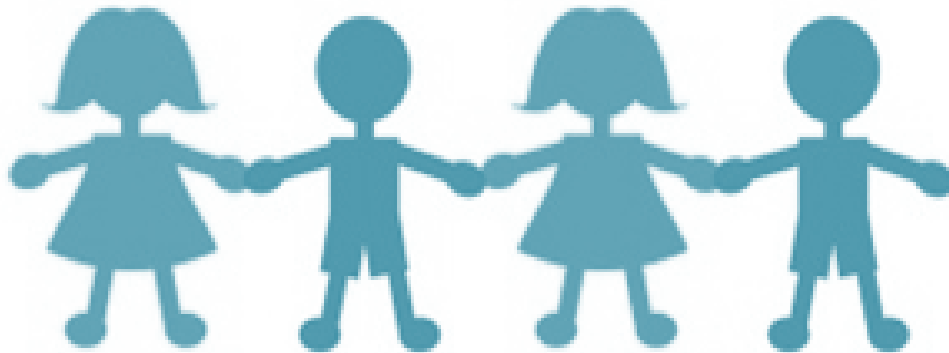


# WINSTON-SALEM/FORSYTH COUNTY CHILD ABUSE AND NEGLECT PROTOCOL



**The revision of this protocol was produced by the Forsyth County Child Abuse and Neglect Protocol Committee comprised of the following organizations:**

*Children's Law Center of Central North Carolina, Community Child Protection Team, Division of Juvenile Justice, Department of Public Health, Department of Social Services, District Attorney's Office, Exchange/SCAN, Family Services, Inc., Forsyth County Guardian Ad Litem Program, Forsyth Medical Center, Forsyth County Sherriff's Department, United Way of Forsyth County, Wake Forest Baptist Medical Center, Winston-Salem/Forsyth County Schools, Winston-Salem Police Department*

***January 1, 2015***

## **CHILD ABUSE AND NEGLECT PROTOCOL**

We agree to cooperate with the guidelines of this protocol in the interest of stopping child abuse and neglect in Forsyth County.

### **AGENCIES**

**Children’s Law Center of Central  
North Carolina**

**Forsyth County Department of Public  
Health**

**Community Child Protection Team**

**Forsyth County Sheriff's Office**

**Division of Juvenile Justice**

**Forsyth Medical Center**

**District Attorney's Office**

**United Way of Forsyth County**

**Exchange/SCAN Child Abuse  
Prevention Center**

**Wake Forest Baptist Medical Center**

**Family Services, Inc.**

**Winston-Salem/Forsyth County  
Schools**

**Forsyth County Department of  
Social Services**

**Winston-Salem Police Department**

**Forsyth County Guardian Ad Litem  
Program**

**CHILD ABUSE & NEGLECT PROTOCOL  
TABLE OF CONTENTS**

**SECTION I - Overview**  
Mission & Objective .....4  
Concepts and Central Assumption .....4

**SECTION II - Reporting Child Abuse & Neglect**  
Who Should Report .....7  
Where to Report.....9  
    A. Forsyth County Department of Social Services  
    B. Forsyth County Sheriff’s Office  
    C. Kernersville Police Department  
    D. Winston-Salem Police Department  
How to Report .....10  
What to Report.....10  
    A. Physical Abuse  
    B. Sexual Abuse  
    C. Neglect  
    D. Dependency  
Disclosure.....13  
Steps to Report.....14

**SECTION III - Community Responses to Child Abuse & Neglect.....15**  
    A. Child Protective Services  
    B. Law Enforcement  
    C. Court System  
    D. School System  
    E. Medical Evaluation of Children  
    F. Forensic Evaluation of Children  
    G. Treatment/Counseling

**SECTION IV**  
Frequently Asked Questions.....36

**SECTION V**  
Resources and Referrals.....42

**SECTION VI**  
Appendix.....48

# **COMMUNITY GUIDE TO CHILD ABUSE, NEGLECT AND DEPENDENCY**

## **SECTION I OVERVIEW**

## **OVERVIEW**

### **Mission and Objective**

The mission of this protocol is to improve the capacity of our community to protect the children of Forsyth County who are abused, neglected, or dependent. The ability to achieve this mission is dependent upon a clear understanding of the roles and responsibilities of agencies and organizations charged with protecting children and investigating and treating child abuse and neglect. This capacity is further improved by a commitment on the part of all parties (including but not limited to the Forsyth County Department of Social Services (DSS), Law Enforcement, District Attorney (DA), Guardian Ad Litem, Schools, and Medical Professionals) to reduce trauma to children and their families through cooperative communication and problem resolution.

The objective of this protocol is to provide coordinated and effective action by the appropriate participation of DSS Children's Protective Services (DSS-CPS), the criminal justice system, medical, and counseling personnel regarding the investigation, assessment, and treatment of child abuse and neglect.

A common goal of all intervention should be not only to stop the abuse and neglect of children, but also to intervene with such quality as will prevent the future abuse and neglect of children.

### **Concepts and Central Assumptions**

This protocol represents a common agreement among those who intervene on behalf of abused and neglected children as to how these parties will proceed and interact in the best interest of such children and their families. It is acknowledged that this is a flexible and dynamic process and document. The concepts and central assumptions of this process are listed below (not listed in priority order):

1. Child abuse and neglect are very serious problems with lasting consequences for victim, children, their families, and the community as a whole.
2. Child abuse and neglect are common problems that are the responsibility of all segments of the community to acknowledge and address.
3. No two child abuse/neglect cases are alike. The causes are many; the origins in each case are complex; and family dynamics are always more important than they might first appear.
4. A systemic approach to family dynamics, including socio-economic and multi-cultural awareness and sensitivity, should be utilized as a basis for assessing and developing options and service plans in all cases.
5. Community system intervention, must not compound the damage to the victim and the family. Therefore, in situations that involve both law enforcement and DSS personnel, simultaneous interviews of the victim should be conducted if at all possible.

6. A long-term solution ensuring the safety, well-being, and development of the child in a safe and permanent setting is the primary goal.
7. The preservation of families is generally the best outcome for the emotional well-being of children and is the most desirable solution whenever possible.
8. It is understood that this is a dynamic and flexible document, and that it will periodically be reviewed and revised to reflect changing laws, policies, community issues and best practice research.

# **COMMUNITY GUIDE TO CHILD ABUSE, NEGLECT AND DEPENDENCY**

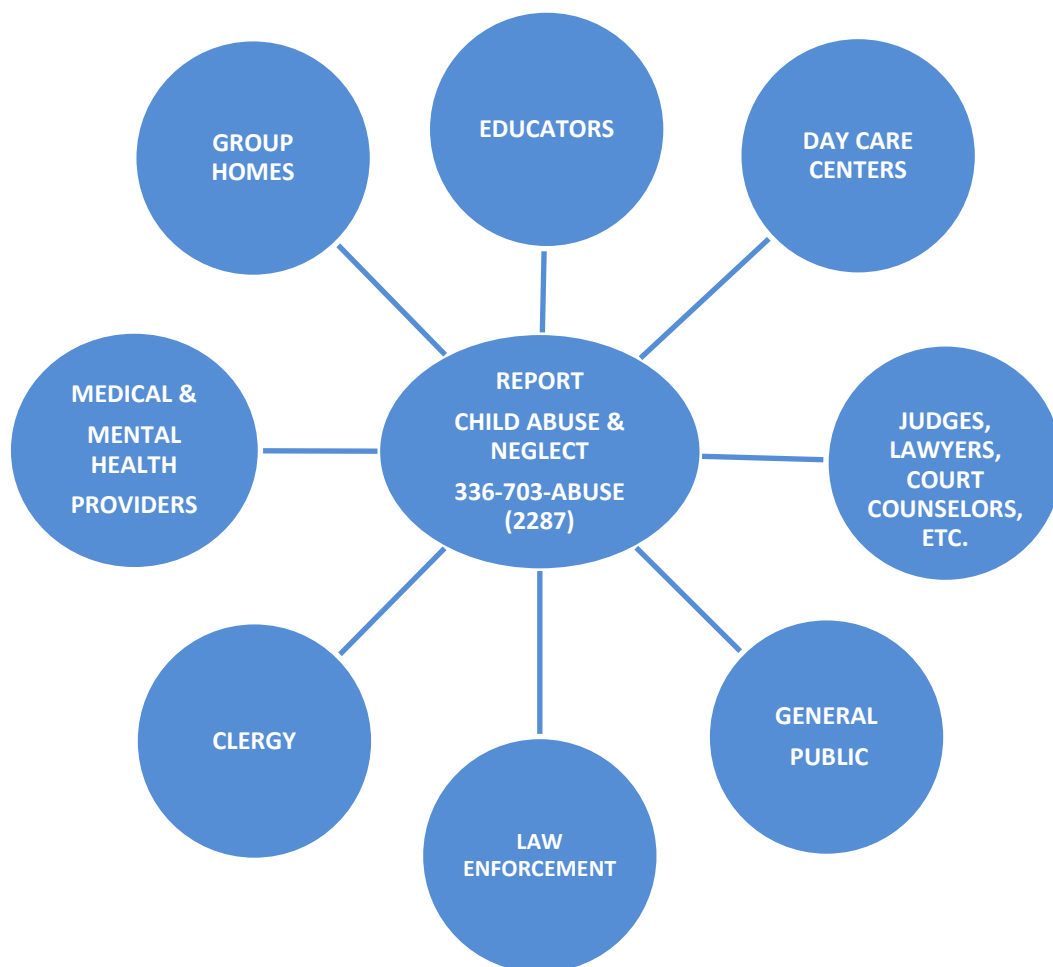
## **SECTION II REPORTING CHILD ABUSE, NEGLECT & DEPENDENCY**

## REPORTING CHILD ABUSE & NEGLECT

### I. WHO SHOULD REPORT

EVERYONE. If you suspect a child is being abused, neglected or dependent, it is your responsibility to call the Forsyth County Department of Social Services at **336-703-ABUSE (2287)** immediately. North Carolina General Statute 7B-301 states that any person or institution who has cause to suspect that a child may be abused, neglected, or dependent shall report to DSS. Your responsibility to report suspected abuse, neglect or dependency is legal and cannot be waived. While there is no timeline in the law for referral to CPS, reporting as soon as possible after disclosure assures better protection for the child. DSS does not give out the name of persons who report.

### Who Should Report Child Abuse and Neglect?





## II. WHERE TO REPORT

### A. FORSYTH COUNTY DEPARTMENT OF SOCIAL SERVICES

#### Children's Protective Services

Telephone: 703-ABUSE (2287)  
Email: reportchildabuse@forsyth.cc  
Fax: 703-3799  
Location: 741 N. Highland Avenue  
Winston-Salem, NC 27101  
Mailing P. O. Box 999  
Address: Winston-Salem, NC 27102

### B. FORSYTH COUNTY SHERIFF'S OFFICE

Telephone: 727-2112 or 911  
Fax: 727-8468  
Location: 301 N. Church Street  
Winston-Salem, NC 27101  
Mailing  
Address: same as location

### C. KERNERSVILLE POLICE DEPARTMENT

Telephone: 996-3177 or 911  
Fax: 996-4822  
Location: 134 East Mountain Street  
Kernersville, NC 27284  
Mailing  
Address: same as location

### D. WINSTON-SALEM POLICE DEPARTMENT

Telephone: 773-7700 or 911  
Fax: 773-7994  
Location: 725 North Cherry Street  
Winston-Salem, NC 27101  
Mailing P. O. Box 1707  
Address: Winston-Salem, NC 27102

### III. HOW TO REPORT

Concerns of child abuse, neglect, and dependency come to the attention of agencies that investigate and treat it through 1 or 2 entry points receiving a report: the Department of Social Services Children's Protective Services Unit (DSS-CPS) or a local office of Law Enforcement.

#### **Making a Report:**

- For immediate life threatening situations dial 911.
- Call the Child Abuse Hotline at 336-703-ABUSE(2287).
- If an intake worker is not immediately available the caller will be given the opportunity to leave a message.
- Each incident of possible abuse should constitute a separate report. Even if you have made a CPS report on a child previously, you need to make a report again if there is a new incident or injury.
- Reports should be made to the Child Abuse Hotline as early as possible after you are aware of the issue.

### IV. WHAT TO REPORT

#### **A. What Constitutes Child Abuse, Neglect and Dependency?**

North Carolina General Statutes Chapter 7B Juvenile Code

#### **Definitions of Abuse are:**

- Inflicting or allowing someone else to inflict physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment, physical or emotional health or loss or impairment of any bodily function
- Creating or allowing to be created a substantial risk of serious physical injury
- Using or allowing to be used grossly inappropriate devices or procedures to modify behavior
- Domestic violence (child witness to domestic violence)
- Committing or allowing to be committed any sexual offense against a child as defined in the criminal code. This includes but is not limited to rape, crime against nature, incest, preparation or distribution of obscene material of the juvenile, sexual exploitation, promoting the prostitution of the juvenile, and/or taking indecent liberties with the juvenile regardless of the age of the parties
- Creating or allowing to be created serious emotional damage to the juvenile as evidenced by severe anxiety, depression, withdrawal or aggressive behavior
- Encouraging, directing, or approving of delinquent acts involving moral turpitude committed by a juvenile

#### **Indicators of Physical Abuse may include:**

- Serious bodily injury where injury does not match the reported mechanism of injury

- Serious physical injury when there is no history to explain injury
- Parent/caregiver tells more than one story about how injury occurred
- Parent/caregiver gives explanation inconsistent with injuries
- Bruises, marks or burns on various parts of the body that are similar and appear to have been inflicted by the same instrument or method. Often bruises can be indicator of neglect and can be the result of inappropriate discipline. For it to be considered as abuse there needs to be a serious non-accidental injury requiring MEDICAL ATTENTION. A pattern of bruises, or marks should raise concerns of possible abuse or injuries.
- Any injury that concerns you that you have questions about FC DSS-CPS may ask you to get more information when you call, but please call
- Child attempts to conceal or deny injury
- Parents/caregivers used cruel or grossly inappropriate means or devices to modify behavior
- Child has marks, bruises or any injury due to discipline by the caretaker. This would often fall into the neglect category
- Child is disciplined physically repeatedly for bedwetting, handicap, or other things beyond his/her control

**Indicators of Sexual Abuse may include:**

- Child states that he/she has been touched inappropriately or has had sexual acts
- Child indicates that a parent is negligent in protecting them from initial or further abuse
- Child says adults have taken nude pictures of him/her
- Child displays inappropriate sexual knowledge for his age such as attempting oral sex with classmate. When asked where he learned this, the child may say a caretaker's name, say they cannot tell, say it is a secret, or that he does not remember
- Child has unexplained injury to genital area or sexually transmitted disease

**Indicator of Emotional Abuse may include:**

- Child is constantly belittled, called profane names on a regular basis, and child is emotionally damaged due to parents' behavior towards him/her.

**Definitions of Neglect are:**

- Failure of the juvenile's parent/guardian to provide proper care, supervision, or discipline
- Abandonment by the parent/guardian
- Failure to provide necessary medical care or necessary remedial care
- Living in an environment injurious to the juvenile's welfare
- Creating a substantial risk to the physical or mental health or development of a child

**Indicators of Neglect may include:**

- Child is dirty to the point that it poses a health risk
- Child wears the same clothing for days and has an odor
- Child appears malnourished
- Home is dirty to the point that it poses a health or safety risk to the child
- Child is not getting medical care for health problems that any average non-medical personnel would know needed medical treatment
- Parents use drugs or alcohol to the point that it affects their ability to provide minimal care for their children
- Child under the age of 6 is left alone for any period of time
- Children age 6-10 left alone for long periods of time. These are screened on the individual basis of age, developmental or physical handicaps and whether caring for younger children

**Definitions of Dependency are:**

- Needing assistance or placement because the child has no parent/guardian/custodian responsible for care or supervision
- Needing assistance or placement because a parent/guardian/custodian is unable to provide for care or supervision and lacks an appropriate alternative childcare arrangement
  - a. The parent/guardian/custodian's inability may be due to physical or mental illness, substance abuse, developmental disability, arrest or natural disaster and may be temporary or permanent
  - b. The parent/guardian/custodian's inability may be due to the child's extraordinary needs such as severe illness or disability

**Indicators of Dependency may include:**

- Child has no parent/caretaker to be responsible for his/her care and there is no alternative child care arrangement.

**B. Failure to Report Child Abuse and Neglect**

Any person or institution that suspects child abuse or neglect must report the suspicion to the Department of Social Services.

If the report is of sexual abuse within a child care institution then DSS must report this in turn to the State Bureau of Investigation within 24 hours or next workday.

Any person or institution who "who knowingly or wantonly fails to report" of child abuse or "knowingly or wantonly prevents another person from making a report" will be guilty of a Class I Misdemeanor. A director of DSS that does not report sexual abuse in a child care facility to the SBI will also be guilty of a Class I Misdemeanor.

## **G.S. § 7B-301**

### **Duty to report abuse, neglect, dependency, or death due to maltreatment**

<http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter7B/GS7B-301.html>

## **V. Disclosure**

### **A. How to respond to a disclosure of abuse, neglect or dependency?**

If a child discloses abuse or neglect, whether directly or indirectly, one should be willing to listen:

- The terminology that the child uses is important to note (specifically when referring to cases of sexual abuse).
- It is important to note the details surrounding the disclosure (i.e.: recent divorce, school presentation prompted disclosure, etc.)
- If clarification is needed, use only open-ended questions.
- It is not necessary to obtain every detail at the initial disclosure. It is not the reporter's role to investigate or verify the allegation.
- After disclosure, be supportive and allow Law Enforcement/ DSS-CPS personnel to investigate and coordinate with professionals.
- If the child wants to talk about the allegations, the reporter should listen and be supportive; however, questioning the child should be left to professionals.

**Note:** Remember that reporting is a request for an intervention into a suspected case of abuse, neglect or dependency, but because of the NC Statutory definition, may not lead to an intervention.

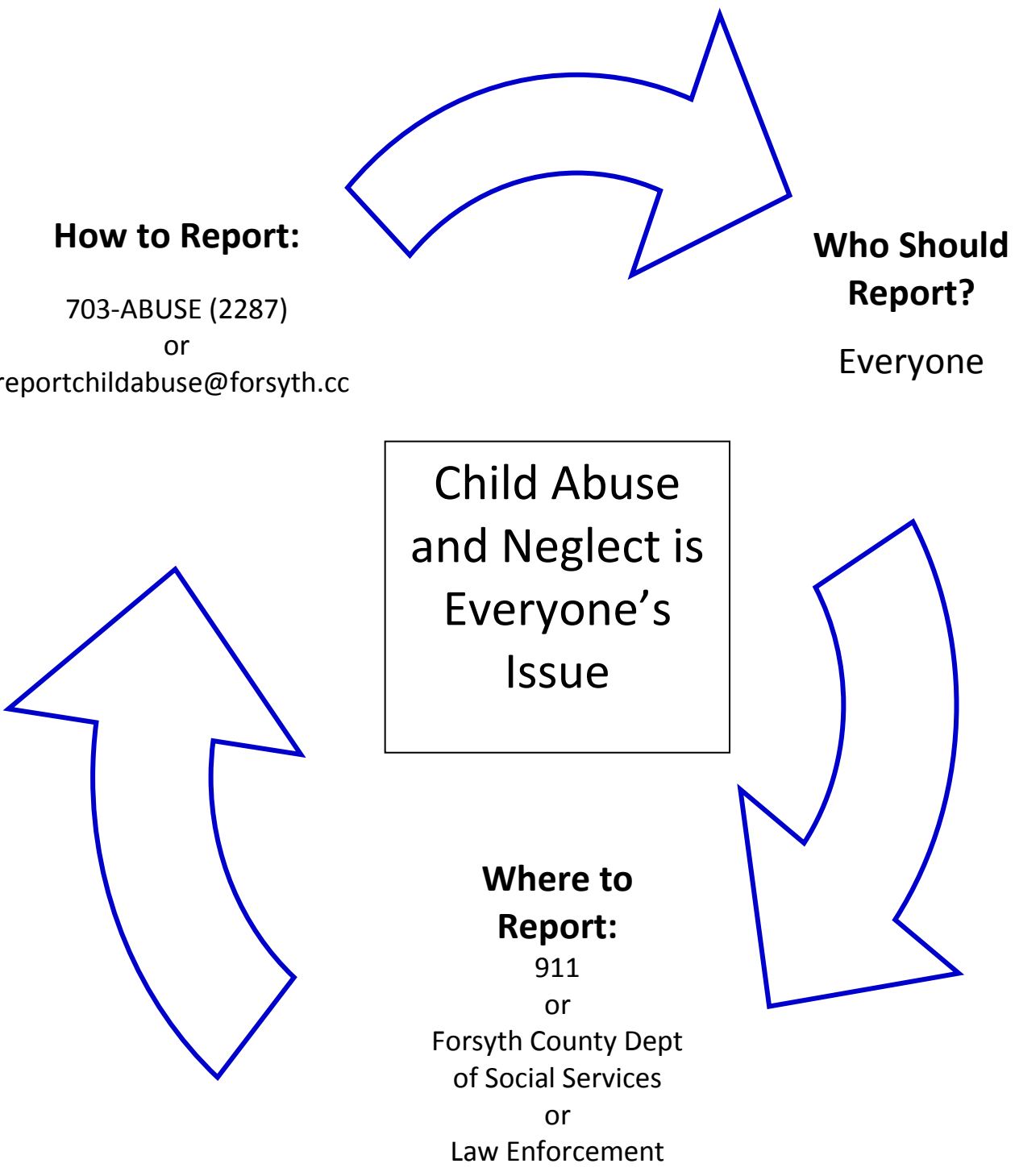
# Steps to Report Child Abuse and Neglect

## How to Report:

703-ABUSE (2287)  
or  
reportchildabuse@forsyth.cc

## Who Should Report?

Everyone



Child Abuse  
and Neglect is  
Everyone's  
Issue

## Where to Report:

911  
or  
Forsyth County Dept  
of Social Services  
or  
Law Enforcement

**COMMUNITY GUIDE TO CHILD ABUSE,  
NEGLECT AND DEPENDENCY**

**SECTION III  
COMMUNITY RESPONSES TO CHILD  
ABUSE, NEGLECT & DEPENDENCY**

## **A. Child Protective Services**

Intake is the first stage of the CPS process, the portal of entry into the Child Protective Services System. Careful, detailed, and thorough work at this stage lays the foundation for making well-informed decisions throughout the life of the case. There has been a tendency to devalue the intake process, and this is a mistake. The quality and consistency of the information gathered at this stage directly impacts subsequent intervention; what happens during the intake process impacts our entire child welfare system. Reports of suspected child abuse, neglect and dependency are received, and it is crucial that the intake social worker use interviewing skills to gather sufficient information from the reporter. Hearing and listening to the reporter leads the intake social worker to begin the inherently judgment-based child protection process. Judgments must be made as to whether a CPS assessment is required and as to the urgency of the response necessary. Making the decision to conduct a CPS assessment leads us to a myriad of judgments that must be made throughout case involvement.

Structured decision making at Child Protective Services Intake involves the Structured Intake Report, Maltreatment Screening Tools and Response Priority Decision Trees, all of which assist social workers and supervisors in making screening decisions at Intake.

Screening decisions at Intake remain two level decisions; incorporating the social worker and supervisor's professional judgment along with the consistency provided through the use of the screening tools. It is the practice of Forsyth County Child Protective Services for all reports that are screened out to require a third level review.

When a report meets the statutory criteria of a valid CPS report, a decision must be determined whether to approach the family using either the Family Assessment response or Investigative Assessment response.

- **Family Assessments**

The Family Assessment response will be appropriate for reports meeting the statutory definitions of neglect, with the exception of abandonment and some special types of neglect reports, and dependency if true according to **N.C.G.S. §7B-101**. These are reports that include allegations that a juvenile:

- Does not receive proper care from a parent, guardian, custodian or caretaker;
- Does not receive proper supervision from a parent, guardian, custodian or caretaker;
- Does not receive proper discipline from a parent, guardian, custodian or caretaker;
- Is not provided necessary medical care;



- Is not provided necessary remedial care;
- Lives in an environment injurious to his/her welfare;
- Has been placed for care or adoption in violation of law;
- Lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home;
- Is in need of assistance or placement because he/she has not parent; guardian, or custodian responsible for the juvenile's care or supervision; or,
- Whose parent, guardian, or custodian is unable to provide for the care and supervision and lacks an appropriate alternative child care arrangement.
- If the parent or caretaker is being charged with a DWI offense while a child is in the car (effective 6/15/13)

• **Investigative Assessments:**

The Investigative Assessment response will be appropriate for reports that contain allegations meeting the statutory definition of abuse according to **N.C.G.S. 7B-101**, as well as special types of neglect reports. These are reports that include allegations a juvenile's parent, guardian, custodian or caretaker:

- Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1;

- Creates or allows to be created serious emotional damage to the juvenile; or,
- Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

The special type of neglect reports appropriate for an Investigative Assessment response include cases in which the allegations include the existence of the following:

- A child fatality when there are surviving children in the family,
- A child in custody of local DSS, family foster homes, residential facilities, and child care situations,
- A child taken into protective custody by physician or law enforcement, pursuant to N.C. G.S. §7B-308 and §7B-500
- The medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457 (Baby Doe)
- A child hospitalized (admitted to hospital) due to suspected abuse/neglect
- A child who has been abandoned
- The suspected or confirmed presence of a methamphetamine lab where children are exposed
- A child less than a year who has been shaken or subjected to spanking, hitting or other form of corporal punishment

The FCDSS agency has also determined that the Investigative Assessment Unit will be assigned reports that meet the following criteria:

- All cases deemed by Administration/Management as “High Profile.”
- Reports of the suspicion of Munchausen’s Syndrome by Proxy
- Reports of improper supervision involving allegations of a sexual nature, but which are not considered sexual abuse (child on child sexual activity).

Regardless of the assignment to either CPS assessment response, the agency has a valid CPS report, and is mandated by law to take action to ensure the safety of the child through the provision of protective services. After determining that the CPS report is valid it is necessary to determine the speed of response (immediate response (within 3 hours), 24hr response, or 72hr response).

### **The Multiple Response System**

In 2006, NC adopted the Multiple Response System in an effort to make child welfare services in North Carolina more family-centered, consistent, and effective. In MRS, county DSS agencies focus on these key strategies:

The Seven Strategies of MRS

1. Strengths-based, structured intake process
2. Choice of two approaches to reports of child abuse, neglect, or dependency

3. Coordination between law enforcement agencies and child protective services for the investigative assessment approach
4. Redesign of in-home family services
5. Child and family team meetings
6. Shared parenting meetings
7. Collaboration between Work First and child welfare programs

### **Placing Children in Foster Care**

The county DSS's foremost responsibility is to protect the child and to assure a safe environment. The removal of a child from his or her home should only occur when the risk of harm to the child is so great that his or her safety cannot be assured in the home. The decision to remove a child should be based on an analysis of the risk of harm balanced with implementing reasonable efforts to ensure safety within the family.

Foster care placement is **temporary substitute care** provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care. A child in foster care is a child for whom a licensed public or private child-placing agency has legal custody and/or placement responsibility, whether or not he/she has been removed from his/her home.

When removal is necessary to preserve a child's safety and care, it is the responsibility of the County Department of Social Services to ensure that the child is in foster care placement for the shortest time possible. When children must be removed from their homes for their safety and protection, foster care is a family centered service that is **time limited and goal oriented**. Placement of a child in foster care requires a thorough assessment of the child and family's needs and careful planning prior to and throughout a child's placement.

Law enforcement also has been given the authority in the statutes to take children into temporary custody without a court order if there are reasonable grounds to believe that the child is abused, neglected, or dependent, and that he or she would be injured or could not be taken into custody if it were first necessary to obtain a court order. In such situations, the county director should take appropriate action to initiate a CPS assessment [N.C.G.S. § 7B-500].

Medical professionals are also authorized to hold a suspected victim of child abuse in a medical facility for up to twelve hours for treatment. The special authority of medical professionals in abuse cases is intended as an addition to the customary method of reporting suspected child abuse. Nothing described in the emergency process precludes a physician or administrator from following the usual procedures of reporting suspected abuse directly to the county Department of Social Services and the county department from responding to the report in the usual fashion. Any physician or administrator of a medical facility may obtain authorization from the chief district court judge or his designee

to retain physical custody of a child suspected of being abused. The physician or administrator obtains authorization by contacting the judge or his designee by phone, or in person, and by certifying that, on the basis of his medical evaluation, the child is in need of medical treatment to cure or alleviate physical distress, or to prevent the juvenile from being abused, but the parent, guardian, custodian, or caretaker cannot be reached or has refused consent for treatment.

The certification must:

- Be in writing,
- Be signed by the examining physician, and
- Include the time and date authority was given by the judge or his designee to hold the child.

A copy of the certification should be:

- Given to the child's parent or caretaker,
- Attached to the child's medical records, and
- Attached to the child's legal records.

Custody is retained in the medical facility for a maximum of twelve hours from the time of authorization. The physician, administrator, or designee must notify the county director of social services in the county where the facility is located immediately after authorization is obtained.

The county director must treat this notification as a report of suspected abuse, neglect, or dependency and immediately begin a CPS assessment. A juvenile petition alleging abuse, neglect, or dependency and seeking non-secure custody must be filed by the county director during this twelve hour period if the assessment reveals all of the following conditions are met:

- The examining physician believes the child needs medical treatment to cure or alleviate physical distress or to prevent the child from suffering serious physical injury, and
- The examining physician believes the child should remain in the custody of the facility for twelve hours for the medical treatment identified above in (1), but,
- The child's parent or caretaker cannot be reached or refuses to allow treatment within the facility.

If a petition for non-secure custody is filed and custody is granted, a hearing is held within seven calendar days to determine the need for continued custody. Even though all three conditions may not be met, the county director may find that circumstances require a petition for non-secure custody either during the initial twelve hours or later. The county department will conduct the CPS assessment and provide services regardless of the decision concerning a petition. The county director and examining physician together may request voluntary dismissal of the petition.

**Feedback to the Reporter and Appeal Process**

If the reporter provided their name and contact information to the CPS Intake Social Worker, the reporter should receive a letter within 5 working days as notification as to whether or not the report was accepted.

If a reporter receives a letter indicating that a report was not screened in, but the reporter feels that the allegations require CPS intervention, can file an appeal with the designated FC-DSS Program Manager as indicated on the Intake Screening Decision letter. At that point the FC-DSS Program Manager would review the information provided by the reporter and the report that had been screened out and make a determination if the original report should be screened in for CPS intervention, or if the reporter should call the CPS Abuse Hotline to complete a new report.

Within five (5) working days after the assessment is completed, CPS shall inform the reporter, through written notice, the findings of the assessment and what action DSS is taking to protect the child, including whether a petition was filed. (G.S. 7B-302) A reporter that is unsatisfied with the decision not to file a petition can contact the prosecuting attorney to review this decision; you can request a review by contacting the District Attorney, at (336) 761-2214 within five (5) days of your receipt of the case decision letter

## **B. Law Enforcement**

### **I. Law Enforcement**

When abuse (mental, physical and/or sexual) or neglect is reported to law enforcement by DSS-CPS Unit:

- a. The initiating social worker will notify the appropriate law enforcement agency via communications. A patrol officer will be requested to conduct a preliminary investigation either by telephone or in person depending on the severity of the allegation.
- b. If determined to be a referable case by the Juvenile Section Supervisor/ appropriate Investigative Supervisor or his/her designee, the case will be assigned to a Juvenile Detective/appropriate Investigator.
- c. The assigned Juvenile Detective/Investigator will coordinate with the assigned DSS social worker, if applicable.

In other cases when an initial report is made directly to a Law Enforcement agency:

- a. The reporting person should contact the appropriate Law Enforcement agency via communications.
- b. A patrol officer will be dispatched to conduct a preliminary investigation. If determined necessary, the patrol officer will contact DSS-CPS intake or, if after regular office hours, contact the on-call (or After Hours) DSS-CPS social worker. A copy of the patrol officer's report of abuse or neglect will be forwarded to DSS-CPS.
- c. If the case meets the criteria for on-scene investigation by a Juvenile Detective/an appropriate Investigator, the supervisor or his designee will contact the Juvenile Section Supervisor/ appropriate Investigative Supervisor or his or her designee. When a Juvenile Detective/ Investigator is needed outside of regular office hours, the on-call Criminal Investigations Division (CID)/ Investigative Services Division (ISD) supervisor will be contacted per each Department's policy.
- d. When the preliminary investigation is complete, if the case is referable and requires further investigation, the Juvenile Section Supervisor/appropriate Investigative Supervisor or his or her designee will assign the case to a Juvenile Detective/an appropriate Investigator.
- e. If applicable, the Juvenile Detective/Investigator will coordinate with a DSS-CPS social worker.

### **II. Evidence**

- a. Maximum effort, including the use of search warrants, shall be given to developing evidence in addition to the statements of the victim and the offender.
- b. When victims who have been shown sexually oriented or pornographic material are identified, Law Enforcement personnel draw search warrants when appropriate.

- c. When appropriate, a polygraph test is used for substantiation and/or the decision concerning prosecution of the offender.
- d. If necessary, witnesses are subpoenaed to ensure their attendance.

In Juvenile Court, evidence need not be sufficient to obtain a criminal conviction, but should be “clear and convincing” in the adjudication and disposition hearings.

## **C. Court System**

### **I. Criminal Court and Prosecution**

- a. The DA's Office decides whether or not to prosecute on a case-by-case basis after consultation with appropriate DSS and Law Enforcement personnel.
- b. Prosecution is considered as part of a total plan to bring about a lasting remedy within the family structure. The court's authority may be used for monitoring attendance at counseling sessions, enforcing removal of the offender from the home, and/or ensuring that other remedial action is taken.
- c. Criminal cases are coordinated with the DA's Office to ensure vigorous prosecution and appropriate dispositional recommendations. Therefore, consistent communication with the DA's Office is essential.
- d. The Team members are responsible for the preparation of witnesses, which is essential to successful prosecution. Special efforts should be made to familiarize child witnesses with courtroom procedures, setting, and personnel.
- e. A Guardian Ad Litem is appointed to represent the interests of the child in Juvenile Court proceedings. The same Guardian Ad Litem may represent the child in Criminal Court proceedings. (G.S. 7B-601)
- f. Possible judicial options for offenders as well as the possible terms of and conditions for sentencing and/or plea bargaining are described in the section on Treatment.

### **II. Juvenile Court and DSS**

#### **Immediate Non-Secure Custody**

- a. Each case is evaluated to determine whether the child should be removed from the home.
- b. Basic criteria for non-secure custody are listed in G.S. 7B-503 and also include substantial risk, shown by concrete physical or emotional damage which cannot be remedied with the child in the home.
- c. Considerations for removal of a child from the home include but are not limited to the short-term immediate danger to the child(ren), the physical or emotional condition of the caretaker(s) and/or child(ren); the willingness or ability of caretaker(s) to prevent a further occurrence of the abuse (physical and/or sexual); the possibility that the caretaker(s) will pressure the child(ren) to change his/her testimony; the age of the child(ren); and the predictable impact of the child (ren)'s separation from the family.
- d. If placement out of the home is necessary, it should be the most supportive and the least disruptive placement available.
- e. In cases when there is a need for custody on nights/weekends, the procedure will follow locally established policy.



**Petition**

The DSS-CPS social worker may decide to file a petition in Juvenile Court using team (team members are assigned on a per case basis) consultation, with the CPS worker having responsibility for filing.

- a. Any legal action is seen as part of an overall plan for the family and the child with court action being one appropriate means of ensuring compliance with a service/ behavior contract when necessary.
- b. The filing of a petition may or may not involve seeking removal of a child from the home; statutes and usual standards for removal always apply.
- c. All cases brought to Juvenile Court are coordinated with the County Attorney's office prior to the Court hearing.
- d. A written dispositional report is prepared for the Court in all cases where a Juvenile Court petition is heard.
- e. A Guardian Ad Litem is appointed for the child at this stage and has access to all Team findings to the extent permitted by law.

**No Petition**

- a. If no petition is filed within 5 working days after completion of the DSS investigation of the report of alleged sexual abuse, a written notice is sent to the person making the report informing him/her of (a) no finding of sexual abuse, or (b) the action taken to protect the child, and (c) the right to request a review of the decision.

## **D. SCHOOL SYSTEM**

### **Educator's Role - Winston-Salem Forsyth County Schools**

Educators are a primary source for reports regarding school age children to Child Protective Services (CPS) in Forsyth County. Child abuse and neglect is a violation of human rights and an obstacle to educational progress and emotional development. Educators have a special role in combating child abuse and neglect through the opportunity to observe children over a period of time. The knowledge and training educators possess allow for skilled observation of a child's behavior and physical condition. Since abused and neglected children can be found in any classroom, educators are in a unique position to identify and report children who need help and protection.

Please see *"The Educators' Role in Protecting Children,"* for comprehensive information regarding how the Winston Salem Forsyth County School System responds to concerns regarding suspected child maltreatment.

## **E. Medical Evaluation of Children**

Proper medical evaluation of a child is important not only to assess and treat any physical injuries and the child's mental/emotional state, but it is also important in providing evidence for criminal prosecution and for court petition by Child Protective Services regarding the child's safety and welfare. The findings of the medical evaluation are often the primary source of factual information independent of a child's statement. Suspected abuse is often first reported after a child's visit with his/her doctor.

### **For Physical Abuse**

Children who are suspected of being physically abused need to be seen by a physician immediately because the child's injuries may require medical treatment and superficial injuries may be overlying more serious internal injuries that may not be obvious to non-medical persons. Also, superficial injuries such as burns, bruises, abrasions, bites, etc. may change in character rather dramatically over a 24 hour period.

### **Where and How to refer for Medical Evaluation**

Evaluation for physical abuse is best done where there are physicians with expertise in child abuse. Therefore, for an emergency on nights and weekends, it is recommended the child be seen at the pediatric emergency department at Wake Forest Baptist Medical Center. Calling ahead to the Emergency Department is optimal, 336-713-9200. During the day, evaluations can often be arranged in the Pediatric Clinic at Brenner Children's Hospital by calling 336-713-2037 or 336-716-2588.

### **The Essentials for an Adequate Medical Evaluation of Physical Abuse**

- a. The first is the ability to relate to the child and obtain history from both the child and from the parent/caretaker regarding the circumstances surrounding the injury. Most injuries can be caused by an accident or by abuse. The character of the injuries may not be that different and documenting the history in detail as to how the injury occurred is essential to good diagnosis and treatment.
- b. The child must be examined very thoroughly to determine the presence of all injuries. Some injuries, such as a ruptured eardrum, head injury, or an internal injury such as a ruptured liver, may not be immediately obvious. A person skilled in examining children for child abuse will know what sorts of examinations will be necessary to completely evaluate for child abuse injuries.
- c. A skeletal survey is indicated for any young child, particularly under age two, or in a child of any age who is not able to give a good verbal history. A skeletal survey will frequently reveal the presence of fractures, either old or new, which would otherwise be missed. For some children, a repeat skeletal survey may be recommended. Skeletal surveys and other x-rays should be performed and interpreted by a skilled pediatric radiologist. Siblings of victim children under two years old also need medical evaluation and skeletal survey.
- d. Documentation of injuries with photographs and diagrams is very important. (Photos provided by non-medical sources such as the police department are acceptable but may need supplementation by the medical facility.) Law

Enforcement should attempt photos immediately. Maintaining and providing a clear, well-documented medical chart is also essential.

- e. Laboratory tests and radiographs are very important in distinguishing physical child abuse from accidental or disease states. For example, the child with bruises or bleeding needs to be evaluated to rule out abnormal bleeding tendency.
- f. The child's past history and medical records are essential in determining whether the child has been physically abused either repeatedly or recently.
- g. Children with serious life threatening injuries should be sent immediately from local emergency departments or doctors' offices to NC Baptist Hospital Emergency Department.

#### **For Sexual Abuse or Sexual Assault**

Children who are victims of sexual abuse or assault need medical evaluation for the purpose of documentation of medical history and physical findings, diagnosis and treatment of medical conditions including acute injury or sexually transmitted infections, referral for support services and establishing a medical witness for court testimony.

#### **Where and How to Refer for Medical Evaluation**

To ensure the above needs are met, children should be seen by health care professionals with experience in relating to children and with adequate knowledge and experience in the area of child sexual abuse and sexual assault. If a child has been sexually abused or assaulted within the previous 72-96 hours, the child should be seen immediately. This evaluation may include a rape kit and is best carried out in the Pediatric Emergency Room of Wake Forest Baptist Medical Center. If the abuse or assault has occurred outside the 72-96 hour period, evaluations can best be performed in the Brenner Children's Hospital Pediatric Clinic. Both local hospital emergency rooms are equipped to conduct medical exams in child sexual abuse/assault cases and have SBI Rape Kits and pathology resources. Forsyth Emergency Room only provides medical exams for post pubertal adolescents. Children under 12 or less than Tanner 2 (early signs of puberty) are referred to Brenner Children's Hospital Emergency Department. Adolescents may of course be seen at Wake Forest Baptist Medical Center as well. For children outside the 72-96 hour time period, call 336-713-2037 to discuss how and when the child may be seen, anticipating cancellations or no-shows for Pediatric Clinic appointments. Subsequent to children being seen in the Emergency Room, they will be referred for medical follow up in the Pediatric Clinic.

### **Transporting to the Emergency Room**

In the event that Emergency Medical Services are involved in an emergency transport of a sexual abuse/assault victim, the evidence should be protected by transporting the child in a clean sheet. No clothing should be discarded and any statements made by the child during transport should be carefully documented. Any involved bedding should be collected as part of the rape kit.

### **Essentials for an Adequate Medical Evaluation for Sexual Abuse or Sexual Assault**

- a. The medical history should be obtained by someone experienced in interviewing children. Statements made by the child should be recorded completely and in the child's own words. All aspects of the interview such as time and accompanying adults should be documented completely. Any drawings by the child should be maintained in the medical record. Medical diagnosis of sexual abuse is frequently based solely on the child's history of abuse because abnormal physical findings may not be present even when a child has been vaginally or anally penetrated.
- b. It is very important to document a complete past medical history as well as history relating to the acute incident. Any history of behaviors typically seen in sexually abused or assaulted children should also be documented.
- c. A complete and thorough general physical examination should be performed prior to the genital examination, documenting any physical injuries as sexually abused or assaulted children are often physical abuse victims as well.
- d. It is recommended the genital examination be performed by someone experienced in genital examination of young children and experienced in the findings suggestive of sexual abuse/assault. Some form of magnification and bright light source is recommended. This may be a colposcope.
- e. A speculum examination would be indicated only for suspected vaginal injury, vaginal bleeding or foreign body. A prepubertal child would require conscious sedation or anesthesia.
- f. Whether laboratory studies are done depends on the history and judgment of the physician. It is better to err on the side of doing a rape kit and too many cultures than not enough. Consideration should be given to examining for and/or culturing for the following: *Neisseria gonorrhoea*, *Chlamydia*, herpes, *trichomonas*, hepatitis B/C, *Gardnerella vaginitis*, *condyloma acuminata* (HPV/genital warts). Laboratory testing for syphilis and HIV are also suggested. HIV testing is done with parental permission. Testing for pregnancy will be done when appropriate.
- g. Treatment of the sexual abuse/assault may include the following:
  - Pregnancy prevention or documentation of pregnancy
  - Venereal infection prevention/prophylaxis
  - Treatment of diagnosed venereal infection or sexually transmitted infection
  - Treatment of acute injury
  - Medical follow-up as necessary to treat existing medical conditions

- Referral to supportive/psychological/counseling services when necessary

**For CPS when Medical Evaluation is Indicated**

When a parent/caregiver(s) refuses to give consent for medical evaluation of the child(ren), court authorization for obtaining the medical evaluation(s) shall be secured. When the Department of Social Services, Child Protective Services is involved, DSS may obtain all and any medical records and evaluations pertaining to a child under investigation without court order. DSS may also request a Child and Family Evaluation (Child Mental Health Evaluation) to assist them in making their case decision. When DSS is involved the Child Medical Evaluation Program (919-843-9365) is available to provide information concerning rostered medical providers for medical evaluations and psychologists for CFEs.

**For Neglect**

Children often need medical evaluation for neglect concerns including malnutrition, developmental delays, excessive corporal punishment, medical neglect, etc. It is important to remember that neglect can be as damaging and deadly to a child as abuse. Medical evaluation for neglect concerns could be done by the child's primary care physician or physicians in Brenner Children's Hospital Pediatric Clinic. A child's medical records are absolutely necessary when investigating abuse or neglect. Contact the Brenner Children's Hospital Pediatric Clinic at 336-713-2037 for consultation of any case possibly in need of medical evaluation.

## **F. Forensic Evaluation of Children**

### **Vantage Pointe Center/ Multidisciplinary Team**

The Vantage Pointe Children's Advocacy Center (under the auspices of Family Services, Inc.'s Safe Relationships Division) is a safe, neutral, child-friendly facility where various services are provided to those impacted by child maltreatment. Services provided by the center include forensic interviews, family and victim advocacy, mental health services, multidisciplinary staffing, referrals and education and training. The child advocacy center collaborates with other agencies forming a Multi-Disciplinary Team. These core team members work together from the point of report to facilitate the investigation of the case and to coordinate intervention in an effort to reduce trauma to those children and families who have been impacted by child maltreatment. The center receives referrals of child maltreatment from *law enforcement* and the *FCDSS*. All statutes and mandates are followed to ensure that the complete investigation is legal and sound.

The Multidisciplinary Team (known as MDT) is composed of personnel from the FCDSS CPS-Investigative Unit, Juvenile Detectives of local Law Enforcement, the DA's Office, Child Medical Evaluation Team, SANE Nurse, Wake Forest Baptist Medical Center, Exchange/SCAN, and Family Services, Inc. - Vantage Pointe Children's Advocacy Center staff.

### **Protocol for children being seen at the Vantage Pointe Children's Advocacy Center:**

#### **1. Forensic Interviews**

- a. Investigative agencies (Department of Social Services, Law Enforcement) will determine which children are in need of a forensic interview and will make the subsequent referral to Vantage Pointe Children's Advocacy Center.
- b. Vantage Pointe Center Staff will obtain necessary intake information and schedule the appropriate appointments.
- c. The referral party (e.g. law enforcement; DSS) will gather background and collateral information as needed prior to the forensic interview being conducted.
- d. All forensic interviews conducted at Vantage Pointe Center will be recorded onto a DVD. At the completion of the Vantage Pointe Center process, the DVD will be turned over to the referring party.
- e. During the forensic interview session, the child is asked to provide detailed information regarding the occurrence(s), such as: identifying persons associated, places (including specific items at that location), approximate timeframe, date (may include specifics as season and/or holiday), frequency of occurrences, and what actions that took place.
- f. During the session, the child will also have the opportunity to share their thoughts and feelings regarding their family members and living condition in their home. This information is documented in the final report as well.
- g. Upon completion of the forensic interview, the interviewer will provide the

- referring party with a documented report summarizing the child's session.
- h. Children who disclose that there was penetration during the occurrence(s) are referred to *Wake Forest Baptist Medical Center* for a child medical examination (CME).
  - i. After the information has been gathered, therapeutic intervention is coordinated for the child. The child and the non-offending caregiver are referred for counseling that will assist them in working through the trauma.

## **2. Victim Advocacy**

- a. The Victim Advocate meets with the child's non-offending caretaker during the initial session of the child's forensic interview. Victim Advocate will conduct a caretaker interview to gather background information on the child, such as: medical history, psychiatric history, child's development level, environment, school performance, family and peer relationships.
- b. The non-offending caregiver will also be assessed on his or her ability to acknowledge the problem, and to be able to guard the child from any further traumatization.
- c. The Victim Advocate remains involved with the family throughout the life of the case to ensure both the family and child's needs are being met.
- d. The Victim Advocate also provides the family with information about Family Services, Inc. and Vantage Pointe Center, updates on the case, dynamics of abuse, and supportive services available for the family and the child.
- e. The Victim Advocate can also provide the victim, non-offending family and witnesses with a better understanding of the criminal justice system and their role in it.
- f. The Victim Advocate is also available to provide advocacy services to children and families who have not been seen for a forensic interview at the Center. In such cases, the referrals will be made by law enforcement, children protective services and/or the district attorney's office.

## **3. Children Exposed to Domestic Violence**

- a. The designated child therapist at the shelter receives referrals from children who reside at *Family Services Domestic Violence Shelter (also under the auspices of the Safe Relationships Division)*. Within the first 48 hours of the child's arrival to the shelter they are seen for a trauma assessment, and weekly supportive counseling thereafter. Children have the freedom to express how they are feeling, while engaging in therapeutic activities.
- b. When necessary, the Child Therapist meets with the shelter's therapist to coordinate additional community services that will help the child and mother.
- c. Shelter children participate in children's group facilitated by the child therapist and the forensic interviewer. It is during this time children are divided up in smaller age groups and age appropriate therapeutic activities occur.



## **G. Treatment/Counseling Plan**

It is strongly recommended that children who have experienced trauma, which includes many children referred for abuse and/or neglect, receive a trauma assessment through a rostered clinician trained by the NC Child Treatment Program. The NC Child Treatment Program maintains an online searchable data base listing North Carolina clinicians by county who are rostered ([www.ncchildtreatmentprogram.org](http://www.ncchildtreatmentprogram.org)). The trauma assessment determines if specific trauma treatment is needed.

Trauma Focused Cognitive Behavioral Therapy is an evidenced based treatment that addresses the behavioral and emotional needs of children and adolescents following significant trauma and loss. It is the recommended treatment for children and adolescents, who have post traumatic stress disorder symptoms. The therapy involves the principle of gradual exposure and helps with affect regulation, coping, and correcting cognitive distortions. A committed adult caregiver participates with the child as a support. The therapy also assists the caregiver in addressing any behavior problems the child may be having. The therapy can usually be completed in 18-24 sessions. Studies have proven the effectiveness of Trauma Focused Cognitive Behavioral Therapy in reducing post traumatic stress symptoms, depression, and sexualized behavior in over 80% of children who complete the therapy with a rostered clinician.

Several agencies within the community have clinicians rostered through the NC Child Treatment Program to provide trauma assessments and Trauma Focused Cognitive Behavioral Therapy. These agencies include, FCDSS, The Children's Home, Grandfather Homes for Children, Family Services and many others. Children who have an open Child Protective Services case or who are in the custody of FCDSS and have experienced trauma or abuse will be referred by FCDSS staff for trauma assessments and treatment. For listing of rostered clinicians who provide trauma assessments and treatment can be located on the website: [www.ncchildtreatment.program.org](http://www.ncchildtreatment.program.org)

Children who have experienced abuse or neglect may not meet the criteria for Post Traumatic Stress Disorder, but they very often exhibit symptoms that demonstrate a need for counseling. Therapy with a licensed clinician can be a beneficial connection for these children.

## **1. Forms of Treatment/Intervention**

Multiple approaches to intervening with families and individuals should be considered based upon the needs of the case.

- a. Therapeutic interventions: individual, conjoint, family, and group psychotherapy with adults and children; child play therapy; in-home therapy with lay therapist or Family Preservation model.
- b. Education: Parent education, stress and anger management; vocational training; academic classes; adult literacy classes, etc.
- c. Substance abuse treatment including hospitalization, professional treatment, and 12-step recovery programs for adults and family members.
- d. Psychiatric/Medical evaluation.
- e. Medication (if applicable).

## **2. Treatment for Child Victim**

- a. A child should view the therapeutic relationship as safe and supportive in order to feel comfortable enough to address personal concerns.
- b. No treatment will be successful for a child who is not protected from further abuse and from punishment for disclosure.
- c. Stages of treatment take time and may not coincide with the legal timetable; however, the child's needs are paramount.
- d. Themes of therapy include:
  - Building self-esteem and trust,
  - Dealing with ambivalent or conflictual feelings
  - Safety and protection
  - Learning appropriate nurturing behavior between adult and child
  - The development and respect for personal boundaries on oneself and others
  - Mastery and control
  - Age appropriate sex education and learning appropriate respect for personal boundaries
  - Developing coping strategies for traumatic stress reactions
  - Learning that the trauma was not their fault
  - Identifying feelings and learning how to manage them
  - Identifying negative thoughts that cause depression and anxiety
  - Learning how to replace negative thoughts with more helpful thoughts

## **3. Treatment for Family**

- a. A family's active involvement in therapy is crucial for successful intervention.
- b. Family dynamics to be assessed include:
  - Family patterns of communication, discipline and nurturing
  - Clarity and rigidity of family roles
  - Family structure and hierarchy
  - Marital (or couple), sibling, and parent-child relationships
  - Family's coping response to stress

- Family's connectedness to the community and to social support systems (employment, school, church, family, friends, etc.)
  - Inter-generational patterns
  - History of substance abuse
  - Family strengths
- c. Success, in part, is determined by the degree to which the parents demonstrate the following:
- A commitment to protect their children from future (physical and/or sexual) abuse or neglect;
  - An understanding of their children's development stages;
  - An understanding of their children's emotional, social, and medical needs;
  - A willingness to make responsible efforts to address these varied needs.
    - Youthful Offender
    - Child on child
    - Sexually reactive youth
4. For this protocol, "offender" is a generic term to describe a person (adult and youth) whose behavior directly led to the abuse (physical and/or sexual) or neglect of a child.
- a. For treatment to be successful, the offender must do the following:
- Admit that his/her actions directly led to a child being (physically and/or sexually)abused;
  - Take responsibility for the behavior, without blaming the child or others;
  - Be willing to make amends to the child;
  - Be committed to address the underlying issues that led to the sexual/physical abuse;
  - Accept the possibility that successful treatment may be a prolonged process, perhaps needing lifelong attention;
  - Understand that successful treatment is best conducted via multiple forms, including, but not limited to, those described above.

\*SAMHSA has developed the National Registry of Evidence-Based Programs. This website allows you to search a database of treatment and prevention programs by area of interest (mental health, substance abuse, trauma), geographical location, use with different ethnic groups, use in different settings (inpatient, outpatient, community), and other factors. For more information please visit <http://www.nrepp.samhsa.gov/>

# **COMMUNITY GUIDE TO CHILD ABUSE, NEGLECT AND DEPENDENCY**

## **SECTION IV FREQUENTLY ASKED QUESTIONS**

## Frequently Asked Questions

✓ **Is it neglect not to send your child to school?**

At the present time, the statutes do not include lack of school attendance as neglect. Every parent, guardian or other person in this State having charge or control of a child between the ages of seven and 16 years shall cause such child to attend school continuously for a period equal to the time which the public school to which the child is assigned shall be in session.

✓ **Is it neglect not to give a child prescribed medications?**

Parents have the right to not seek medical attention or medications, as long as it does not create a life-threatening illness in the child, cause the child to be a danger to him/her, or cause serious damage. These cases are screened individually and often require a physician's or psychologists' opinion as to whether not taking the medicine is doing great harm to the child.

✓ **What do I do if a parent is very upset because a social worker visited the child without his prior consent?**

You can advise the parent that DSS has the right to interview children without their parents' permission OR you can just refer them to DSS. If you want the family to know that you made the report you can tell them, but DSS will not tell who made the report. If the parent becomes threatening, you need to call your supervisor (in the workplace) or law enforcement.

✓ **Why do we not get detailed information back on what happens to the reports we make?**

DSS is required to protect the confidentiality rights of the family. However, in some instances, DSS can share on a "need to know" basis. If information from DSS would have a significant benefit to the child's well-being or safety, DSS can opt to share some information. When you received your letter advising you of the case decision, you may call the DSS-CPS worker and ask for more details.

✓ **What do I do if I know there is an open case and I want to give additional information?**

If you know the case is open and you know the name of the assigned DSS-CPS Social Worker, you may call 336-703-3500 and request to speak directly to the worker. If you do not know the worker's name you may call DSS-CPS Intake, 336-703-2287 and give your additional information to the social worker responding to Intakes. The information will be transferred to the currently assigned social worker.

✓ **What happens if case is not substantiated?**

A reporter that is unsatisfied with the decision not to file a petition can contact a Children's Services Program Manager. You must request this review within five (5) working days of the receipt of the letter. If the issue is unresolved you may request that the Children's Services Program Manager schedule a conference with the district attorney. The district attorney must review the CPS decision and confer with the reporter, CPS and other relevant persons.

Following this review, the district attorney may (1) affirm the CPS decision, (2) direct law enforcement to investigate or (3) direct CPS to file a petition.

✓ **Why are we asking about the family's culture?**

Strengths-Based, Structured Intake is one of the seven strategies of the Multiple Response System (MRS) and with the implementation of MRS, we are moving in an entirely different direction in child welfare. Recognizing strengths and partnering with families from initial contact is an important aspect of this new approach. Obtaining information regarding culture allows you to provide family centered services and gives you valuable information about the family. We have a rapidly growing Asian and Hispanic population in North Carolina and being able to respond in a culturally respectful manner is important.

✓ **Why is it sex abuse if a child is having sex without the parent's knowledge?**

It is not considered sex abuse, the county DSS would screen reports (neglect) of children under age 16 having sex without parental knowledge as improper supervision reports. Age 16 is the age of consent; therefore reports of 16 and 17 year olds having sex with someone of a similar age do not meet the neglect definitions. It is reasonable to expect that parents provide stricter supervision to children under age 16. In an attempt to achieve consistency across the state, policy indicates the county accepts reports in this situation when parent had no knowledge of the activity – which means they have not had an opportunity to respond in a protective manner and should have been providing supervision to their child.

✓ **Lack of immunizations are screened out; what about child well-being?**

Parents have a right to make informed decisions regarding immunizations of their children. If the reporter is making allegations that the child is currently experiencing health risks as a result of the absence of immunizations, you would screen this report in for investigative assessment.

✓ **What is the Guardian ad Litem Program?**

In 1983, the North Carolina General Assembly established the Office of Guardian ad Litem (GAL) Services as a division of the North Carolina Administrative Office of the Courts. Pursuant to G.S. 7B-601, when a petition alleging abuse or neglect of a juvenile is filed in district court, the judge appoints a volunteer Guardian ad Litem advocate and an attorney advocate to provide team representation to the child, who has full party status in trial and appellate proceedings. All Guardian ad Litem advocates are trained, supervised, and supported by program staff in each county of the state. The collaborative model of GAL attorney advocates, volunteers, and staff ensures that all North Carolina children who are alleged by the Department of Social Services to have been abused or neglected receive GAL legal advocacy services.

✓ **What does the Guardian ad Litem volunteer advocate do?**

The role of Guardian ad Litem advocates is to conduct independent investigations to determine the facts, needs of the child, and the resources appropriate to meet those needs. They visit child-clients, conduct interviews, read reports, monitor court orders, and

collaborate with service providers. GALs formulate fact-based child-focused court reports with recommendations, and testify in court hearings. The GALs also determine the wishes or expressed preferences of the child and report those to the court.

✓ **Who can volunteer as a Guardian ad Litem?**

GALs are adults who come from diverse communities, cultures, and life and work experiences. There is no special education or work experience required. Individuals who wish to become GALs complete a written application, participate in an interview, and have criminal record checks.

Volunteer advocates receive 30 hours of initial training in order to prepare them to serve as a guardian ad litem. Continuing education is offered throughout the year to enhance their advocacy skills.

Anyone interested in becoming a GAL in Forsyth County should call the GAL program office at 336-779-6650. Those interested in volunteering outside Forsyth County can call 1-800-982-4041 or visit [www.ncgal.org](http://www.ncgal.org) for more information.

✓ **What is a forensic interview?**

A forensic interview is a single session, recorded interview designed to elicit a child's unique information when there are concerns of possible abuse or when the child has witnessed violence against another person. The forensic interview is conducted in a supportive and non-leading manner by a professional specially trained in child development and the Forensic Interview model.

✓ **What are the purposes of the forensic interview?**

- To obtain information from a child that may be helpful in a criminal investigation
- To assess the safety of the child's living arrangements
- To obtain information that will either corroborate or refute allegations or suspicions of abuse and neglect
- To assess the need for medical treatment and psychological care

✓ **What is a Child Advocacy Center?**

A Children's Advocacy Center (CAC) is a separate, child-focused setting designed to provide a safe, comfortable and neutral place where forensic interviews can be conducted and other CAC services can be provided for children and families.

✓ **What is the role of the Family/Victim Advocate?**

The focus of victim advocate is to help reduce trauma for the child and non-offending family members and to improve outcomes. Advocacy services are provided to the parents and guardians of children who participate in forensic interviews. These services are designed to give support and education to caregivers in a one-on-one setting.

- ✓ **Law Enforcement and DSS often times conduct investigations concurrently; however, they have different roles. How does a DSS investigation differ from a Law enforcement investigation?**

Law Enforcement personnel investigate allegations of a crime. If a crime occurred, it is the goal of Law Enforcement to gather evidence in order to prosecute the offender. It is also the goal of Law Enforcement personnel to ensure that the offender is not given the opportunity to offend again. The role of DSS includes the care and safety of children whether the child is the victim or a child at risk of abuse or neglect. It is DSS that decides who may or may not care for children when there is an allegation of abuse or neglect. North Carolina General Statute allows for DSS and Law Enforcement to share information; therefore, DSS personnel and Law Enforcement personnel working together is ultimately in the best interest of the children.

- ✓ **Why is it that when there is an allegation of abuse or neglect, the DSS investigation seems to move at a much faster pace than a Law Enforcement investigation?**

Although DSS and Law Enforcement ultimately work together to ensure the safety of children, once DSS has placed or ensured the safety of the child/ children, both DSS and Law Enforcement can work at a more deliberate pace to conduct their investigations. It is important to note that the statutory requirements will allow and require DSS to take immediate action, whereas, Law Enforcement must be able to articulate probable cause in order to take action.

- ✓ **Why should children be referred for medical evaluations?**

- Children who have been abused and neglected are less likely to have received regular medical care.
- Documentation of the medical history, including the child's statements to the forensic interviewer and the physician.
- Documentation of acute and/or chronic injuries
- Screening for sexually transmitted infections
- Assessment of emotional needs of parents and child
- Recommendations for further medical evaluation and/or care
- Recommendations and referrals for therapy/counseling
- Reassurance regarding health/physical condition of the child.

"The physical examination is not usually painful and is much the same as a checkup with the child's primary physician. The difference is in Child Protection Clinic the examination is done by a pediatrician who specializes in abuse/neglect."

- ✓ **What is the Community Child Protection Team (CCPT) and Child Fatality Team**

Any child abuse or neglect case or the suspicion of this can be referred to the CCPT for review of systemic issues. By statute all cases of death of a child (under 18) where the Department of Social Services has been involved within the past year are referred for intensive discussion and review. CCPT can review any type of case to discuss and review a



variety of systemic issues including communication, substantiation, service roadblocks, lack of services to resolve or prevent future abuse or other issues. This is not oversight of the Department of Social Services.

CCPT and the Child Fatality Team are combined in Forsyth County and by State Statute include agencies or people such as Department of Social Services, Guardian Ad Litem, County Commissioners, Judge, District Attorney, Health Department, Hospital/Doctor, law enforcement, mental health and community agencies. Forsyth's combined team meets quarterly. ALL deaths of children in Forsyth County are reviewed. The Team has subpoena power to request information on any death or case being considered. The Team is charged with advocating for changes that will protect children from preventable deaths or child abuse and neglect.

# **COMMUNITY GUIDE TO CHILD ABUSE, NEGLECT AND DEPENDENCY**

## **SECTION V RESOURCES & REFERRALS**

## **RESOURCES AND REFERRALS**

### **Addiction Recovery Care Association (ARCA)**

1931 Union Cross Road  
Winston Salem, NC 27107  
(336) 784-9470

*Transitional Residential Substance Abuse Services, family counseling, support groups*

### **Al-Anon for Adult Children**

PO Box 26062  
Winston Salem, NC 27114  
(336) 723-1452  
[www.winstonsalemalanon.org](http://www.winstonsalemalanon.org)

*Substance abuse (alcohol) support groups*

### **Alcoholics Anonymous**

1020 Brookstown Ave  
#10  
Winston Salem, NC 27108  
(336) 725-6031

*Substance Abuse Support Groups*

### **Associates in Christian Counseling**

8025 North Point Boulevard  
Suite 231  
Winston Salem, NC 27106  
(336) 896-0065

*Sexual Assault Counseling, Marriage Counseling, Divorce Counseling, Family Counseling*

### **Association for Couples in Marriage Enrichment (ACME)**

502 N. Broad Street  
Winston Salem, NC 27101  
(336) 724-1526

*Marriage Counseling*

### **Bowman Gray Child Guidance Center, WF Baptist Hospital**

791 Jonestown Road  
Winston Salem, NC 27103  
(336) 716-5531

*Child Guidance, Abuse Counseling*

**Catholic Charities**

621 W. 2<sup>nd</sup> St.

Winston Salem, NC 27101

(336)725-4678

*Marriage Counseling, General Counseling Services, Family Counseling, Pastoral Counseling, Pro-Life Counseling*

**CenterPoint Human Service**

4045 University Parkway

Winston Salem, NC 27106

(888) 581-9988

*Substance Abuse Counseling, Mental Health Screening, Developmental Assessment*

**The Children's Home**

1001 Reynolda Road

Winston Salem, NC 27104

(336) 721-7625

*Psychiatric Day Treatment, Adolescent/Youth Counseling, Family Counseling, Adolescent/Youth Counseling, Family Counseling, Crisis Shelter*

**DAYMARK Recovery Services, Inc.**

725 N. Highland Avenue

Winston Salem, NC 27101

(336) 607-8523

*Substance Abuse Counseling, Substance Abuse Education/Prevention, Mental Health Screening, Mental Health Related Support Groups*

**Exchange/SCAN**

500 Northwest Blvd

Winston Salem, NC 27105

(336) 748-9028

*Counseling, Sexual Assault/Incest Support Groups, Parenting Education, Respite, Supervised Visitation, Parenting Support*

**Exchange/SCAN, Welcome Baby**

500 W Northwest Boulevard

Winston Salem, NC 27105

(336) 725-2229 x116

*Perinatal/Postpartum Depression Counseling, Parenting Skills Classes, Parenting Materials, Parenting Helplines, Postpartum Care*

**Experiment in Self-Reliance**

1621 East 3rd Street

Winston Salem, NC 27102

(336) 722-9400

*Case/Care Management, Veteran Benefits Assistance, Transitional Housing/Shelter, Homeless Shelter, self- sufficiency services*

**Family Services**

1200 S. Broad St

Winston Salem, NC 27101

(336) 722-8173

(336) 722-8125 (Domestic Violence 24-hour Crisis Line)

(336) 722-4457 (Sexual Assault 24-hour Crisis Line)

*Domestic violence, sexual assault crisis intervention , court advocacy, hospital, counseling, accompaniment, support groups, forensic interviews, emergency housing, batterer's intervention group, Ways to Work, early childhood education services.*

**Fellowship Home of Winston-Salem**

661 N Spring Street

Winston Salem, NC 27101

(336) 727-1084

*Residential Substance Abuse Services, Substance Abuse counseling for men*

**Forsyth Early Childhood Partnership - Smart Start**

7820 North Point Blvd.

Winston Salem, NC 27106

(336) 725-6011

*Child Care Provider Referrals, early childhood literacy, Provider Recruitment, Child Care Expense Assistance*

**Forsyth County Department of Social Services**

741 North Highland Avenue

Winston Salem, NC 27101

(336) 703-3400

*Adoption, Adult Services, Children Services, Child Support, Counseling, Daycare, Employment Services, Food & Nutrition, Foster Care, Medicaid, Transportation*

**Forsyth County Department of Public Health**

799 North Highland Ave

Winston-Salem, NC 27102

(336) 703-3100

*Family Planning, Pregnancy Prevention, Healthy Start, Dental Health, Immunizations, Parenting Education, Teen Talk, Women Infants & Children (WIC)*

**Imprints for Families**

502 N. Broad St,  
Winston-Salem, NC 27101  
(336) 722-6296  
*Counseling, parenting education, camps and educational services*

**Legal Aid of North Carolina**

216 W 4th Street  
Winston Salem, NC 27101  
(336) 725-9166  
*General Legal Aid, Domestic/Family Violence Legal Services*

**Nehemiah House**

Re-opening in July 2014  
Winston Salem, NC 27101  
(336) 692-5256  
*Sex Offender Counseling, homelessness programming, Ex-Offender Reentry Programs, Transitional Housing/Shelter for men*

**Next Step Ministries**

1130 North Main Street  
Kernersville, NC 27284  
(336) 413-5858  
*Abuse Counseling, Domestic Violence Support Groups, Domestic Violence Intervention Programs, Crisis Shelter*

**Ronald McDonald House**

419 S Hawthorne Road  
Winston Salem, NC 27103  
(336) 723-0228  
*Child Care Provider Referrals, temporary housing for families coping with illness*

**Safe on Seven**

200 N. Main Street  
Hall of Justice 7th Floor  
Winston Salem, NC 27101  
(336) 779-6320  
*Domestic Violence/ Legal Support*

**Salvation Army**

1255 N Trade Street  
Winston Salem, NC 27101  
(336) 722-8721  
*Transportation Expense Assistance, Housing Search Assistance, Homeless Shelter*

**Samaritan Inn Shelter**

1243 N. Patterson Avenue  
Winston Salem, NC 27101  
(336) 748-1962  
*Homeless Shelter*

**Shepherd's Center of Kernersville**

130 East Bodenhamer Street  
Kernersville, NC 27284  
(336) 992-0591  
*Counseling, Bereavement Support Groups*

**Winston-Salem Rescue Mission**

717 Oak St.  
Winston Salem, NC 27101  
(336) 723-1848  
*Counseling, Job Training Formats, General Clothing Provision, Homeless Shelter*

**Work Family Resource Center**

530 N Spring Street  
Winston Salem, NC 27101  
(336) 761-5100  
*Specialized Information and Referral, Child Care Provider Referrals, Child Care Providers, Child Care Expense Assistance*

**Youth Opportunities**

7670 Northpoint Blvd  
Winston Salem, NC 27106  
(336) 724-1412  
*Adolescent/Youth Counseling, Crisis Shelter, Youth Programs, Mentoring Programs*

**YWCA of Winston-Salem, Hawley House**

941 West Street  
Winston Salem, NC 27101  
(336) 721-0733  
*Substance abuse and other Counseling Services*

## **Child Abuse and Neglect Online Web Resources**

### **Reporting Child Abuse & Neglect in North Carolina, UNC School of Government**

Provides a comprehensive explanation of the North Carolina law requiring all citizens to report cases of suspected child abuse, neglect, and dependency. It also describes the state's child protective services system.

<http://sogpubs.unc.edu/electronicversions/rca/rca.htm>

### **Online State Training for Recognizing Child Abuse & Neglect**

The Recognizing and Responding to Suspicions of Child Maltreatment Training is designed for professionals and volunteers working with children and families. The two-hour course is designed for users to complete at their own pace -- either in one sitting or over a period of time.

<http://www.preventchildabusenc.org/index.cfm?fuseaction=cms.page&id=1047>

### **Safe Surrender Law**

North Carolina's Safe Surrender law allows an overwhelmed parent to surrender his or her baby to a responsible adult and walk away; allows the safe surrender of a baby up to 7 days old

<http://www.safesurrender.net/about.html>



# **COMMUNITY GUIDE TO CHILD ABUSE, NEGLECT AND DEPENDENCY**

## **SECTION VI APPENDIX**

**APPENDIX A: GUIDELINES FOR PHYSICIANS, HOSPITALS, and MEDICAL  
EXAMINERS ON INFANT AND CHILD DEATHS**



# **North Carolina Office of the Chief Medical Examiner**

**Deborah Radisch, MD, MPH, Chief Medical Examiner**

## **GUIDELINES FOR PHYSICIANS, HOSPITALS AND MEDICAL EXAMINERS ON INFANT AND CHILD DEATHS**

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Jeffrey P. Engel, MD, State Health Director  
Deborah L. Radisch, MD, MPH, Chief Medical Examiner

## **For hospital staff/physicians:**

Hospital staff frequently see injured and dead children in emergency rooms and as inpatients. If there are suspicions of a criminal act, the appropriate **law enforcement** agency must be notified as soon as practical, pursuant to North Carolina statutes (NCGS 90-21.20). As medical examiner jurisdiction attaches at death, NC General Statutes regarding handling of bodies and evidence must also be adhered to.

### Deaths that must be reported to the **county medical examiner:**

- Any death caused by trauma, regardless of the time interval between the initial injury and the death.
- All deaths due to suspected child abuse/neglect.
- Sudden, unexpected deaths in children in previous good health – no known cause.
- The unattended death of a child.
- Suspected drug overdose deaths.
- Any death due to external means (drowning, burns, etc).

Depending on the circumstances, the medical examiner may or may not accept the case (assume jurisdiction). If jurisdiction is accepted, the medical examiner will also determine whether an autopsy needs to be performed. If there are questions about these decisions, please discuss them with the medical examiner. If s/he cannot answer them, s/he will contact a state office pathologist. The medical examiner will complete the death certificate in these cases.

When the death falls under the jurisdiction of the medical examiner, you **must:**

- Send clothing and medications (non-hospital) with the body.
- Secure admission blood sample(s) for the medical examiner.
- NOT clean the baby or remove any medical intervention devices.
- NOT alter the body, or cut the hair.
- NOT perform diagnostic procedures after the death is pronounced.
- Contact the local medical examiner if the family desires organ donation.

If law enforcement and/or hospital personnel suspect abuse or neglect, viewing and physical contact (hand holding/touching) is allowed only in the presence of the investigating law enforcement agency or its proxy. There may be no physical contact if the above cannot be accommodated. In any non-suspicious cases, physical contact and holding is permitted with supervision by either hospital personnel or the investigating law enforcement agency, if the latter is already present.

Memory cards and bereavement boxes are allowed; however, when hand/foot printing it is important to wipe the hands and feet of ink before they are sent to the morgue. **Do not** clean the body itself, only that which is printed. Hospital staff assume all risk and responsibility for the possibility of destruction of evidence when performing these procedures.

## **For medical examiners:**

When the medical examiner is contacted to investigate the death of a child, several steps need to be followed:

- If a child (less than 18 years old) dies suddenly and unexpectedly, contact the appropriate **law enforcement** agency to conduct a scene investigation. Law enforcement will respond to the scene where the child was found and also to the hospital scene, if the child was taken to that facility for resuscitation or treatment. Training in infant death investigation and scene reconstruction has been provided to most law enforcement agencies in North Carolina.
- When an infant dies, and it is not obvious by external examination or preliminary history what may have caused the death, an autopsy will be ordered. The medical examiner death certificate, which must be filed in 3 days, should be left as “pending” for both cause and manner, since the autopsy results and the complete investigation will not be finalized for weeks or months. At that time, a supplemental death certificate will be sent for approval and signature. However, if the autopsy reveals a definite cause of death, that should be entered on the death certificate so that it can be filed without delay.
- Contact the **county DSS** to inform them of the death and to learn if the child or its family were/are clients. If so, the agency will be able to tell you if there is any history related to the decedent and/or family that is relevant to the investigation of the death.
- Consult with the pathology facility performing the autopsy if organ donation is requested.

Please contact the OCME child death investigator if there are any questions regarding policy or investigations, (919) 445-4415.

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