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**STATE OF NEVADA  
DIVISION OF CHILD AND FAMILY SERVICES**

**REPORTING CHILD ABUSE  
AND NEGLECT**



**OCTOBER 1, 2005**

- **RURAL NEVADA DIVISION OF CHILD & FAMILY SERVICES**
  - **CLARK COUNTY YOUTH & FAMILY SERVICES**
- **WASHOE COUNTY DEPARTMENT OF SOCIAL SERVICES**



## **You don't have to be an expert to PREVENT CHILD ABUSE.**

The protection of children is everyone's responsibility. The problem and the solution to child abuse is within every community in Nevada. **YOU CAN HELP.**

### **This booklet contains:**

- **facts about child abuse**
- **information on reporting suspected abuse**
- **steps to prevent abuse**
- **ways to get involved**

### **KNOW THE FACTS**

#### **In the United States:**

- **it is estimated that 3 million children were victims of physical abuse by their parents, or about 44 per 1,000 children (1995 Gallup Poll);**
- **it is estimated that between 2,000 and 5,000 children die each year due to physical abuse or neglect... that is one child every four hours;**
- **the average age of child fatalities is 2 ½ years;**
- **an abused child returned to parents without intervention has a 35% chance of being seriously re-injured;**
- **one child in five will be sexually abused by the age of 18;**
- **80-90% of sex offenders are known to the child of adolescent victim;**
- **Current estimates indicate that between 50% and 80% of families involved with child protective services are dealing with a substance-abuse problem;\***

**\*Center for the Future of Children, The Future of Children- Protecting Children from Abuse And Neglect; 1998; vol. 8 (1)**

**There are lots of reasons to prevent child abuse. All of them are children.**

**Remember, children depend on you for their protection.**

## REPORTING CHILD ABUSE AND NEGLECT

### What is child abuse and neglect?

In Nevada, abuse or neglect of a child means physical or mental non-accidental injury; sexual abuse or sexual exploitation; or negligent treatment or maltreatment of a child under the age of 18 caused or allowed by a person responsible for his welfare.

- Physical Abuse includes non-accidental physical injuries to a child's such as a sprain or dislocation of an arm or leg; damage to cartilage tissues, such as a broken nose; fracture of a bone or the skull; injury to an internal organ; burns or scalding; cuts, lacerations, punctures or bites; permanent or temporary disfigurement; or a permanent or temporary loss or impairment of a part or organ of the body.
- Emotional abuse or "mental injury" means an injury to the intellectual or psychological capacity or the emotional condition of a child. This type of injury results in observable and substantial impairment of a child's behavior.
- Sexual abuse occurs when sex acts are performed with children.
- Sexual exploitation occurs when children are forced, allowed, or encouraged to engage in prostitution, pornography or to engage in any other type of sexual activity such as posing for live sex shows.
- Negligent treatment or maltreatment of a child occurs if a child has been abandoned, is without proper care, control and supervision or lacks the subsistence, education, shelter, medical care or other care necessary for the well-being of the child. This includes leaving young children unsupervised or alone, locked out in or out of the house.

### Are there laws against child abuse?

Yes. There are Federally mandated requirements for each State to have laws about reporting and investigating child abuse and neglect. This mandate is called the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC Sec. 5101, Title 42, Chapter 67, Reauthorized 2003.

The laws in Nevada that protect children incorporate Federal mandates. These laws are called the Nevada Revised Statutes (NRS) Chapter 432B. These laws or statutes define child abuse and neglect and authorize child protection and law enforcement agencies to investigate reports of alleged child abuse and neglect.

### Are there confidentiality restrictions about reporting abuse or neglect (HIPAA)?

Nothing in the Federal privacy rules or law prohibits mandatory reporters from reporting child abuse and neglect to the appropriate authorities. In fact, the Federal privacy law explicitly allows reporting of child abuse and neglect consistent with State law as an exception to general rules requiring the confidentiality of health records. These citations regarding health information contain specific exceptions for complying with State child abuse and neglect reporting laws:

HIPAA. The Privacy Rule, at 45 CFR Part 160 and Part 164 Subparts A and E, protects individually identifiable health information in accordance with a statutory mandate in Title II, Subtitle F-Administrative Simplification of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. The HIPAA Privacy Rule allows covered entities to disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is

authorized by law to receive such reports. See 42 USC §1320d-7(b) and 45 CFR §164.512(b)(1)(ii).

Title X of the Public Health Service Act. Title X family planning grantees are required to keep client information confidential, although program regulations provide an exception to this rule in cases in which disclosure is required by law – this exception allows grantees to comply with State laws requiring the reporting of child abuse and neglect. In addition, each year since 1999, appropriations language for the Title X program clarifies the responsibility of health care providers to report child abuse and neglect by stating that: “Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.” The Consolidated Appropriations Act of 2005 (Public Law 108-447), Division F, Title II, section 212. See also 42 USC §300, *et seq.* and 42 CFR §59.11.

Alcohol and Drug Abuse Patient Records. Federal grantees that serve alcohol and drug abuse patients are also required by Federal law to maintain confidentiality. The law and regulations make exceptions to those confidentiality rules in order for grantee programs to comply with State laws to report child abuse and neglect. See 42 USC §290dd-2 and 42 CFR §212(c)(6). However, the restrictions on disclosure continue to apply to the original alcohol or drug abuse patient records.

### **Who should report?**

Any person who has reasonable cause to believe child abuse may be occurring or has occurred may report to a Child Protective Services (CPS) or law enforcement agency. Under NRS 432B.121 (1), a person has "reasonable cause to believe" based on known facts or circumstances, events, or conditions that would cause a reasonable person to believe that child abuse has occurred or may be occurring. This must be reported by the person as soon as reasonably practicable to a CPS or law enforcement agency.

Required or mandated reporters are those persons, who in their professional or occupational capacities, know or have reason to believe that a child has been abuse or neglected. Mandated reporters are required to make a report immediately to a CPS or law enforcement agency. This report must be made within 24 hours after there is reason to believe that a child has been abused or neglected. There are penalties for required reporters when a report not received within the time limit (NRS 432B.240).

Required reporters of child abuse include: physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, professional or practical nurse, physician's assistant, psychiatrist, psychologist, marriage and family therapist, clinical social worker, alcohol or drug abuse counselor, other medical services licensed or certified in Nevada; personnel of a hospital or similar institution, coroner; clergyman; social worker; administrator, teacher, librarian or counselor of a school; child care provider of private or public facility; any person licensed to conduct a foster home; officer or employee of a law enforcement agency or an adult or juvenile probation officer; attorney under certain circumstances; volunteer for an agency which advises persons regarding child abuse or neglect (NRS 432B.220).

Effective October 1, 2005, a new section has been added to the list of persons required to report suspected child abuse or neglect (NRS 432B.220 (3)). The new section includes “any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal

substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.” In addition, NRS 432B.400 allows a physician treating a child, or a person in charge of a hospital or similar institution, to hold a child for no more than 24 hours if there is reasonable cause to believe that the child has been abused or neglected or has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure and that he is in danger of further harm if released. The physician or other person shall immediately notify a law enforcement agency or an agency which provides child welfare services that he is holding the child.

Immunity from civil or criminal liability extends to every person who in good faith makes a report pursuant to NRS 432B.220.

A person who knowingly and willfully makes or causes another person to make a false report of child abuse or neglect is guilty of a misdemeanor (NRS 432B.240).

### **When should a report be made?**

A person must report or act "as soon as reasonably practicable" if, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would act within approximately the same period under those facts and circumstances (NRS 432B.121). A report of suspected child abuse or neglect is only a request for an investigation. The person making the report does not need to prove or provide proof that abuse has or may have occurred. Investigation is the responsibility of the child protective service agency and/or law enforcement.

If additional incidents of abuse occur after the initial report has been made, make another report.

### **How is abuse reported?**

A report may be made by telephone or other means of oral communication, written or electronic communication to the nearest CPS or law enforcement agency. (See listing on the last page).

### **Contents of the report:**

The report must contain the following information, if obtainable (NRS 432B.230):

- Name, address, age and sex of the child;
- Name and address of the child's parents or other person who is responsible for his care;
- The nature and extent of the abuse or neglect of the child; the effect of prenatal illegal substance abuse on the newborn infant or the nature of the withdrawal symptoms resulting from prenatal drug exposure of the newborn infant (Senate Bill 296 effective October 1, 2005);
- Any evidence of previously known or suspected abuse or neglect of the child or child's siblings;
- The name, address and relationship, if known, of the person who is alleged to have abused or neglected the child;
- Any other information known to the person making the report.

**Action upon receipt of the report:**

Upon receipt of a report concerning the possible abuse or neglect of a child, an agency which provides protective services or a law enforcement agency shall immediately initiate an investigation if the report indicates that (NRS 432B.260):

- (a) The child is 5 years of age or younger;
- (b) There is a high risk of serious harm to the child; or
- (c) The child is dead, is seriously injured or has visible signs of physical abuse.

In other circumstances, an agency which provides protective services will conduct an evaluation within 3 days and may initiate an investigation within 3 days after the evaluation or make a referral for services if an investigation is not warranted.

Upon completion of the investigation, the agency shall make a finding that the abusive or neglectful situation was confirmed or substantiated through the investigation; the abusive or neglectful situation was not confirmed or unsubstantiated through the investigation; or the agency was unable to prove or disprove the allegation of abuse or neglect because it was unable to locate the child or the person responsible for the welfare of the child (NAC 432B.170).

Reports that are substantiated or confirmed are assessed for services and a service plan is developed with the family. Some types of services available to the family include, but are not limited to: parenting; counseling; intensive family services; shelter care, medical and psychological evaluations.

**Central Registry Information**

Substantiated reports of abuse or neglect are maintained in the Central Registry on Child Abuse and Neglect. Effective October 1, 2005, information regarding substantiated reports are available to prospective employers by the Nevada Division of Child and Family Services if the person who is the subject of a background investigation provides written authorization for the release of information, and either (1) the employer is required by law to conduct the background investigation of the person for employment purposes; or (2) The person who is the subject of the background investigation could, in the course of his employment, have regular and substantial contact with children or regular and substantial contact with elderly persons who require assistance or care from other persons.

**The Safe Haven Act - Emergency Providers and Newborns**

The Safe Haven Act, State Senate Bill 191, was passed during the 2001 Nevada Legislative Session. This bill allows a parent to abandon a newborn infant under 30 days of age with an emergency service provider rather than leave the infant in an unsafe environment, such as a garbage can or dumpster. Pursuant to NRS 432B.630, a provider of emergency services is defined as: "(a) a hospital, an obstetric center or an independent center for emergency medical care licensed pursuant to chapter 449 of NRS; (b) a public fire-fighting agency; or (c) a law enforcement agency." Emergency service providers should report the matter to child protective services no later than 24 hours after the provider takes possession of the infant.

A person who delivers a child to a provider of emergency services is presumed to have intended to consent to the termination of his parental rights to the child.

## **IDENTIFYING ABUSE AND NEGLECT**

Child abuse and neglect is a widespread problem in American society. A child of any age, sex, race, religion, and socioeconomic background can fall victim to child abuse and neglect. To prevent and treat child abuse and neglect effectively, we must have a common understanding of the definition and the extent of the problem.<sup>1</sup> Definitions of child abuse range from a narrowly focused event, such as intentional inflicted injury, to a broader scope inclusive of any act that adversely affects the developmental potential of a child.

### **Indicators of Maltreatment**

There are a variety of manifestations and causes of child abuse and neglect. There are physical and behavioral indicators of each type of maltreatment that may be observed on a child.

A child's appearance and behavior may be indicators of such abuse or neglect. Child maltreatment occurs as a result of multiple forces that impact the family, interact and reinforce each other, and eventually result in child abuse and neglect. Children are at risk of maltreatment then as a result of the pattern of interaction between themselves and their families and environments.

Indicators of maltreatment include: physical, sexual, neglect, and emotional maltreatment. While particular factors may often be identified in certain types of cases, this does not mean that these factors will always be present or that their presence will always lead to maltreatment. We will consider some of the factors thought to be associated with child maltreatment by categorizing them according to factors related to parents, children, families, and the environment.

### **Threat of Harm**

A child is sometimes seen as a potential victim of child abuse because he is threatened with harm.<sup>2</sup> A "threat of harm" means that there is a risk to the child that child abuse or neglect may occur as a result of the parent or caretaker's past behaviors and conduct. For example, an infant is born to parents that were responsible for the child abuse and neglect of a previous child or step-child that resulted in a near fatality. The current situation may place the newborn child at risk in the home. This type of situation should be reported to Child Protective Services so an assessment or other action, such as provision of services, may occur to protect the child.

*The problem of child maltreatment will not go away on its own. If you suspect child abuse is occurring, report the abuse to your local child protective agency or to the police if the child is in immediate danger. Help is available for families at risk of abuse.*

### **Mental Injury (Emotional/Psychological Abuse)<sup>3</sup> Defined**

Emotional abuse includes acts or omissions by the parents or other persons responsible for the child's care that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional/psychological abuse, the parental acts alone, without any harm evident in the child's behavior or condition, are sufficient to warrant CPS intervention; for example, the parents/caretakers use extreme or bizarre forms of punishment, such as torture or confinement of a child in a dark closet. For less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, demonstrable harm to the child is often required

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<sup>1</sup> National Clearinghouse on Child Abuse and Neglect Fact Sheet

<sup>2</sup> Washoe County Department of Social Services, [Child Abuse and Neglect Reporting Guidelines](#)

<sup>3</sup> National Clearinghouse for Child Abuse and Neglect Fact Sheet

for CPS (the public agency providing services to abused and neglected children and their families) to intervene.

Emotional abuse is the most difficult form of child maltreatment to identify. First, the effects of emotional maltreatment, such as lags in physical development, learning problems, and speech disorders, are often evident in children who have not experienced emotional maltreatment. Second, the effects of emotional maltreatment may only become evident in later developmental stages of the child's life. Third, the behaviors of emotionally abused and emotionally disturbed children are often similar.

There are some guidelines that can help distinguish between emotional disturbance and emotional abuse. The parents of an emotionally disturbed child generally recognize the existence of a problem, whereas the parents of an emotionally abused child often blame the child for the problems or ignore the existence of a problem. The parents of an emotionally disturbed child show concern about the child's welfare and actively seek help, whereas the parents of an emotionally abused child often refuse offers of help and appear punitive and unconcerned about the child's welfare. Although any of the forms of child maltreatment may be found alone, they often occur in combination. And, emotional abuse is almost always present when other forms are identified.

### **Scope of the Problem**

There are a number of different types of neglect, each with differing incidence rates:

- **Physical neglect** is the most frequently occurring type of neglect, involving 507,700 children, or 8.1 per 1,000.
- **Educational neglect** is the second most frequent type of neglect, with 285,900 children, or 4.5 per 1,000.
- **Emotional neglect** is the least frequent type, involving 203,000 children, or 3.2 per 1,000.

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. The latest national incidence study defines three types of neglect:

- **Physical neglect** includes refusal of or delay in seeking health care, abandonment, inadequate supervision, and expulsion from home or refusing to allow a runaway to return home.
- **Educational neglect** includes permission of chronic truancy, failure to enroll a child of mandatory school age, and inattention to a special educational need.
- **Emotional neglect** includes such actions as chronic or extreme spouse abuse in the child's presence, permission of drug or alcohol use by the child, and refusal or failure to provide needed psychological care.

It is very important to distinguish between neglect and a parent's or caretaker's failure to provide necessities of life because of poverty or cultural norms.

*\*The statistics reflect the revised definition of child abuse and neglect, which includes combined totals of children who were demonstrably harmed and threatened with harm.*

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### **Physical Abuse**

Physical abuse is characterized by physical injury (for example, bruises and fractures) resulting from punching, beating, kicking, biting, burning, or otherwise harming a child. Although the injury is not an accident, the parent or caretaker may not have intended to hurt the child. The injury may have resulted from over discipline or physical punishment that is inappropriate to the child's age or condition.

The injury may be the result of a single episode or of repeated episodes and can range in severity from minor bruising to death. Any injury resulting from physical punishment that requires medical treatment is considered outside the realm of normal disciplinary measures. A single bruise may be inflicted inadvertently; however, old and new bruises in combination, bruises on several areas of the face, or bruising in an infant suggest abuse. In addition, any punishment that involves hitting with a closed fist or an instrument, kicking, inflicting burns, or throwing the child is considered child abuse regardless of the severity of the injury sustained.

### **Sexual Abuse**

Sexual abuse remains the least frequent type of abuse, but its incidence is not far behind that of emotional abuse. Approximately 100,000 cases of child sexual abuse are confirmed annually in the United States. The incidence of sexual abuse has tripled since 1980. Many experts believe that sexual abuse is the most underreported form of child maltreatment because of the "conspiracy of silence" which so often characterizes these cases.

Current research indicates that 25-33% of girls and 10-17% of boys will be sexually abused by the age of 18. Although child sexual abuse may be a one-time occurrence, it more typically is an abusive relationship that lasts an average of one to four years.

### **For More Information Contact:**

Nevada Division of Child & Family Services (effective 09/11/06)  
4126 Technology Way  
Carson City, Nevada 89706  
Phone: 775-684-4440

### **HOTLINES:**

Clark County Hotline number is 1-702-399-0081.  
Statewide Crisis Call Hotline (1-800-992-5757) for Northern and Rural Nevada.  
Washoe County Crisis Call Hotline 1-775-784-8090.

**Nevada Division of Child and Family Services - Rural District Offices:**

**Carson City District Office**

1677 Old Hot Springs Road, Building B  
Carson City, NV 89706  
775-687-4943  
FAX: 775-687-4903

- Silver Springs Field Office  
3959 Hwy. 50 SW  
P.O. Box 1026  
Silver Springs, NV 89429  
775-577-1200  
FAX: 775-577-1212
- Yerington Field Office  
215 Bridge Street, Suite #4  
Yerington, NV 89447-3568  
775-463-3151  
FAX: 775-463-3568

**Elko District Office**

3920 Idaho Street  
Elko, NV 89801-4611  
775-738-2534  
FAX: 775-778-6628

- Battle Mountain Field Office  
145 E. 2<sup>nd</sup> Street  
Battle Mountain, NV 89820-2031  
775-635-8172 & 775-635-5237  
FAX: 775-635-9067
- Ely Field Office  
742 Park Avenue  
Ely, NV 89301-2798  
775-289-1640  
FAX: 775-289-1652
- Lovelock Field Office  
535 Western Avenue  
P.O. Box 776  
Lovelock, NV 89419-0776  
775-273-7157  
FAX: 775-273-1726
- Winnemucca Field Office  
475 W. Haskell, #7  
Winnemucca, NV 89445-3781  
775-623-6555  
FAX: 775-623-6559

**Fallon District Office**

1735 Kaiser Street  
Fallon, NV 89406-3108  
775-423-8566  
FAX: 775-423-4800

- Hawthorne Field Office  
1000 C Street  
P.O. Box 1508  
Hawthorne, NV 89415-1508  
775-945-3602  
FAX: 775-945-5714
- Tonopah Field Office  
500 Frankie Street  
P.O. Box 1491  
Tonopah, NV 89049-1491  
775-482-6626  
FAX: 775-482-3429

**Pahrump Field Office**

2280 East Calvada, Ste 302  
Pahrump, NV 89048  
775-727-8497  
FAX: 775-727-7072

**COUNTY SOCIAL SERVICES:**

**Clark County Department of Family Services**

Claude I. Howard Children's Center  
701 K North Pecos  
Las Vegas, NV 89101  
702-455-5444  
FAX: 702-385-2999  
CA/N Hotline 702-399-0081

**Washoe County Department of Social Services**

350 South Center Street  
Reno, NV 89501  
775-785-8600  
FAX: 775-785-8648