CARELINE AND INTAKE

Operational Definitions of Child Abuse and Neglect

Chapter 22-3

Page 1 of 7

Connecticut Department of Children and Families
Effective Date: January 2, 2019 (New)

Policy

The purpose of this policy is to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators.

The following operational definitions are working definitions and examples of child abuse and neglect.

Definitions

Child refers to any person under eighteen (18) years of age, or under twenty-one (21) years of age and in DCF care.

Person responsible for a child's health, welfare or care means the child’s parents, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child’s welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.

Person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child’s health, welfare or care or by a person entrusted with the care of a child.

Person entrusted with the care of a child is a person who is given access to a child by a person responsible for the health, welfare or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.

Note: Only a “child” as defined above may be classified as a victim of child abuse and/or neglect; only a “person responsible”, “person given access”, or “person entrusted” as defined above may be classified as a perpetrator of child abuse and/or neglect.

Legal References: Conn. Gen. Stat. §17a-93, as amended by P.A. 02-138; §17a-103a, as amended by P.A. 02-138; §17a-101, et. seq., as amended by P.A. 02-106 and P.A.02-138; §46b-120.

Physical Abuse

A child may be found to have been physically abused who:

- has been inflicted with physical injury or injuries other than by accidental means,
- is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or
- has injuries at variance with the history given of them.

(Continued next page)
Physical Abuse (Continued)

Evidence of physical abuse includes:

- excessive physical punishment;
- bruises, scratches, lacerations;
- burns, and/or scalds;
- reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc;
- injuries to bone, muscle, cartilage, ligaments: fractures, dislocations, sprains, strains, displacements, hematomas, etc.;
- head injuries;
- internal injuries;
- death;
- misuse of medical treatments or therapies;
- malnutrition related to acts of commission or omission by an established caregiver resulting in a child’s malnourished state that can be supported by professional medical opinion;
- deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child; and
- cruel punishment.

Note: Evidence must be ruled in after accounting for the child’s misbehavior, surrounding circumstances including the parents’ motive; the type of punishment administered; the amount of force utilized; the child’s age, size, and ability to understand the punishment.

Sexual Abuse/Exploitation

Sexual Abuse/Exploitation is any incident involving a child(ren)’s non-accidental exposure to sexual behavior. Evidence of sexual abuse includes, but is not limited to the following:

- rape;
- penetration: digital, penile, or foreign objects;
- oral / genital contact;
- indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;
- incest;
- fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;
- sexual exploitation, including: possession, manufacture, or distribution of child pornography; online enticement of a child for sexual acts; child prostitution; child-sex tourism; unsolicited obscene material sent to a child; or misleading domain name likely to attract a child to an inappropriate website;
- coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior;
- disease or condition that arises from sexual transmission;
- other verbal, written or physical behavior not overtly sexual but likely designed to “groom” a child for future sexual abuse.

Emotional Maltreatment / Abuse are act(s), statement(s), or threats, which:

- has had, or is likely to have an adverse impact on the child; and/or
- interferes with a child’s positive emotional development.

**Note:** Whether or not the adverse impact has to be evident is a function of the child’s age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child’s welfare.

The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed, and/or predicted, as supported by evidenced based practice.

Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:

- rejecting;
- degrading;
- isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and
- exposing the child to brutal or intimidating acts or statements.

Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:

- depression;
- withdrawal;
- low self-esteem;
- anxiety;
- fear;
- aggression/passivity;
- emotional instability;
- sleep disturbances;
- somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence;
- academic regression; and/or
- trust issues.

A child may be found neglected who:

- has been abandoned;
- is being denied proper care and attention physically, educationally, emotionally, or morally;
- is being permitted to live under conditions, circumstances or associations injurious to his well-being; and/or
- has been abused.

(Continued next page)
Physical
Neglect

Evidence of physical neglect includes, but is not limited to:

- inadequate food;
- malnutrition;
- inadequate clothing;
- inadequate housing or shelter;
- erratic, deviant, or impaired behavior by the person responsible for the child’s health, welfare or care; by a person given access to the child; or by a person entrusted with the child’s care which adversely impacts the child;
- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
  - substance use by caregiver, which adversely impacts the child physically;
  - substance use by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs;
  - psychiatric problem of the caregiver which adversely impacts the child physically;
  - exposure to family violence which adversely impacts the child physically;
  - exposure to violent events, situations, or persons that would be reasonably judged to compromise a child’s physical safety;
  - non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances;
  - voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care (e.g. persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry);
  - non-accidental or negligent exposure to pornography or sexual acts;
  - inability to consistently provide the minimum of child-caring tasks; and/or
  - inability to provide or maintain a safe living environment.
- action/inaction resulting in death;
- abandonment;
- action/inaction resulting in the child’s failure to thrive;
- transience;
- inadequate supervision: creating or allowing a circumstance in which a child is alone for an excessive period of time given the child’s age and cognitive abilities;
- holding the child responsible for the care of siblings or others beyond the child’s ability; and/or
- failure to provide reasonable and proper supervision of a child given the child’s age and cognitive abilities.

Note:

- inadequate food, clothing, or shelter or transience: finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.
- whether or not the adverse impact has to be demonstrated is a function of the child’s age, cognitive abilities, verbal ability and developmental level.
- adverse impact may not be required if the action/inaction is a single incident that demonstrates a serious disregard for the child’s welfare.
Medical Neglect

Medical Neglect is the unreasonable delay, refusal or failure on the part of the person responsible for the child’s health, welfare or care or the person entrusted with the child’s care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

- frequently missed appointments, therapies or other necessary medical and/or mental health treatments;
- withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions;
- withholding medically indicated treatment from disabled infants with life threatening conditions.

**Note:** Failure to provide the child(ren) with immunizations or routine well child care in and of itself does not constitute medical neglect.

**Cross Reference:** DCF Policy 21-24, “Disabled Infants with Life Threatening Conditions”

Educational Neglect

**Definition:** Educational neglect occurs when a school-aged child has excessive absences from school through the intent or neglect of the parent or caregiver.

**Note:** Excessive absenteeism and school avoidance may be presenting symptoms of a failure to meet the physical, emotional or medical needs of a child. Careline staff shall consider these potential additional allegations at the time of referral.

**Criteria:**

- **For children school-aged to age 12** excessive absenteeism may be indicative of the parent’s or caregiver’s failure to meet the educational needs of the student.
- **For children older than age 12** excessive absenteeism, coupled with a failure by the parent or caregiver to engage in efforts to improve the child’s attendance, may be indicative of educational neglect.

**Note:** For children older than age 12, excessive absenteeism through the child’s own intent, despite the parent’s or caregiver’s efforts, is not educational neglect. Rather this is truancy which is handled through the school district.

Considerations in determining the criteria for excessive absenteeism, the following characteristics of the child shall be considered by the Social Worker:

- age;
- health;
- level of functioning;
- academic standing; and
- dependency on parent or caregiver.

(Continued next page)
In determining the criteria for **excessive absenteeism**, the following characteristics of the parent or caregiver shall be considered by the Social Worker:

- rationale provided for the absences;
- efforts to communicate and engage with the educational provider; and
- failure to enroll a school-aged child in appropriate educational programming (including home schooling).

**Definition of School-Aged Child:** Except as noted below, a school-aged child is a child five years of age and older and under 18 years of age who is not a high school graduate.

**Exceptions:**

- A parent or person having control of a child may exercise the option of not sending the child to school at age five or six years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has enrolled the child at age five or six years and then does not allow the child to attend school or receive home instruction.
- A parent or person having control of a child 17 years of age may consent to such child’s withdrawal from school. The parent or person shall personally appear at the school district office and sign a withdrawal form.

**Note:** Failure to sign a registration option form for the child is not in and of itself educational neglect.


---

**Emotional Neglect** is the denial of proper care and attention, or failure to respond, to a child’s affective needs by the person responsible for the child’s health, welfare or care; by the person given access to the child; or by the person entrusted with the child’s care which has an adverse impact on the child or seriously interferes with a child’s positive emotional development.

**Note:** Whether or not the adverse impact has to be demonstrated is a function of the child’s age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child’s welfare.

The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed or predicted as supported by evidenced based practice.

Evidence of emotional neglect includes, but is not limited to, the following:

- inappropriate expectations of the child given the child’s developmental level;
- failure to provide the child with appropriate support, attention and affection; and/or

(Continued next page)
Emotional Neglect (Continued)

- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
  - substance use by caregiver, which adversely impacts the child emotionally;
  - psychiatric problem of the caregiver, which adversely impacts the child emotionally; and
  - exposure to family violence which adversely impacts the child emotionally.

Indicators may include, but are not limited to, the following:

- depression;
- withdrawal;
- low self-esteem;
- anxiety;
- fear;
- aggression / passivity;
- emotional instability;
- sleep disturbances;
- somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence;
- academic regression; and/or
- trust issues.

Moral Neglect

**Moral Neglect:** Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child’s health, welfare or care or person given access or person entrusted with the child’s care.

Evidence of Moral Neglect includes but is not limited to:

- stealing;
- using drugs and/or alcohol; and/or
- involving a child in the commission of a crime, directly or by caregiver indifference.