Objective: To enhance the knowledge base of the employee regarding child abuse and neglect in New Jersey

Report Abuse 1-877-NJ ABUSE

Who is responsible for reporting suspected child abuse in New Jersey?
In New Jersey, ANY person having reasonable cause to believe that a child has been abused or neglected has a legal responsibility to report it to the Division of Child Protection and Permanency (formerly Youth and Family Services). A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously. Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person and subject to a fine of up to $1,000 or up to six months imprisonment, or both.

How do I report child abuse in New Jersey?
Call New Jersey's Child Abuse/Neglect Hotline at 1-877-NJ ABUSE (652-2873) (TTY/TDD use 1-800-835-5510)
They are available and will respond 24 hours a day, 7 days a week. If a child is in immediate danger, you should call 911.

Do callers have immunity from civil or criminal liability?
Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. Calls can be placed to the hotline anonymously.

What happens when I call the Child Abuse/Neglect Hotline?
The hotline is answered by trained caseworkers who know how to respond to reports of child abuse/neglect. This caseworker may ask you about:

- **Who**: The child and parent/caregiver’s name, age and address and the name of the alleged perpetrator and that person’s relationship to the child.
- **What**: Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
- **When**: When the alleged abuse/neglect occurred and when you learned of it.
- **Where**: Where the incident occurred, where the child is now and whether the alleged perpetrator has access to the child.
- **How**: How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.
What happens after I make the call?
When a report indicates that a child may be at risk, an investigator from the Division of Child Protection and Permanency will promptly investigate the allegations of child abuse and neglect within 24 hours of receipt of the report.

What if I tell Prevent Child Abuse-New Jersey about my concerns?
While Prevent Child Abuse-New Jersey values the health and safety of children — we, like all NJ citizens, are legally required to forward concerns about suspected abuse to the Division of Child Protection and Permanency. They are the only investigative and protective bodies of the State of NJ responsible for handling them.

What is our policy at RBMC?

- All patients who show indications of abuse, neglect, abandonment or exploitation are referred to the designated crisis worker/social worker for assessment, evaluation and referral to the appropriate protective service agency/agencies

- The physician, registered nurse and/or crisis/social worker shall continue with indicated care of the patient and document all findings in an objective manner

- The attending physician or the physician in attendance shall examine the patient

- The designated crisis/social worker will complete an assessment of the patient and family. If abuse, neglect, abandonment or exploitation is suspected the crisis/social worker will refer the patient to the appropriate protective service agency

- The patient, parents or family will be informed of the referral and assure them of continued support

High Risk Physical and Behavioral Abuse Indicators are located on the Intranet under Nursing, Nursing Portal Tab

Any questions, please contact Professional Development at x5241 (PAD)/ x4196 (OBD)

References:

www.preventchildabuse.org; www.cdc.gov

Abuse- Access to Protective Services (Policy approval date 7/16/2014)
# Child Maltreatment

## Facts at a Glance

### Child Maltreatment

- In 2012, U.S. state and local child protective services (CPS) received an estimated 3.4 million referrals of children being abused or neglected.1
  - CPS estimated that 686,000 children (9.2 per 1,000) were victims of maltreatment.*
  - Of the child victims, 78% were victims of neglect; 18% of physical abuse; 9% of sexual abuse; and 11% were victims of other types of maltreatment, including emotional and threatened abuse, parent’s drug/alcohol abuse, or lack of supervision.†
  - CPS reports of child maltreatment may underestimate the true occurrence. A non-CPS study estimated that 1 in 4 U.S. children experience some form of child maltreatment in their lifetimes.‡
  - The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately $124 billion.§

### Deaths from Child Maltreatment

- In 2012, an estimated 1,640 children died from child maltreatment (rate of 2.2 per 100,000 children).1
  - Of the children who died from maltreatment in 2012, 70% experienced neglect and 44% experienced physical abuse either exclusively or in combination with another form of maltreatment.1
  - Of child maltreatment fatalities in 2012, 70% occurred among children younger than age 3.1
  - The fatality rate for boys was 2.5 per 100,000 and for girls was 1.9 per 100,000.1
  - The 2012 rates of death per 100,000 children was 4.7 for African Americans, 4.7 for Pacific Islanders, 2.2 for American Indian/Alaska Natives, 1.7 for Hispanics, 1.6 for non-Hispanic Whites, and 0.6 for Asians.1

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### Characteristics of Victims

- In 2012, 27% of victims were younger than 3 years, 20% of victims were age 3-5 years, with children younger than 1 year having the highest rate of victimization (21.9 per 1,000 children).1
  - The rates of victimization in 2012 were 8.7 per 1,000 children for boys and 9.5 per 1,000 children for girls.1
  - The 2012 rates of victimization per 1,000 children were 14.2 for African Americans, 12.4 for American Indian/Alaska Natives, 10.3 for Multiracial, 8.7 for Pacific Islanders, 8.4 for Hispanics, 8.0 for non-Hispanic Whites, and 1.7 for Asians.1

### Characteristics of Perpetrators

- Four-fifths (80.3%) of perpetrators were parents, 6.1 percent were relatives other than parents, and 4.2 percent were unmarried partners of parents.1
  - In 2012, 82% of perpetrators were between the ages of 18 and 44 years inclusive. Fewer than 3% of perpetrators were aged <18 years; 19% were aged 18–24 years; 40% were aged 25–34 years; 23% were aged 35–44 years; 9% were aged 45–54 years; and 4% were aged 55–75.1
  - In 2012, 54% of perpetrators were women and 45% of perpetrators were men.1

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### References


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* Unique count of victims.
  + Each victim could be counted for multiple forms of maltreatment.
<table>
<thead>
<tr>
<th>TYPE OF CHILD ABUSE/NEGLECT</th>
<th>PHYSICAL INDICATORS</th>
<th>BEHAVIORAL INDICATORS</th>
</tr>
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<tbody>
<tr>
<td><strong>PHYSICAL ABUSE</strong></td>
<td></td>
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<tr>
<td>Unexplained Bruises and Welts:</td>
<td>- on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electrical cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend, or vacation</td>
<td>Wary of adult contacts - Apprehensive when other children cry - Behavioral Extremes: - aggressiveness - withdrawal - Frightened of parents - Afraid to go home - Reports injury by parents</td>
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<tr>
<td>Unexplained Burns:</td>
<td>- cigar, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso</td>
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<tr>
<td>Unexplained Fractures:</td>
<td>- to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures</td>
<td></td>
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<tr>
<td>Unexplained Lacerations or Abrasions:</td>
<td>- to mouth, lips, gums, eyes - to external genitalia</td>
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<td><strong>PHYSICAL NEGLECT</strong></td>
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<td>Consistent hunger, poor hygiene, inappropriate dress</td>
<td>Begging, stealing food - Extended stays at school (early arrival and late departure) - Constantly falling asleep in class - Alcohol or drug abuse - Delinquency (e.g. thefts) - States there is no caregiver</td>
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<td>Consistent lack of supervision, especially in dangerous activities or for long periods</td>
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<td>Constant fatigue or listlessness</td>
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<tr>
<td>Unattended physical problems or medical needs</td>
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<tr>
<td>Abandonment</td>
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<td>Delay in seeking medical help</td>
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<tr>
<td><strong>SEXUAL ABUSE</strong></td>
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<td>Difficulty walking or sitting</td>
<td>Unwilling to change for gym - or participate in Physical Education - Withdrawal, fantasy or infantile behavior - Bizarre, sophisticated, or unusual sexual behavior or knowledge - Poor peer relationships - Delinquent or run away - Reports sexual assault by caregiver - Older children and teenagers may act out their hurt by using drugs and alcohol or by having sex</td>
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<tr>
<td>Torn, stained or bloody underclothing</td>
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<td>Pain or itching in genital area</td>
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<td>Bruises or bleeding in external genitalia, vaginal or anal areas</td>
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<tr>
<td>Venereal disease, especially in pre-teens</td>
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<tr>
<td>Pregnancy</td>
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<tr>
<td><strong>EMOTIONAL MALTREATMENT</strong></td>
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<tr>
<td>Habit disorders (sucking, biting, rocking, etc.)</td>
<td>Behavior extremes: - compliant, passive - aggressive, demanding - has learning problems (or problems concentrating) that cannot be attributed to a specific psychological or physical abuse</td>
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<tr>
<td>Conduct disorders (antisocial, destructive, etc.)</td>
<td>Overly adoptive behavior: - inappropriately adult - inappropriately infant</td>
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<tr>
<td>Neurotic traits (sleep disorders, speech disorders, inhibition of play)</td>
<td>Developmental lags (physical, mental emotional)</td>
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<tr>
<td>Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria)</td>
<td>Attempted suicide</td>
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</tbody>
</table>
**ABUSE - Access to Protective Services**

**ADMINISTRATION**

| Name: | ABUSE - Access to Protective Services |
| Start Date: | 06/22/2007 |
| Approval Date: | 07/16/2014 |
| Approved By: | Thomas Shanahan |

**Document Type:** Policy

**Policy Designation**

| Policy Name: | ABUSE - Access to Protective Services |
| Version Number: | 2 |
| Status: | 4, Approved |
| Identification Number: | ADMIN - ABUSE - 0311 |
| Supersedes: | |

**Operative Dates**

| Start Date: | 06/22/2007 |
| Approval Date: | 07/16/2014 |
| Monthly Review Interval: | 24 |
| Review Date: | 07/16/2016 |

**Classification**

| Institution: | RARITAN BAY MEDICAL CENTER |
| Division: | HOSPITAL WIDE |
| Department: | ADMINISTRATION, |
| Manual: | Administration, |
| Level: | HOSPITAL WIDE |
| Priority: | |
| Contributing Departments: | |
| Manual Category/Chapter: | A, |

**Policy Authorization**

| Primary Owner: | Elaine Philbin/R0HG |
| Owner(s): | Andreia Dasilva/R0HG |
| | Rosalie Grantozza/R0HG |
| | Debra Mahoney/R0HG |
| | Elaine Philbin/R0HG |

**Policy Body**

**KEYWORD:** ABUSE

**PURPOSE:**
To ensure patient safety and provide staff with guidelines and criteria for the recognition of abuse and neglect and a reporting mechanism:

1. All patients who show indications of abuse, neglect, abandonment or exploitation are referred to the designated crisis worker/social worker for assessment, evaluation and referral to the appropriate protective service agency/agencies.
2. Any person wishing to file a complaint or express concerns about patient abuse, neglect or...

https://policiesandprocedures13.siemenshealthservices.com/ppr0hg.nsf/d948c925637427b... 7/28/2014
misappropriation of a patient's property, while in the medical center, are provided with the names and telephone numbers of the appropriate departments/ agencies to contact.

SCOPE:
All clinical departments/services, in which patients are assessed, evaluated and treated.

RESPONSIBILITY:
The contents of this policy are adhered to by all hospital personnel and communicated to the patient and/or family as appropriate.

DEFINITIONS:
- **Child Neglect** - Includes, but is not limited to, failure to protect a child from severe malnutrition, threat of physical injury or medically-diagnosed non-organic failure to thrive.

- **Sexual Abuse** - Any contacts or interactions between a child and an adult in which the child is being used for the sexual stimulation of the perpetrator or another person. These acts, when committed by a person not considered an adult, under the age of 18 who are either significantly older than the victim or in a position of power or control over another child, may be considered sexual abuse.

- **Dependent Adult** - Any person residing in this state, over the age of 18, who has physical or mental limitations which restrict the ability to carry out normal activities or to protect an individual's rights. This includes, but is not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

- **Financial or Material Exploitation** - The illegal or improper use of an elder's funds, property or assets.

- **Abandonment** - A situation in which a person who has the care of or custody of an elder deserts or willfully forsakes the elder under circumstances in which a reasonable person would continue to provide care or custody.

POLICY:
It is the policy of Raritan Bay Medical Center to provide a coordinated approach to the identification and treatment of abused, neglected, abandoned or exploited children and vulnerable adults and their families in accordance with State, Federal and County laws. Any patient who shows indication from either medical or nursing assessment that abuse, neglect, abandonment or exploitation may have occurred shall be referred to the designated crisis worker/social worker for assessment, evaluation and referral to the appropriate protective service agency/agencies. A written physician order for social work assessment and evaluation is not required; however, the attending/treating physician shall be informed of any protective service agency referral or involvement with their patient. Referral to the Child Protection & Permanency (CP&P) Division is mandated by law under suspicion of child abuse, neglect or abandonment. Referral to Adult Protective Services (APS) is made for vulnerable adults, over the age of eighteen, living in a community setting who show evidence of or are at risk for abuse, neglect, abandonment or exploitation.

Referrals to other protective service agencies shall be made as appropriate by the designated crisis worker/social worker based on an assessment and evaluation of the patient's needs. The Social Worker shall be the designated liaison with protective service agencies such as CP&P, APS, etc. for the medical center. Additionally, Raritan Bay Medical Center supports the patient's right to access protective services in the event they wish to file a complaint or express concerns about patient abuse, neglect or...
misappropriation of a patient's property while in the medical center.

PROCEDURE:
1. Any physician or registered nurse assessing a patient who finds indication by physical exam and/or medical/social history that abuse, neglect, abandonment or exploitation may have occurred, shall immediately notify the designated crisis/social worker for further assessment and evaluation.

2. The physician, registered nurse and/or crisis/social worker shall continue with indicated care of the patient and document all findings in an objective manner. Documentation shall include all accounts by patient and family members related to the condition of the patient.

3. The attending physician or the physician in attendance shall examine the patient. If the patient is evaluated in the Emergency Department (ED) and inpatient admission is necessary, the patient shall be admitted to the appropriate service. When a decision is made to admit, the admitting diagnosis should reflect the specific condition of the patient (i.e. multiple contusions, failure to thrive, dehydration, cerebral concussion, etc.). "Child Abuse," "Child Neglect," or "Elder Abuse" should not be used in the admitting diagnosis.

4. Any staff member working in an outpatient clinical setting (i.e. Diagnostic Imaging, Laboratory, Hospital-Based Physician Practice, etc.) who suspects that abuse, neglect, abandonment or exploitation may have occurred, shall immediately notify their department supervisor/nursing supervisor for further assessment and evaluation. The department supervisor/nursing supervisor will document all findings in an objective manner in accordance with department policy and will consult with the designated crisis/social worker for intervention and if indicated, referral to the appropriate protective service agency.

5. The designated crisis/social worker will complete an assessment of the patient and family. If there is no suspicion of abuse, neglect, abandonment or exploitation the social worker will assist in the development of a treatment plan and make referrals to other agencies as appropriate. If abuse, neglect, abandonment or exploitation is suspected the crisis/social worker will refer the patient to the appropriate protective service agency according to the guidelines outlined below:
   a) Emergency Department - the crisis/social worker shall refer the case to the appropriate protective service agency. The on-call person for Case Management and Social Work may be consulted via telephone as necessary.
   b) Inpatient - the social worker assigned to the patient's unit shall refer the case to the appropriate protective service agency. On weekends/holidays and after normal office hours, licensed nurses, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, residents, interns and any other person currently licensed under the Business and Professions Code must report to the appropriate protective service agency. The on-call person for Case Management and Social Work may be consulted via telephone as necessary.
   c) Outpatient - the social worker shall refer the case to the appropriate protective service agency. On weekends/holidays and after normal office hours, licensed nurses, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, residents, interns and any other person currently licensed under the Business and Professions Code must report to the appropriate protective service agency. The on-call person for Case Management and Social Work may be consulted via telephone as necessary.

6. Protective service agency referrals may include, but are not limited to:
   a) Child Protection & Permanency (CP&P) - to report suspicion of child abuse, neglect, abandonment or exploitation.
      24-Hour Reporting Hotline: 877-NJ-ABUSE (877-652-2873)
      Perth Amboy Office: 732-293-5060
   b) Adult Protective Services (APS) - to report suspicion of adult abuse, neglect, abandonment or exploitation.
      24-Hour Reporting Hotline: 800-792-8820
      Middlesex County: 732-745-3635
   c) Domestic Violence Hotline - to obtain assistance for victims of domestic violence.
7. Referrals to protective service agencies shall include the following information:
   a) Patient's demographic data (i.e. name, address, telephone number, date of birth, name and telephone number of parent, next of kin, guardian, emergency contact, etc.).
   b) Patient's present location.
   c) Reason for referral (i.e. suspected abuse, neglect, abandonment, exploitation. Include nature and extent of injury or description of patient’s condition if applicable).
   d) Name and address of the hospital facility, including date of admission if applicable.
   e) Name of person making the report.

8. Document the date, time, name of protective service agency and person to whom the referral was made on the appropriate form (designated by department) in the medical record.

9. Inform patient, parents or family, as appropriate, of the referral and assure them of continued support.

10. All patients referred to a protective service agency at either division of the medical center who are subsequently admitted shall be referred to the Case Management and Social Work Department for follow up by the receiving unit upon admission. A message shall be left on the department’s voice mail if the admission occurs on a weekend, holiday or after normal office hours. The on-call person for Case Management and Social Work can be consulted via telephone as necessary.

11. Patients also have the right to access protective services in the event they wish to file a complaint or express concerns about patient abuse, neglect or misappropriation of a patient's property while in our facility. The patient may contact the hospital's service line at 732-324-5290 or contact the State Department of Health Complaint Hotline at 800-792-9770.

REFERENCES:
NJSA 9:6; NJSA 2C:24-4
NJSA 2C:24.8; NJSA 2C:25
The Joint Commission PC 01.02.09; 02.01.01; 02.02.01; 04.01.01

REVISION HISTORY:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>June 22, 2007</td>
<td>Existing policy entered in online Policy &amp; Procedure program with minor editing/ revisions.</td>
</tr>
<tr>
<td>Version 2</td>
<td>June 17, 2014</td>
<td>Revision. Purpose/Definitions/Policy/Procedure/References updated</td>
</tr>
</tbody>
</table>

ATTACHMENTS:
High-Risk Physical and Behavioral Indicators of Child Abuse and Neglect
High-Risk Physical and Behavioral Indicators of Elder Abuse and Neglect
High-Risk Physical and Behavioral Indicators of Domestic Violence

NOTE:

https://policiesandprocedures13.siemenshealthservices.com/ppr0hg.nsf/d948c925637427b... 7/28/2014