations or abrasions                      -to mouth, lips, gums, eyes -to e)(ternal genitalia</p>	<p>Wary of Adult C,oitacts</p> <p>Apprehensive When Other Children Cry</p> <p>Behavioral e)(tremes-                      -aggressiveness or                      -withdrawal                      Frightened of Parents</p> <p>Afraid to go home</p> <p>Reports injury by parents</p>
!?!HIVSijC.AI INJIEGIECT	<p>Consistent hunger, poor hygiene,                      Inappropriate dress</p> <p>Consistent lack of supervision,                      especially in dangerous activities</p> <p>Unattended physical problems                      or medical problems</p> <p>Abandonment</p>	<p>Begging, stealing food</p> <p>Extended stays at school (early arrival                      and late departure)</p> <p>Constant fatigue, listlessness                      or falling asleep in class</p> <p>Alcohol or drug abuse</p> <p>Delinquency (e.g.,.thefts)</p> <p>States there is no caretaker</p>
SIEXUAI ABUSIE	<p>Difficulty In walking/sitting</p> <p>Torn, shredded or bloody                      underclothing</p> <p>Bruises or.bleeding in external                      genitalia, vaginal or anal areas</p> <p>Venereal Diseases, especially                      .in pre-teens</p> <p>Pregnancy</p>	<p>Unwilling to change for gym or                      participate in physical ed. class</p> <p>Withdrawal, fantasy or infantile behavior</p> <p>Bizarre, sophisticated, or unusual sexual behavior                      or knowledge</p> <p>Poor peer relationships</p> <p>Delinquency or runaway</p> <p>Reports sexual assault by caretaker</p>
IEMO!ONAI MAIIIEAIMIENT	<p>Speech Disorders</p> <p>Lags in physical development</p> <p>Failure-to-thrive</p>	<p>Habit disorders (sucking, biting, roclcing, etc.)</p> <p>Conduct disorders (antisocial, destructive, etc.)</p> <p>Neurotic traits (sleep disorders, inhibition of play)</p> <p>Psyhchoneurotic Reactions (hysteria, obsession,                      coi:npu!sior.,phobias)</p> <p>Behavior extremes:                      -compliant, passive; aggressive, demanding</p> <p>Overly adaptive behavior:                      -inappropriately adult or infant</p>

After a report is made, a Department of Children and Families child protective investigator is assigned to conduct an investigation which will include an assessment of the family situation and an evaluation of the immediate safety of the child. In addition, a service counselor may be assigned, during the investigation, to work with the family, teaching parents better parenting skills. and ways to cope with life's pressures.

At times, however, a child may be in immediate danger or the parents may be unresponsive to all efforts to improve the situation. In such cases, removal of the child may be necessary.

The Department of Children and Families relies on citizens to report child abuse and neglect. Professional persons are especially able to provide this information and are both legally and ethically obligated to do so.

It is the responsibility of all citizens of the state of Florida to protect our children. If you have knowledge of or reasonable cause to suspect abuse or neglect of a child, call 1-800-96-ABUSE (1-800-962-2873).

### What To Do After The Report s Made

Comfort the child.

Reassure the child that the people who will be investigating the situation are there to help.

Continue to observe the child and the child's behavior in the event thaf abuse