Definitions of Child Abuse and Neglect

The following operational definitions are working definitions and examples of child abuse, neglect, and in danger of abuse.

- For the purposes of these operational definitions, the term child refers to any person under 18 years of age or any person under 21 years of age who is a DCF client.
- A person responsible for a child’s care includes the child’s parent, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child’s welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
- A caretaker is an individual in whose care a biological or adoptive parent or legal guardian has left a child on an extended basis and who exercises parental authority in the capacity of a guardian.
- The phrase perpetrator given access to the child by the person responsible for the child’s care refers to those circumstances when the person responsible for the child’s care uses poor judgment in entrusting the child to another individual who then causes injury to the child.

ABUSE

- is a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care
- includes:
  - any injury which is at variance with the history given
  - maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

TYPES OF ABUSE

Description/Examples: Physical Abuse

Physical abuse is any physical injury inflicted other than by accidental means, any injury at variance with the history given of them, or a child's condition which is the result of maltreatment such as malnutrition, deprivation of necessities or cruel punishment. Examples of injuries which may result from physical abuse include:

- head injuries
- bruises, cuts, or lacerations
- internal injuries
- burns, scalds
- reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
- injuries to bone, muscle, cartilage, ligaments fractures, dislocations, sprains, strains, displacements, hematomas, etc.
- death

Description/Examples: Sexual Abuse and Exploitation

Sexual Abuse is any incident of sexual contact involving a child that is inflicted or allowed to be inflicted by the person responsible for the child’s care.

Sexual abuse includes, but is not limited to, the following:

- rape
- intercourse
- sodomy
- fondling
• oral sex
• incest
• sexual penetration: digital, penile, or foreign objects.
• Sexual exploitation of a child includes permitting, allowing, coercing or forcing a child to:
  o participate in pornography
  o engage in sexual behavior.

**Description/Examples: Emotional Abuse or Maltreatment**

Emotional abuse or maltreatment is the result of cruel or unconscionable acts and/or statements made, threatened to be made, or allowed to be made by the person responsible for the child’s care that have a direct effect on the child. The observable and substantial impairment of the child’s psychological, cognitive, emotional and/or social well-being and functioning must be related to the behavior of the person responsible for the child’s care.

Emotional abuse or maltreatment may result from:

• repeated negative acts or statements directed at the child
• exposure to repeated violent, brutal, or intimidating acts or statements among members of the household
• cruel or unusual actions used in the attempt to gain submission, enforce maximum control, or to modify the child’s behavior
• rejection of the child.

**NEGLECT**

Neglect is the failure, whether intentional or not, of the person responsible for the child’s care to provide and maintain adequate food, clothing, medical care, supervision, and/or education. A child may be found neglected who:

• has been abandoned
• is being denied proper care and attention physically, educationally, emotionally, or morally
• is being permitted to live under conditions, circumstances or associations injurious to his well-being
• is being abused.

**TYPES OF NEGLECT**

**Description/Examples: Physical Neglect**

The following are examples of physical neglect:

• the failure to provide adequate food, shelter, and clothing appropriate to the climatic and environmental conditions
• the failure to provide, whether intentional or otherwise, supervision or a reliable person(s) to provide child care
• leaving a child alone for an excessive period of time given the child’s age and cognitive abilities
• holding the child responsible for the care of siblings or others where beyond the child’s ability
• the person responsible for the child’s care displays erratic or impaired behavior
• the person responsible for the child’s care is unable to consistently perform the minimum of child-caring tasks
• death.

**Description/Examples: Medical Neglect**

Medical neglect is:

• the refusal or failure on the part of the person responsible for the child’s care to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care
• withholding medically indicated treatment from disabled infants with life-threatening conditions.
**Note:** Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect.

**Description/Examples: Educational Neglect**

Educational neglect occurs when, by reason of the actions or inaction on the part of the person responsible for the child's care, a child age seven (7) years old through fifteen (15) years old either:

- is not registered in school; or
- is not allowed to attend school.

**Description/Examples: Emotional and Moral Neglect**

Emotional and Moral Neglect is the denial of proper care and attention to the child, emotionally and/or morally, by the person responsible for the child's care that may result in the child's maladaptive functioning.

Harmful behaviors by the person responsible include, but are not limited to, the following:

- encouraging the child to steal or engage in other illegal activities
- encouraging the child to use drugs and/or alcohol
- recognizing the child's need but failing to provide the child with emotional nurturance
- having inappropriate expectations of the child given the child's developmental level.

**Note:** For court intervention regarding emotional neglect, a statement from a mental health provider documenting the condition is required.

**Circumstances Injurious**

**Description/Examples: In Danger of Abuse**

In danger of abuse includes:

- actions or statements conveying threats of physical or mental injury
- a real threat to the child's well-being as perceived by the child
- the person responsible for the child's care exposing the child to dangerous and/or violent situations.

**Description/Examples: High Risk Newborns**

Newborn children will be considered to be at risk because of a combination of both their own special needs and their mother's condition or behavior.

Indicators of special needs newborns include, but are not limited to:

- a positive urine or meconium toxicology for drugs
- a positive test for HIV virus
- a serious medical problem.

Indicators in the mother's condition or behavior include, but are not limited to:

- substance abuse
- intellectual limitations which may impair the mother's ability to nurture or physically care for the child
- major psychiatric illness
- young age, causing inability to care for self or newborn.
**REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT**

**DCF-136**

4/2014 (Rev.)

Within forty-eight hours of making an oral report, a mandated reporter shall submit this form (DCF-136) to the relevant Area Office listed below. See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Please print or type

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>□ Male</th>
<th>□ Female</th>
<th>Age Or Birth of Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Address</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name Of Parents Or Other Person Responsible For Child's Care</th>
<th>Address</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>Name Of Careline Worker To Whom Oral Report Was Made</th>
<th>Date Of Oral Report</th>
<th>Date And Time Of Suspected Abuse/Neglect</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name Of Suspected Perpetrator, if Known</th>
<th>Address And Phone Number, if Known</th>
<th>Relationship To Child</th>
</tr>
</thead>
</table>

Nature And Extent Of Injury(ies), Maltreatment Or Neglect

Describe The Circumstances Under Which The Injury(ies), Maltreatment Or Neglect Came To Be Known

Describe the Reasons Such Persons(s) Are Suspected of Causing Such Injuries, Maltreatment of Neglect

Information Concerning Any Previous Injury(ies), Maltreatment Or Neglect Of The Child Or His/Her Siblings

Information Concerning Any Prior Cases(s) In Which The Person(s) Have Been Suspected Of Causing An Injury(ies), Maltreatment Or Neglect Of A Child

List Names And Ages Of Siblings, If Known

What Action, If Any, Has Been Taken To Treat, Provide Shelter Or Otherwise Assist The Child?

**REPORTER'S NAME AND AGENCY**

<table>
<thead>
<tr>
<th>Reporter's Name and Agency</th>
<th>Address</th>
<th>Phone Number</th>
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</table>

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<thead>
<tr>
<th>Reporter's Signature</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
</table>

**WHITE COPY: TO DCF AREA OFFICE (see below)**

**IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH MORE DOCUMENTATION**

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**Bridgeport**

105 Fairfield Avenue

Bridgeport, CT 06604

203-394-5300

TDD: 203-384-6380

Fax: 203-384-5307

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**Danbury**

131 West Street

Danbury, CT 06810

203-297-5100

TDD: 203-748-6325

Fax: 203-297-5120

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**Harford**

250 Hamilton Street

Harford, CT 06410

860-418-9200

TDD: 800-315-0027

Fax: 860-418-9227

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**Meriden**

One West Main Street

Meriden, CT 06451

203-238-8400

TDD: 203-238-8517

Fax: 203-238-4267

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**Middlesex**

2061 South Main St

Middlesex, CT 06457

860-638-2100

TDD: 860-458-2105

Fax: 860-643-2365

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**Milford**

36 Wellington Road

Milford, CT 06461

203-336-6300

TDD: 203-336-6304

Fax: 203-377-4359

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**Norwalk/Stamford**

731 Main Ave

Norwalk, CT 06851

203-899-4000

TDD: 203-899-1491

Fax: 203-893-3921

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**New Britain**

One Grove Street, 4th Fl

New Britain, CT 06053

860-832-5200

TDD: 860-832-5370

Fax: 860-832-5315

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**Norwich**

Two Courthouse Square

Norwich, CT 06360

860-854-2624

TDD: 860-854-2436

Fax: 860-855-1300

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**Torrington**

62 Commercial Blvd

Torrington, CT 06790

860-456-6700

TDD: 860-456-5768

Fax: 860-456-5746

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**Waterbury**

355 West Main Street

Waterbury, CT 06702

203-759-7200

TDD: 203-759-7229

Fax: 203-759-7296

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**Wilton**

322 Main Street

Wilton, CT 06897

860-486-2600

TDD: 860-486-2603

Fax: 860-486-2634
SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT (C.G.S. §17a-101)

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by social agencies and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Battered Women's Counselors
Child Advocates and OCA employees
Chiropractors
Dental Hygienists
Dentists
Department of Children and Families Employees
Family Relations Counselors (Judicial Dept.)
Family Referral Counselors (Judicial Dept.)
Family Services Supervisors (Judicial Dept.)
Licensed Foster Parents
Licensed Maternal and Child Therapists
Licensed or Unlicensed Interns at Any Hospital
Licensed or Unlicensed Resident Physicians
Licensed Physicians
Licensed Practicing Nurses
Licensed Professional Counselors
Licensed Surgeons
Licensed/Certified Alcohol and Drug Counselors
Licensed/Certified Emergency Medical Services Providers
Medical Examiners
Members of the Clergy
Persons who Provide Services to and have Regular Contact with Students
Optometrists
Mental Health Professionals
Parole Officers (Juvenile or Adult)
Persons Paid to Care for Children
Physicians
Pharmacists
Physical Therapists
Physician Assistants
Podiatrists
Police Officers
Probation Officers (Juvenile or Adult)
Psychologists
Registered Nurses
School Administrators
School Coaches
School Guidance Counselors
School Paraprofessionals
School Superintendents
School Teachers
Sexual Assault Counselors
Social Workers
Substitute Teachers

DO THOSE MANDATED TO REPORT INCU R LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person required to report who fails to do so may be prosecuted as a Class A misdemeanor and may be required to participate in an educational and training program. Any person who intentionally and unreasonably interferes with or prevents a report may be prosecuted as a Class D felony.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person who knowingly makes a false report of child abuse or neglect may be fined not more than $2,000 or imprisoned for not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

• An oral report shall be made by a mandated reporter by telephone or in person to the DCF Careline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Careline. Oral reports to the Careline shall be recorded.

• Within 48 hours of making an oral report, a mandated reporter shall submit a written report to the DCF Careline on the DCF-136, "Report of Suspected Child Abuse or Neglect."

• When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for children or a public or private school, the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee.

DEFINITIONS OF ABUSE AND NEGLECT

Abused Child: Any child who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Neglected Child: Any child who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his or her well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not by itself constitute neglect or maltreatment.

CHILD UNDER AGE 13 WITH VENEREAL DISEASE: A physician or facility must report to Careline upon the consultation, examination or treatment for venereal disease of any child who has not reached his or her 13th birthday.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child under the age of 18 is in danger of being abused or has been abused or neglected may cause a written or oral report to be made to the Careline or a law enforcement agency. Any person making the report in good faith is immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All child protective services in Connecticut are the responsibility of the Department of Children and Families. Upon the receipt of a report of child abuse or neglect, the Careline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate Area Office for the commencement of an investigation or for the provision of services within timelines specified by statute and policy. If an investigation produces evidence of child abuse or neglect, DCF shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child from his or her home with or without the parents' consent consistent with title law. If DCF has probable cause to believe that the child or any other child in the household is at imminent risk of physical harm from the surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of DCF or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The removal of a child shall not exceed 96 hours. If the child is not returned home within such 96-hour period, within without protective services, DCF shall file a motion for temporary custody with the Superior Court for Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS OR HER HOME?

• 96-Hour hold by the Commissioner of DCF or designee (see above).

• 96-Hour hold by a physician — Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than 96 hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parent or guardian or other person responsible for the child's care that the physician suspects the child has been abused or neglected, and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parents or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.

• Bench order of temporary custody — Whenever any person is arrested and charged with an offense under Section 53-20 or S3-21 or under Part V, VI, or VIII of Chapter 592, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding the case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in other cases.

WHAT IS THE CENTRAL REGISTRY OF PERPETRATORS OF ABUSE OR NEGLECT?

The Department of Children and Families maintains a registry of persons who have been substantiated as responsible for child abuse or neglect and poses a risk to the health safety or well-being of children. The Central Registry is available on a 24-hour daily basis to prevent or discover child abuse of children.

DCF CHILD ABUSE AND NEGLECT CARELINE: 1-800-842-2288

STATUTORY REFERENCES: C.G.S. §17a-28, §17a-101 et seq.; §49b-2.