

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER  
4801 E. Linwood Boulevard  
Kansas City, Missouri 64128

June 22, 2016

MEDICAL CENTER POLICY 11-122-004

REPORTING CHILD ABUSE

1. PURPOSE: To establish policy, responsibility and procedure for reporting incidents of child abuse, neglect and exploitation in the States of Missouri and Kansas.
2. POLICY: All professional staff will report all cases of suspected child abuse and neglect in accordance with Missouri and Kansas child abuse/neglect reporting laws.
3. DEFINITIONS:
  - a. Abuse: Any suspected physical injury, sexual abuse, mental or emotional abuse inflicted on a child other than by accidental means by those responsible for his/her care, custody and control. Exposure to domestic violence is an additional reportable child abuse issue. In Missouri, discipline, including spanking, administered in a reasonable manner shall not be considered abuse.
  - b. Child: Any person, regardless of physical or mental condition, under 18 years of age.
  - c. Neglect: Failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, or medical, surgical or other care necessary for his/her well-being.
  - d. Responsible Staff: Any physician, dentist, optometrist, podiatrist, resident, intern, nurse, health practitioner, hospital and clinic personnel engaged in the examination, care or treatment of persons, psychologist, mental health professional, social worker, chaplain, peace officer or law enforcement official.
4. RESPONSIBILITIES:
  - a. The social worker assigned to each patient care treatment team will coordinate with staff in the implementation of this policy.
  - b. Clinical Service Chiefs will assist their staff in the implementation of this policy.
  - c. The Chief of Business Operations will ensure that the KCVA Privacy Officer and Medical Records staff manage disclosures of protected health information to protective services agencies in accordance with this policy and all applicable

laws, and track all disclosures in accordance with healthcare accreditation standards.

5. PROCEDURES: Any staff who, as a result of his/her personal contact with a patient and/or family member, has reasonable cause to believe that a child has been or may be subject to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, shall immediately report or cause a report to be made to the appropriate state agency. An encrypted e-mail indicating which state agency was contacted will be sent to the KCVA Privacy Officer and Release of Information via e-mail group VHAKAN KC-ROI. Staff will advise Release of Information regarding the date of the abuse/neglect progress note that was entered into CPRS under note title ABUSE/NEGLECT CONTACT KC. If the state agency requests a written report, agency personnel will be advised to contact Release of Information for written information to be released under the appropriate provisions of the Privacy Act. Under no circumstances shall information pertaining to the treatment of drug and alcohol abuse, sickle cell anemia, or testing for the Human Immunodeficiency Virus(HIV) be disclosed unless the Veteran signs a prior special written consent or there is a valid court order. (38 U.S.C. 7332)
  - a. Identifying signs of child abuse and neglect. In assessing for abuse of a child, be alert to the behaviors of both the child and caretakers. The following is a non-exhaustive list of signs and behavioral indicators:
    - 1) Physical abuse. Physical abuse and neglect could include: bruises, burns, welts, scars, bites, alopecia, fractured/broken bones, injuries at various stages of healing, sleep problems, disturbing dreams and/or nightmares.
    - 2) Neglect. Signs may include wasting, weight loss, bites, alopecia, dehydration, malnutrition, poor hygiene, and inadequate clothing, housing, health care services and/or supervision.
    - 3) Sexual abuse. A young person exposed to sexual abuse may present with the above-mentioned signs of physical abuse. Some additional signs may include trauma to the penis, vaginal and anal areas, problems sitting/walking, pelvic pain, pregnancy, presentation of seductive or sexualized behaviors, and sexually-transmitted diseases.
    - 4) Behavioral indicators. Some behavioral indicators for abuse and neglect may include questionable explanations, protective behavior toward caretakers, begging for food, running away from home, and exhibiting thumb-sucking and/or rocking.
    - 5) Child pornography. A covered professional's knowledge of a patient under his or her care viewing child pornography triggers the child abuse reporting

requirement because they may be aware of facts that give reason to suspect that the child - i.e. the subject of the pornographic images viewed by the patient - has suffered an incident of child abuse. The professional is not relieved of the obligation to report such a fact simply because the identity of the injured child is unknown.

b. Abuse/neglect reports shall be made to the following agencies:

1) **Missouri: Child Abuse and Neglect Hotline**

The Children's Division Child Abuse and Neglect Hotline Unit accepts confidential reports of suspected child abuse, neglect and exploitation. Reports are received through a toll free telephone line which is answered 7 days a week, 24 hours a day. Members of certain occupational groups, such as teachers, social workers and physicians, are mandated by law to make reports to the hotline. Any person may report, and anonymous reports are accepted. **The toll free number is 1-800-392-3738. Persons calling from outside Missouri should dial 573-751- 3448. The text telephone number is 1-800-669-8689.** In the event of an emergency, contact the appropriate local law enforcement agency or call 911.

2) **Kansas Child Protective Services.** If there is suspicion that a child is being abused or neglected in Kansas, **contact the Kansas Protection Report Center at 1-800-922-5330.** Telephone lines at the Kansas Protection Report Center are staffed 7 days a week, 24 hours a day. In the event of an emergency, contact the appropriate local law enforcement agency or call 911. Every call is taken seriously and every effort is made to protect the reporter's identity.

c. Reports will be made by the suspecting professional staff person regardless of whether or not other family members are aware of the suspected abuse. The clinician who determines that a report should be made shall document the suspected abuse in a CPRS administrative note, utilizing the template contained within note title ABUSE/NEGLECT CONTACT KC. Social workers should notify their direct supervisors regarding abuse/neglect reports via co-signature. Documentation shall include: (1) details of the alleged abuse/neglect, (2) the examination or treatment offered and/or provided, and (3) whether any specific evidence has been retained, such as specimens taken by medical personnel or photographs taken by the KCVA Police, outside law enforcement agencies or child protective services staff.

d. A plan for staff education will be provided to include identification and treatment of abuse, institutional, local, state and federal reporting mandates, and proper reporting and documentation of abuse. Social work staff will receive instruction regarding maintaining and safeguarding evidence of alleged abuse.

- e. When abuse is suspected or identified by a primary care physician, a referral is made to the Transition Team to assist in the assessment, treatment, referral, reporting and documentation of abuse. A list is maintained on the KCVA Social Work SharePoint regarding public and private community agencies that provide or arrange for evaluation and care of victims of abuse. Referrals to community resources will be made as appropriate.
- f. Release of Information will track disclosures related to abuse/neglect reporting.
- g. All outside requests for Veterans' medical records will be referred to Release of Information.

6. REFERENCES:

- a. 2015 Missouri Statute, Chapter 210, Section 210.115.1, Child Protection and Reformation
- b. 2015 Kansas Statute 38-2223, Article 22, Revised Kansas Code for Care of Children
- c. 5 U.S.C.552a (b) (The Privacy Act); 38 U.S.C. 7332
- d. VHA Directive 2012-022, Reporting Cases of Abuse and Neglect

7. RESCISSION: Policy Memorandum 122-4, Reporting of Child Abuse, dated January 22, 2013.

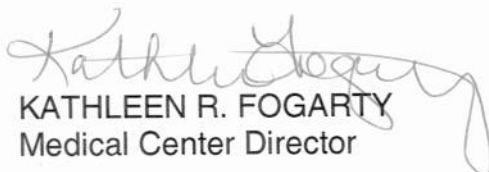
8. RESPONSIBLE SERVICE LINE/COMMITTEE: Social Work Executive/Transition Team Supervisor (Geriatrics & Extended Care)

9. CONCURRENCES: Chief, Business Operations

10. REVISION DATE: June 22, 2019



AHMAD BATRASH, MD, FACP  
Chief of Staff



KATHLEEN R. FOGARTY  
Medical Center Director

ATTACHMENTS: A: LEGAL DEFINITIONS- Criteria for Identifying Child Abuse and Neglect

B: Child Abuse Hotline Numbers

## ATTACHMENT A

**LEGAL DEFINITIONS**  
Criteria for Identifying Child Abuse and Neglect

**Signs of Abuse**

Indications of abuse can be overt or subtle. Below are some signs of abuse and neglect.

**Physical Indicators:**

Unexplained bruises and welts:

- on face, lips, mouth, torso, back, buttocks, thighs
- in various stages of healing
- clustered, forming rectangular patterns, reflecting shapes of articles used to inflict (electric cord, belt buckle)
- 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 genitalia)
- patterns like electric burner, iron, etc.
- rope burns on arms, neck or torso
- infected burns, indicating delay of treatment

**Behavioral Indicators:**

- Feels deserving of punishment
- Wary of adult contact
- Apprehensive when other children cry
- Behavioral extremes (aggressive or withdrawn)

- Frightened of parents
- Afraid to go home
- Reports injury by parents
- Vacant or frozen stare
- Lies very still while surveying surroundings (for infants)
- Responds to questions in monosyllables
- Inappropriate or precocious maturity
- Manipulative to get attention
- Capable of only superficial relationships
- Indiscriminately seeks affection

### **Sexual Abuse**

#### **Physical Indicators:**

- Difficulty in walking or sitting
- Torn, stained or bloody underclothes
- Pain, swelling or itching in genital areas
- Bruises, bleeding or lacerations in external genitalia, vaginal or anal areas
- Venereal disease, especially in pre-teens
- Poor sphincter tone
- Pregnancy

#### **Behavioral Indicators:**

- Unwilling to change for gym or participate in physical education class
- Withdrawal, fantasy or unusual sexual behavior or knowledge
- Poor peer relationships

- Delinquent or runaway
- Reports sexual assault by caretaker
- Change in performance in school

### **Signs of Neglect**

#### **Physical Indicators:**

- Chronic uncleanliness
- Poor hygiene, lice, scabies
- Severe or untreated diaper rash
- Height and weight significantly below age level norms
- Unsuitable clothing
- Untreated illness or injury
- Constant fatigue, listlessness or falling asleep in class

#### **Behavioral Indicators:**

- Delinquency
- States there is no caretaker
- Early or late arrival at school
- Attendance problems
- Delayed speech
- Assuming adult responsibility and concerns



## ATTACHMENT B

## CHILD ABUSE HOTLINE NUMBERS

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**Kansas:**

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