



CHILD ABUSE REPORTING GUIDE

Presented By:



children's
advocacy
center

of Tom Green County, Inc.



Dear Professional,

Taking the first step in reporting child abuse is often very difficult. Like many other people, professionals fear that the result of the report may cause more stress or hardship than help. Another fear you might have is that the children involved may be taken from their homes, or that the report made may not cause any action at all.

We understand these fears, and our goal in compiling a Child Abuse Reporting Guide is that you will approach this issue with the resources and information necessary to make important decisions in the best interests of children you come in contact with. We have listed many agencies that have dedicated themselves to child abuse intervention and prevention efforts and can serve as resources for you as well. We also provide a brief description of the types of child abuse and risk factors involved in these cases.

Thank you for your commitment to children. We hope this Child Abuse Reporting Guide will arm you with the knowledge and skills necessary to stand up for children and eliminate child abuse in our community. Together, we can break the cycle of abuse, one child at a time.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Ward".

Heather Ward, Executive Director

INTRODUCTION

Child Abuse Reporting Numbers in Tom Green County

Child Protective Services (CPS)..... 1-800-252-5400

San Angelo Police Department 657-4498

Police Department after Hours/Weekend 911

Tom Green County Sheriff's Office..... 655-8111

REPORTING NUMBERS

Neglect and Maltreatment

NEGLECT AND MALTREATMENT- A condition in which a parent or caretaker of a child under the age of eighteen denies that child from their basic needs such as adequate food, clothing, medical care or shelter. This is done either deliberately or through chronic disregard permitting the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual, social, or emotional capabilities.

The presence of one indicator does not necessarily mean that maltreatment has occurred. Rather, the professional looks for configurations of indicators. (See chart below)

There may be considerable overlap between the categories. The child who is sexually abused is probably also emotionally neglected by at least one parent. The child who is physically abused may be emotionally and verbally abused at times when the abusive parent is trying to bring the physical abuse under control. The child who is physically neglected is likely to be emotionally neglected also.

Case History #1- *A fifteen-month old boy was brought to a family doctor with an illness. During the examination, the doctor noted the toddler was developmentally delayed; he behaved more like a six-month-old. The child's brief medical records indicated he was within normal limits of functioning at birth. In the course of conversation, the parents revealed that their son was usually a "good" baby (quiet) and spent most of the time alone in his crib. Rarely did his parents hold, talk to, or play with their child.*

Case History #2- *One morning a social worker visited the home of a client because she heard the electricity had been turned off. The home, a dilapidated four room shack, was in especially bad shape- scattered garbage and broken glass covered the yard, and the house smelled of sewage. An eight-month-old infant, wearing only a soiled diaper, was crawling outside. Inside the home the six and four year old children said that their parents had left them in charge of the baby and that they had been alone since early that morning. The parents were later found at a local "crack house".*

Neglect and Maltreatment

<i>Child</i>		<i>Parent/Caretaker</i>	
<p>PHYSICAL INDICATORS</p> <ul style="list-style-type: none"> • Chronic hunger or tiredness • Chronic health problem <ul style="list-style-type: none"> - skin - respiratory <p>With out adult supervision for extended periods of time- digestive</p> <ul style="list-style-type: none"> • Medical problems left un-attended • Inadequate hygiene <ul style="list-style-type: none"> - dirty and unwashed • Developmentally delayed <ul style="list-style-type: none"> - speech disorder - failure to thrive • Has been abandoned 	<p>BEHAVIORAL INDICATORS</p> <ul style="list-style-type: none"> • Begging or stealing food • Chronic fatigue <ul style="list-style-type: none"> - falling asleep in school - dull/apathetic appearance - listlessness • Poor school attendance or chronic lateness • Coming to school early and leaving late • Functions below grade/ aptitude level in school • Delinquent/antisocial destructive behavior <ul style="list-style-type: none"> - vandalism - inappropriate affection seeking - sucking/biting/rocking • Use of drugs/alcohol 	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Apathetic • Craving for excitement/ change • Desire to be rid of the demands of the child <ul style="list-style-type: none"> - isolates child for long periods of time - not listening or talking to child - leaves child alone or unattended • Lack of interest in child's activities <ul style="list-style-type: none"> - fails to provide supervision and guidance - severely criticizes child - name-calling, scaring - lack of affection • Lack of cooperation with agency 	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Lack of parenting skills • Financial pressures • Marital Problems • Inconsistent employment • Mental health problems • Drug/alcohol abuse • Long term illness • Chaotic family life • Neglected as a child • Poverty <ul style="list-style-type: none"> - low income - poor housing - isolation - large family

NEGLECT AND MALTREATMENT

Physical Abuse

PHYSICAL ABUSE- A form of child abuse which results in physical injury or injuries to a child under the age of eighteen by other than accidental means by a parent or caretaker. The parent or caretaker may not have intended to hurt the child, rather, the injury may have resulted from over-discipline or physical punishment. In this case, it may be inflicted by the hand or with the use of objects. Examples include bruises, welts, fractures, burns, cuts, and internal injuries.

Child abuse is not usually a single physical attack or a single act of deprivation or molestation. It is a pattern of behavior and the longer the child abuse continues, the more serious it becomes and the more serious the injury of the child.

***Case History #3-** A nineteen-year-old mother, severely abused as a child, was using physical discipline on her five-month old infant. She stated that she “knew” her baby would tell her when he would be hungry just by looking at her and nodding his head. When the baby would cry she thought it was because he tried to annoy her and so she punished him.*

***Case History #4-** During a physical examination at school, severe bruising was found on the shoulders and back of a seven-year-old girl. When it was examined further, it was found that the fresh bruises were covering up older, less noticeable bruises. The girl admitted that her mother was responsible, but that she “deserved it” because she “had been bad”. When the mother was confronted with this, she acknowledged responsibility, stating, “She’s my child and I can do what I want with her. Besides, you should have seen what happened to me when I was a child...”*

Physical Abuse

<i>Child</i>		<i>Parent/Caretaker</i>	
<p>PHYSICAL INDICATORS</p> <ul style="list-style-type: none"> • Bruises <ul style="list-style-type: none"> - occurring in unusual patterns - occurring on posterior side of body - occurring in clusters - occurring on an infant, especially on the face - in various stages of healing • Burns <ul style="list-style-type: none"> - immersion burns (sock-like, glove-like, or on the buttocks or genitalia) - cigarette-type burns on palms of hands soles of feet, genitals - rope burns, from confinement - dry burns, such as caused by an iron • Missing or loosened teeth • Lacerations and abrasions, unexplained <ul style="list-style-type: none"> - on an infant's face - on external genitals - human bite marks - choke marks on neck and/or wrists • Skeletal injuries • Head injuries <ul style="list-style-type: none"> - absence of hair - nasal or jaw fractures - sub-dural hematomas - other more serious injuries • Internal injuries 	<p>BEHAVIORAL INDICATORS</p> <ul style="list-style-type: none"> • Wary of adults • Behavior extremes: <ul style="list-style-type: none"> - aggressive or withdrawn - frightened of sudden movements - apprehensive when other children cry. • Does poor in school • Reports injuries by parents <ul style="list-style-type: none"> - frightened of parents - afraid to go home • Wear long sleeves or other concealing clothing • Child's explanation of injury is inconsistent with nature of injury • Aggressive behavior to other children/animals • "Frozen Watchfulness" • Indiscriminately seeks affection <p style="text-align: center;">* Suspect physical abuse if the above injuries are not associated with accidental injuries or if parental explanation does not fit pattern of the injury.</p>	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Unrealistic expectations of child • Uses discipline which is inappropriate or extreme for child's age or behavior • Discipline is often cruel • Failed appointments <ul style="list-style-type: none"> - lack of cooperation with agency regarding child's health injuries - reluctant to share information about the child • Discourages social contacts • Uses different medical facilities <ul style="list-style-type: none"> - refuses consent for medical exam/diagnostic testing • Fails to obtain medical care for child • Believes in/defends corporal punishment • Over involvement in religion • Parent cannot be located • Parent conceals child's injuries • Parent confines child for extended periods of time 	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Parental history of child abuse • Lack of parenting skills • Marital problems • Mental/physical illness • Drug/alcohol problems • Social isolation • Financial pressures • Unemployment • Inadequate housing • Target child in home <ul style="list-style-type: none"> - physically or emotionally handicapped - developmentally disabled - unwanted

PHYSICAL ABUSE

Sexual Abuse

SEXUAL ABUSE -The sexual exploitation of a child under the age of eighteen by an older person. It may range from exhibitionism and fondling to oral sex and intercourse. Sexual abuse may also be committed by a person under the age of eighteen when that person is older and/or in a position of power and control over the other child. There are two forms of sexual abuse: active abuse, where the older person actually exploits the child; and passive abuse, where a person takes no action when she/he is aware that the child is being abused and therefore allows the abuse to continue.

Few children speak directly about sexual abuse and in most cases there is no medical evidence of the abuse. The chart below offers some behavioral indicators of children and families. If you suspect abuse, make a report.

Only investigators specially trained in child sexual abuse should question a child in detail.

Case History #5 - Lidia is a ten-year-old child in the fifth grade. She has always been an excellent student, but over the past month her teacher has noticed several changes. She has been irritable and sleepy in class, her homework is often incomplete, she has been isolating herself from other children, and she doesn't seem to take as much care with her appearance. After class one day, the teacher asks Lidia to stay a few minutes and asks her if something is going on that she needs some help with. Lidia reveals that her mother has been ill and hospitalized since Christmas. Since her father works late, his brother has moved in to help care for her and her siblings. The teacher refers Lidia to the school counselor for support. During her meeting with the counselor, Lidia discloses that her uncle "messes" with her, and that she wishes he would leave.

Sexual Abuse

<i>Child</i>		<i>Parent/Caretaker</i>
<p style="text-align: center;">PHYSICAL INDICATORS</p> <ul style="list-style-type: none"> • Difficulty in walking or sitting • Complaints of pain or discomfort in genital area • Torn/stained/bloody underclothing • Unusual or offensive odors • Poor sphincter control in previously toilet trained child • Self-mutilation, disfigurement • Medical indicators <ul style="list-style-type: none"> - bruises/bleeding/laceration in genitalia or anus - genital or rectal pain, itching, or swelling - venereal disease - discharge - pregnancy - extreme passivity in pelvic exam 	<p style="text-align: center;">BEHAVIORAL INDICATORS</p> <ul style="list-style-type: none"> • Sophisticated or unusual sexual knowledge and/or behavior <ul style="list-style-type: none"> - preoccupation with sexual organs of self/parent/ other children - seductive behavior - sexual promiscuity - excessive masturbatory behavior - poor physical boundaries - perpetration to other children • Wearing many layers of clothing, regardless of weather • Reluctant to go to a particular place or to be with a particular person • Recurrent nightmares or disturbed sleep patterns and fear of dark • Withdrawal/ fantasy • Infantile behavior 	<p style="text-align: center;">RISK FACTORS</p> <ul style="list-style-type: none"> • Marked role reversal between mother and child • Extreme over protectiveness of the child • Isolation of child from peer contact and community systems • Domineering/rigid disciplinarian • History of sexual abuse for either parent • Extreme reaction to sex education or prevention education in the schools • Physical and/or psychological unavailability of mother • Marital dysfunction • Presence of unrelated male in the home

SEXUAL ABUSE

Emotional/Verbal Abuse

EMOTIONAL/VERBAL ABUSE- A pattern of non-corporal maltreatment of a child under the age of eighteen which results in impaired psychological health, growth and development. Emotional abuse may be active or passive. Active emotional abuse may be described as chronic pattern of verbal and behavioral belittlement of a child which directly impacts the child's sense of self worth and self-esteem. Passive emotional abuse, or emotional neglect, may be described as a chronic pattern of parental behavior in which positive attention, rewards, and support are withheld from the child. Emotional abuse is one of the most common forms of child abuse, and may occur by itself or with physical or sexual abuse. Emotional abuse is one of the most difficult forms of abuse to substantiate and may require professional evidence of harm to the child.

Case History #6 - A woman with a seven-year-old son married for the second time. Her first husband had been physically abusive to her on a number of occasions, often while her second son cried and begged for his father to stop. Her son was having difficulty adjusting to the new marriage, and would constantly argue with his mother. As his mother became more and more frustrated with him, she would yell "You're just like your father! You're just like your father!" Although she acknowledged the harm this caused him, she said she couldn't control herself because he was "looking and acting more like his father every day".

Case History #7- A middle class, professional couple became infuriated when their eight year old son was caught stealing from a store. As punishment, they tied him to a chair outside the condominium- an area many residents passed. They draped a sign around his neck that read: "I am a thief and a bad boy. This is what happens when I steal. " The parents left him outside the apartment for several hours. When confronted about their behavior, they denied it was abusive, saying, "After all, we didn't hit him or anything..."

Emotional Abuse

<i>Child</i>	<i>Parent/Caretaker</i>	
<p>PHYSICAL INDICATORS</p> <ul style="list-style-type: none"> • Regressive habits, such as rocking, or thumbsucking in an older child • Poor peer relations • Daytime anxiety and unrealistic fears • Behavioral extremes: either aggressive/antisocial or passive/withdrawn • Problems sleeping at night, may fall asleep during day • Speech disorders • Learning difficulties • Displays low self-confidence/self-esteem • Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated) • Lack of concern for personal safety, oblivious to hazards and risks 	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Unrealistic expectations of child • Uses extreme discipline, overreacts when child misbehaves or does not meet parents expectations • Consistently displays ridicule and shame towards child • Does not reward, praise or acknowledge child's positive qualities or achievements • Blames and punishes child for things over which the child has no control • May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public • Threatens the child with abandonment or placement in an institution 	<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Parents were victims of some form of child abuse: physical, sexual, emotional • Marital problems • Isolated, no support system • Low self-esteem • Drug/alcohol problems • Does not understand normal developmental stages of children • Mentally/physically ill • Financial/employment problems • Child unwanted • Family violence

EMOTIONAL AND VERBAL ABUSE

Characteristics of Families At-Risk

Three factors are commonly found in cases of physical abuse or neglect:

- personal characteristics of the parent which may increase their potential to abuse
- characteristics of the child which may lead the parent to view that child as “different”
- a precipitating event: physical, financial, or emotional crisis

Personal Characteristics Of The Parent

-THE PARENTS MAY HAVE BEEN ABUSED AS CHILDREN. Unfortunately, this is occasionally portrayed as a cause and effect relationship - an abused child will grow up to become an abusive parent. The truth is an abusive childhood does not “make” a child grow up to abuse their own children, anymore than an alcoholic father “makes” a child grow up to be an alcoholic. Rather, a combination of stresses may push the parent to the point where they revert to familiar behavior patterns - the way they were treated as a child - when handling their own children.

-ISOLATION. The abusive parent (s) feel they have “no one to talk to”, especially when the stresses of parenthood become overwhelming. They may live in the country, or far from their own extended family who could provide support in rearing children. They may also simply not know how to develop a support system (e.g. church, friends) that would help them cope with their problems.

-INAPPROPRIATE EXPECTATIONS OF CHILDREN. Abusive parents often punish children for behavior which is normal for the child’s developmental level. Examples include punishing a baby for crying, a toddler for exploring, a one and a half year old for not being toilet trained in a week. The parent has little or no understanding of the normal development stages of growth that children undergo, and so becomes frustrated when a child acts in a way the parent considers inappropriate. In addition, the parent may be unable to handle the physical and emotional dependency of the child.

-INCONSISTENT OR UNREASONABLE DISCIPLINE. Abusive parents generally fall into one of two categories in their practice of discipline. In the first case, they punish the child in an inconsistent manner, based on how they - the parents - feel, rather than on the behavior of the child. This inconsistency means that the child does not know what to expect from the parents; rather than learning all the behaviors has consequences, the child learns which behavior is considered acceptable by watching his or her parents to see “what kind of mood they’re in”. In the second case, the parents are consistent in an overly strict and unreasonable manner - every infraction, no matter how minor, results in severe punishment such as spanking. In this case, the rules may be intentionally unreasonable - a daily six o’clock bedtime, for example, so that the child cannot help but fail.

-DRUG OR ALCOHOL ABUSE. Substance abuse often leads to the willful neglect of children, and may increase a parent’s propensity to act out violently or sexually.

-POOR STRESS CONTROL. The parent may show a “crisis oriented personality”, meaning even minor concerns or problems become major emotional issues.

-HISTORY OF MENTAL ILLNESS. The parent may have a chronic history of hospitalizations, depression, or an inability to function.

-MAJOR CRISIS. Abuse is often preceded by a family crisis (e.g. severe illness, hospitalization, job loss) or the family may be overwhelmed with the responsibilities of caring for multiple children and life situations.

Family Characteristics

CHARACTERISTICS OF THE CHILD

EMOTIONAL CHARACTERISTICS.

These include any negative emotional experiences the parent associates with the child.

- child may be unplanned or unwanted
- child's gender may not be what the parent wanted
- child's father or mother may have been violently or emotionally abusive, and so the child may remind the parent of a feared or hated person
- pregnancy and delivery may have been difficult and painful

PHYSICAL CHARACTERISTICS.

These include anything that would make the child seem "different".

- child may be physically or mentally disabled.
- child may be hyperactive or show behavior problems
- child may be premature or chronically ill

PRECIPITATING EVENT

MINOR CRISIS.

Abuse is occasionally sparked by a minor crisis. These may include

- report cards are issued, and the child's performance is not up to parents' expectations
- minor household issues, such as lost keys, unclean room

MAJOR CRISIS.

These include any major change in lifestyle.

- divorce or separation
- death in the family
- sudden change in financial situation (sudden increase in bills, etc.)
- loss of job
- relocation to a new community

FAMILIES AT RISK

Erickson's Developmental Stages

<i>Age</i>	<i>Developmental Stage</i>	<i>Normal</i>	<i>Delayed</i>	<i>Warning Signs</i>
First Year	Trust vs. mistrust	Child develops sense of trust based on the quality and consistency of infant care. Gratification of basic needs is especially important.	Child appears unresponsive and does not smile; cries rarely or excessively; below weight and size for age.	Parent shows inadequate, inconsistent or abusive care to infant.
2-3 Years	Autonomy vs. shame and doubt	Child develops a sense of independence through control over self (bodily functions, walking) and environment (manipulating objects, new motor skills)	Child may be fearful, unwillingly to explore, accident prone, overly dependent on parent	Parent may ignore child or may be excessively rigid (discourages walking and exploratory behavior, reinforces poor toilet training or rigid toilet training expectations).

Erickson's Developmental Stages

<i>Age</i>	<i>Developmental Stage</i>	<i>Normal</i>	<i>Delayed</i>	<i>Warning Signs</i>
3-5 Years	Initiative vs. guilt	Child learns to explore environment using questions, initiative, goal-orientation, and learns to integrate reasoning capability with new motor skills.	Child may be aggressive or withdrawn, may be afraid of parents and have poor peer relationships.	Parent may ignore child's emotional and physical needs, may excessively control child's behavior and have unreasonable expectations of child.
6-12 Years	Industry vs. inferiority	Child learns feelings of accomplishment and to perform a job well. Goal orientation becomes focused on cognitive and intellectual learning.	Child may appear withdrawn or aggressive, may have school adjustment problems, may be afraid of or rebellious to adult authority.	Parents may be overly punitive of and rigid with child and may have unrealistic expectations of child's performance in school or may show no interest in child's activities.
13-18 Years	Identity vs. role confusion	Child develops a strong sense of personal identity, involving detachment from and rebellion against adult authority. Child develops identity through peer support and a feeling of belonging to a group outside of the family.	Child may be withdrawn, with little interest in peer activities or shows delinquent behavior.	Parent may be overly punitive and rigid towards child, may have unrealistic expectations of child's performance in school or may show no interest in child's activities.

ERICKSON'S DEVELOPMENTAL STAGES

Helping The Child Who Has Been Physically or Sexually Abused:

Professionals dealing with children are often unsure of the appropriate response to children who have been abused. Try to normalize the situation by acknowledging it as you would a divorce, death, or other traumatic crises in a child's life. Try not to dwell on the abuse or ignore inappropriate behavior. Your role is to help build the child's self esteem and sense of safety and security. Some suggestions are:

- ♥ If the child wants to talk more about the abuse, find a private place to listen, validate feelings, and continue to be supportive.
- ♥ Respect the family's feelings and need for privacy. Do not discuss the abuse with persons not involved.
- ♥ Be sensitive to touching the sexually abused child without asking permission.
- ♥ Abused children especially need to hear self-esteem messages such as: "You have every right to be safe" or "You are brave for telling".
- ♥ Recognize your need for support in dealing with your own feelings of pain, fear, anger, and powerlessness.
- ♥ Do not tolerate inappropriate sexual or violent behavior. Reassure the child that he/she is OK, but that the behavior is unacceptable.
- ♥ Be aware of such events as foster care placement and juvenile criminal court proceeding.
- ♥ Maintain contact with child's caseworker, therapist, and non - offending parent when appropriate.

How To Respond When A Child Tells You He/ She Has Been Abused:

- ♥ Find a private place to talk.
- ♥ **Do not question the child in an intrusive manner. Let professionals conduct the investigation interview.**
- ♥ Listen carefully, responding with empathy rather than shock.
- ♥ Do not make promises or guarantees.
- ♥ Use the child's vocabulary.
- ♥ Remain calm and express the belief the child is telling the truth.
- ♥ Reassure the child it is good to tell the child is not to blame for the abuse.
- ♥ Let the child know you will do your best to keep him/her safe.
- ♥ Be honest with the child about what you will do.

*****Remember, you are not an investigator. Your role is to report the abuse, start the process of getting help for the child, and be supportive of the child.***

DISCLOSURE

Texas Family Code

Sub chapter A. General Provisions

261.001. Definitions

- 1.) "Abuse" includes the following acts or omissions by a person:
 - (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 observable and material impairment in the child's growth, development or psychological functioning;
 - (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 or 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 a 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;
 - (E) sexual conduct harmful to a child's mental, emotional, or physical welfare;
 - (F) failure to make a reasonable effort 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 obscene as defined by Section 43.21, Penal Code, or pornographic;
 - (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; or
 - (J) causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code.
- 2.) "Department" means the Department of Protective and Regulatory Services.
- 3.) "Designated agency" means the agency designed by the court as responsible for the protection of children.
- 4.) "Neglect" includes:
 - (A) the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;
 - (B) the following acts or omissions by a person:
 - (i) placing a 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;

Texas Family Code continued.....

- (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 the child;
 - (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 had been offered and refuses; or
 - (iv) placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or
 - C) the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.
- 5.) "Person responsible for child's care, custody, or welfare" means a person who traditionally is responsible for a child's care, custody, or welfare including:
- (A) a parent, guardian, managing or possessory conservator, or foster parent of the child;
 - (B) a member of the child's family of household as defined by Chapter 71;
 - (C) a person with whom the child's parents cohabits;
 - (D) a school personnel or a volunteer at the child's school; or
 - (E) personnel or a volunteer at a public or private child care facility that provides services for the child or at a public or private residential institution or facility where the child resides.
- 6.) "Report" means a report that alleged or suspected abuse or neglect of a child has occurred or may occur.

Text of subdivision (7) as added by Acts 1997, 75th Leg., ch. 575, sub chapter 10

- 7.) "Born addicted to alcohol or a controlled substance" means a child;
- (A) who is born to a mother who during the pregnancy used a controlled substance, as defined by Chapter 481, Health and Safety Code, other than a controlled substance legally obtained by prescription, or alcohol; and
 - (B) who, after birth as a result of the mother's use of the controlled substance or alcohol:
 - (i) experiences observable withdrawal from the alcohol or controlled substance;
 - (ii) exhibits observable or harmful effects in the child's physical appearance or functioning; or
 - (iii) exhibits the demonstrable presence of alcohol or a controlled presence of alcohol or a controlled substance in the child's bodily fluids.

Text of subdivision (7) as added by Acts 1997, 75th Leg., ch. 1022, sub chapter 63

- 8.) "Board" means the Board of Protective and Regulatory Services.

TEXAS REPORTING LAWS

Reporting Procedures

261.101. Persons Required to Report; Time to Report

- (a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this sub chapter.

Text of subsection (b) as amended by Acts 1997, 75th Leg., ch. 1022, subchapter 65

- (b) If a professional has cause to believe that a child has been abused or neglected or that a child is a victim of an offense under Section 21.11, Penal Code, and that the professional has cause to believe that the child has been abused as defined by Section 261.001, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, and employees of a clinic or health care facility that provides reproductive services.
- (c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, and an employee of a clinic or health care facility that provides reproductive services.
- (d) The identity of an individual making a report under this chapter is confidential and may be disclosed only on the order of a court rendered under Section 261.201 or to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

261.109 Failure to Report; Penalty

- (a) A person commits an offense if the person has cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect and knowingly fails to report as provided in this chapter.
- (b) An offense under this section is a Class B misdemeanor.

Sometimes the abusers are close relatives, but the fact that the abuser is a parent or other family member does not remove your obligation to protect the child. If you permit your child to be in a situation where he or she may be injured, then you may be prosecuted for child abuse.

Reporting Procedures

Making a Report of Abuse or Neglect to Child Protective Services

1. To make a report of child abuse or neglect call **1-800-252-5400**.
2. Have the following information ready:
 - child's name and age (and date of birth if you have it)
 - child's address and where he/she attends school
 - child's social security number (if you have it)
 - names of the child's parents and where they work
 - names and ages of any siblings living in the child's home
 - details of the incident you saw or the information the child reported to you (if there are injuries on the child that you see, be able to describe them and where they are located)
3. Be prepared to give your relationship to the child and how Child Protective Services can contact you. This information is kept confidential and will not be released to the client if they are investigated.

You may choose to remain anonymous, but please be aware that if you do so, Child Protective Services cannot give you any information about the report you called in at a later date. Also, if the allegations you reported are not found when the worker investigates and the worker cannot contact you for more detailed information, the case may be closed due to lack of information or lack of substantiated information.

4. Child Protective services will mail you a letter confirming the report that you made. The letter will let you know if the allegations were investigated, or if they were not, the reason they were not. If you have any questions about the letter or why the allegations were not investigated, a supervisor's name is included and you may call that supervisor for more information. If you later learn more information, you may always call back and add that information.

REPORTING PROCEDURES

Community Resources for Families

ALCOHOL AND DRUG ABUSE COUNCIL FOR THE CONCHO VALLEY 224-3481
Offers many outreach, prevention, and treatment programs for drug and alcohol abuse.

RAPE CRISIS CENTER..... 655-2000
Offers a 24-hour rape crisis hotline, individual support for victims of violent crime, support groups, therapy, referrals, technical assistance, and follow-up.

CHILDREN’S ADVOCACY CENTER OF TOM GREEN COUNTY, INC..... 653-4673
Mission is to champion the cause of child abuse prevention and serve as an ally of children who have been abused or neglected. www.cactomgreen.org Under the CAC are these programs:

COURT APPOINTED SPECIAL ADVOCATES (CASA)..... 653-4673
CASA staff and volunteers serve as advocates for abused and neglected children whose home placements are being decided by a court of law.

HOPE HOUSE 653-4673
Children are brought here by law enforcement or CPS to be interviewed when an outcry of abuse has been made.

FAMILY ENRICHMENT SERVICES 653-4673
Parent support.

CHILD FATALITY REVIEW TEAM 653-4673
Multi-disciplinary and multi-agency that meets quarterly to review the cause of death of all child deaths in order to decrease deaths and increase collaboration and communication between agencies.

CONCHO VALLEY HOME FOR GIRLS/CHILDREN’S EMERGENCY SHELTER..... 655-3821
A home for girls who can no longer live at home. The Children’s Emergency Shelter is temporary emergency housing for both boys and girls.

EARLY CHILDHOOD INTERVENTION 658-6571
Provides education, parenting skills, counseling, and referrals to children with disabilities or delays in their development and their families.

211.....211
A referral line that is available to anyone who needs assistance but does not know where to go. www.211texas.org

FAMILY SHELTER ICD BRIDGES 655-5774
Offers a crisis hotline for domestic violence, emergency shelter, counseling, transportation, public education, and batterers intervention program

- LA ESPERANZA CLINIC INC** **658-5339**
 Provides medical, dental and mental health services to Tom Green County and surrounding counties without regard to ability to pay.
- MENTAL HEALTH MENTAL RETARDATION (MHMR) OF THE CONCHO VALLEY** **658-7750**
 Provides services to individuals with a mental illness and/or mental retardation identified as a priority population.
- PARENT CASE MANAGEMENT PROGRAM WEST TEXAS REHAB CENTER** **223-6350**
 Service to parents with special needs children.
- SAFE KIDS COALITION** **947-6130**
 Goal is to reduce unintentional childhood deaths through public awareness, education, public policy advocacy, and community action.
- SAN ANGELO AIDS FOUNDATION** **658-3634**
 Client service program provides assistance to people living with HIV/AIDS and their families such as food, clothing, shelter, medication, etc. The education program provides training to businesses, school churches, families and individuals.
- SHANNON COMMUNITY HEALTH AND WELLNESS** **657-5264**
 Runs a program that helps youth make right choices and discouraging risky behavior; “Right Choices for Youth” coalition.
- TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES** **657-7400**
 Mission is to protect the unprotected - children, the elderly and the disabled - from abuse, neglect, and exploitation.
- TOM GREEN COUNTY COALITION AGAINST VIOLENCE** **655-3454**
 A group of agency and individual members who focus on domestic violence, sexual assault, and child abuse.
- WEST TEXAS BOYS RANCH** **949-1936**
 A Christian home for boys who for one reason or another are not able to remain in their own homes.
- WIC** **657-4396**
 Nutrition program based on income levels that help families to eat well by providing nutrition, education, vouchers to buy healthy food, support and help with breast-feeding, referrals and immunizations.
- CONCHO VALLEY FAMILY ALLIANCE** **653-4673**
 CVFA is a partnership between parents, agencies, business leaders, churches, and other community residents committed to strengthening the community of San Angelo through education, advocacy, and empowerment.

RESOURCES

ADULT BASIC EDUCATION- Provides instruction in the basic skills of reading, writing, and mathematics to adult learners in order to prepare them for transitioning into the labor market or higher academic or vocational training. (325) 481-8324

ADULT LITERACY COUNCIL- Assists individuals in developing adult education, English as a Second Language (ESL), and workforce skills. 59 E. 6TH ST. SAN ANGELO, TX 76903 (325) 657-0013

ALCOHOL AND DRUG ABUSE COUNCIL FOR THE CONCHO VALLEY- Offers many outreach, prevention, and treatment programs for drug and alcohol abuse. 3553 Houston Harte P.O. Box 3805 San Angelo, Texas 76902 (325) 224-3481

AREA AGENCY ON AGING- Addresses the needs of older people and their caregivers such as: benefits counseling, advocacy, and also offers a support group for grandparents raising grandchildren. 2801 W. Loop 306, Suite A San Angelo, TX 76904 (325) 223-5704

CONCHO VALLEY FAMILY ALLIANCE (CVFA) / CHILDREN'S ADVOCACY CENTER OF TOM GREEN COUNTY, INC- A partnership between parents, agencies, business leaders, churches, and other community residents committed to strengthening families and the community of the Concho Valley through education, services, advocacy, and empowerment. 317 Koberlin St. San Angelo, Texas 76903 (325) 653-4673 www.cactomgreen.org

CONCH VALLEY FOOD BANK- Provides and distributes food and other grocery products to a network of non-profit 501 (C)-3 agencies with on-site feeding or food distribution programs in the Concho Valley. 1313 S. HILL, SAN ANGELO, TX 76903 (325) 655-3231

CONCHO VALLEY HOME FOR GIRLS/CHILDREN'S EMERGENCY SHELTER- A home for girls who can no longer live at home. The Children's Emergency Shelter is temporary emergency housing for both boys and girls. 412 PREUSSER ST San Angelo Tx, 76903 (325) 655-3821

COURT APPOINTED SPECIAL ADVOCATES (CASA) / CHILDREN'S ADVOCACY CENTER OF TOM GREEN COUNTY, INC- Staff and volunteers serve as advocates for abused and neglected children whose home placements are being decided by a court of law. 317 Koberlin St. San Angelo, Texas 76903 (325) 653-4673 www.cactomgreen.org

FAMILY ENRICHMENT SERVICES (FES) / CHILDREN'S ADVOCACY CENTER OF TOM GREEN COUNTY, INC- Provides parenting education, resource coordination, whole-family education and skill development, family counseling, parent support groups, and parent mentoring services. Services are offered for families in all stages who have children ages 0-17. Services are offered in the home or in a group atmosphere in Tom Green, Concho, Crockett, and Runnels counties. 317 Koberlin St. San Angelo, Texas 76903 (325) 653-4673 www.cactomgreen.org

FAMILY PLANNING- Provides birth control and family planning services. 1928 Pecos St, San Angelo, TX 76901. (325) 944-9274

FAMILY SHELTER ICD BRIDGES- Offers a crisis hotline for domestic violence, emergency shelter, counseling, transportation, public education, and batterers intervention program . P.O. Box 5018, San Angelo, TX, 76902 (325) 655-5774

HABITAT FOR HUMANITY- works WITH partner families to build houses that are sold with no-profit added and are financed with an affordable, no-interest mortgage. 401 N Chadbourne St, San Angelo, TX (325) 655-7535

HEAD START / EARLY HEAD START- provides comprehensive child development services to economically disadvantaged children and families, with a special focus on helping children from birth to age five develop the early reading and math skills they need to be successful in school. Blackshear- (325) 658-7442, Day (325) 481-3395, Rio Vista- (325) 659-3669

HEALTH DEPARTMENT- Provides a variety of medical services to families in need including immunizations and vaccinations. 2030 Pulliam St., Suite 8 San Angelo, Texas 76903. (325) 657-4214

HIGH SKY CHILDREN'S RANCH- STAY TOGETHER PROGRAM- provides parenting education in homes and group atmospheres. 3136 Executive Dr, San Angelo, TX 76904 (325) 947-7233

HOPE HOUSE / CHILDREN'S ADVOCACY CENTER OF TOM GREEN COUNTY, INC- Children are brought here by law enforcement or CPS to be interviewed when an outcry of abuse has been made. 317 Koberlin St. San Angelo, Texas 76903 (325) 653-4673 www.cactomgreen.org

LA ESPERANZA CLINIC INC- Provides medical, dental and mental health services to Tom Green County and surrounding counties without regard to ability to pay. 1610 South Chadbourne Street San Angelo, TX 76903 (325) 658-5339

MENTAL HEALTH MENTAL RETARDATION (MHMR) OF THE CONCHO VALLEY Provides services to individuals with a mental illness and/or mental retardation identified as a priority population. 1501 W. Beaugard San Angelo, Texas 76901 (325) 658-7750

PARENT CASE MANAGEMENT PROGRAM / WEST TEXAS REHAB CENTER Service to parents with special needs children. 3001 South Jackson Street San Angelo, TX 76904 (325) 223-6350

PLANNED PARENTHOOD- Provides birth control and family planning services. 2010 Pecos Street San Angelo, TX 76901 (325) 944-1909

PUBLIC HOUSING AUTHORITY (PHA)- provides affordable housing for low-income families. 420 E 28th St. San Angelo, Texas 76903 (325) 481-2500

RAPE CRISIS CENTER- Offers a 24-hour rape crisis hotline, individual support for victims of violent crime, support groups, therapy, referrals, technical assistance, and follow-up. 2002 Colorado St. San Angelo Tx 76902 (325) 655-2000

REBUILDING TOGETHER- improves housing conditions for those in need. 138 W Concho Ave, San Angelo, TX 76903 (325) 657-8427

RIVERCREST HOSPITAL- a modern 80-bed hospital, specializing in the treatment of behavioral health and chemical dependency disorders for all ages. Provides evaluation, crisis stabilization, treatment, education, prevention, and aftercare. 1636 Hunters Glen Road San Angelo, TX 76901 (325) 949-5722

SAFE KIDS COALITION Goal is to reduce unintentional childhood deaths through public awareness, education, public policy advocacy, and community action. 4204 Billie Bolin Drive San Angelo, TX 76904 (325) 947-6130

SAMARITAN PASTORAL COUNSELING CENTER- Diagnosis and treatment for most mental health disorders, offering faith sensitive counseling. (325) 944-2561

SAN ANGELO AIDS FOUNDATION Client service program provides assistance to people living with HIV/AIDS and their families such as food, clothing, shelter, medication, etc. The education program provides training to businesses, school churches, families and individuals. 334 West Concho Avenue San Angelo, TX 76903 (325) 658-3634

SHANNON COMMUNITY HEALTH AND WELLNESS Runs a program that helps youth make right choices and discouraging risky behavior; "Right Choices for Youth" coalition. 2018 Pulliam Street San Angelo, TX 76905 (325) 657-5264

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES- Mission is to protect the unprotected - children, the elderly and the disabled - from abuse, neglect, and exploitation. 622 South Oakes, Suite L San Angelo, Texas 76903 (325) 657-7400 To report abuse and neglect call: 1-800-252-5400.

TEXAS HUNGER INITIATIVE- Works to combat hunger in San Angelo. Provides free breakfasts and lunches through the summer months. Current locations include: Lake View High School, Bonham, Fannin, Glenmore and Reagan elementary schools and Rio Vista Head Start. For more information, e-mail sanangelohunger@gmail.com. For information about statewide activities, go to www.texashunger.org.

TOM GREEN COUNTY COALITION AGAINST VIOLENCE A group of agency and individual members who focus on domestic violence, sexual assault, and child abuse. P.O. Box 5018, San Angelo, TX, 76902 (325) 655-5774

WEST TEXAS BOYS RANCH A home for boys who for one reason or another are not able to remain in their own homes. 10223 Boys Ranch Road San Angelo, TX 76904 (325) 949-1936

WOMEN INFANTS AND CHILDREN (WIC)- Nutrition program based on income levels that help families to eat well by providing nutrition, education, vouchers to buy healthy food, support and help with breast-feeding, referrals and immunizations. 72 West College Avenue San Angelo, TX 76903 (325) 657-4396

WEST TEXAS MEDICAL ASSOCIATES (WTMA)- a group of primary care providers and specialists who offer a variety of medical services to families. 3555 Knickerbocker Rd. San Angelo TX, 76904 (325) 949-9555

Parent Resources

211- This site will give parents another way to search for local childcare centers and to find the one that is the best for their child. Call 211 Texas and ask to learn more about the Child Care Management Services.
<https://www.211texas.org/211/>

Centers for Disease Control- Centers for Disease Control and Prevention Parent Portal: Information to help parent raise healthy kids and provide a safe home and community. Call 800-CDC-INFO and ask to learn more about centers for disease control and prevention parent portal
<http://www.cdc.gov/parents/>

Child Care Services (CCS)- This is a program of the Texas Workforce Commission helps eligible parents with the cost of child care.” Visit this site to see the qualifications needed to receive help with child care costs from this service. Call 1-800-628-5115 and ask to learn more about the Child Care Services www.cvworkforce.org/child_care.asp or Workforce Solutions of the Concho Valley at (325) 653-2321 to get more info as well.
https://www.dfps.state.tx.us/Child_Care/About_Child_Care_Licensing/cost_assistance.asp

Children With Special Health Care Needs (CSHCN)- This program connects parents with community resources and support for children with special health care needs. Call the CSHCN Inquiry Line at 1-800-252-8023 Toll Free and ask to learn more about “Children With Special Health care Needs” <http://www.dshs.state.tx.us/CSHCN/>

Department of Family and Protective Services- A Parent’s Guide to Day Care: “There are many different child-care choices available and the quality of individual programs can vary widely. It is your responsibility to choose the right child-care operation and place your child where they will learn and thrive.” Call the DFPS office 512-438-4800 and ask to learn more about “A Parents Guide to Day Care.”
http://www.dfps.state.tx.us/Child_Care/Other_Child_Care_Information/childcare_types.asp

Department of Family and Protective Services- Don’t Be In The Dark About Child Care: “Working with a variety of community partners throughout the state, the Texas Department of Family and Protective Services is setting out to increase awareness of the dangers of unregulated childcare.” Call the DFPS office 512-438-4800 and ask to learn more about Don’t be in the dark about child care movement. http://www.dfps.state.tx.us/Child_Care/dontbeinthedark/default.asp

Department of State Health Services- “Parents, guardians and child care providers should select a toy or article that is appropriate for that child’s age.” For more information call (512) 834-6788 Extension 2301- Dana Shuler). Visit this site to see appropriate products for children depending on their age. <http://www.dshs.state.tx.us/hazpro/toys.shtm>

Early Childhood Intervention (ECI)- This is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. <http://www.dars.state.tx.us/ecis/index.shtml> 612 S. Irene San Angelo, TX (325) 658-6571 ext. 4015

Immunize Texas- Information regarding Immunizations. www.immunizetexas.org

Medically Dependent Children’s Program (MDCP)- This program connects families with support services they may need for children with special needs. Call 512-438-3011 or 1-800-458-9858
<http://www.dads.state.tx.us/providers/MDCP/index.cfm>

National Association for the Education of Young Children
www.naeyc.org or 1-800-424-2400

National Association of Family Child Care
www.nafcc.org

National Early Childhood Program Accreditation
www.necpa.net

Reporting Child Abuse and/or Neglect

www.txabusehotline.org or 1-800-252-5400

Texas Childcare Search- This site allows you to search for child care services and provides details regarding performance and findings from the Child Care Licensing. Child Care Licensing monitors providers to ensure compliance with standards. www.txchildcaresearch.org

Texas Parent to Parent- This program provides support and information for families and children with disabilities, chronic illness, and other special needs. For more information call toll-free: 866-896-6001 <http://www.txp2p.org/>

Texas Professional Home Childcare Association- The momentum created by the interest of family child care generated a dynamic organization dedicated to quality home child care in order to best serve the children, parents, and providers in Texas. Visit the website at <http://www.tphcca.org/> or call at (806)468-8859

Texas Workforce- the mission of the Concho Valley Workforce Development Board (CVWDB) is to promote the economic well-being of all residents through the delivery of employer-driven and customer-centered services. It is the abiding intention of the Board to ensure that every Concho Valley resident has the opportunity to work in their chosen field and at their highest desired capacity. Call (325) 653-2321 or visit their website at www.cvworkforce.org

Women Infants Children (WIC)- WIC is a nutrition program that provides nutrition and health education, healthy food and other services free of charge to Massachusetts families who qualify. WIC stands for Women, Infants and Children. To apply for WIC, call 1-800-WIC-1007 or contact our local WIC program here in San Angelo at (325) 657-4396
72 W College Ave San Angelo, TX

OUR MISSION:

To champion the prevention of child abuse and to serve as an ally of abused children with a dedication to securing for each child a safe and nurturing home.



children's advocacy center

of Tom Green County, Inc.

***Breaking the cycle of abuse
One child at a time.***

317 Koberlin • P.O. Box 5195
San Angelo, TX 76902

**(325) 653-HOPE
(4673)**