



Responding to Child Abuse and Neglect in Schools

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What is Abuse and Neglect?



Child abuse is an act or omission that endangers or impairs a child's physical, mental, or emotional health and development.

Issues Challenging Families



- Poverty
- Limited Parenting Knowledge
- Mental Health Issues
- Substance Abuse
- Family Violence



Responding to Abuse

- Remain calm.
- Don't have pre-conceived assumptions.
- Listen and document what you see and hear.
- Do not promise to keep a secret.
- Do not promise protection you cannot deliver.
- Do not talk bad about the perpetrator.
- If you have an outcry, listen and do not cut the child's disclosure short.
- Report your reasonable suspicion.

Talking With The Child

The title is centered at the top of the slide. It is flanked by five circles of varying shades of purple and lavender. From left to right: a solid dark purple circle, a hollow white circle with a purple outline, a solid medium purple circle, a hollow white circle with a purple outline, and a solid light purple circle.

- Don't try to investigate.
- Let the child tell his story without probing.
- Ask minimal questions necessary to clarify or obtain minimal information needed to report.
- Don't ask suggestive questions (Did your Dad/Mom ...? Did someone do this to you?)
- Ask open, non-leading questions. (Are you OK? What happened? Who was there? When did that happen? Does that person live with you?)
- Reassure the child you are glad they shared the information with you and that you will be sharing the information with others who can help them.



Making the Report:

- BEFORE THE NEED ARISES – Decide what you will say to a family if they confront you about making a report.
- When in doubt – report.
- Be specific and factual.
- Focus on how child is being endangered or impaired.
- If a CPS referral from previous case state this in the report.
- On open cases don't substitute call to caseworker for SWI report.



Reports of abuse or neglect may be made
over the telephone by calling:

1-800-252-5400

Reports may be made over the internet at
the following secure website:

www.txabusehotline.org



Hotline vs. Web Reporting

Call abuse hotline when:

- **situation requires action in less than 24 hours**
- **you prefer to remain anonymous**
- **you have insufficient data to complete required information on report**
- **you do not want an email confirmation**



Reporting Requirements:

- Texas Family Code requires “anyone who suspects” abuse or neglect to report it.
- Professionals must report within 48 hours of first suspecting abuse.
- Failure to report is a Class B misdemeanor punishable by imprisonment for up to 180 days and/or a fine of up to \$2000.
- Reporting suspicions to a supervisor or other does NOT satisfy your obligation under the law. (TFC 261.101)

Reporting in School Settings

- The person who heard the outcry or has the most knowledge of what is happening with the child should make the report. Additional individuals may be listed as collateral sources in the report.
- **Alternative numbers are very helpful in planning investigation.**

Confidential vs. Anonymous

- Identity of all reporters is confidential.
- Reporters who act in “Good Faith” and “Without Malice” have immunity against civil and criminal liability.
- Anonymous reports are accepted via the hotline but can limit the scope of an investigation.

Types of Abuse and Neglect:



ABUSE:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse

NEGLECT:

- Physical Neglect
- Medical Neglect
- Neglectful Supervision
- Abandonment
- Refusal to Accept Parental Responsibility



Emotional Abuse

TFC 261.001(I)

(A) Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;

(B) Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning:

(I) The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child.



(Emotional Abuse)

Specific Information :

- Harming self?
- Threatening others?
- History of hospitalization?
- Actively receiving treatment? (therapist/psychiatrist)

EFFECTS:

- Decline in grades?
- Withdrawing emotionally?
- Stopped eating?
- Making suicidal/homicidal statements?



Sexual Abuse

TFC 261.001 (I)

(E) Sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of indecency with a child under Section 21.11, Penal Code; sexual assault under Section 22.011, Penal Code; or aggravated sexual assault under Section 22.021, Penal Code;

(F) Failure to make reasonable efforts to prevent sexual conduct harmful to a child;

(G) Compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code;

(H) Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is pornographic or obscene as defined by Section 43.21, Penal Code;

(K) Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code.



(Sexual Abuse)

Specific Information Needed

- Location of body touched?
- Who touched?
- Relationship of person to child?
- Access to child(ren)?
- When did it happen?

Physical Abuse



TFC 261.001 (I):

- C) Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history of explanation given and excluding an accident, or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to substantial risk of harm;**
- (D) Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;**
- (I) The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or the extent that the use results in physical, mental, or emotional injury to a child; or**
- (J) Causing, expressly permitting or encouraging the child to use a controlled substance as defined by Chapter 481, Health and Safety Code.**



(Physical Abuse)

Specific Information Needed

- Identifying information
- Description of injury, location, instrument? Size, shape.
- Punched, slapped, open or closed fist,
- Frequency?

Suspicious Injuries



- Unexplained, poorly explained injuries
- Injuries with outcry of abuse
- Face, Head, Abdomen, Ears, Neck, Chest, Upper Legs or Arms.
- Any injury to non-ambulatory infants
- Patterned injuries
- Multiple locations
- Multi-Planar Injuries

Responses Vary



- Denial of how injury occurred.
- Vague explanation.
- Conflicting explanation.
- Defensiveness
- Evasiveness
- Partial admission
- Truthfulness

Physical Neglect



TFC 261.001 (4) (B) (iii) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability, unless relief services have been offered and refused.



(Physical Neglect)

Specific Information Needed

- Weight change?
- Bleeding/infected lice?
- Home visitors be descriptive of home environment: exposed wiring, broken windows, rat or roach infestations, maggots, human and pet feces.

Medical Neglect



TFC 261.001 (4)(B) (ii) failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of a child.



(Medical Neglect)

Specific Information Needed

- Has parent been notified and given an opportunity to seek help/treatment?
- Who is the family doctor (phone number) listed on the emergency card?
- Does child take medication at school? Who is the prescribing physician?
- Vision Screening results? (20/20)
- How is daily functioning impaired?

Psychiatric or Psychological Treatment of Child

The refusal of a parent, guardian, or managing or possessory conservator of a child to administer or consent to the administration of a psychotropic drug to the child, or other psychiatric or psychological treatment, does not by itself constitute neglect of the child unless the refusal to consent:

- (1) Presents a substantial risk of death, disfigurement, or bodily injury to the child, or
- (2) Has resulted in an observable and material impairment to the growth, development, or functioning of the child.

TFC 261.111



Neglectful Supervision

TFC 261.001(4)(B):

(i) Placing the child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity; physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child.

(iv) Placing a child in or failing to remove child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child.

(Neglectful Supervision)



Specific Information Needed

- Are latchkey kids waiting inside home or outside?
- Do they know what to do in an emergency?
- Is there access to a phone, neighbor?
- Level of functioning, special needs or behavioral concerns?
- Are they watching younger siblings?
- How long are they at home alone?
- Is it day or night?

STAGE PROGRESSION IN CPS

**INTAKE
E
(Austin)**

Screeners

INVESTIGATION

**FAMILY
BASED
SAFETY
SERVICES
(Voluntary)**

**CONSERVATORSHIP
(Court
Ordered)**

Parent has custody - Agency has custody



Screening Assignments/Role

- Screener assigned Priority N's and Priority 2's involving children 6 years of age and older.
- Screeners re-assess immediacy and risk to children.
- Can upgrade to Priority 1, maintain priority 2, or close based on collateral information.
- Screeners help complete some initial steps of investigation.



Telephone Communication

- Screeners are not field workers and make all contacts via telephone and email.
- Information may legally be shared over the telephone.
- Case screening is legislatively mandated.
- Identification can be faxed to confirm employment with CPS or school can call 333-2004 x0 to confirm employment.

Schools As Collateral Sources



- Credible source.
- See child 5 out of 7 days.
- Learn about significant events at home.
- Aware of parent involvement.
- Observations in formal and informal settings.
- Aware of extracurricular activities and other potential collateral sources.
- Familiar with “normal” behavioral pattern for child.
- Knowledge of special needs.

Interference With Investigation

Texas Family Code 261.303:

- (a) A person may not interfere with an investigation of a report of child abuse or neglect conducted by the department or designated agency.
- (b) A person, including a medical facility, that makes a report under Subchapter B shall release to the department or designated agency, as part of the required report under Section 261.103, records that directly relate to the suspected abuse or neglect without requiring parental consent or a court order.



HIPPA

A covered entity may disclose protected health information without the written authorization of the individual or the opportunity for the individual to agree or object if the disclosure is in the course of a CPS investigation.

(Title 45 Public Welfare Code 164.512(b)(1)(ii))



FERPA

Information in student records at an educational institution is excepted from the requirements of Section 552.021 and shall be made available on the request of a person conducting a child abuse investigation required by Subchapter D, Chapter 261, Family Code.

Texas Government Code Section 552.114 (b) (3)



FERPA Continued

Another FERPA provision allows an educational agency or institution to disclose personally identifiable information from education records, without prior written consent,

“in connection with an emergency [to] appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons.” 20 U.S.C. 1232g(b)(1)(I); 34 CFR 99.31(a)(10) 99.36.



Case Scenario

Child makes outcry to school staff person of abuse/neglect. Child reports fear of going home.

- Report should be made to hotline.
- If child has significant injuries or school staff are concerned child is in imminent danger law enforcement should be contacted.

Taking Possession of Child in Emergency Without Court Order

TFC 262.104

“A law enforcement officer may take possession of a child without a court order under the following conditions: immediate danger to health and safety; victim of sexual abuse; current use of controlled substance that impacts health and safety; premises used for manufacturing methamphetamine.”

QUESTIONS/DISCUSSION

