

Child Abuse Identification & Reporting Guidelines for Delaware Medical Providers



Developed by the *Child Protection Accountability Commission (CPAC)* November 2018

This activity has been approved by the Medical Society of Delaware for a maximum of 1 AMA PRA Category 1 Credit™.

Welcome

- Per statute, this training must include: how to recognize child sexual and physical abuse, exploitation and domestic violence, and reporting obligations under the **Medical Practice Act** and **16 Del.C. § 903**.
- This training will satisfy the requirement for professional mandatory training under the legislation developed in section 1723 of the **Medical Practice Act**.



Learning Objectives

- Describe the **reporting law** and **reporting procedure** for the State of Delaware under Section 903, Title 16 and the Medical Practice Act;
- Recognize the civil and criminal definitions in Statute for the various **types of child maltreatment**;
- Recognize the relationship between **physical and behavioral indicators** and suspicion of child abuse and neglect;
- Recognize **how to respond** to children who disclose allegations of abuse or neglect;
- List the **Minimal Fact Questions** to ask when indicators are observed and/or a disclosure is made; and
- Recognize what information you should be prepared to provide upon **making a report** to the Child Abuse and Neglect Report Line.

Introduction

Section 1:

Delaware's Mandatory Reporting Law

Section 2:

Child Abuse and Neglect Types

Section 3:

Medical Assessment for Suspected Child Abuse or Neglect

Section 4:

Making a Report of Suspected Child Abuse or Neglect

SECTION 1: MANDATORY REPORTING LAW

- ✓ Delaware's Mandatory Reporting Law
- ✓ Failure to Report
- ✓ Reporting Obligations Under the Medical Practice Act

Delaware's Mandatory Reporting Law



“Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title...”

Direct Knowledge Reporting

“No individual with **knowledge** of child abuse or neglect or knowledge that leads to a good faith suspicion of child abuse or neglect shall rely on **another individual** who has **less direct knowledge** to call the report line.”



Joint Knowledge Reporting

When **two or more people** who are required to report have joint knowledge of a known or suspected instance of child abuse or neglect, the report may be made by **one person**.

The report **must include all persons** with joint knowledge of the known or suspected instance of child abuse or neglect at the time the report is made.



Duty to Report

When you have reasonable suspicion of child abuse, neglect or dependency, it is your responsibility to call the **Division of Family Services (DFS) Child Abuse and Neglect Report Line**.

1. **Report by Phone:** **1-800-292-9582** is the 24 hour statewide report line for all cases of child abuse and neglect in Delaware.
2. **Online Reports:** You can also make a report online at **iseethesigns.org**.

REMEMBER: It is not your responsibility to confirm or investigate the allegations. **Your only duty is to report!**

FAQ

- How do I report child abuse & neglect?
- Can I be held liable for making a report?
- Am I violating HIPAA when I make a report?



Failure to Report

- All persons, agencies, organizations & entities who fail to report will be referred to the **Department of Justice** for investigation.
- Delaware also imposes **civil penalties** for failing to report.

First Violation:
Fine not to exceed
\$10,000

Subsequent
Violations:
Fine not to exceed
\$50,000

Additional Reporting Requirements

- Reporting obligations under the **Medical Practice Act** (24 Del. C. 1731) include:

Mandatory Duty to Report Medical Practitioners

Mandatory Duty to Self Report

Mandatory Duty to Report Practitioners

- A **medical practitioner** other than yourself must be reported when you reasonably believe that the practitioner is (or may be) guilty of:
 - Unprofessional conduct, or
 - Unfit to practice medicine.
- A report to DPR must be filed within **30 days** of learning the information.
- There is a possible **\$10,000-\$50,000** fine for non-compliance (24 Del. C. 1731A (i)).

Mandatory Duty to Self Report

- **Self reporting** is mandated under the following circumstances:
 - Change in hospital privileges and any disciplinary actions
 - Civil or criminal investigations concerning the practitioner's certification, license, or authorization to practice medicine
 - Medical malpractice claims settled or adjudicated
 - Final judgments, settlements, or awards against the practitioner
 - Reports against the practitioner to DFS
 - Reports against the practitioner to the Division of Long Term Care Residents Protection

SECTION 2: CHILD ABUSE AND NEGLECT TYPES

- ✓ Physical Abuse
- ✓ Sexual Abuse
- ✓ Emotional Maltreatment
- ✓ Neglect
- ✓ Dependency

Child Abuse and Neglect Types

- **Intrafamilial**– Any child abuse or neglect involving a parent, guardian, custodian, or any other members of the child’s family or household.
- **Extrafamilial**– Any child abuse or neglect involving an alleged perpetrator who is not a member of the child’s family or household AND does not involve institutional abuse/neglect.
- **Institutional**– Any child abuse or neglect which has occurred to a child in DSCYF’s custody and/or placed in a facility, center or home operated, contracted or licensed by DSCYF.

Physical Abuse: Defined

- “Causing physical injury to a child through **unjustified force...** torture, negligent treatment, sexual abuse, exploitation, maltreatment, mistreatment or any means other than accident.”
- **Physical injury** is defined in statute as any impairment of physical condition or pain.

**Not a crime unless caused by unjustified force.*

Unjustified Force

- Throwing
- Kicking
- Burning
- Cutting
- Hitting with a closed fist
- Interfering with breathing
- Use/threatened use of a deadly weapon
- Prolonged deprivation of sustenance/medication, and
- Doing any other act that is likely to cause/does cause physical injury

Physical Abuse: Physical Indicators

- Human bite marks
- Bald spots
- Unexplained burns on arms, legs, neck or torso
- Unexplained fractures
- Unexplained bruising, lacerations, or abrasions



Physical Abuse: Behavioral Indicators

- Shrinks at approach of adults
- Complains of soreness and moves awkwardly
- Inability to use an arm, inability to bear weight
- Cannot tolerate physical contact or touch
- Wears clothing that covers body when not appropriate
- Seems frightened of the caregiver and protests or cries when it is time to go home



Physical Abuse: Caretaker Indicators

- Offers conflicting, unconvincing, or no explanation for child's injury
- Describes child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child



Abusive Head Trauma

Abusive Head Trauma, formerly known as Shaken Baby Syndrome, is an example of unjustified force.



Indicators Include:

- Absence of response to stimulation
- Lethargy
- Convulsion
- Abnormal Eye Movement

Signs Include:

- Bleeding on the surface of the brain
- Swelling of the brain
- Retinal bleeding

Case Scenario

A 1-month old baby is brought to the hospital with complaints of a puffy face and red eyes. His parents claim that they had noticed blood clots in his eyes, but do not report any drops, falls, or explanation for what could have caused it.

After conducting an examination, you find multiple ecchymoses on the child's extremities, trunk area, and eyes, and conjunctival hemorrhages in both eyes that are likely from non-accidental trauma. CT scans show subdural hemorrhaging and a probable skull fracture.

This case is concerning for child abuse or neglect.

True

False

Case Scenario

A 4-month-old baby is brought into your office by his mother for nose congestion. While looking at the baby, you notice a small bruise under his left eye. The mother says that she doesn't know why her son bruises so easily. She explains that she was changing his diaper and lifted his legs to wipe him and her finger hit his face. She thinks that this is how he got bruised.

However, you also notice 2 other bruises on his left shoulder by his arm pit. The family was recently involved with DFS because the baby was drug positive at birth, and his mother is being weaned off Methadone.

This case is concerning for child abuse or neglect.

True

False

Case Scenario

An unresponsive 2-month-old baby is rushed into the hospital. The child had just been discharged yesterday after being hospitalized since birth, and the mother was on Methadone. The child's mother stated that she last saw the baby responsive when it was dark out, and the father reported that he did CPR and blood was coming out of the child's nose.

There are no bruises, but there is blood in the mouth and nose that could be from chest compressions. The baby remains in cardiac arrest the whole time that she is being worked on, and eventually passes away.

This case is concerning for child abuse or neglect.

True

False

FAQ

- What is the difference between physical abuse and accidental injury?
- Is child abuse a criminal offense in Delaware?



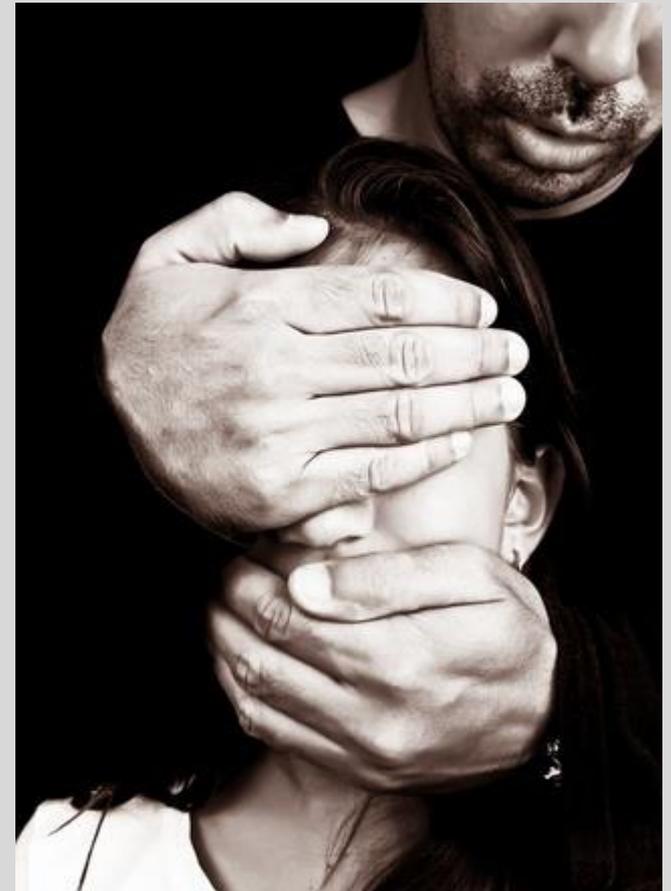
Sexual Abuse: Defined

“Sexual abuse” means any act against a child that is described as a sex offense in § 761(h) of Title 11 including, but not limited to:

- Sexual Harassment
- Indecent Exposure
- Incest
- Unlawful Sexual Contact
- Trafficking an individual, forced labor and sexual servitude
- Dealing in Child Pornography
- Rape
- Sexual exploitation
- Sexual abuse of a child by a person in a position of trust, authority or supervision

Sexual Abuse: Physical Indicators

- Difficulty in walking or sitting
- Torn, stained or bloody clothing
- Pain or itching in the genital area
- Bruises or bleeding in external genitals or anal areas
- Frequent urinary or yeast infections
- Frequent, unexplained sore throat
- Pregnancies
- Sexually transmitted infections



Sexual Abuse: Behavioral Indicators

- Exhibits extremely sexualized behavior/language (Younger)
- Exhibits sexual behavior involving coercion/manipulation of another child (Older)
- Significant change in behavior, mood, appetite
- Drop in school performance/attendance
- Bedwetting/soiling
- Runs away, attempts suicide
- Fear of a specific individual
- Refusal to be left alone



Sexual Abuse: Caretaker Indicators

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members



Age and Consent for Sexual Contact

Under Age 12

CANNOT legally consent to sexual contact.

Ages 12-15

Can ONLY consent to sexual contact with someone who is no more than 4 years older than the child.

Ages 16-17

Can consent to sexual contact with someone who is under 30 years of age.

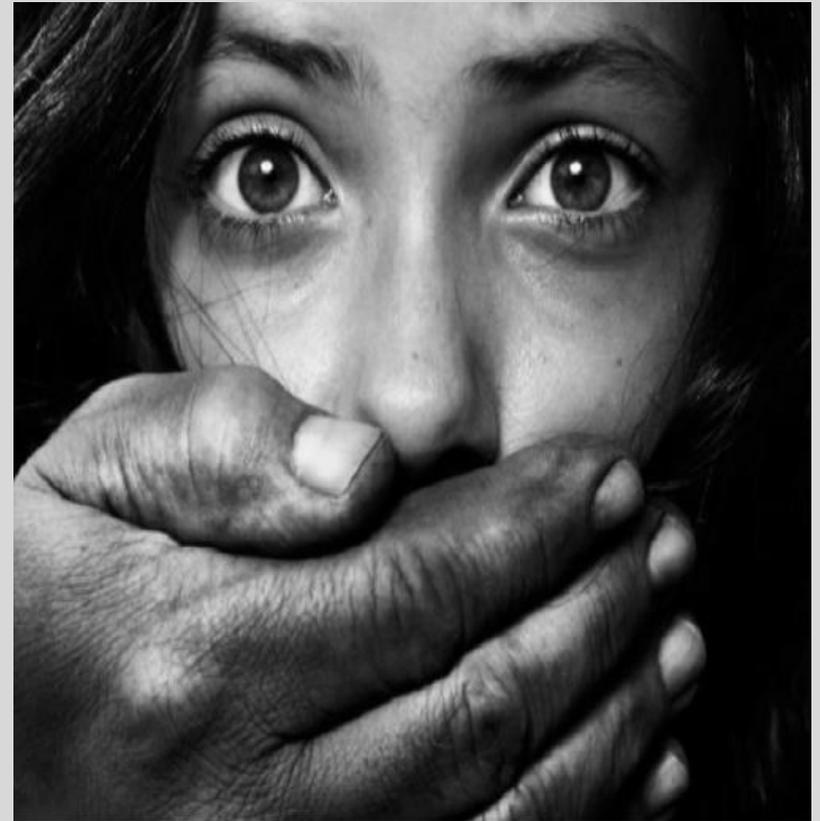
Ages 18+ Reports to Police

Cognitive Disabilities/Mental Illness
Force or Coercion on School Grounds or at a School Function, or
Sexual Contact between Student & School Employee.

****Children CANNOT legally consent to sexual contact with anyone who is in a position of trust, authority or supervision.***

Commercial Sexual Exploitation

- Commercial Sexual Exploitation is the broad term under which **Domestic Minor Sex Trafficking** (Child Trafficking) is categorized.
- It includes the **recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act** where the person is a U.S. citizen or lawful permanent resident under age 18.



Commercial Sexual Exploitation: Victims

- Majority are female
- Average age is 12 years old
- Approximately 85% are US citizens
- Many are in foster care
- Many are runaways/missing juveniles
- 90% have a history of sexual abuse



Commercial Sexual Exploitation: Reporting

Reminder: The Division of Family Services (DFS) is required by statute to investigate **all cases** involving child victims of commercial sexual exploitation.

Even if a child is already known to DFS (foster care, active abuse case, etc.), a separate report **MUST** be made to the DFS Child Abuse and Neglect Report Line if you suspect that the child has been a victim of **Commercial Sexual Exploitation**.

Case Scenario

While conducting an examination, you find blood and redness in a child's vaginal opening. When you look closer, you also notice a bruise that looks like a thumbprint inside her thigh. When you ask her what happened, she tells you that her stepfather forced her to have sex with him.

The case should be reported to the DFS Child Abuse and Neglect Report Line.

True

False

FAQ

- What is considered “normal” vs. abusive sexual behavior in children?



Emotional Maltreatment: Types

Emotional Abuse

- Threats to inflict undue physical or emotional harm, and chronic or recurring incidents of ridiculing, demeaning, and making derogatory remarks.

Emotional Neglect

- Incidents of isolating/shunning, rejecting or ignoring the child.

Emotional Maltreatment: Physical Indicators

- Lags in physical or emotional development. Examples include: walking, talking, non-organic failure to thrive
- Bed-wetting or bed-soiling
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Has not achieved significant developmental milestones
- Deprived physical living conditions compared with other children in the family

Emotional Maltreatment: Behavioral Indicators

- Ongoing sleep/appetite disturbance
- Persistent bedwetting/soiling
- Frequent disruptive or aggressive behaviors
- Reports lack of attachment to parent
- Severe withdrawal
- Social isolation
- Starting fires or cruelty to animals
- Fearfulness and clinginess
- Chronic head banging



Emotional Maltreatment: Caretaker Indicators

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child
- Refuses to consider offers for help
- Overtly rejects the child



Domestic Violence: Defined

Domestic violence is a **pattern of abusive behaviors and tactics** used by one partner to gain and maintain power and control over another intimate partner.

Abusive behavior can be **physical, sexual, emotional or psychological**.

Reporting Domestic Violence (DV)

Report Emotional Maltreatment

A child is aware of DV (either chronic or single incident) perpetrated against his/her caregiver by a domestic partner and that involves a **significant injury to the victim or use of a weapon; AND**

The child has a **diagnosed mental health condition or behaviors that signify severe psychological harm.**

Reporting Domestic Violence (DV)



Report Physical Abuse

A **child is injured** during an incident of domestic violence; OR

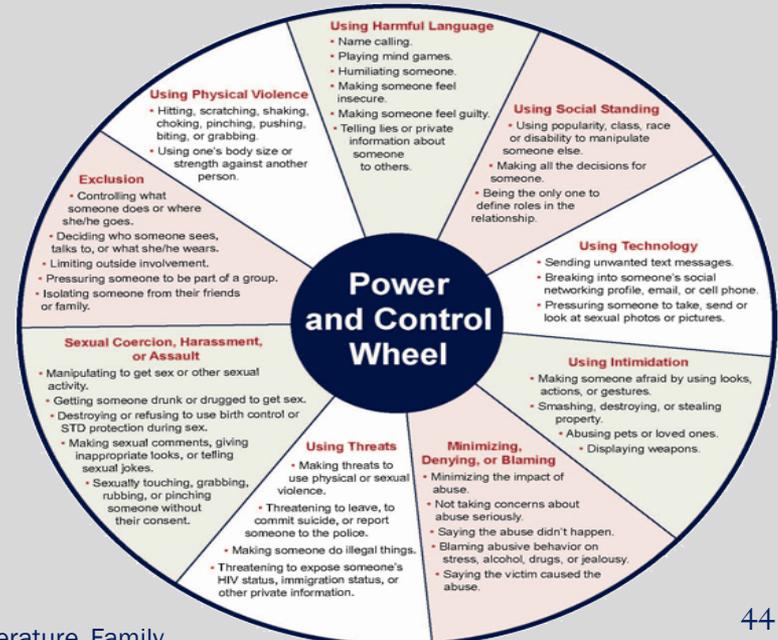
A child is not injured but **you suspect a child may be injured**, such as witnessing domestic violence when a weapon or a potentially dangerous object has been used; OR

Where a **child has attempted to physically intervene** in a manner that puts the child in danger of being injured.

Domestic Violence: Abuser Tactics

Abusive partners often utilize a range of tactics to maintain power and control over their intimate partners. Tactics can include:

- Harmful Language
- Minimizing, Denying, Blaming
- Harassing,
- Tracking using GPS devices



Domestic Violence: Intervention

If you know someone who is experiencing control and abuse by their intimate partner, consider the following actions:

- **Dial 911** if he/she is in immediate danger
- Privately ask about any injuries or abusive/controlling behaviors that you observe
- Listen and believe, and avoid blaming
- Refer to a **Domestic Violence Hotline**
- Safety is paramount!

Case Scenario

A 16-year-old patient is brought in after telling a friend that she was going to kill herself and attempting to swallow pills from her family medicine cabinet. When interviewing the patient, she tells you that she is scared to go home and that her mother screams at her, calls her fat, and tells her that she “does not deserve to be alive.” Upon examination, this patient is diagnosed with both depression and anorexia nervosa.

This case is concerning for child abuse or neglect.

True

False

Neglect: Defined

Neglect may occur when, while having the ability and financial means to care for a child, the parent or caretaker fails to:

- Provide necessary care, which may include food, shelter, or medical care;
- Provide supervision appropriate for the child; or
- Chronically engages in substance abuse and the abuse negatively impacts the care of the child.

Neglect: Physical Indicators

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or long periods
- Unattended physical problems or medical needs
- Distended stomach, emaciated



Neglect: Behavioral Indicators

- Is begging or stealing food
- Has consistent fatigue, listlessness or falling asleep
- States there is no caretaker at home
- Has frequent school absences or tardiness
- Lacks needed medical or dental care
- Abuses alcohol or drugs



Neglect: Caretaker Indicators

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other substances



Dependency: Defined

The parent or caretaker **does not** have the ability or financial means and fails to:

- Provide necessary care, OR
- Child is living in a nonrelated home on an extended basis.



Case Scenario

An 11-year-old patient, who has a life-threatening form of Epilepsy, is constantly missing appointments and his parents are consistently late on refilling his prescriptions. When he does come in for appointments, he is always wearing dirty clothes and smells like he has not showered.

This case is concerning for child abuse or neglect.

True

False

Prenatal Substance Exposure

Federal Law: Child Abuse Prevention & Treatment Act (CAPTA)

- Requires states to have policies and procedures in place to address the needs of infants born with prenatal substance exposure **and** their families.
- Updated in 2016 by the **Comprehensive Addiction and Recovery Act (CARA)**.

Prenatal Substance Exposure

Delaware Law: Aiden's Law (effective June 2018)

- Codifies what is said in federal laws, requiring healthcare providers to:
 - ✓ **Notify DFS** of infants born with and affected by substance abuse, withdrawal symptoms, and/or Fetal Alcohol Spectrum Disorder.
 - ✓ **Establish a Plan of Safe Care** to address health and substance use disorder treatment needs of the infant and affected family or caregiver.
 - ✓ **Monitor the Plan of Safe Care** to ensure referrals for and delivery of services to both the infant and the affected family or caregiver.

Prenatal Substance Exposure: How to Identify

- Mother or infant tests *positive* at the time of birth for a **substance** (alcohol, illegal drugs, or misuse of legal/prescription/Medication Assisted Treatment drugs)
- Mother or infant tests *negative* at time of birth for a **substance, but**
 - Mother had a positive test at any time during the 60 days prior to birth (in prenatal records)
 - Mother discloses/admits to substance use during the 60 days prior to birth
 - Infant is experiencing withdrawal symptoms or Neonatal Abstinence Syndrome at the time of birth

Prenatal Substance Exposure: When to Notify DFS

- Hospitals *must* make a notification at the time of the infant's birth when the substance exposure involves:
 - Alcohol
 - Illegal Drugs (heroin, cocaine, marijuana, PCP, LSD, ecstasy, fentanyl, methamphetamines)
 - Misuse of legal prescription drugs or Medication Assisted Treatment drugs (opioids, benzodiazepines, amphetamines, methadone, buprenorphine) that are likely to cause withdrawal symptoms or Neonatal Abstinence Syndrome (NAS) in the infant.

Prenatal Substance Exposure: When NOT to Notify DFS

- **Negative Drug Test**– mother or infant tests negative for substances at the time of birth and during the 60 days prior to the birth event
- **Proper Use of MAT/Prescription Drugs**– a notification is not required when the following criteria are *all* met:
 1. Mother’s proper use of a prescription or MAT drug;
 2. Healthcare provider verifies that:
 - Mother has been actively engaged in substance use disorder treatment for at least 60 days prior to birth event; AND
 - Mother is adhering to requirements of treatment plan and refraining from illicit drugs;
 3. Healthcare provider does not perceive any risk factors or safety concerns after assessing mother and her family; AND
 4. MAT provider/prescribing physician agrees to prepare, implement, and monitor the Plan of Safe Care.

Safe Arms for Babies

The **Safe Arms for Babies Statute** in 16 Del.C. § 907(A) allows parents to leave their newborn (14 days or younger) in any Delaware hospital emergency department.

- The parents are given **immunity** from criminal prosecution, provided the infant is **alive, unharmed, and brought into a hospital emergency department.**
- More information is available at **1-800-262-9800.**



FAQ

- At what age can a child be left alone?
- Is there a correlation between substance abuse and child abuse and neglect?



STOP
CHILD
ABUSE

SEE THE SIGNS,
MAKE THE CALL.

Iseethesigns.org

800-292-9582

Help Me Grow

- Help Me Grow offers **programs, services and helpful information** for parents, providers and other caregivers.
- Healthcare providers can make **referrals** to Delaware's Evidence-Based Home Visiting Programs for pregnant women and mothers.



SECTION 3: MEDICAL ASSESSMENT

- ✓ Gathering a Medical History
- ✓ At Risk Children
- ✓ Physical Examination & Testing
- ✓ Important Reminders

Gathering a Medical History

- Review Past Medical History from All Available Sources
- Review Family Medical History
- Ask about Child's Temperament & Family Use of Discipline

Social & Financial Pressures

- Consider asking about a **past history of abuse**
- Inquire about **social and financial stressors** in the household



Unexpected Exams

- Assessment for Child Abuse May Occur Unexpectedly
- Gather Additional History & Re-evaluate Information Already Reviewed
- Speak with Parent and Child Separately
- Have Another Staff Member Present

Other Considerations

- Also, you may wish to **speak to** the child OR you can allow DFS or the police to make that decision.
- However, the child **may not leave** with that parent. DFS must be called and an evaluation and alternate plan of safety must be made.
- An adolescent may be given the **choice** to be interviewed with or without a parent or caretaker present, as the adult with them may be a protective caretaker and support them in the disclosure.

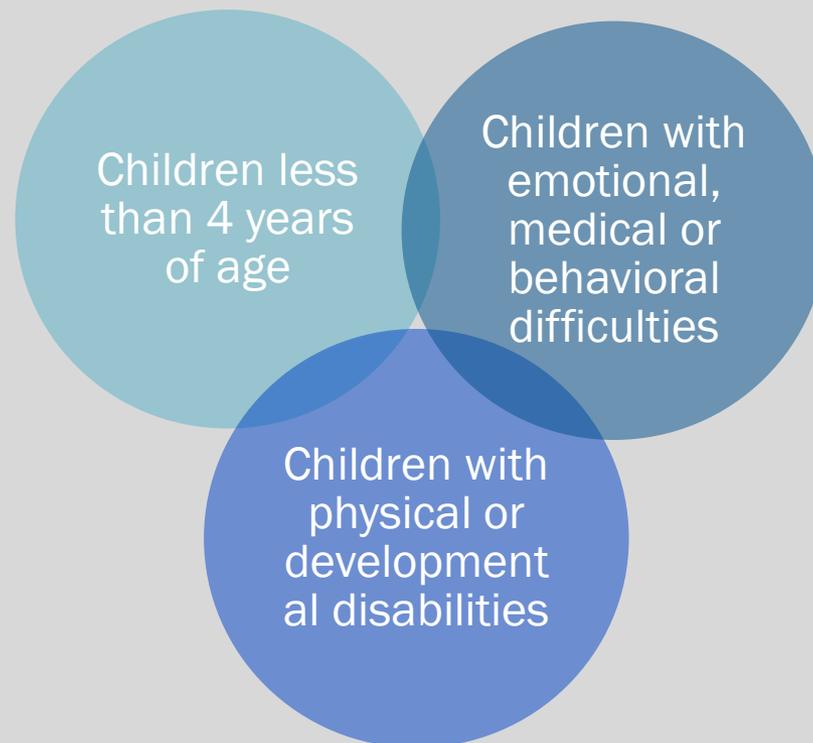
Important Reminders

Whenever possible, please adhere to the following guidelines:

- Use non-judgmental language.
- Ask open-ended questions.
- Document statements accurately and completely.
- Minimize the number of people present.
- Pay close attention to explanations of injuries.
- Note rationale for delays in seeking medical care.
- Note the child's behavior.
- Use the first language of parent/caretaker.
- Consider cultural factors.

At Risk Children

- Consider screening for domestic violence, substance abuse, and mental illness.
- **Some children are at a higher risk of abuse or neglect:**



Physical Examination and Testing: Physical Abuse

When doing a physical exam, make sure to look EVERYWHERE.

1. Consider tests such as head CT, skeletal survey, and ophthalmologic exam looking for retinal hemorrhages.
2. Children less than 2 years old with suspected physical abuse should get a skeletal survey.
3. If sending a child as an outpatient for imaging studies because you suspect abuse, do not send the child with the parent or caretaker who may be the suspected perpetrator.
4. Consider a head CT especially in children less than 12 months of age, with multiple fractures, or with witnessed abuse.

Medical Examination Factors

In determining whether the injury was inflicted, the physician should consider the following:

- Location of the injury
- Mark that looks like an object
- Multiple injuries in various stages of healing
- Developmental stage of the child

Physical Examination and Testing: Sexual Abuse

- Even with no physical evidence, if a caregiver or child reports concerns, the abuse should be suspected and a report **must** be made to the DFS Child Abuse and Neglect Report Line.
- If suspected or disclosed, a **primary evaluation** of the genital and anal area is appropriate.
- If abuse event occurred within last **120 hours** consider possibility of forensic evidence.
- If child is having significant anogenital symptoms, **urgent medical evaluation** is necessary.
- A **forensic interview** can be scheduled at the Children's Advocacy Center by DOJ, DFS and/or law enforcement.

Medical Examination: Siblings

- **The American Academy of Pediatrics (AAP)** recommends a timely medical examination for siblings and other children in the child's household when one child is identified as a victim of abuse.
- A **skeletal survey** should also be considered for siblings and other children in the child's household who are younger than 2 years of age.
- **The Division of Family Services (DFS)** has the authority to seek a medical examination of a child and any siblings or other children in the child's household if the child has been reported to be a victim of abuse or neglect. [16 Del. C. § 906\(e\)\(7\)](#)

FAQ

- Can I take temporary emergency protective custody of a child?
- What is the hospital high risk medical discharge protocol?



SECTION 4: REPORTING CHILD ABUSE AND NEGLECT

- ✓ Minimal Facts
- ✓ Child Abuse and Neglect Report Line
- ✓ Making a Report
- ✓ DFS Response

Minimal Facts

What happened?

Where did that happen?

When did that happen?

Are there other victims or witnesses?

Who did that to you?

DFS Child Abuse and Neglect Report Line

All suspected child abuse and neglect of any minor in the State of Delaware must be reported to the **Child Abuse and Neglect Report Line** at **1-800-292-9582**.

However, if a child's life is in danger, you should call **911** immediately.



Online Reporting

Online reporting is also available at iseethesigns.org. Remember, online reporting is not for all allegations of abuse and neglect, and the website will give you direction about whether a call to the Report Line is needed.



Child Abuse and Neglect Report

Stop child abuse - call the Report Line at 1-800-292-9582

If you believe a child is in imminent danger of being harmed, please call 911.

1. Are you making a report of child sex abuse that has occurred in the last 72 hours or that alleged perpetrator has access to the alleged victim?

- Yes
- No

2. Are you making a report of a serious injury, current marks and bruises, child death or the alleged perpetrator has access to the alleged victim?

- Yes
- No

3. Are you making a report involving a mother, infant or both, that have tested drug positive at delivery?

- Yes
- No

4. Do you have the current known address for the alleged victim?

- Yes
- No

Making a Report

To make the reporting process easier for professionals and less traumatic for the child, we recommend following the following best practice guidelines:

- **Streamline** your reporting procedure – the fewer people involved, the better it will be for the child.
- Do not **wait until the end of the day** to make the report.
- The adult to whom the child **disclosed** should be available to meet with DFS/law enforcement.
- The report should be made by the person who has **direct knowledge**.

FAQ

- What information do I need to make a report?
- How can I report suspected child abuse or neglect?



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DFS Response

- DFS is required to receive all suspected reports of child abuse and neglect in the state, including intra-familial, institutional, and extra-familial.
- Upon receipt of the report, DFS will do one of three things:
 1. **Accept the report** and investigate the allegations or conduct a family assessment;
 2. Refer the report to **law enforcement** for investigation; or
 3. **Document** the report but not investigate the allegations.
- All reports remain in the DFS database.
- DFS Response times: P1 (within 24 hours), P2 (within 72 hours), and P3 (within 10 days).

Multidisciplinary Team Approach

Delaware takes a multidisciplinary team (MDT) approach to child abuse and neglect investigations. The MDT consist of:

Division of Family
Services (DFS)

Law Enforcement

Department of Justice
(DOJ)

Children's Advocacy
Center (CAC)

Multidisciplinary Team Approach

- **DFS** and/or **law enforcement** will conduct an investigation for any report that involves an offense against a child.
 - Reports may be made to law enforcement but not in lieu of contacting DFS.
- **The Department of Justice (DOJ)** will decide if there is enough evidence to prosecute criminally or civilly.
- Whenever appropriate, cases will also be referred to the **Children's Advocacy Center (CAC)** for a forensic interview or mental health screening.

FAQ

- What's the difference between an investigation and a family assessment?
- Can information about a DFS investigation be shared?



THANK YOU!

Your feedback is important to us!

Please complete our training evaluation:

<https://www.surveymonkey.com/r/Med2019>

Contact Information:

- Amanda Kay, MD, MPH
- akay@christianacare.org