CHILD ABUSE AND NEGLECT IN FLORIDA

A GUIDE FOR PROFESSIONALS

The Law

Chapter 39, Part II, Florida Statutes, protects children* from abuse, abandonment or neglect. Section 39.201 provides for a central abuse hotline (1-800-96-ABUSE) in the Department of Children and Families to receive reports of abuse, abandonment or neglect and defines who must report abuse. The law assigns to the Department of Children and Families all responsibility for receiving, investigating and acting upon such reports.

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

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

Reporting Abuse

Anyone who knows or has reasonable cause to suspect child abuse, abandonment or neglect is required to report such knowledge or suspicion. Any person failing to report or knowingly preventing another person from reporting child abuse, abandonment or neglect is guilty of a first degree misdemeanor and may be prosecuted. Any person who knowingly makes a false report, or advises another to make a false report, is guilty of a third degree felony. Anyone making a report who is acting in good faith is immune from liability.

The department must consider valid and accept for investigation any report received by the central abuse hotline from a judge, school teacher (or other school official), physicians, nurse or who is acting in his or her professional capacity. Some professionals have additional responsibilities. For example, the law gives law enforcement officers, physicians and persons in charge of hospitals or similar institutions the authority to take a child into protective custody if that child appears to be in imminent danger. Any person taking a child into protective custody must immediately notify the Department of Children and Families. A physician may authorize a radiological examination for a child without the consent of the parents or guardians if he or she has cause to suspect that an injury was the result of child abuse.

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

*Children are defined as unmarried persons under the age of 18 years who have not been emancipated by order of the court.

Immunity from Liability and Confidentiality

Florida law protects those reporting child abuse in two ways – immunity from liability and confidentiality. Anyone making a report "in good faith" is specifically immune from any civil or criminal charges that might result. The reporter's name will not be released to anyone other than the Department of Children and Families' employees responsible for Child Protective Services or the state attorney without written consent of the person reporting.

Reporters in the occupational categories in Section 39.201(1) are required to provide their names to the hotline staff when reporting abuse, abandonment or neglect. The names of these reporters shall be entered into the record of the report, but shall be held confidential. In addition, the

Revised 11/1/2014

professional is encouraged to inform the family that he or she is obligated by law to make a report and to stress continuing support and concern for the entire family.

Privileged Communication

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

When to Report Suspected Abuse or Neglect

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

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

- Any injury requiring medical treatment is outside the range of normal discipline.
- One bruise may be inflicted inadvertently; however, old and new bruises on the face or bruises on a child less than one year of age suggest abuse.
- Any punishment that involves hitting with a closed fist or an instrument, kicking, inflicting burns
 or throwing the child represents abuse regardless of the severity of the resulting injury.

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

Detection of sexual abuse is made difficult when an abuser uses threats, bribery or similar methods to persuade the child to participate in sexual activity. The child may be told that such activity is okay or that the abuser wants to teach the child about sex. An abuser may tell the child that the way to show love and affection for a parent or relative is through sex. In cases such as these, especially in incest, which is far more common than most people think, the child generally does not report the abuse. The child may feel he or she has been a willing participant. If the abuse is discovered, the child may feel guilty about getting a friend or relative in trouble. Professionals must be alert to hidden clues indicating that a child may be sexually abused and must exercise the utmost tact in questioning the child.

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

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

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

Any person who reports a case of child abuse, abandonment or neglect may, at the time he or she makes the report, request that the department notify him or her that a child protective investigation occurred as a result of the report. Any person specifically listed in Section 39.201(1) who makes a report in his or her official capacity may also request a written summary of the outcome of the investigation. The department shall mail such a notice to the reporter within 10 days after completing the child

Page 2 of 4 Revised 11/1/2014

protective investigation. All public agencies are required to cooperate with the department to enable it to complete abuse investigations.

How to Report Suspected Abuse or Neglect

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

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

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

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

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

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

What to Do After The Report is Made

- Comfort the child.
- Reassure the child that the people who will be investigating the situation are there to help.
- Continue to observe the child and the child's behavior in the event that abuse recurs.

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

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT		
	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained Bruises & Welts: On face, lips, mouth On torso, back, buttocks, thighs In various stages of healing Reflecting shape of article used to inflect injury (extension cords, belt buckles, etc.) On several different surface areas Regularly appear after absence, weekend or vacation Unexplained Burns: Cigar, cigarette burns, especially on soles, palms, back or buttocks Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or	Wary of Adult Contacts Apprehensive When Other Children Cry Behavior extremes • Aggressiveness or • Withdrawal Frightened of Parents Afraid to go home Reports injury by parents
	e Pattern like electric burner, iron, etc. Rope burns on arms, legs, neck or torso Unexplained lacerations or abrasions To mouth, lips, gums, eyes, or to external genitalia	
PHYSICAL	Consistent hunger, poor hygiene,	Begging, stealing food
	inappropriate dress Consistent lack of supervision, especially in dangerous activities	Extended stays at school (early arrival and late departure)
	Unattended physical problems or medical problems	Constant fatigue, listlessness or falling asleep in class
		Alcohol or drug abuse
	Abandonment	Delinquency (e.g. thefts)
		States there is no caretaker
SEXUAL ABUSE	Difficulty in walking/sitting	Unwilling to change for gym or participate in physical ed. class
	Torn, shredded or bloody underclothing	Withdrawal, fantasy or infantile behavior
	Bruises of bleeding in external genitalia, vaginal or anal areas	Bizarre, sophisticated or unusual sexual behavior or knowledge
	Venereal Disease, especially in pre-teens	Poor peer relationships
	Pregnancy	Delinquency or runaway
		Reports sexual assault by caretaker
EMOTIONAL MALTREATMENT	Speech Disorders	Habit disorders (sucking, biting, rocking, etc.)
	Lags in physical development	Conduct disorders (antisocial, destructive, etc.)
	Failure-to-thrive	Neurotic traits (sleep disorders, inhibition of play)
		Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias)
		Behavior extremes: Compliant, passive, aggressive, demanding
		Overly adaptive behavior: Inappropriately adult or infant
I.		Developmental lags (mental, emotional)
		Developmental lags (mental, emotional)