



# designing & implementing a school reporting protocol

*a how-to manual for massachusetts educators*

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## foreword

Experience has taught us that our investments can be effective in preventing child abuse. It is also clear that strong leadership and the intentional focus of individuals and organizations are essential investments which build solutions and achieve success in preventing child abuse.

The Massachusetts Children's Trust is a prevention organization that has dedicated itself and its resources to being part of the solution in the Commonwealth of Massachusetts since 1988. The Children's Trust is the only Massachusetts organization solely dedicated to preventing child abuse and neglect, and reaches every community in the Commonwealth to ensure that parents have the skills and knowledge necessary to raise safe and healthy children. It is a community leader in proactive efforts designed to support this goal through education and training programs, parent support groups, activities at Family Centers, and home visiting programs that provide information, support, and referrals.

On behalf of the Children's Trust, it is our hope that Massachusetts schools, as key stakeholders in the prevention of child abuse and neglect, will use this manual to update and renew their efforts to create and maintain an atmosphere of vigilance that protects children by preventing child abuse before it occurs; equips faculties and staffs with knowledge sufficient to recognize and stop abuse that is occurring; and puts into place policies, procedures, protocols and training such that, should child abuse be suspected, observed, or disclosed to any faculty member, school employee, or adult volunteer - that individual will possess the knowledge, information, and resources needed to help the child and ensure his/her safety.



Suzin Bartley, Executive Director  
The Children's Trust of Massachusetts

## acknowledgments

We would like to recognize the contributions of various individuals in the preparation of this booklet. Many thanks to the Children's Trust Executive Director Suzin Bartley for her visionary leadership and unwavering commitment to the safety and welfare of Massachusetts children, and to Jack Miller, Director of Programs, for his ongoing support and mentorship of the project. We would also like to thank Nancy Raley, Vice President of Communications for the National Association of Independent Schools (NAIS), for permission to use charts from a safety handbook we recently accomplished for that organization.

The Children's Trust would like to thank the Hon. Gail Garinger (ret.), The Child Advocate for the Office of the Child Advocate and the Department of Children and Families for their invaluable contribution and guidance in the development of this document.

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## a proactive approach to child maltreatment

The work of an educator today is increasingly complex and challenging. Expanding class sizes, greater awareness of the varied learning styles of students, diverse cultural backgrounds that impact relationships in the classroom, and the realities of struggles and stress in students' home lives, combine to create expectations of teachers that have never been higher. In addition, educators and administrators are constantly dealing with a range of behavioral, social, emotional, and discipline concerns that impact the learning culture for all students. In the midst of this complex classroom atmosphere, educators must also be aware of the signs and symptoms of child abuse and neglect, and act on their legal responsibility to report their concerns and suspicions. Chapter 119, Section 51A of the Massachusetts General Laws requires education personnel and other mandated reporters to immediately report child abuse and neglect to the Department of Children and Families (followed by a written report within 48 hours) when in their professional capacity they have "reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233" (Mass. General Laws, See Appendix D).

Although it may be difficult for educators to identify and express their concerns about a child who may be experiencing child abuse or neglect, there are several factors that can help to facilitate an immediate and effective response. First, indicators of child abuse and neglect can be identified and educators can learn to recognize them. Teachers and other school support people who have taken courses or had training in child maltreatment will tell you they now have more confidence in their ability to identify the symptoms of maltreatment and feel better able to help children whom they would not have known how to help prior to their course work. Secondly, an educator need not be alone in the process of identifying and reporting suspected child abuse or neglect. Peers within the school setting can be invaluable in their support. And finally, children who are helped by a concerned educator can benefit from the intervention in a variety of ways. Consider the following example:

*Eight-year-old Alana came to her third grade year looking depressed and disheveled. The teacher remembered seeing her on the playground the previous year and hardly recognized the child who had once been full of smiles and cheer. "We assume that it is because her mother remarried six months ago and all is not going well," reported the principal. Alana's teacher considered calling in the mother when she began to notice other things about Alana. Not only did the child seem depressed, but she was very tired and seemed unable to concentrate. She often fidgeted in her seat as if she was experiencing discomfort. And at the slightest provocation, she would break into tears. When Alana began displaying an unusually mature knowledge of sexuality in her drawings, the teacher decided that it was time to report. The facts were mounting to suggest that Alana was being sexually abused. An investigation uncovered the fact that her stepfather's adolescent son, who came to live with them when his father married Alana's mother, was sexually abusing Alana. He had abused before, and the father finally recognized that it was time to get him some help. The family was supportive of Alana, and she too received counseling. The difference in the child was soon noticeable as the magnitude of the secret she had carried was being dealt with. She became more like the child she had been: happy and a good student.*

This is not an unusual story. Every year, the prompt intervention of concerned educators ensures that children like Alana receive the help they need. But in order to do this, educators must be proactive in their approach. This manual is designed to help you in this effort by reviewing the symptoms of the various types of child maltreatment, and identifying the steps necessary to respond appropriately through the development and utilization of a school reporting protocol. With an effective protocol, schools can help to ensure that their intervention in child maltreatment situations reflects the best interests of the child.

## how is child maltreatment defined?

Many educators today are very much aware of the signs and symptoms of child abuse and neglect and for you, this may be a review. However, a review never hurts. And, abuse and neglect may take very different forms depending upon the case. In this revision of the 1998 manual, we have tried to present a variety of different scenarios that reflect the environment in which children live today. But, first, let's consider the types of abuse and neglect that children may suffer.

Child maltreatment can be broadly defined as any type of cruelty inflicted upon a child, including mental or emotional abuse, physical harm, neglect, and sexual abuse, or sexual exploitation.<sup>1</sup> Although all states have child abuse prevention statutes and regulations that define these basic categories, specific definitions from state to state may differ. For purposes of this manual, the Massachusetts Department of Children and Families (DCF) regulations (110 CMR, Section 2.00) offer the following definitions of child abuse and neglect:

**abuse:** The non-accidental commission of any act by a caretaker upon a child under age 18 which causes or creates a substantial risk of physical or emotional injury; or an act by a caretaker involving a child that constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

**neglect:** Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

**emotional injury:** Is an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

**physical injury:** Death or fracture of a bone, subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending on such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises; or addiction to drugs at birth; or failure to thrive.



## why do we need a protocol?

The prevalence of child abuse and neglect in the US is a national tragedy. The Children's Bureau of the US Department of Health and Human Services collects national child abuse incidence data on an annual basis and posts the most recent data on its website. In its 2010 report, Child Maltreatment 2009, it reported that an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6 million children were received by CPS agencies across the country. Of the substantiated allegations, a little more than 75 percent of the children suffered from neglect, about 17 percent suffered physical abuse, and a little less than 10 percent suffered emotional abuse (the percentages add up to more than 100 percent because some children were the subject of multiple allegations). Approximately 10 percent of confirmed or substantiated allegations involved sexual abuse. It is estimated that 1 in 4 girls and 1 in 6 boys will have experienced an episode of sexual abuse while younger than 18 years (ACE Study 1995-1997). The same report also estimated that 1,770 children died from abuse and neglect (Children's Bureau 2010).

The purpose of a child abuse and neglect reporting protocol is to guide one's involvement in the intervention process. Administrators and other educators should be involved in this process for three key reasons:

### **First, the effects of abuse and neglect on children are as much a detriment to learning as is any other type of learning disability.**

As educators, it is our job to address issues which impede a child's ability to learn. Child maltreatment impacts both immediate and long term physical health, emotional and mental health, bonding with caretakers, the ability to concentrate and to learn, and can give rise to behavioral problems. All of these can be barriers to a child's successful school experience. Therefore, does it not stand to reason that we should help to remove the barriers created by an abusive or neglectful home?

### **Secondly, the teacher is one of the most significant people in a child's life; in many cases, second only to the parent.**

If it is the parent who is abusing or neglecting the child, that child needs the teacher as an ally, someone he/she can trust and go to for help. This is especially true for elementary age children who develop strong ties with their teacher. But even middle and high school age students will often establish a relationship with a particular teacher or counselor whom they trust and to whom they feel they can turn when in crisis.

### **And finally, in every state educators are mandated by law to report suspected child abuse and neglect.**

Although each state has a different set of regulations and laws regarding child maltreatment, educators are mandated reporters in every one (Crosson-Tower, 2002, 2003).

But why do we need a protocol for reporting, you may ask. A protocol is, in a sense, an investment - an investment in a rational, thorough, caring and fair handling of each and every child maltreatment situation. When child abuse or neglect is suspected, it is often due to a crisis. Or, when a child discloses, or when an educator decides that it is now time to report, it may certainly feel like a crisis. The events that follow may take place in quick succession with little time to think.

Consider the following situation:

*Jon Forrest was the type of teacher whom children sought out when they wanted to talk. Warm, caring and concerned, Jon valued his middle school teaching and coaching activities because he valued the children with whom he worked. At the end of one school day, Jon was cleaning up his classroom with one eye on the clock. He had ten minutes to get to baseball practice. At first, when 12-year old Kevin stole quietly into the room, Jon hardly noticed him. When he did realize that the youth was sitting in one of the back seats, it was obvious that there was something wrong. "What's up Kev?" Jon quipped. With a*

*somber expression Kevin responded, "Mr. F, we've got to talk." What followed was Kevin's account of his physical abuse by his father. Rolling up his sleeves, he showed Jon the welts and bruises from his latest beating. Now Kevin was afraid to go home and begged Mr. F to "take me home with you." Jon had never encountered this before. What should he do? Whom should he tell? What would he do about baseball practice?*

*What Jon did was to cancel practice and attempt to figure out how to proceed next. Since most of the administrative staff had left the school, he did not know where to turn. He wasn't even sure what agency he should call to report. He had Kevin sit with him while he tried to figure out exactly how he should proceed. Several hours later, but before Jon had solved the problem, Kevin's irate father, discovering that his son had not returned home, stormed into the school. He had obviously been drinking and berated Jon before he took his son away with him. Kevin never returned to that school.*

**A well thought-out protocol is invaluable in enabling the educator to handle a crisis situation quickly and effectively, and would have gone a long way to make this situation better for both the teacher and the child.**

When faced with the reporting of child abuse and neglect, it is not uncommon for the educator to feel vulnerable. We often question whether the situation was as bad as we believed it to be. Were these symptoms really indicative of child abuse or neglect? "If I report," educators speculate, "will I get the reputation for being someone who tries to make trouble?"

**Having a protocol provides an educator with support.** Not only must one consult with other professionals and benefit from their expertise, but having a protocol also makes one feel less alone in his/her suspicion that what is being observed is abuse or neglect. The supported person feels less vulnerable.

According to state law, the educator who reports suspected abuse or neglect in good faith cannot be held liable for doing so (See Massachusetts General Laws, Chapter 119, Section 51A in Appendix D). Yet some educators have expressed a fear about being legally vulnerable. A protocol provides not only a record of the procedure to ensure accountability, but also provides a sense of protection for the reporter. Knowing that you are mandated to report, and that you have followed the expected procedure gives further support and assurance that you are not alone.

If you have recognized that a protocol is essential, the enclosed material will enable you to develop one which is tailored to your particular school. Not all schools are alike. Each school has a different population and, therefore, different needs. It is important that you design a protocol that fits your needs, and not simply adopt one from another school.

Perhaps you already have a protocol for reporting suspected child abuse and neglect. This booklet will enable you to review and perhaps fine-tune your protocol (See "Assessing Your Protocol" in Appendix B). Or you may discover after reading this material that you have a superior protocol. You should then feel confident in the knowledge that you are intervening in the lives of children who are much in need of your help.

## considerations before getting started

As you consider designing a protocol to meet your school's needs, it is important to assess exactly what those needs are. Here are a few suggestions:

### What staff do we have to do what?

It is often good to have someone in the key role of reporter – the person to whom children and staff come to talk about the suspected abusive or neglectful situation. In this day of cutbacks, not all schools have the same support staff. For example, while some protocols have stipulated that allegations of maltreatment should be reported to the school nurse, who would also then examine the child, other schools do not have a full-time nurse. If the nurse does have a pivotal role, what happens on the days she is not at your school? The best plan is to list or diagram the support personnel and administrators to identify their respective roles and availability. You might also want to consider these factors:

- How do the children see this individual? For example, although the assistant principal may be in a good position to be contacted when teachers suspect abuse, this person may be seen by the students as someone who is in charge of discipline, or someone to whom they are sent when they are in trouble. Consequently, this individual might not be one best suited to deal with children who are being abused or neglected. Or, is the guidance counselor someone who just does scheduling - not someone to whom children might come? It might be best, although this can get tricky, to consider the receptivity of the individual to be designated as the key person rather than just considering his/her job description. Another approach is to handle this administratively and have the principal do all the reporting to the Department of Children and Families (DCF), while another person is identified as the one who talks to the children and teachers.
- Who, in the school, has the training to become involved in reporting? It is certainly advisable for the people in key roles to be knowledgeable in DCF procedures. One person may wish to develop a knowledge of what will happen when allegations are reported, and a rapport with the local DCF office so that reporting and intervention can go much more smoothly. It is vital that this person have confidence in the system. The system does work when accessed properly. If those reporting have little confidence in DCF's ability to help, the child may not be best served.

### What type of training should the entire staff have to enable them to carry out the protocol effectively?

It has been the experience of many schools that a one-time memo outlining school protocol does little unless it is backed up by training and commitment. Likewise, a few hours of training to explain the procedure is not as effective as several sessions devoted to such topics as:

- a) recognizing one's own feelings and conflicts,
- b) fully understanding how to identify symptoms,
- c) feeling comfortable in talking with children who disclose alleged abuse,
- d) being knowledgeable about the reporting process and what happens after the report has been made
- e) being comfortable in working with abused and neglected children in the classroom.

No matter who makes the actual report, all school staff should be trained. This includes support staff such as secretaries and janitors, who also may be in a position to recognize and help the abused or neglected child if trained to do so.

### Setting up a Child Protection Team (CPT): how do we do this?

Most schools that have successfully intervened in child maltreatment situations will tell you that a CPT is vital. A CPT consists of a designated group of educators who review suspected maltreatment allegations and facilitate reporting. How large should the team be? The smaller the team, the easier it will be to get people together. However, there may be a variety of people with expertise, and it is important to have input from various viewpoints. Successful teams often include:

- the principal and/or assistant principal
- the school psychologist or social worker
- the guidance counselor
- one or more concerned teachers
- the school nurse

Additionally, many schools ask a Department of Children and Families representative to be part of their CPT as well. While the composition of the team varies from school to school, they all are designed to give support and guidance to educators who either feel the need, or question the need to report situations involving suspected child abuse or neglect. Teams may meet on a regular basis to review any allegations which seem suspect, or they may meet only when a crisis occurs. Many schools find it helpful for their team to meet on a regular basis initially so that the members develop a working style which will enable them to react more quickly in a crisis. Or, instead of convening the entire team in a crisis, some schools designate several team members to respond to emergency situations. This might involve three of the team members who are best able to meet on short notice.

The team may have the authority to file a child abuse and neglect report, or one member of the team may be designated by the principal to assume that role. The presence of the DCF representative often expedites the process of filing. This team should also consider who will be available after school hours. For example, if a teacher or other educator happens to be at school after everyone else has left and receives a report from a child, whom does that person contact?

The Child Protection Team can be an extremely effective tool, but for maximum efficacy its composition and duties should be well thought out. The following guide, "Creating a Child Protection Team," identifies a number of key elements and issues to consider in the process of implementing effective teams.

## creating a child protection team

The following are issues to consider when forming a team:

1. How many members will be on the team?
2. Who will the members be? Who decides?
3. Will the team include a representative from DCF?
4. When, where, and how often will the team meet?
5. Will the team be responsible only for reviewing allegations of suspected child maltreatment, or will the team also be responsible for filing the report?
6. If the team will be responsible for filing the actual report, which team member will do this?
7. What type of feedback will be provided to the educator who referred the case to the team, and what mechanism will be used to communicate this information?
8. What role will the team take after the report has been filed?
9. Who determines if, at what intervals, and how the composition of the team will change?
10. What type of training will be needed for all school personnel and for team members specifically to effectively implement the protocol?

# designing a protocol

## training

Training is a vital part of the implementation of a child abuse and neglect reporting plan. School personnel should be trained to understand the terms used in child maltreatment allegations, physical and behavioral indicators of child abuse and neglect, applicable law and its implications, reporting procedures, and what happens when a case is reported (see Appendix G). While all of these pieces of information are vital, the well-informed educator should also recognize his or her own feelings about abuse and neglect, and understand why parents maltreat their children. There are numerous good training resources available both locally and nationally. The Massachusetts Children's Trust and state's Child Advocacy Centers are good sources of information about a variety of prevention programs for faculty and staff as well as for students. Other state organization listings are available through the web sites of their respective national administrative organizations: the National Alliance of Children's Trust and Prevention Funds ([www.ctfalliance.org](http://www.ctfalliance.org)) and the National Children's Alliance: ([www.nationalchildrensalliance.org](http://www.nationalchildrensalliance.org)). The Child Welfare Information Gateway also has a web page dedicated to school based prevention programs: ([www.childwelfare.gov/preventing/programs/types/schoolbased.cfm](http://www.childwelfare.gov/preventing/programs/types/schoolbased.cfm)). In addition the local DCF office may have information regarding community-based resources.

To reinforce the importance and critical role of training, an effective protocol should include a statement to this effect:

**The [designate the responsible party] shall be responsible for ensuring that all school staff are provided with in-service training to familiarize them with [at the minimum] the symptoms of child abuse and neglect, their reporting responsibility and procedure, the school protocol, DCF procedure, and their obligations once the case has been reported.**

It will be up to the individual school to determine who will be responsible for arranging staff training, and the length and content of that training. Ideally, training should be repeated at regular intervals or yearly as staff turnover occurs. Additional training (other than the basics) on areas of interest to all staff is also helpful. For example, teachers might find a workshop on promoting positive self-concepts in students helpful for use in the classroom. Or, instead of in-service training for more advanced topics, staff may be encouraged to take advantage of training offered by colleges or other groups. In addition to providing needed updates on information, these outside training opportunities often give Continuing Education Units and/or Professional Development Points. If there is a college or university in your area, educators can benefit from taking classes in topics related to child abuse and neglect. Some schools have arranged to have a particular college course taught at their school, and college/university faculty also can be invited to participate in training organized by schools.

In addition to training, many schools have a library of materials such as books, journal articles and audio visual aids for use by both educational staff and in the classroom (a partial list of available resources is included in the appendices below entitled "Resources for Educators" (Appendix J) and "Suggestions for Additional Reading" (Appendix K). Teachers should expect to remain relatively current on child maltreatment materials, and those who need to update their knowledge should request formal training through their school.

Some schools also arrange training for parents. Many parents are receptive to training on parenting skills, and there are several ready-made curricula to address this. The Children's Trust has a lending library of parenting education curricula that schools can access. Such training helps parents to explore alternatives to behavior which could become abusive, and might include training on discipline techniques alternative to spanking. Many parents will appreciate the support such training can provide in their sometimes difficult role as caregiver.

## formation of a child protection team

The usefulness of a Child Protection Team has already been discussed in the previous section. Writing such a team into the protocol ensures that it will become a reality.

**The [designate the administrator responsible for the formation] will oversee the formation of a Child Protection Team (henceforth called CPT) which will be responsible for reviewing suspected allegations of child maltreatment. The CPT will consist of [list the job titles] and will meet [weekly?/ as needed?/ monthly?]. The CPT will be chaired by [designate chairperson] who is responsible for convening meetings.**

## implementation of the protocol

Once the protocol has been created and adopted, copies should be distributed to all staff, and formal training sessions should be provided to familiarize staff with the content. Again, a memo explaining the protocol is far less effective than providing one or more training sessions, perhaps featuring speakers with expertise in child maltreatment and prevention. The secret to having a staff “buy into” the use of a protocol is to demonstrate to them the usefulness of such procedures in making their jobs easier and in helping children. The memo addressing protocol implementation might read:

**All school staff will receive a detailed, written explanation of the protocol, and all staff members will be expected to attend [number] hours of training. This training will be provided by the school and will be designed to promote accurate interpretation and effective ongoing application of the protocol.**

It is also useful to discuss this protocol with parents. The subject needs to be presented in such a way that parents recognize that the intent of the protocol is to protect their children by establishing a standardized process that provides direction and supports educators in meeting their responsibility to report, and that reporting is a way to help children who may be crying out for help.

## recognizing child abuse and neglect

As we consider how to report abuse and neglect situations, it is important to review how information becomes known to educators. An educator may suspect or become aware that a child has been maltreated because he/she observes certain physical or behavioral symptoms, because another child, educator, or other adult points out the symptoms or otherwise indicates that a child is at risk, or because a child discloses the alleged abuse or neglect. Let’s look at how each of these instances might occur.

**observation:** Children who are being abused or neglected may demonstrate behavior which gives us clues about what is happening to them.

*Tommy was constantly in the Assistant Principal’s office. A day did not go by that he was not caught fighting or exhibiting aggressive behavior towards his classmates. His behavior had progressed in a short period from shouting and pushing to throwing punches and kicking. Although he received an occasional scrape or bruise himself, he appeared to be lashing out at his classmates indiscriminately. Paradoxically, he became very upset when the children he hurt cried. None of his previous teachers remembered Tommy’s behavior as being so disruptive or inconsistent. They knew that his mother was ill and assumed that this was the reason for his pugnaciousness. Despite being constantly in trouble, Tommy seemed not to want to leave school. He was always the last one on the playground and the last to leave in the afternoon. Finally, Tommy’s teacher asked the guidance counselor to talk to him.*

What was discovered by talking to Tommy was that his mother's illness had a real impact on the family. Tommy's father, overwhelmed by the situation, had reacted by beating his son at any provocation. The bruises that the teacher had observed and had assumed were from fights were actually a result of Tommy's abuse at home. Tommy's behavior had provided a clue about a situation that warranted reporting.

Children tell us that there is something wrong in a variety of ways. Physically abused children may strike out against others or, conversely, withdraw and be wary of contact. Neglected children may steal or hoard food or lack the organizational skills necessary to learn. Sexually abused children may demonstrate sexual awareness that is too advanced for their ages (See Appendix C for additional indicators). It is important that teachers learn to recognize these "red flags." Children may actually be crying out for help and telling us, in the only way that they feel safe doing so, that they cannot handle what is happening in their lives. Sometimes suspicion is aroused either by the child's behavior or by physical indicators such as bruises, but there may not be enough, or sufficiently clear information to give you reasonable cause to believe that the child may have been abused or neglected. What does the educator do? The best recourse is to keep your own informal notes. By recording, not in the child's record, but in your own notes, the child's name, the date, and the nature of the suspicion, you establish ongoing documentation of what is happening. As you look back on this, you may discover that over time you have gathered enough information to report. This information will also be helpful to DCF and should be provided to the Department.

**report from another child:** Sometimes friends or classmates of maltreated children learn or suspect that their peer is being abused or neglected. Out of concern for that child, the classmate may tell a teacher, often swearing her/him to secrecy. In fact, this is a secret that the teacher cannot keep. The classmate must be helped to recognize that the only way to help is to intervene. A classmate may be encouraged to urge the child to come forward. Perhaps the support of a peer will make this possible. Or the teacher may want to talk to or have someone talk to the child who is suspected of being abused or neglected. If the child does not disclose the abuse or neglect, and there is not sufficient evidence to give you reasonable cause to believe that the alleged abuse or neglect has occurred, the teacher should document and be observant in the future.

**disclosure by the child:** When a child discloses that he or she has been abused or neglected, a teacher or counselor may feel at a loss initially about how to respond. First and foremost, it is necessary to communicate two things to the child: that you are glad the child told you, and that he or she is not to blame. It often helps for children to know that it has happened to other children and that they are not alone.

**the impact of culture:** With the increasingly diversity in the population of the United States, and therefore in our schools, comes the need to recognize the impact of culture on the recognition of child maltreatment and the educator's response to it. Some cultures have values, attitudes and practices that, while accepted in the country of origin, may be considered to be abusive or neglectful in this country. For example, some ethnic groups favor corporal punishment, even to the point of being severe, as a form of discipline. Other groups have practices that leave scars that make it appear that the child has been abused. For example, *cao gio* or coin rubbing used in some Vietnamese families to ward off illness may leave scars that look like welts. If one is teaching in an area where a particular cultural group is prevalent, it is advisable to learn about their customs. However, DCF workers are trained in cultural differences as well and if there is any question on your part that a child is being abused or neglected, a call to the DCF office is warranted.

In addition, some cultural groups are more open about discussing their family issues than others. When one newly immigrated child was asked why she did not have a coat, boots or gloves despite the extremely frigid temperatures, she lowered her eyes and would not respond. When the nurse discovered that the six-year-old's fingers were frostbitten, she brought this to the attention of the CPT. It was eventually learned that the family was not able to afford winter clothes for their six offspring now that the father was not able to work



due to illness. The parents, new to the sometimes frigid climate of winters in the Northeast, had been trying to make do rather than to admit to strangers that they could not provide for their children.

It is not always easy for us, as those who observe and must report child maltreatment, to discern what are cultural issues as opposed to actual abuse or neglect. It may also be difficult to separate our values from our interpretation of what we observe. For example, one teacher who freely admitted that she was overprotective of her own children, had great difficulty with the amount of freedom given to the Native American children in her community. Allowing children to learn by experiencing was a foreign concept to this woman who felt a need to protect her children from anything that she felt could be harmful to them. One of the mothers who was married to a Native American man, explained kindly to the concerned teacher that some might believe that her over-protection was even more detrimental to her children who might not have the opportunity to test out situations and therefore learn from them.

Responding to cultural differences suggests the need for educators to have training in cultural sensitivity, but even this may not always suffice in all situations.

Having a knowledgeable CPT with whom to discuss suspected maltreatment can be especially helpful in instances where culture is a factor. And having a representative of DCF available to that team helps to support staff in making the appropriate decision about reporting.

### **Can I really believe this report?**

You have either heard the child's report, or another child has told you that a friend is being abused, but it is still hard to believe. Perhaps one of the most difficult types of reports is that of sexual abuse. For this reason, it might be helpful to share another piece of information: Sexual abusers do not just groom the child; they often groom the family and the community as well (Crosson-Tower, 2013).

Grooming refers to the way in which an abuser will desensitize the child to the abuse. Sexual abuse may begin with seemingly benign behaviors like rubbing a child's back, tickling, or observing the child nude or using the bathroom. Over time the abuser will become more sexual and intrusive in his/her behavior toward the child. This is physical grooming. However, by this time the child has often learned to trust the abuser and enjoys the attention he or she is receiving from that person (psychological grooming). If the child resists at some point, most abusers will not use force, but rather will cajole ("Come on, this is our special game together") or coerce the child ("If you don't do this, I won't be your friend anymore"). Eventually the child begins to believe that he or she might even have invited the abuse, so skillful is the abuser in his grooming.

At the same time, a sexual abuser might well be grooming the family and/or the community so that when the child reports, that child may not be believed. Abusers groom other adults by portraying themselves as very concerned about the well-being of children, while at the same time convincing others that they are responsible, caring citizens (vanDam, 2006). When an abuser has accomplished his grooming successfully, it is not uncommon for a community to actually protect the abuser against a child's report.

As mentioned above, children rarely make false reports. Nevertheless, it is not up to you the educator to determine if a report is false. DCF's responsibility is to determine if child abuse and/or neglect occurred. When in doubt, report and DCF can determine if it is a reportable condition and whether or not a situation occurred.

## guidelines for handling disclosures

The following are some additional tips that will be important in talking with the child:

- Do not let a child swear you to secrecy before telling you something. You may need to report.
- If a child asks to speak with you, try to find a neutral setting where you can have quiet and few interruptions.
- Do not lead the child in his/her telling. Just listen, letting him/her explain in his/her own words. Do not pressure him/her for a great deal of detail.
- Respond calmly and matter-of-factly. Even if the story that the child tells you is difficult to hear, it is important not to register disgust or alarm.
- Do not make judgmental or disparaging comments about the abuser. It is often someone the child loves or with whom he/she is close.
- Do not make promises to the child that things will get better. In reality, things may get worse before they get better, but conveying this to the child may make him/her more anxious.
- Do not confront the abuser. This may cause more harm to the child.
- Ask the child if he/she feels like going home. If he/she does not, this should be considered an emergency report and handled immediately by contacting DCF and the local police department. Do not take the child home with you! Provisions should be made by an appropriate agency.
- Respect the child's confidence and limit the number of people with whom you share the information. You must tell the Child Protection Team, but other staff need not know.
- Explain to the child that you must tell someone else to get some help. Try to let the child know that someone else also will need to talk with him/her and explain why.

Children who report may be anxious or frightened and need gentle reassurance. They may continue to need encouragement and support at the time, as well as after the report has been made.

## procedure in child abuse and neglect situations

The actual procedure for reporting should be straightforward and easy to follow. It might be worded as follows:

**Any educator or support staff member who has reasonable cause to believe that a child is being physically abused, neglected, sexually abused, emotionally injured, sexually exploited or the victim of human trafficking is mandated to report this suspicion. No person so required to report shall be liable in any civil or criminal action by reason of such report if made in good faith.**

The staff member who suspects child maltreatment (henceforth referred to as the reporter) should immediately notify the [designated person] who will convene the CPT, which shall meet as soon as possible. The reporter will present his/her suspicions to the CPT and provide the team with any documentation that may be available. If the CPT deems this a reportable situation, the [designated individual] representing the CPT and the reporter will immediately telephone the Department of Children and Families (DCF) to file a 51A report.

**Law requires that a mandated reporter shall immediately report such condition to DCF by oral communication and by making a written report within forty-eight hours. The reporter will be with the CPT representative to fill in any necessary details.**

A comment should be made about documentation. Documentation refers to facts gathered and observations that the educator may have made regarding the child. It is not necessary to establish "certainty" in order to report. It is only necessary to have "reasonable cause to believe." Documenting what one has observed and heard from the child and parents is very helpful. However, the educator must realize that he/she is not the investigator. Keep in mind that it is neither appropriate nor necessary to question the child in detail about the alleged abuse or neglect, even if the child has told you about it. This is not only unfair to the child, who may be questioned again by DCF and possibly by other professionals, but you may also run the risk of compromising future interventions if it is determined that your questioning of the child constitutes "leading" or "biasing" a witness. If a child discloses alleged abuse or neglect, just let him/her talk and explain things in his/her own terms. Remain sympathetic and ask open-ended rather than leading questions.

Thus far, we have talked about bringing a situation to the attention of the Child Protection Team. What if an educator consults with the CPT, and the team does not feel that the case should be reported to DCF? Does the educator have any recourse? Certainly he/she does. The law states that all educators are mandated to report. A teacher who has reasonable cause to believe that the alleged abuse or neglect occurred, even if the CPT decides not to report, must act upon his/her suspicions. This educator calls DCF and makes the report him/herself. The purpose of the CPT is to be a consultative and supportive body rather than a limiting one. The CPT cannot prevent a teacher from reporting. Thus you might include in the protocol a statement such as this:

**The fact that the CPT does not advise reporting a situation to DCF does not preclude an educator from contacting DCF directly if the educator has reasonable cause to believe that the suspected abuse or neglect did occur. The (name of school) will not discharge or in any manner retaliate or discriminate against any person who, in good faith, submits a report of child abuse or neglect.**

## bringing in others

Let us now return to the process of filing a report through the CPT. One educator has brought his/her concerns to the team, and the CPT determines that this situation should be reported to DCF. It may be helpful for CPT also to give DCF the names of other school personnel who are familiar with the child in question and can provide information regarding the allegations of the report. The protocol might stipulate:

**When making the report, the CPT will identify other individuals within the school who may have information about the particular child that is relevant to the alleged abuse or neglect. These individuals should be notified by the CPT so that they may be contacted by DCF.**

It is certainly possible for an individual educator/ reporter to file the 51A report directly with the support of the CPT. It is recommended that schools designate a person to be the primary contact with the local DCF office. This can help to ensure that there is at least one person designated to represent the school who is sufficiently knowledgeable about child abuse/neglect reporting and response procedures, and who can facilitate interagency communication.

**Within 48 hours of the oral report, the CPT will submit a written report to the Department of Children and Families.**

DCF will supply schools with written forms upon request, or the 51A may be downloaded directly from the DCF website at: [www.mass.gov/eohhs/docs/dcf/can-reporting-form.pdf](http://www.mass.gov/eohhs/docs/dcf/can-reporting-form.pdf) These forms are updated periodically, so it is a good idea to check with DCF from time to time to see if your school has the correct updated forms.

## understanding the dcf response

It is important for educators to realize that DCF may not always be able to “screen in” a report for further investigation. It is the responsibility of DCF to determine if there is reasonable cause to believe that the child has been maltreated. Certainly, documentation by the educator of any facts that support the allegation(s) helps DCF make the decision as to whether there is reasonable cause to believe that the child has been, or may be at risk of being, abused or neglected. If a case is screened out due to insufficient current evidence, or the need to refer the case to another agency (i.e., law enforcement), this does not necessarily mean that the case is closed or that the teacher was wrong. While not every call results in an investigation, teachers may not know what information was previously or subsequently reported about the child or the family by other concerned individuals (dentist, pediatrician, Sunday school teacher, etc.). The cumulative effect of all the reports may allow DCF to substantiate a case and to provide help and intervention.

Some schools keep a confidential record of the reports made by the CPT. The purpose of this is to have something to refer to if, at a later date, the team once again feels that there is a possibility of abuse or neglect. These records, for confidentiality purposes, are kept locked and separate from the child's file. They are only available to one person who can bring them to the CPT. This individual is usually the school counselor, as this knowledge may be helpful in understanding the child's future behavior.

**All reports made by any member of the school staff shall remain confidential. The reports of the CPT will be kept in a separate confidential file by the designated person for as long as the child is a student in that school district.**

**This information should NOT be part of the child's academic records or folders.  
(See Appendix A)**

## anticipating emergencies

Provisions should be made for emergency situations which do not fall within the school day.

**If an educator determines that it is necessary to file a report after school hours, he/she must notify [designated person or persons]. This individual will notify, by phone if necessary, the members of the CPT. The CPT and the reporter will then be responsible for filing the report with DCF. If the educator making the report feels it is an emergency and is unable to reach the [designated person] or any CPT member, he/she should file the report directly with DCF and notify the CPT as soon as possible.**

When making a call to DCF, the educator will probably be asked if the reporter feels that the situation requires an immediate response. It is sometimes difficult for educators to answer this question. Several factors come into play when thinking about filing a report after hours. First, what constitutes an emergency? Whenever a child tells us about alleged abuse or neglect it may seem like an emergency. Certainly we do not want to leave a child unprotected. Additionally, if we weigh the potential for helping when the report is made in an organized, rational way rather than in panic and haste, the projected results may suggest waiting until the next morning. For example, a child who is neglected may have been neglected for some time. One night will not necessarily change things, nor result in the child being placed in any real, immediate danger. However, a child whose parent is on a drunken binge and who has just beaten him/her may be in danger of a worse beating if he/she returns home after telling someone.

Therefore, when thinking about whether or not the situation warrants an immediate response, consider: "Does the child have the potential for being hurt tonight?" Don't be afraid to ask the child how safe he/she feels, and if there are other responsible people (family, friends, etc.) whom the child could contact if necessary.

Secondly, consider the effect that telling has had on the child. Can he/she live with this fact overnight? Children can be very transparent. Even the child who has told and wants to keep that fact a secret may not be able to do so. The guilt of having told may cause him/her to inadvertently let something slip. This may anger the parent and result in the parent harming the child and/or refusing to let the child come to school the next day. Therefore, if you feel that the child might be in any danger if he/she goes home, advise the DCF worker of your concerns and the reason for them.

When children tell, they are usually seeking help then and there. Therefore, it is important that whatever procedure your school puts in place, it can operate effectively after hours as well. The potential reporter should have a list of people who can act so that if one is not available, another can be reached. There is nothing worse for either the teacher or the child than seeking help and reaching dead ends wherever one turns. It is always possible for a child to disclose after usual business hours. All DCF offices have emergency after-hours lines (1-800-792-5200). It is important that school personnel are provided with this information and, in some allegations, it may also be appropriate to give this after-hours number to the child.

## notifying the family

In creating procedures for reporting, the question always arises: “Should the school notify the family and, if so, when?” This is a much debated concern. On one hand, if a family is told before DCF has had a chance to become involved, there is a possibility that the child could be further harmed with little or no protection being offered. The family could remove the child from school or flee the area. Yet, some people argue that if the family is told before the report is made, they can be helped to recognize that the intent of the report is to help rather than punish. It is obvious that there are pros and cons to each approach. The rule of thumb used by most schools is to ask direction from DCF. Does DCF want the school to tell the family or will they? The bottom line is the protection of the child and this must always be the paramount concern.

Educators have sometimes asked if they will be in any kind of danger if the family knows they have reported. DCF regulations do not allow the Department to disclose the name of a reporter unless ordered by a court or required by statute such as when the Department is required to provide the 51A report to the District Attorney or other law enforcement (CMR 12.00 etseq). Even if the family was told, abusive families, with few exceptions, are dangerous only to their own children and to each other, usually not to other adults outside of the family. Most families desperately need assistance and can be helped to recognize that concerned adults want them to be successful in their parenting.

After the report has been made, the reporter is usually interested in what happens. Some reporters voice their frustration with DCF for not giving follow-up information. This is true in many cases for confidentiality reasons. If a report is screened out, DCF is required to provide the mandated reporter (who files the report) a letter explaining that this action was taken. If the case is screened in for investigation, DCF also is required to inform the mandated reporter, in writing, of the outcome of the response. Some reporters suggest that this is not always done, and/or they do not receive sufficient information. It is important to remember that information sharing is governed by a number of state and federal statutes which limit the amount of case-specific information that DCF is able to provide. The best suggestion is to develop a rapport with DCF, possibly through the representative to the CPT. While this person may not be able to tell you about particular report, he/she can sufficiently acquaint you with DCF procedure that you and the school may feel better informed. It is usually best to designate one person to be a liaison with DCF. For example, the protocol may read:

**After reporting a case to DCF, the [designated person], representing the CPT, will monitor the outcome of the report. This information will be kept confidential and will be available only to the CPT and the original reporter.**

If you continue to have questions or concerns about a decision made by DCF, you can speak to a supervisor at the Area Office. If you are still dissatisfied, talk to the Area Program Manager, and then the Area Clinical Director. There is also an Ombudsman at the Department’s Central Office with whom you can discuss your concerns (see Appendix E below).

## protecting the child's privacy

Once a report has been filed, it is important that the child not be singled out in any way. A child from an abusive or neglectful home has enough stress at home without experiencing it at school. Therefore, the child should not be questioned about the reported situation. If the child chooses to talk about it to the reporter, this is fine, but the educator should not initiate the discussion. Some school protocols address this by saying:

**Once the information has been provided to the CPT, no child will be subjected to further emotional stress or risk by being questioned by any member of the team or by other school personnel.**



## using cpts for effective reporting

Now that we have considered the importance of having a reporting protocol and a CPT, let us reconsider the dilemma of Jon Forrest discussed on page 7. What if Jon's school had a protocol and a CPT? First, the protocol would have included provisions for training all staff so that Jon would know whom he should contact within the school and how the situation could be reported to DCF. Let us therefore imagine the revised scenario:

*Because Jon knew what to do, he did not feel a need to cancel practice when Kevin told him of his plight. He told Kevin that he would try to help and asked if the boy wanted to continue with practice. Then, while the boys began their warm-up exercises, he asked another coach to keep an eye on them and made his call. First, knowing that the CPT should be involved, Jon called the chairperson of the team. When she was unavailable, he called a second team member, who was in. He discussed Kevin's situation with the team member and was assured that his concerns regarding Kevin's safety were justifiable. This team member was also concerned about the boy. Together, the two educators concluded that making a report was necessary. Given that both feared for Kevin's immediate safety, it was decided that Jon would call DCF directly. The team member gave him the name and number of the contact person, previously arranged by the team.*

What did Jon gain by using the procedure outlined in the protocol? First, he was able to go on with his activities using only about 15 minutes of time as opposed to several hours. Secondly, he was able to ensure that the child was in a safe place that did not disrupt his activities and promote more anxiety. And finally, Jon was reassured that his concerns were justified, and was supported by the knowledge that he was not alone and his school was behind his filing of the report.

Because of the planning Jon Forrest's school had undertaken by instituting a protocol, Kevin's situation had a happier ending than it might have. Jon made the call to DCF and told them that he feared for Kevin's safety if he went home. The DCF social worker recognized, from Jon's description, that Kevin could be in danger and came to the playing field. The social worker talked with Kevin and when the irate father arrived, the social worker talked with Kevin's father and mother about the father's drinking problem. Eventually, the family sought counseling and the father was referred to an alcohol treatment program. Granted, not every situation works out as well as Kevin's. But a careful, thoughtful and well-planned approach makes successful intervention a more probable outcome.

## when the department of children and families becomes involved

You have finally decided to make the call to DCF and file a 51A report. Now what will happen? When DCF receives a report of abuse and/or neglect from a mandated reporter (or from anyone else concerned about a child's welfare), DCF is required to evaluate the allegations and determine the safety of the child(ren). During DCF's response process, all mandated reporters are required to answer the Department's questions and provide information to assist in determining whether a child is being abused and/or neglected and in assessing the child's safety in the household (See Appendix F for a copy of a 51A form). Copies can also be obtained from your local DCF Area Office or from the DCF website: [www.mass.gov/dcf](http://www.mass.gov/dcf). When the call is made, and when filling out the 51A, the reporter should be prepared to provide following information (From: [www.mass.gov/eohhs/docs/dcf/can-mandated-reporters-guide.pdf](http://www.mass.gov/eohhs/docs/dcf/can-mandated-reporters-guide.pdf)):

- Your name, address and telephone number;
- All identifying information you have about the child and parent or other caretaker, if known;
- The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;
- The identity of the person you believe is responsible for the abuse and/or neglect;
- The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect;
- What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child;
- Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible;
- Any information that could be helpful to DCF staff in making safe contact with an adult victim in situations of domestic violence (e.g., work schedules, place of employment, daily routines); and
- Any other information you believe would be helpful in ensuring the child's safety and/or supporting the family to address the abuse and/or neglect concerns.

Next, the report is screened. The purpose of the screening process is to gather sufficient information to determine whether the allegation meets the Department's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to target the Department's initial response. The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition. DCF may also contact the family if appropriate. If the report is "Screened-In," it is assigned either for a Child Protective Services (CPS) Investigation or Assessment Response:

- **CPS Investigation Response:** Generally, allegations of sexual or serious physical abuse, or severe neglect will be assigned to the CPS Investigation Response. DCF will assess the severity of the situation which will then dictate whether it requires an emergency or non-emergency response. The primary purpose of the Investigation Response is to determine the current safety and the potential risk to the reported child, the validity of an allegation, identification of person(s) responsible and whether DCF intervention is necessary (see MGL Chapter 119, Section 51B).
- **CPS Assessment Response (Initial Assessment):** Generally, moderate or lower risk allegations, are assigned to the CPS Assessment Response. The primary purpose of the Assessment Response is to determine if DCF involvement is necessary and to engage and support families. This response involves a review of the reported allegations, assessing safety and risk of the child, identifying family strengths and determining what, if any, supports and services are needed.

A determination is made as to whether there is a basis to the allegation, whether the child can safely remain at home, and whether the family would benefit from continued DCF involvement. If DCF involvement continues, a Comprehensive Assessment and Service Plan are developed with the family (See Appendix G: Child Protective Services (CPS) Under Differential Response: What Happens When DCF Receives a 51A Report).

## anticipating the impact of implementation

Whenever educators consider reporting child abuse and neglect situations, questions arise which should be considered. The following are a few of the most commonly asked questions.

### what if dcf does not respond immediately?

There are several reasons why DCF might not respond immediately. First, although you have immediate concerns about a child, DCF may determine that the situation does not warrant an emergency response (earlier, we discussed that situations involving suspected child abuse or neglect may or may not represent a true emergency). One way to avoid confusion is to ask, during the initial contact with the Department, what time frame DCF anticipates for responding to this situation. This may also help to give anticipatory guidance to the child - that is, to be able to tell the child what will happen next. Certainly, if it appears that the child is in immediate danger and cannot go home, the school should ensure that they provide DCF with all available information explaining the immediacy of the situation. If this requires an additional call and the social worker who took the initial report is not available, ask to speak with his/her supervisor.

Remember that emergencies are something the DCF social workers have learned to assess. A report is not considered to constitute an emergency if DCF determines that available information does not indicate that the situation is one in which failure to take immediate action would pose a threat of immediate danger to the child. In these allegations, an initial assessment response (in situations of moderate to low risk to the child) or a non-emergency response (for more serious allegations) is initiated within 2 business days and may take up to 15 days to complete.

If DCF determines that the report does constitute an emergency the investigation will commence within 2 hours of initial contact and an interim report with an initial determination regarding the child's safety and custody shall be completed as soon as possible but not more than 24 hours after initial contact. DCF's final report will be complete within 5 business days of initial contact (see MGL Chapter 119, Section 51B).

DCF social workers who know that they cannot come out immediately will often help the reporter with suggestions for the interim. No matter how frustrated you feel, it does not help the child or the situation to become angry and critical of DCF. Just like educators, these professionals attempt to do the best job they can with a limited amount of time and resources.

### what if dcf screens out the report?

If available information is not sufficient for DCF to determine that there is reasonable cause to believe that a child has been abused or neglected, the report will be screened out. As such, it is important that you provide the Department with all the information which you believe might aid DCF in determining whether or not the alleged abuse or neglect occurred. It is wise to have as much information available as possible when you call the Department (See Appendix E, "Filing an Effective 51A Report."). However, if you do not have all this information, do not let this impede your filing. File with what information you do have.

Having documentation of relevant facts, dates, quotes, etc., can help to ensure that information is accurately conveyed at the time the report is filed. Documentation can also facilitate your recollection of what has gone on with the child over time. However, your decision to file or not file a report should not be based on the fact that you think you do not have sufficient documentation. Remember, as a mandated reporter you are required to report if you have a reasonable cause to believe that a child is suffering abuse or neglect. The suspected abuse or neglect must be immediately reported to the Department by oral communication and by making a written report within 48 hours after the oral communication (See Appendix F, "51A Report Form").

If a report is screened out, this does not mean that you cannot file another report at a later date. In the interim, documenting can help in establishing your own record of what is going on with the child, and this information can be useful if you decide to file a report in the future. The case that has several reports can be a source of critical information. In the meantime, help the child by remaining available, acknowledging concerns, helping him/her to enhance self-esteem, and giving him/her a positive school experience. Educators can be an invaluable source of support, and one should not underestimate the influence that they have on children.

### **what if the child knows that dcf has been contacted and dcf has screened out the report?**

Explain that he/she is believed, but the Department will not be conducting an investigation because there is not sufficient information and/or the situation (i.e. alleged perpetrator is clearly not a caretaker) does not fall within the Department's mandate. You hope that you and the child can continue to talk and you also will work with him/her to find other ways to address the concerns he/she has raised. Above all the child should not feel abandoned by you. The fact that DCF was not able to screen in the report does not preclude you from offering help by exploring other mechanisms/ resources to assist the child and his/her family.

### **what if the parents remove the child from school?**

This has happened and there is always a possibility that it will happen again. However, approaching the parents, once the report has been made, with concern and offers to help can often help to prevent this situation. Remember that most abusive and neglectful parents are those who have not had their own needs met. They often feel overwhelmed, and even those who are initially angry may respond positively to the caring professional. If the child is moved to another school, that school will have to send for the records. A call to the child's new school or teacher may ensure that he/she will be protected in the future.

### **what if the child has made up a story about being abused or neglected?**

Children usually do not make up stories of this type. Even the child who wrongly presents him/herself as mistreated may have discrepancies in the story, or his or her affect may also provide clues that the story is fabricated. However, the educator may not always be able to determine the extent to which a child's story is inaccurate. Consult the chart on physical and behavioral indicators of abuse and neglect (see Appendix C). If enough of these appear to be present, you are mandated to report your suspicions.

## beyond the report

In addition to the above-described reporting process, school personnel should consider other ways in which they can contribute to prevention and intervention in situations involving child abuse and neglect. For example, in what types of prevention efforts would it be most helpful for educators to participate? There are many excellent prevention materials available today, and it is possible to integrate them into the curriculum pieces which will help both the maltreated and the non-maltreated child. One example is pediatrician Ray Helfer's "five concepts which parents from dysfunctional families have never learned." By helping their children to learn these simple skills, one can interrupt the cycle of abuse.

These skills are:

1. how to get one's needs met appropriately
2. how to separate feelings from actions
3. how to delay gratification
4. how to take responsibility for one's own actions and not the actions of others
5. how to make decisions (Crosson-Tower, 2010)

Incorporating these skills into lessons in the classroom is not difficult and can benefit all children.

There are also many different types of programs and curricula designed to teach educators, parents, and other adults about child abuse and neglect, the types of disclosures, the ways that offenders operate in communities, the signs and symptoms children exhibit when they are being or have been abused, and the local and state statutes regarding the reporting of suspected abuse or neglect to civil authorities. These programs also include instruction on how to communicate with children about these issues, how to create and maintain safe environments, and how to intervene when children are at risk.

The more comprehensive programs employ taped interviews with offenders, parents of victims, and the victims themselves to train educators about the grooming process, and the warning signs of abuse and its aftermath. Many also offer other preventive suggestions about the employment application process, criminal background checks, standard interviews, and reference checks for all employees and volunteers, monitoring programs, school security, communicating with children, and communicating concerns about behaviors or circumstances that lead one to suspect abuse is taking place. The Children's Trust and the state's child advocacy centers are good sources of information about a variety of prevention programs for faculty and staff. The Child Welfare Information Gateway also has a web page dedicated to school based prevention programs: [www.childwelfare.gov/preventing/programs/types/schoolbased.cfm](http://www.childwelfare.gov/preventing/programs/types/schoolbased.cfm).

There also are a variety of specific tools which teachers can use to provide special help to a maltreated child. For example, there are books (designed for children) about the court process which might give the child a better understanding of (and diminish anxiety about) what may happen if he/she goes to court. Introducing these and other such aids into the curriculum would help not only the abused/ neglected child but also provide new insights for his/her classmates. There are also school-based child personal safety programs such as "Talking About Touching®" (TAT), created by the Committee for Children, based in Seattle, Washington. Massachusetts elementary schools can receive training and technical assistance regarding implementation of the TAT program by contacting the Children's Trust. The Children's Trust can also assist school personnel who wish to borrow and/or purchase the TAT curriculum (see Resources in Appendix).

In addition to "Talking About Touching," there are many other personal safety programs that teach children basic skills that will help them keep safe from dangerous or abusive situations, particularly sexual abuse. But care must be taken in their selection. Well-designed, evidence-based, and developmentally sequenced personal safety programs enable teachers, parents, caregivers, and child-care providers to provide the rules, information, encouragement, and practice that children need to help protect themselves against abuse. The

best programs are based on the most current research in prevention education and are rigorously evaluated for effectiveness.

National research (sponsored by the National Center for Missing and Exploited Children and others) has defined the elements that go into an effective abuse prevention training program for children, and has suggested a range of evaluative criteria to test outcomes. This research indicates that the best quality, most effective programs are those that are a) research based; b) begin early; c) use developmentally appropriate materials; d) utilize active, systematic and specific skills training; e) have multiple program components such as classroom training combined with parental involvement; f) use interactive instructional techniques that provide children multiple opportunities to observe the desired behavior, model the behavior and get feedback; and g) are instituted as a comprehensive part of the child's education - being repeated many times during the school year, and instituted over several years of instruction.

The National Center for Missing and Exploited Children has developed guidelines to assist educators and others in their review of prospective programs. A report entitled *Guidelines for Programs to Reduce Child Victimization, A Resource for Communities When Choosing a Program to Teach Personal Safety to Children* can be found on the following website: <http://www.safechild.org/PDF/Guidelines%20for%20Chid%20Safety.pdf>

[www.safechild.org/pdf/guidelines for Child Safety.pdf](http://www.safechild.org/pdf/guidelines%20for%20Child%20Safety.pdf)

The National Sexual Violence Resource Center has evaluated multiple programs and presents its findings in a report titled *Child Sexual Abuse Prevention: Programs for Children*: [www.nsvrc.org/publications/child-sexual-abuse-prevention-programs-children](http://www.nsvrc.org/publications/child-sexual-abuse-prevention-programs-children). The Child Welfare Information Gateway also has a page on its website dedicated to sexual abuse prevention programs: [www.childwelfare.gov/preventing/programs/types/sexualabuse.cfm](http://www.childwelfare.gov/preventing/programs/types/sexualabuse.cfm)

The educator must also consider how to help the child after he/she has become involved with DCF. While confidentiality concerns limit the amount of case-specific information that can be shared, DCF and the schools are not precluded from collaborating to meet the child's needs. A child's best interests are of paramount concern to both, and the extent to which professionals understand their respective roles and limitations and work together, can help to ensure that children's needs are best met. Remember that being involved in the DCF system is not easy for children. It might be the concerned teacher who provides security and consistency as the child goes through this process.

In addition to the training and education efforts described above, many schools and organizations have created "Codes of Conduct" or "Codes of Professional Behavior" as an additional element of their preventative structure. Codes of Conduct protect both children and adults by setting clear standards of behavior and verbal/physical interaction among educators, school staff, employees, volunteers and students while on school property, during transport, or at school-sponsored events and activities. In most cases, Codes of Conduct also identify the consequences for non-compliance.

The basic elements of Codes of Conduct acknowledge, usually by means of the educator's signature, that

teachers and others will not initiate or participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. The Codes are distributed to all employees and are included as part of the initial orientation and/or ongoing training structure.

Some of the standard elements of Codes of Conduct address such issues as:

- Minimizing situations in which a child is alone with a single staff member or volunteer - including transportation to/from activities accompanying a child to the bathroom, changing facilities, or waiting with a child to be picked up, giving a child who is not one's own a ride home alone.
- Speaking to the children in a respectful manner and prohibiting communication that is demeaning or abusive. Refraining from the use of inappropriate language/humor in the presence of children - including swearing, racial, sexist or ethnic comments or jokes, or comments regarding physical appearance.
- Prohibiting any sexually-oriented conversations with the children.
- Accepting or giving gifts to children without the knowledge of their parents or guardians.
- Private communications with children via text messaging, email, Facebook, Twitter or similar forms of electronic/social media. The use, possession, or being under the influence of alcohol or illegal substance while working with the children.
- Possession of sexually-oriented materials (magazines, cards, videos, books, clothing, music) or accessing similar materials on the internet in the presence of the children.
- Guidance regarding physical boundaries and contact between staff, faculty and students.
- Identifying circumstances and limitations for acceptable physical contact with children (touch should be appropriate, public, and non-sexual, and include high fives, shaking hands, pats on the back or shoulder, etc.).
- Prohibiting any physical disciplining of children.
- Identifying physical contact to be avoided: tickling, rough-housing, wrestling, piggyback rides, any type of massage, and any form of unwanted affection and remarks that refer to physique and/or body development.

Again, clearly articulated Codes of Conduct protect all parties, and represent to the community that the school is serious about protecting the welfare of the children entrusted to its care. Examples of school-based Codes of Conduct can be found on the web sites of the National Association for the Education of Young Children ([www.naeyc.org](http://www.naeyc.org)), the Association of American Educators ([www.aateachers.org/index.php/about-us/aae-code-of-ethics](http://www.aateachers.org/index.php/about-us/aae-code-of-ethics)), and the National Education Association ([www.nea.org/home/30442.htm](http://www.nea.org/home/30442.htm)).

A sample of how some of these elements might appear in summary form at the end of a Code of Conduct is attached (Appendix H).

Recent research indicates that various forms of child abuse and maltreatment, including both reported and

## projections for the future

substantiated allegations, have declined over the past decade (Jones and Finkelhor, 2001, Finkelhor and Jones, 2006). Although encouraging, we must not lose sight of the fact that millions of children in the United States continue to be maltreated and victimized every year. They are among our most vulnerable citizens and deserve our protection.

The more violent our society becomes, the more involved children are in abusive situations. It is critical that school personnel fully understand their roles and responsibilities relative to the reporting of child abuse and neglect, and that they work to increase their knowledge of, and collaborate with the range of intervention and prevention services available.

As the drug problem remains prevalent, children will continue to be exposed to parents and family members who are addicted to drugs, and infants will continue to be born addicted. The effects on the children are myriad. From developmental problems to fetal alcohol syndrome, children feel not only the physical effects but the emotional ones as well. In addition to educators being informed about the effects of these substances, prevention programs can be helpful in attempting to intervene in this national problem.

Children also continue to be the victims of domestic violence at home. Even if the child is not physically injured, the emotional scars of fear, powerlessness and rage take their toll. DCF is addressing this problem through expanded training initiatives, and there are domestic violence specialists available to all area offices. Thus, children who witness one parent's abuse by the other can also be helped.

Many of the social problems of today will be eased by education and awareness. Where better to promote such awareness than in school? Prevention programs may not only help the children of tomorrow, but may identify the children who are suffering today. And, through school-sponsored programs like classes and support groups, parents can learn better parenting skills and be more effective in their roles. In fact, the educator is in an important position to help both children and parents. How many adults owe their survival through a difficult childhood to the perseverance of one concerned educator?







## ***references, appendices & glossary***

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# appendix a

## protocol suggestions in review

The following have been suggested for inclusion in a protocol:

- The [designate the responsible party] shall be responsible for ensuring that all school staff are provided with in-service training to familiarize them with[at the minimum] the symptoms of child abuse and neglect, their reporting responsibility, the school protocol, reporting procedure, DCF procedure, and their obligations once the situation has been reported.
- The [designate administrator responsible for the formation] will oversee the formation of a Child Protection team (henceforth called CPT) which will be responsible for reviewing suspected allegations of child maltreatment. The CPT will consist of [list job titles] and will meet [weekly?/ as needed?/ monthly?]. The CPT will be chaired by [designate chairperson] who is responsible for convening meetings.
- All school staff will receive a detailed written explanation of the protocol, and each staff member will be expected to attend [number] hours of training. This training will be provided by the school and will be designed to promote accurate interpretation and effective ongoing application of the protocol.
- Any educator or support staff member who has reasonable cause to believe that a child is being physically or sexually abused, neglected, sexually exploited, or is a victim of human trafficking is mandated to report this suspicion. No person so required to report shall be liable in any civil or criminal action by reason of such report if made in good faith.
- The staff member who suspects child maltreatment (henceforth referred to as the reporter) should immediately notify the [designate person] who will convene the CPT, which shall meet as soon as possible.
- The reporter will present his/her suspicions to the CPT and provide the team with any documentation that may be available. If the CPT deems that this is a reportable situation, the [designate individual], representing the CPT and the reporter, will immediately telephone the Department of Children and Families to file an oral report, and file a written report on a 51A form within 48 hours. The reporter will be with the CPT representative to fill in any necessary details.
- The fact that the CPT does not advise reporting a situation to DCF does not preclude an educator from contacting DCF directly if the educator has reasonable cause to believe that the suspected child abuse or neglect did occur. The (name of school) will not discharge or in any manner retaliate or discriminate against any person who, in good faith, submits a report of child abuse or neglect.
- When making the report, the CPT will identify other individuals within the school who may provide information on a particular child that is relevant to the alleged abuse or neglect.
- Having filed a written report to the Department of Children and Families 48 hours after the oral report, a copy of this document and any notes pertaining to the case should remain confidential. The reports of the CPT will be kept in a separate, locked confidential file by the [designate person] for as long as the child is a student in that school district. Regulations that cover the retention and destruction of temporary (non-transcript) student records are included in the Code of Massachusetts Regulations at 603 CMR 23.00. The updated regulations state that the temporary record of any student enrolled on or after the effective date of 603 CMR 23.00 (August 15, 2006) shall be destroyed no later than seven years after the student transfers, graduates, or withdraws from the school system. Written notice to the eligible student and his/her parent of the approximate date of destruction of the record and their right to receive the information in whole or in part, shall be made at the time of such transfer, graduation, or withdrawal. This information should NOT be part of the child's academic records or folder.

- If an educator must make a report after school hours he/she must notify [designated person or persons]. This individual will notify, by phone if necessary, the members of the CPT, The CPT and the reporter will then be responsible for filing the report with DCF. If the educator making the report feels it is an emergency and is unable to reach the [designated person] or any CPT member, he/she should file the report with DCF and notify the CPT as soon as possible.
- After reporting a case to DCF, the [designated person], representing the CPT, will monitor the outcome of the report. This information will be kept confidential and will be available only to the CPT and the original reporter.
- Once the information has been provided to the CPT, no child will be subjected to further emotional stress or risk by being questioned by any member of the team or by other school personnel.

# appendix b

## assessing your protocol

If you already have a protocol designed or in place, you may want to evaluate it for effectiveness. The following is a checklist with will help you to do so.

- 1** Does our protocol designate that staff will have training and who will be responsible for arranging training?
- 2** Will this training include how to recognize the symptoms of different types of child maltreatment, staff reporting responsibilities, the school protocol, reporting procedure, DCF procedure, and their obligations once a report has been made?
- 3** Does the protocol include the formation of a CPT?
- 4** Does the protocol spell out who is responsible for the formation of this team, who the members will be, and how often the team will meet?
- 5** Does the protocol stipulate that all school staff will receive notifications of the protocol?
- 6** Does the protocol designate how many hours of training each staff member is expected to receive?
- 7** Does the protocol reference the Massachusetts state law which requires that, as a mandated reporter, an employee of the school who has "reasonable cause to believe" that a child is being abused or neglected must report such suspicion to the Department of Children and Families?
- 8** Does the protocol spell out the role of the CPT in making a report?
- 9** Does the protocol specify who actually contacts DCF and who completes the required written report within 48 hours after the oral report?
- 10** If the CPT is responsible for filing the report, does the protocol spell out what happens if the team is not available?
- 11** Does the protocol inform staff that if the staff member who referred the case to the CPT does not agree with the Team's decision not to file a report, he/she can contact DCF directly to file a report?
- 12** Does the protocol indicate that all reports must be kept confidential and in a separate file from the student's regular school file?
- 13** Does the protocol indicate who is responsible for monitoring (receiving feedback from DCF, etc.) after a report is filed?
- 14** Does the protocol mention that once the report has been made, the child will no longer be questioned by any member of the school staff?
- 15** After the initial dissemination of the written protocol, is it (will it be) made available to all new schools staff and reviewed periodically with veteran staff?

## appendix c

### physical and behavioral indicators of abuse and neglect\*

| type of abuse  | physical indicators   | behavioral indicators  |
|----------------|---|--|
| physical abuse | <ul style="list-style-type: none"> <li>• unexplained bruises (in various stages of healing)</li> <li>• unexplained burns, especially cigarette burns or immersion burns</li> <li>• unexplained fractures, lacerations or abrasions</li> <li>• swollen areas</li> <li>• evidence of delayed or inappropriate treatment for injuries</li> </ul> | <ul style="list-style-type: none"> <li>• self destructive</li> <li>• withdrawn and/or aggressive (behavioral extremes)</li> <li>• arrives at school early or stays late as if afraid to be at home</li> <li>• chronic runaway (adolescents)</li> <li>• complains of soreness or moves uncomfortably</li> <li>• wears clothing inappropriate to weather, to cover body</li> <li>• bizarre explanation of injuries</li> <li>• wary of adult contact</li> </ul> |
| neglect        | <ul style="list-style-type: none"> <li>• abandonment</li> <li>• unattended medical needs</li> <li>• consistent lack of supervision</li> <li>• consistent hunger, inappropriate dress, poor hygiene</li> <li>• lice, distended stomach, emaciated</li> <li>• inadequate nutrition</li> </ul>   | <ul style="list-style-type: none"> <li>• regularly displays fatigue or listlessness, falls asleep in class</li> <li>• steals food, begs from classmates</li> <li>• reports that no caretaker is at home</li> <li>• frequently absent or tardy</li> <li>• self destructive</li> <li>• school dropout (adolescents)</li> <li>• extreme loneliness and need for affection</li> </ul>  |



| type of abuse   | physical indicators   | behavioral indicators   |
|-----------------|---|---|
| sexual abuse    | <ul style="list-style-type: none"> <li>• sexual abuse may be non-touching: obscene language, pornography, exposure - or touching: fondling, molesting, oral sex, intercourse</li> <li>• torn, stained or bloody underclothing</li> <li>• pain, swelling or itching in genital area</li> <li>• difficulty walking or sitting</li> <li>• bruises or bleeding in genital area</li> <li>• venereal disease</li> <li>• frequent urinary or yeast infections</li> </ul> | <ul style="list-style-type: none"> <li>• excessive seductiveness</li> <li>• role reversal, overly concerned for siblings</li> <li>• massive weight change</li> <li>• suicide attempts (especially adolescents)</li> <li>• inappropriate sex play or premature understanding of sex</li> <li>• threatened by physical contact, closeness</li> <li>• reports internet conversations with an adult that have sexual overtones</li> </ul> |
| emotional abuse | <ul style="list-style-type: none"> <li>• emotional abuse may be name-calling, insults, put-downs, etc., or it may be terrorization, isolation, humiliation, rejection, corruption, ignoring</li> <li>• speech disorders</li> <li>• delayed physical development</li> <li>• substance abuse</li> <li>• ulcers, asthma, severe allergies</li> </ul>   | <ul style="list-style-type: none"> <li>• habit disorder (sucking, rocking, biting)</li> <li>• antisocial, destructive</li> <li>• neurotic traits (sleep disorders, inhibition of play)</li> <li>• passive and aggressive (behavioral extremes)</li> <li>• delinquent behavior (especially adolescents)</li> <li>• developmentally delayed</li> </ul>  |

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## appendix d

### Massachusetts General Laws, Chapter 119, Section 51A

Section 51A. (a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; or (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233.

If a mandated reporter is a member of the staff of a medical or other public or private institution, school or facility, the mandated reporter may instead notify the person or designated agent in charge of such institution, school or facility who shall become responsible for notifying the department in the manner required by this section.

A mandated reporter may, in addition to filing a report under this section, contact local law enforcement authorities or the child advocate about the suspected abuse or neglect.

(b) For the purpose of reporting under this section, hospital personnel may have photographs taken of the areas of trauma visible on the child without the consent of the child's parents or guardians. These photographs or copies thereof shall be sent to the department with the report.

If hospital personnel collect physical evidence of abuse or neglect of the child, the local district attorney, local law enforcement authorities, and the department shall be immediately notified. The physical evidence shall be processed immediately so that the department may make an informed determination within the time limits in section 51B. If there is a delay in processing, the department shall seek a waiver under subsection (d) of section 51B.

(c) Notwithstanding subsection (g), whoever violates this section shall be punished by a fine of not more than \$1,000. Whoever knowingly and willfully files a frivolous report of child abuse or neglect under this section shall be punished by: (i) a fine of not more than \$2,000 for the first offense; (ii) imprisonment in a house of correction for not more than 6 months and a fine of not more than \$2,000 for the second offense; and (iii) imprisonment in a house of correction for not more than 2 ½ years and a fine of not more than \$2,000 for the third and subsequent offenses.

Any mandated reporter who has knowledge of child abuse or neglect that resulted in serious bodily injury to or death of a child and willfully fails to report such abuse or neglect shall be punished by a fine of up to \$5,000 or imprisonment in the house of correction for not more than 2 ½ years or by both such fine and imprisonment; and, upon a guilty finding or a continuance without a finding, the court shall notify any appropriate professional licensing authority of the mandated reporter's violation of this paragraph.

(d) A report filed under this section shall contain: (i) the names and addresses of the child and the child's parents or other person responsible for the child's care, if known; (ii) the child's age; (iii) the child's sex; (iv) the nature and extent of the child's injuries, abuse, maltreatment or neglect, including any evidence of prior injuries, abuse, maltreatment or neglect; (v) the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect; (vi) whatever action, if any, was taken to treat, shelter or otherwise assist the child; (vii) the name of the person or persons making the report; (viii) any other information that the person reporting believes might be helpful in establishing the cause of the injuries; (ix) the identity of the person or persons responsible for the neglect or injuries; and (x) other information required by the department.

- (e) A mandated reporter who has reasonable cause to believe that a child has died as a result of any of the conditions listed in subsection (a) shall report the death to the district attorney for the county in which the death occurred and the office of the chief medical examiner as required by clause (16) of section 3 of chapter 38. Any person who fails to file a report under this subsection shall be punished by a fine of not more than \$1,000.
- (f) Any person may file a report under this section if that person has reasonable cause to believe that a child is suffering from or has died as a result of abuse or neglect.
- (g) No mandated reporter shall be liable in any civil or criminal action for filing a report under this section or for contacting local law enforcement authorities or the child advocate, if the report or contact was made in good faith, was not frivolous, and the reporter did not cause the abuse or neglect. No other person filing a report under this section shall be liable in any civil or criminal action by reason of the report if it was made in good faith and if that person did not perpetrate or inflict the reported abuse or cause the reported neglect. Any person filing a report under this section may be liable in a civil or criminal action if the department or a district attorney determines that the person filing the report may have perpetrated or inflicted the abuse or caused the neglect.
- (h) No employer shall discharge, discriminate or retaliate against a mandated reporter who, in good faith, files a report under this section, testifies or is about to testify in any proceeding involving child abuse or neglect. Any employer who discharges, discriminates or retaliates against that mandated reporter shall be liable to the mandated reporter for treble damages, costs and attorney's fees.
- (i) Within 30 days of receiving a report from a mandated reporter, the department shall notify the mandated reporter, in writing, of its determination of the nature, extent and cause or causes of the injuries to the child and the services that the department intends to provide to the child or the child's family.
- (j) Any privilege relating to confidential communications, established by sections 135 to 135B, inclusive, of chapter 112 or by sections 20A and 20B of chapter 233, shall not prohibit the filing of a report under this section or a care and protection petition under section 24, except that a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner need not report information solely gained in a confession or similarly confidential communication in other religious faiths. Nothing in the general laws shall modify or limit the duty of a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner to report suspected child abuse or neglect under this section when the priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner is acting in some other capacity that would otherwise make him a mandated reporter.
- (k) A mandated reporter who is professionally licensed by the commonwealth shall complete training to recognize and report suspected child abuse or neglect.

### **Chapter 233, Section 20M**

- (a) "Human trafficking victim" or "victim", a person who is subjected to the conduct prohibited under sections 50 or 51 of chapter 265.

## Chapter 265, Sections 50 and 51

Section 50. (a) Whoever knowingly: (i) subjects, or attempts to subject, or recruits, entices, harbors, transports, provides or obtains by any means, or attempts to recruit, entice, harbor, transport, provide or obtain by any means, another person to engage in commercial sexual activity, a sexually-explicit performance or the production of unlawful pornography in violation of chapter 272, or causes a person to engage in commercial sexual activity, a sexually-explicit performance or the production of unlawful pornography in violation of said chapter 272; or (ii) benefits, financially or by receiving anything of value, as a result of a violation of clause (i), shall be guilty of the crime of trafficking of persons for sexual servitude and shall be punished by imprisonment in the state prison for not less than 5 years but not more than 20 years and by a fine of not more than \$25,000. Such sentence shall not be reduced to less than 5 years, or suspended, nor shall any person convicted under this section be eligible for probation, parole, work release or furlough or receive any deduction from his sentence for good conduct until he shall have served 5 years of such sentence. No prosecution commenced under this section shall be continued without a finding or placed on file.

(b) Whoever commits the crime of trafficking of persons for sexual servitude upon a person under 18 years of age shall be punished by imprisonment in the state prison for life or for any term of years, but not less than 5 years. No person convicted under this subsection shall be eligible for probation, parole, work release or furlough or receive any deduction from his sentence for good conduct until he shall have served 5 years of such sentence.

(c) A business entity that commits trafficking of persons for sexual servitude shall be punished by a fine of not more than \$1,000,000.

(d) A victim of subsection (a) may bring an action in tort in the superior court in any county wherein a violation of subsection (a) occurred, where the plaintiff resides or where the defendant resides or has a place of business. Any business entity that knowingly aids or is a joint venturer in trafficking of persons for sexual servitude shall be civilly liable for an offense under this section.

Section 51. (a) Whoever knowingly: (i) subjects, or attempts to subject, another person to forced services, or recruits, entices, harbors, transports, provides or obtains by any means, or attempts to recruit, entice, harbor, transport, provide or obtain by any means, another person, intending or knowing that such person will be subjected to forced services; or (ii) benefits, financially or by receiving anything of value, as a result of a violation of clause (i), shall be guilty of trafficking of persons for forced services and shall be punished by imprisonment in the state prison for not less than 5 years but not more than 20 years and by a fine of not more than \$25,000.

(b) Whoever commits the crime of trafficking of persons for forced services upon a person under 18 years of age shall be punished by imprisonment in the state prison for life or for any term of years, but not less than 5 years.

## Chapter 265, Section 26D

(a) As used in this section, the term "entice" shall mean to lure, induce, persuade, tempt, incite, solicit, coax or invite.

(b) As used in this section, the term "electronic communication" shall include, but not be limited to, any transfer of signs, signals, writing, images, sounds, data or intelligence of any nature transmitted in whole or in part by a wire, radio, electromagnetic, photo-electronic or photo-optical system.

(c) Whoever, by electronic communication, knowingly entices a child under the age of 18 years, to engage in prostitution in violation of section 50 or section 53A of chapter 272, human trafficking in violation of section 50, 51, 52 or 53 or commercial sexual activity as defined in section 49, or attempts to do so, shall be punished by imprisonment in a house of correction for not more than 2 1/2 years or in the state prison for not more than 5 years or by a fine of not less than \$2,500, or by both such fine and imprisonment.

(d) Whoever, after having been convicted of, or adjudicated delinquent by reason of a violation of this section, commits a second or subsequent such violation, shall be punished by imprisonment in the state prison for not less than 5 years and by a fine of not less than \$10,000. Such sentence shall not be reduced to less than 5 years, or suspended, nor shall any person convicted under this subsection be eligible for probation, parole, work release or furlough or receive any deduction from the sentence for good conduct until that person has served 5 years of such sentence.

# appendix e

## Filing an Effective 51A Report

By Jeff Roberts, Coordinator, Middlesex County Sexual Abuse Investigation Network

**When filing a 51A report of child abuse or neglect with the Department of Children and Families, it is helpful to have as much factual information as possible at hand, including:**

- The name and birth date of the child being reported
- The names and birth dates of any siblings in the home
- The names, addresses, and birth dates of both parents
- The primary language spoken in the child's home
- The mandated reporter's name, address, telephone number, profession, and relationship with the child (non-mandated reporters may request anonymity)
- As much information as possible about the alleged perpetrator of the abuse (if not one of the above-named persons)

**You will find it helpful to have the answers in mind to the following questions, which a DCF screener will likely ask when you file a 51A report:**

- Have you informed the parents of the reported child that you are filing a report with DCF? If yes, what was their response? (DCF recommends that you do not inform a family if you believe it will increase the risk to the child).
- Are you alleging neglect, physical abuse, sexual abuse, and/or emotional maltreatment of the child?
- To your knowledge, what is the nature and extent of the child's injuries, abuse, neglect, or maltreatment?
- What is the specific incident, behavior, or disclosure that is causing you to report at this time?
- If there was a verbal disclosure, what specifically did the child say in his or her own words?
- Where did the abuse occur? (This is especially important in physical or sexual abuse allegations, which may involve criminal activity and need to be reported to the appropriate District Attorney's Office).
- Have there been past observations of the child that have caused you concern prior to the filing of this report?
- Do you believe that the child is at current / immediate risk of further harm? Do you believe this to be an ongoing situation, or a short-term crisis?
- What is the child telling you about his/her feelings of personal safety?
- To your knowledge, is the family currently involved with DCF?
- To your knowledge, does the child have regular visits with a counselor or therapist? (If possible, provide the name and telephone number of the child's therapist.)
- Are you aware of any 51A reports that have been filed on this child by your agency? (If possible, provide the dates of these reports).
- What are the child's general demeanor, school performance record, and attendance record?
- What actions if any have been taken to treat, shelter, or assist the child?
- Does the child have any special needs or developmental limitations?

Remember that as a mandated reporter, you are required to file a written report with the Department of Children and Families within 48 hours of making the oral report. DCF will provide the form for this report. DCF is required to notify you, in writing, of its decision on your report within 60 days. If you have any questions about whether or not to report a situation, don't hesitate to call your area DCF office for further information and advice. You may also call the Department Ombudsman's office during regular working hours at (617) 748-2444.

# appendix f



## Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect



Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse and/or neglect to the Department of Children and Families by:

1. Immediately reporting by oral communication; and
2. Completing and sending this written report to the appropriate Department of Children and Families office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

Please complete all sections of this form. If some data are uncertain or unknown, please signify by placing a question mark (“?”) after the entry.

### U CHILDREN REPORTED

| Name | Current Location / Address | Sex   | Age or Date of Birth |
|------|----------------------------|---|----------------------|
|      |                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                      |
|      |                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                      |
|      |                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                      |
|      |                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                      |
|      |                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                      |

### U PARENT OR GUARDIAN 1

|                                    |             |                      |          |
|------------------------------------|-------------|----------------------|----------|
| Name                               |             |                      |          |
| First                              | Last        | Middle               |          |
| Address                            |             |                      |          |
| Street & Number                    | City / Town | State                | Zip Code |
| Phone #                            |             | Age / Date of Birth  |          |
| Primary Language Spoken (if known) |             | Ethnicity (if known) |          |

### U PARENT OR GUARDIAN 2

|                                    |             |                      |          |
|------------------------------------|-------------|----------------------|----------|
| Name                               |             |                      |          |
| First                              | Last        | Middle               |          |
| Address                            |             |                      |          |
| Street & Number                    | City / Town | State                | Zip Code |
| Phone #                            |             | Age / Date of Birth  |          |
| Primary Language Spoken (if known) |             | Ethnicity (if known) |          |

### U REPORTER / REPORT

|   |   |   |
|---|---|---|
| Report Date   | <input type="checkbox"/> Mandatory Report | <input type="checkbox"/> Voluntary Report |
| Reporter's Name   |   |   |
| First   | Middle                                    | Last                                      |
| (If the reporter represents an institution, school or facility, please indicate)                    |   |   |
| Reporter's Address  |   |   |
| Street & Number   | City / Town                               | State Zip Code                            |
| Phone #   | Relationship to the Child                 |   |
| Has reporter informed caretaker of report? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

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If known, please provide the name(s) and contact information of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect:

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What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred. Pedikit# (if applicable):

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What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

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If report involved alleged domestic violence, please list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim):

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Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns:

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Signature of Reporter:

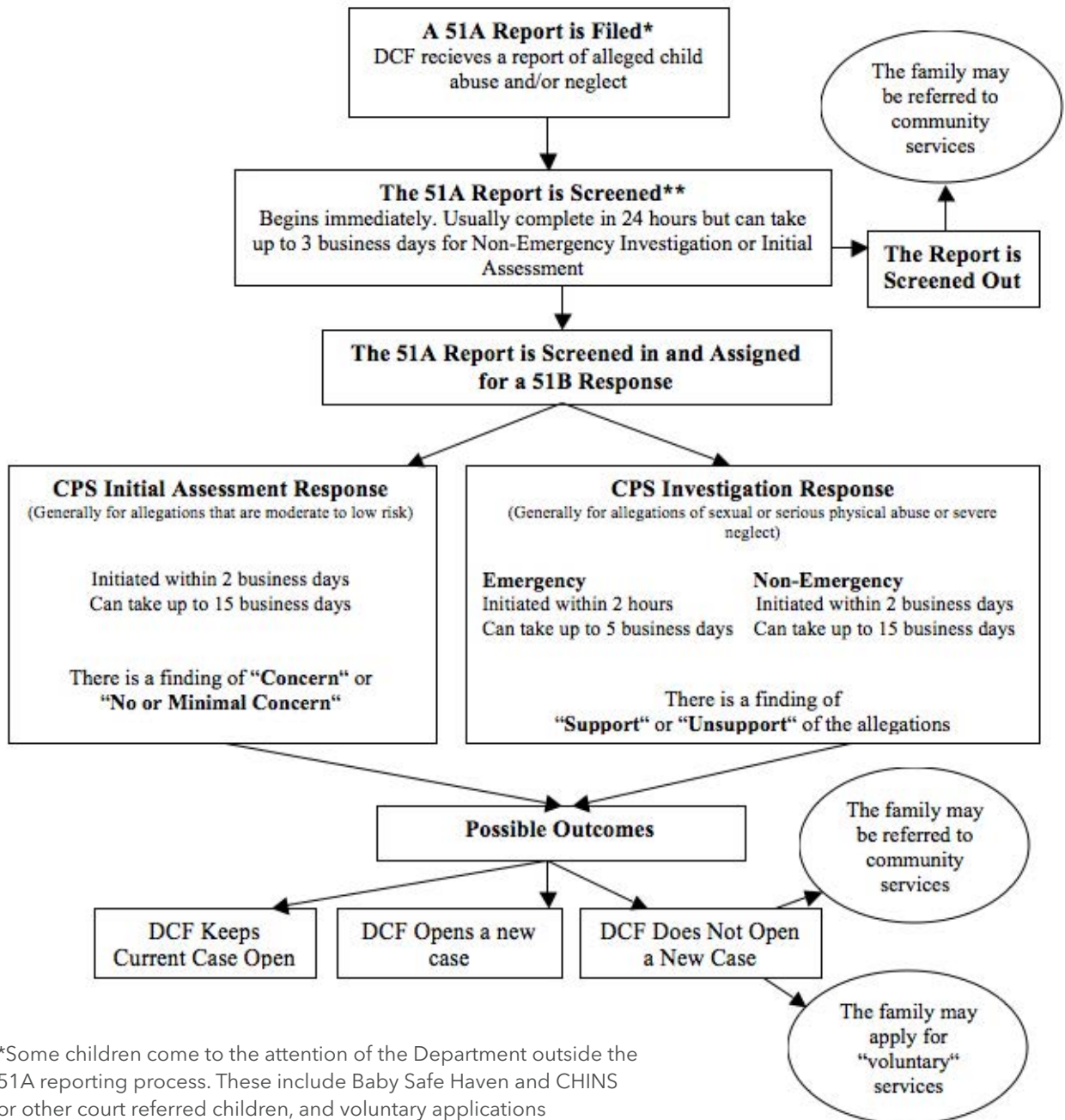
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# appendix g

## child protective services (cps) under differential response

What Happens When DCF Receives A 51A Report? <sup>2</sup>



\*Some children come to the attention of the Department outside the 51A reporting process. These include Baby Safe Haven and CHINS or other court referred children, and voluntary applications

\*\*In allegations of serious physical or sexual abuse, referrals may be made to the District Attorney at any point during the Child Protective Services Process

<sup>2</sup>From MA Department of Children and Families ICPM Fact Sheet “Differential Response and Initial Assessment”, May 2011, used with permission.

# appendix h

## sample code of conduct "acknowledgement form"

I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my teaching and/or providing services to the children and youth of (name of school).

### **I will:**

Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.

Never be alone with individual children and/or youth at school activities without another adult being notified.

Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.

Maintain appropriate physical boundaries at all times and touch children – when necessary – only in ways that are appropriate, public, and non-sexual.

Comply with the mandatory reporting regulations of the Commonwealth of Massachusetts and with the (name of school) Policies and Procedures to report suspected child abuse. I understand that failure to report suspected child abuse to civil authorities is against the law.

Cooperate fully in any response of abuse of children and/or youth.

### **I will not:**

Touch or speak to a child and/or youth in a sexual or other inappropriate manner

Inflict any physical or emotional abuse such as striking, spanking, shaking, slapping, humiliating, ridiculing, threatening, or degrading children and/or youth.

Smoke or use tobacco products, or possess, or be under the influence of alcohol or illegal drugs at any time while working with children and/or youth.

Give a child who is not my own a ride home alone.

Accept or give gifts to children or youth without the knowledge of their parents or guardians.

Engage in private communications with children via text messaging, email, Facebook, Twitter or similar forms of electronic or social media.

Use profanity in the presence of children and/or youth at any time.

I understand that as a person working with and/or providing services to children and youth under the auspices of (name of school) I am subject to a criminal history background check. My signature confirms that I have read this Code of Conduct and that as a person working with children and youth I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action up to and including removal from my position.

Name (print): \_\_\_\_\_ Signature/Date: \_\_\_\_\_

## appendix i: glossary

**CAPTA** - Federal legislation lays the groundwork for states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A §5106g), as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

*“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm”* (CAPTA 2010).

Child maltreatment generally falls into several distinct categories: physical abuse, emotional abuse, neglect and sexual abuse. Expanded definitions of child abuse and neglect gathered from a number of resources follow:

■ **Physical abuse** refers to a non-accidental injury caused by a parent or caretaker who has responsibility for that child’s care. These injuries may be a result of the child being beaten, thrown, kicked, bitten, punched, choked, stabbed, burned or in some other way harmed. The injury may be intentional or unintentional and may also result from severe discipline, a punishment inappropriate for the child’s age or condition, or may result from parental lapses brought upon by immaturity, the use or abuse of substances, or extreme stress. It is also important to note that a non-accidental injury to a child committed by anyone other than a parent or caretaker is considered to be a criminal act and falls under the jurisdiction of law enforcement rather than child protective services.

■ **Emotional abuse**, although almost always underlying other types of abuse or neglect, can also occur alone. Emotional abuse, sometimes referred to as psychological abuse, is behavior that impairs the child’s emotional development or feelings of self-worth including belittling, blaming, or rejecting a child; constantly treating siblings unequally; and a persistent lack of concern by the caretaker for the child’s welfare. Usually one recognizes emotional abuse through behavior but it is also possible that the child has so internalized the messages of the abuse that he or she exhibits developmental delays, psychosomatic symptoms (e.g. asthma) and other physical effects (e.g. stuttering or other speech disorders).

■ **Neglect** refers to the caretaker’s lack of attention to the child’s basic needs such as the failure to provide food, shelter, clothing, supervision, medical care, or education. Unlike physical abuse that tends to be episodic, neglect tends to be chronic - causing the victims to grow up believing that everyone lives as they do. As a result, they may not confide how they are being treated to anyone. Often, these families have multiple problems although not every multi-problem family is neglectful. The Children’s Trustul.

■ **Sexual abuse** is defined as inappropriate sexual behavior of an adult or an adolescent with a child. This may include fondling a child’s genitals, making the child fondle an adult’s genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or the production of, or exposure to, pornography. Sexual abuse may take place within the family (incest), or be perpetrated by relatives, friends, by the boyfriend or girlfriend of the parent, or by others in caretaking roles (e.g. babysitter). Although sexual abuse may occur at the hands of a stranger, most victims know their abusers. Sexual abuse may also be committed by other children or teens and is considered to be abusive when the perpetrator is significantly older or has control over the victim. . In February of 2012, the law in Massachusetts was amended to further define sexual abuse to include human trafficking - the term now used to describe the recruiting, harboring, or transporting of children to involve them in commercial sexual activities. In addition, the luring of children through “electronic communication” was also specifically added.

**caretaker** - A child's parent, stepparent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. Also any other person entrusted with the responsibility for a child's health or welfare whether in the child's home, a relative's home, a school setting, a daycare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. The caretaker definition is meant to be constructed broadly and inclusively to encompass any person who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caretaker who is him/ herself a child (i.e., a babysitter under the age of 18).

**child** - Any person under the age of 18 years, not including unborn children

**human trafficking victim** (MGL Chapter 233, Section 20M) - refers to the enticement, recruiting, harboring, transport or other means to involve a child in commercial sexual activities including the production of pornography.

**immunity from civil or criminal liability** - States that no mandated reporter who suspects that a child is suffering from child abuse or neglect and who reports this suspicion to the Child Protection Team or the Department of Children and Families shall be held liable in any civil or criminal action as a result of making this report if made in good faith.

**mandated reporter** - Defined at M.G.L. c. 119, 21: A person who is: (i) a physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, optometrist, osteopath, allied mental health and human services professional licensed under section 165 of chapter 112, drug and alcoholism counselor, psychiatrist or clinical social worker; (ii) a public or private school teacher, educational administrator, guidance or family counselor, child care worker, person paid to care for or work with a child in any public or private facility, or home or program funded by the Commonwealth or licensed under chapter 15D that provides child care or residential services to children or that provides the services of child care resource and referral agencies, voucher management agencies or family child care systems or child care food programs, licenser of the department of early education and care or school attendance officer; (iii) a probation officer, clerk-magistrate of a district court, parole officer, social worker, foster parent, firefighter, police officer; (iv) a priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of a priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, or person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis; (v) in charge of a medical or other public or private institution, school or facility or that person's designated agent; or (vi) the child advocate.

**reasonable cause** - Means a basis for judgment that rests on specific facts which have been observed directly or obtained from reliable sources and that support the belief that a particular event probably took place or a condition probably exists.

**reportable condition** - Refers to a serious physical or emotional injury resulting from abuse or neglect, or the commission of an act by a caretaker with a child which constitutes a sexual offense under the criminal laws of the Commonwealth, or the physical dependence of a child upon an addictive drug at birth, or being a sexually exploited child, or being a human trafficking victim.

**sexually exploited child** (MGL Chapter 119, Section 21) - A child who is a victim of sexual trafficking, or sexual contact with another person for a fee (prostitution)

**support** - To find after an response that there is reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker.

**unsupport** - To find after a response that there is a lack of reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker.

# appendix j: resources for educators

## reporting child abuse and neglect

### **Massachusetts Department of Children and Families**

600 Washington Street

Boston, MA 02111

Child-at-Risk Hotline (24 hours) 1-800-792-5200

Central Office (617) 748-2000

Auto Attendant (617) 748-2400

Fax: (617) 261-7435

Internet: [www.mass.gov/dcf](http://www.mass.gov/dcf)

Listing of Area Offices: [www.mass.gov/eohhs/gov/newsroom/dcf/contact-us/dss-directory.html](http://www.mass.gov/eohhs/gov/newsroom/dcf/contact-us/dss-directory.html)

### **Office of the Massachusetts Child Advocate**

One Ashburton Place, Fifth Floor

Boston, MA 02108

Telephone: (617)979-8360 and toll-free (866)790-3690

FAX: (617)979-8379.

Investigates critical incidents involving children receiving services from the Commonwealth, reviews complaints regarding these services, and works with state agencies to develop inter-agency coordination. Has a special responsibility toward children in the care of the Commonwealth and in helping to resolve the problems of youth in foster care.

### **Child Welfare Information Gateway**

Children's Bureau/ACYF

Eighth Floor

1250 Maryland Avenue, Southwest

Washington, DC 20024-2141

Toll-free: 1-800-394-3366

Telephone: 703-385-7565

Fax: 703-385-3206

Internet: <http://www.childwelfare.gov>

Provides toll-free and local telephone numbers for reporting child abuse and neglect in each state. In most cases the toll-free numbers listed are only accessible from within the state. Also listed are links to state websites, which may provide additional information.

### **Childhelp USA**

Suite B

15757 North 78th Street

Scottsdale, Arizona 85260-1629

Hotline: 1-800-4-A-CHILD (1-800-422-4453)

Telephone: 480-922-8212

Fax: 480-922-7061

Internet: <http://www.childhelp.org>

Staffed 24 hours daily by professional crisis counselors, this confidential hotline is accessible throughout the U.S., its territories, and Canada. Through interpreters, communication is possible in 140 languages.

**National Center for Missing & Exploited Children® (NCMEC)**

Charles B. Wang International Children's Building  
699 Prince Street  
Alexandria, Virginia 22314-3175  
Hotline: 1-800-THE-LOST® (1-800-843-5678)  
TTY: 1-800-826-7653  
Telephone: 703-224-2150  
"Phone free" from Mexico: 001-800-843-5678  
From other countries: 001-703-522-9320  
Fax: 703-224-2122  
Internet: <http://www.missingkids.com>  
CyberTipline: <http://www.cybertipline.com>  
NetSmartz: <http://www.NetSmartz.org>

The National Center for Missing & Exploited Children serves as a clearinghouse of information about missing and exploited children. It provides technical assistance to the public and law-enforcement agencies; distributes photographs of and descriptions about missing children worldwide; and coordinates child-protection education and prevention programs, training, and publications.

**National Center for Victims of Crime (NCVC)**

Suite 480  
2000 M Street, Northwest  
Washington, DC 20036-3307  
Toll-free: 1-800-FYI-CALL (1-800-394-2255)  
TTY: 1-800-211-7996  
Telephone: 202-467-8700  
Fax: 202-467-8701  
Internet: <http://www.ncvc.org>  
E-mail: [gethelp@ncvc.org](mailto:gethelp@ncvc.org)

NCVC offers help, information about options, and referrals to local services anywhere in the country.

**NetSmartz ([www.netsmartz.org](http://www.netsmartz.org))**

The National Center for Missing & Exploited Children's website about internet and technology safety – for parents, teens, and educators.

Adverse Childhood Experiences (ACE) Study.

The ACE Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. <http://www.cdc.gov/ace/index.htm>

## prevention organizations

The Children's Trust  
55 Court Street, 4th Floor  
Boston, MA 02108  
Phone: 617-727-8957  
Toll Free: 1-888-775-4KID  
Fax: 617-727-8997  
Website: [www.childrenstrustma.org](http://www.childrenstrustma.org)  
Parenting information: [www.onetoughjob.org](http://www.onetoughjob.org)  
Email: [info@childrenstrustma.org](mailto:info@childrenstrustma.org) (general information)

The Children's Trust Fund (The Children's Trust) leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. The Children's Trust reaches families across Massachusetts. Funds family support and parenting education programs in communities throughout Massachusetts. Parents can join support groups; families can attend activities at Family Centers; and young, first-time parents can enroll in a home-visiting program to get information, support and referrals. Programs include training in Shaken Baby Syndrome Prevention, helping fathers be involved in raising their children, and the prevention of child abuse.

### **National Alliance of Children's Trust and Prevention Funds (ACT)**

P.O. Box 15206  
Seattle, WA 98115  
ATTN: Teresa Rafael  
E-mail: [info@ctfalliance.org](mailto:info@ctfalliance.org)  
Web site: [www.ctfalliance.org](http://www.ctfalliance.org)

Assists state children's trust and prevention funds to strengthen families and protect children from harm.

### **National Children's Alliance**

516 C Street, NE  
Washington, DC 20002  
Phone: 202-548-0090 or 800-239-9950  
FAX: 202-548-0099  
Web site: [www.nationalchildrensalliance.org](http://www.nationalchildrensalliance.org)

Provides training, support, technical assistance and leadership on a national level to local children's and child advocacy centers and communities responding to reports of child abuse and neglect. A children's advocacy Center is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, and child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse allegations.



**Committee for Children**

568 First Avenue South, Suite 600  
Seattle, WA 98104-2804  
Phone: 800-634-4449 ext. 200  
Fax: 206-438-6765  
E-mail: [info@cfchildren.org](mailto:info@cfchildren.org)  
Web site: [www.cfchildren.org](http://www.cfchildren.org)

Provides award-winning social skills curricula for the prevention of child abuse, bullying, and youth violence, as well as family education, training and technical assistance to educators throughout North America.

**Crimes Against Children Research Center**

University of New Hampshire  
20 College Rd.  
#126 Horton Social Science Center  
Durham, NH 03824  
e-mail: [kelly.foster@unh.edu](mailto:kelly.foster@unh.edu)  
Phone: 603-862-1888  
Fax: 603-862-1122  
Web site: [www.unh.edu/ccrc/](http://www.unh.edu/ccrc/)

The mission of the Crimes against Children Research Center (CCRC) is to combat crimes against children by providing high quality research and statistics to the public, policy makers, law enforcement personnel, and other child welfare practitioners. CCRC is concerned with research about the nature of crimes including child abduction, homicide, rape, assault, and physical and sexual abuse as well as their impact.

**In2vate**

321 S. Boston Ave., Suite 900  
Tulsa, OK 74103  
Toll-free: 800-205-5262  
Web site: [www.virtus.org/in2vate/index.cfm](http://www.virtus.org/in2vate/index.cfm)

Provides sexual abuse prevention courses that create adult awareness on sexual abuse and teach adults how to prevent such abuse. With a target audience of employees, volunteers, and other caring adults, Sexual Abuse Prevention overviews (1) what is sexual abuse, (2) the damage caused by sexual abuse, (3) the warning signs of sexual abuse and of abusers, (4) how to respond appropriately, and (5) what caring adults can do about sexual abuse on their campuses and in their communities.

## appendix k: suggestions for additional reading

Crosson-Tower, C. (2002). *When Children are Abused: An educators guide to intervention*. Boston: Allyn and Bacon.

Crosson-Tower, C. (2003). *The role of educators in preventing and responding to child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

Crosson-Tower, C. (2010). *Understanding Child Abuse and Neglect*. Boston: Allyn and Bacon.

Crosson-Tower, C. (2013). *Confronting the Sexual Abuse of Children Adolescents*. Boston: Allyn and Bacon.

Dorias, M. (2009). *Don't Tell: The Sexual Abuse of Boys*. Montreal, CA.: McGill-Queens University Press.

Erooga, M. and Masson, H. (Eds.). (2006). *Children and Young People Who Sexually Abuse Others*. New York: Routledge.

Giardino, A.P., Lyn, M.A. and Giardino, E.R. (2010). *A Practical Guide to the Evaluation of Child Physical Abuse and Neglect*. New York: Springer-Verlag.

Fontes, L. A. (2008). *Child Abuse and Culture*. New York: Guilford.

Horwath, J. (2007). *Child Neglect: Identification and Assessment*. London: Palgrave Macmillan.

Iwaniec, D. (2006). *Emotional Abused and Neglected Child: Identification, Assessment and Intervention*. New York: John Wiley and Sons.

Johnson, T. C. (2010). *Understanding Children's Sexual Behaviors*. San Diego, CA.: Institute on Violence, Abuse and Trauma.

Sax, R. (2009). *Predators and Child Molesters: What Every Parent Needs to Know to Keep Kids Safe*. New York: Prometheus.

## notes

# *about the* children's trust

The Children's Trust is Massachusetts' leading family support organization.

We strengthen the Commonwealth by funding parenting support programs designed to help families raise physically and emotionally healthy children.

With support from the Children's Trust, young children across Massachusetts can grow up in nurturing families and communities, healthy and ready to succeed.

## our programs

**healthy families:** a home-based family support and coaching program that works with young, first-time parents and helps them create safe, stimulating environments for their children.

**family centers:** centers where parents and children go to meet other families, tap into community resources, learn new parenting skills, and participate in activities and support programs.

**parenting education and support programs:** group-based programs that help parents enhance the knowledge, skills, and confidence they need to be the best parents they can be.

**fatherhood initiative:** a program that works to advance activities and trainings that support fathers, their families, and the professionals who work with them.

**onetoughjob.org:** our award-winning parenting website that gives parents immediate access to current, reliable, and practical information about parenting and child development.

**family support training center:** a robust offering of a variety of learning opportunities to help family support professionals across Massachusetts stay on the cutting edge of the field.



strengthening families

[childrenstrustma.org](http://childrenstrustma.org)  
[onetoughjob.org](http://onetoughjob.org)