

<p>TOPIC: Reporting Suspected Abuse</p> <p>Effective Date: 9/5/08</p>	<p>Number: Adm</p>	<p>Page 1 of 5</p>
<p>Approved By: Lynnette Benjamin</p>	<p>Title: Director</p>	

Mandatory Reporting of Abuse or Neglect of a Child, Elder, mentally ill, developmentally disabled, or those in long-term care (protected persons)

POLICY: Any staff having reasonable cause to believe that any protected person with whom the staff comes into contact has suffered abuse or that any person with whom the staff comes into contact has abused a protected person shall immediately cause a report to be made in the manner required in ORS 419B.005 to 419B.045, ORS 124.060, ORS 430.735-765 and ORS 441.640.

DEFINITIONS:

Physical Abuse: Physical abuse constitutes any physical injury, which has been caused by other than accidental means, including any injury, which appears to be at variance with the explanation given for the injury. Abuse includes reckless or negligent use of drugs during pregnancy, which results in the birth of an infant with addictions or impairment.

Neglect: Neglect is negligent treatment or maltreatment of a child or elder person, which causes actual harm, or substantial risk of harm to a child’s health, welfare, and safety. Neglect includes but is not limited to: the failure to provide adequate food, clothing, shelter, nurturance or medical care; abandonment or desertion of a child; and “emotional neglect” is failure to provide emotional nurturing, physical, and cognitive stimulation needed to prevent serious developmental deficits.

Mental Injury or Emotional Maltreatment: Mental injury is harm to a child’s or elder person’s ability to think, reason, or have feelings. A child or elder person who has been mentally injured is one who has been the victim of cruel or unconscionable acts or statements or who suffers from a caretaker’s failure to provide necessary nurturance or protection. Any public or private official who has reasonable cause to believe that nay adult with whom the official comes into contact while acting in an official capacity, has suffered abuse, or that any person with whom the official comes in contact while acting in an official capacity has abused an adult shall report or cause a report to be made in the manner required

in ORS 430.743. When a report is required under ORS 430.765 an oral report shall be made immediately by telephone or otherwise to the designee of the Department of Human Services or a law enforcement agency within the county where the person making the report is at the time of contact.

Sexual Abuse: Child sexual abuse occurs when a person uses or attempts to use a child for their own sexual gratification. This includes incest, rape, sodomy, sexual penetration, fondling, voyeurism etc. Sexual contact between two parties when one party is under 12 years old.

Sexual Abuse of Teens: Sexual abuse of teens aged (12-18 years) occurs when when one of the following exists:

- Force, coercion, lack of consent (including the inability to consent because of a mental defect, mental incapacitation or physical helplessness)
- There is a family relationship between the two parties
- Drugs or alcohol affect the ability to make a reasonable choice
- The age difference between the two parties is three years or greater
- An object other than a penis, mouth, hand or finger has been used to penetrate the vagina, anus or penis of a child under age 14

Sexual Exploitation: Sexual exploitation is using children in a sexually explicit way for personal gain; e.g. to make money, to obtain food stamps or drugs, or to gain status. It also includes using children in prostitution and using children to create pornography.

Threat of Harm: Threat of harm is subjecting a child to a substantial risk of harm to the child's health or welfare.

Domestic Violence: Domestic violence is a pattern of assaultive and/or coercive behaviors including physical, sexual and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship. The presence of domestic violence is a risk for children. However, not all situations of domestic violence require a report to DHS or law enforcement. Report when there is current domestic violence or the alleged abuser has a history of domestic violence and there is reasonable threat of harm to the child; i.e. being held during violence, physically restrained from leaving (refer to *Recognizing and Reporting Child Abuse and Neglect. An Explanation of Oregon's Mandatory Reporting Law (March 2004)* for more information.

Child Selling: Buying, selling or trading for legal or physical custody of a child.

Fatality: When suspected abuse or neglect is a factor in a child's death, a report must be made.

Reference: *Recognizing and Reporting Child Abuse and Neglect. An Explanation of Oregon's Mandatory Reporting Law (March 2004).*

This booklet is published yearly by the Oregon Department of Human Services.

www.dhs.state.or.us

Suspected abuse of long term care facility residents. (ORS 4410640): Report of suspected abuse of a resident is required. Any public or private official having reasonable cause to believe that any resident in a long term care facility, with whom the official comes in contact while acting in an official capacity, has suffered abuse, or that any person with whom the official comes in contact while acting in an official capacity has abused a resident in a long term care facility, shall report or cause a report to be made in the manner required in ORS 441.645.

Outstanding Warrants: The health department is a mandatory reporter to the Oregon State Police if an employee knowingly provides services to an individual for whom there is an outstanding arrest warrant (ORS 659A.212). Staff will contact their supervisor if confronted with this situation. Supervisors will contact the county attorney's office.

PROCEDURE:

1. Reporting-All staff is encouraged to be open, honest and direct with clients about the staff's professional and legal responsibility related to child abuse and elder abuse reporting. All family planning/STD clients will sign a form acknowledging their understanding of WSHD's policy regarding this manner. See attached.

A. Staff is required by statute to report child or elder abuse under the following circumstances:

1. There is reasonable cause to believe that any child or elder person with whom staff comes into contact has suffered abuse.
2. There is reasonable cause to believe that any person has abused a child or elder person.
3. If information concerning abuse is received second hand and no first hand knowledge is available, the employee's professional judgment is used to decide whether to report the information to DHS or Law Enforcement.

B. Staff are required to report child abuse or elder abuse at all times, i.e. whether on or off duty.

C. An oral report shall be made immediately by telephone or otherwise to the local office of DHS (Children Services) or a law enforcement agency within the county where the person making the report is at the time of contact.

1. DHS: During regular business hours M-F, 8 a.m. to 5 p.m. (298-5136).

2. Law Enforcement Agencies: Sheriff : 296-5454 (Wasco), (541) 565-3622 (Sherman), The Dalles Police: 296-2613. Need to add Gilliam contact info here.
3. If a report is made to a law enforcement agency during non-business hours, a follow-up call should be placed to DHS on the next business day.

D. Reporting to Supervisor

1. If at all possible, staff should consult with their supervisor before making a report.

Rationale: Reporting is a breach of confidentiality. Any breach of confidentiality requires discussion with the supervisor.

E. Content of Report

1. If known, reports shall include:
 - a. Name, age, and address of child and the child's parent or responsible caretaker.
 - b. Nature and extent of abuse, neglect or injuries, including any evidence of previous abuse or neglect.
 - c. Any explanation given by parents/caretakers for injuries, abuse or neglect.
 - d. Any explanations given by other witnesses for injuries, abuse or neglect.
 - e. Any information, which might be helpful in establishing the cause of the abuse or neglect, (i.e. history of domestic violence, drug and alcohol issues, other stressors etc.).
 - f. The identity of the abuser, if known.
2. Child abuse reports and any medical data pertinent to a report of suspected child abuse will be provided to DHS (see HIPAA procedures) without any authorization by the parent/caretaker.

F. Chart Documentation

1. Document using the Child/Elder Abuse/Neglect Documentation Form (see attached).
2. File document under "Other" tab. Document use of this form in the progress notes.
3. When a report is made, add "Suspected Child Abuse Report" to the problem list of the alleged victim's chart.

G. Confidentiality of the Report

1. According to Oregon law, a reporter's identity will remain confidential to the full extent allowed by law.
2. If court action is initiated, the reporting person may be called as a witness, or the court may order the reporter's name be disclosed. Only people with first hand knowledge of the victim's situation can provide testimony proving that abuse or neglect has occurred.

3. Confidential information may be released to a CASA (Court Appointed Special Advisor) ORS 417.640.

H. Follow-up with DHS on the Status of the Report

1. Staff making the report can follow up on the progress and disposition of the report by contacting the assigned DHS caseworker after the initial report.
2. Release of Information is needed when any written or oral report on the child/family are needed for the DHS client record, except the initial report.
3. Additional reports should be made if injury, abuse or neglect is repeated. Follow steps above.

2. Report of Sexual Abuse-The following guidelines have been developed as an aid to the staff conducting an STD examination of a child/adolescent.

Identification of Abuse

1. The child/adolescent implicates an individual as an abuser.
2. Someone has observed the child/adolescent being sexually molested and implicates an individual.
3. The abuser confesses to sexually molesting a child/adolescent.
4. Bruises or wounds in various stages of healing, especially in the area of the perineum.
5. A young child who is positive for a sexually transmitted disease.
6. A teen reports a partner with a three-year or greater age difference.

REVIEWED BY:

