Tennessee Department of Children's Services

Work Aid 1: CPS Categories and Definitions of Abuse/Neglect

Supplemental to DCS Policy ***14.1, Child Abuse Hotline***

Child Abuse Hotline accepts reports that meet established criteria and definitions of abuse and neglect.

Abuse/Neglect Category	Definition
A. Physical Abuse	**1. <u>Physical Abuse</u>:** Any non-accidental physical injury or trauma that could cause injury inflicted by a parent, legal custodian, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes, but is not limited to: a) A parent or legal custodian/caretaker's failure to protect a child from another person who perpetrated physical abuse on a child; b) Injuries, marks and/or bruising that go beyond temporary redness or are in excess of age appropriate corporal punishment. (*e.g.*, a bruise, broken bone, cut, burn); c) Violent behavior by the parent or legal custodian/caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury. Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Factitious Disorder Imposed on Another (FDIA), formerly known as Munchausen by Proxy Syndrome could be considered physical abuse, medical neglect or psychological abuse. **<u>NOTE</u>:** Physical abuse should not be confused with developmentally appropriate, discipline-related marks and bruises on the buttocks or legs of children six (6) years of age and older when there are no developmental or physical delays, past history of abuse or recent (within the past year) screened-out

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	reports. **NOTE:** In its most severe form, physical abuse is likely to cause serious bodily injury or death.
B. Drug Exposure	**Drug Exposed Child:** This allegation pertains to a person under the age of eighteen (18) who: ♦ Has been exposed to or experiencing withdrawal from use, sale, or manufacture of a drug or chemical substance (including, but not limited to alcohol such as a diagnosis of Fetal Alcohol Syndrome, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect the child's physical, mental, or emotional functioning as a result of the actions or behaviors of the parent/caregiver; or ♦ Has a parent/caregiver that uses drugs or chemical substances that impacts their ability to adequately care for the child; or ♦ Has a parent/caregiver that has current addiction issues that could adversely affect the child's physical, mental, or emotional functioning. **Drug Exposed Child (Severe)** Severe forms of this allegation include but is not limited to: ♦ The manufacturing of methamphetamine where children are present, or in close proximity; ♦ Infants born with a diagnosis of Fetal Alcohol Spectrum Disorder (FASD); ♦ Infants born with a diagnosis of Neo-Natal Abstinence Syndrome (NAS) where the diagnosis is not based on the mother's prescribed and appropriately followed Medication-Assisted Treatment; ♦ Knowingly or with gross negligence allowing a child under eight (8) years of age to ingest an illegal substance or a controlled substance that results in the child testing positive on a drug screen, except as

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	legally prescribed to the child; and/or ♦ Knowingly allowing a child to be within a structure where a Schedule I controlled substance under TCA 39-17-406, cocaine, methamphetamine and/or fentanyl are present and accessible by the child.
C. Neglect	Failure or refusal to provide necessary food, clothing, shelter, education (as required by law), medical treatment, supervision and other supports necessary for the child's well-being based on the age and developmental stages of a child. Neglect includes: **1. <u>Environmental Neglect</u>**: A living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The child's age and developmental status is considered when evaluating the impact of the environmental condition of the child. The following are some examples of environmental situations as they relate to the child's age and developmental status: ♦ Leaking gas from stove or heating unit; ♦ Substances or objects accessible to the child that may endanger health/safety; ♦ Open/broken/missing windows; ♦ Structural hazards such as caving roof, holes in floor or walls; ♦ Exposed electrical wires; ♦ Children that lack clothing so that they are dangerously exposed to the elements, *i.e.,* not having shoes or warm clothing for winter, etc.; ♦ Excessive garbage or rotted or spoiled food, which threatens health; ♦ Evidence of human or animal waste in the living quarters;

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	♦ Insect or rodent infestation; and ♦ Lack of or inability to obtain appropriate hygiene which threatens the health and well-being of a child, including the refusal to allow the child to bathe. **NOTE:** In its most severe form, serious illness or significant injury has occurred due to living conditions and these conditions still exist (*e.g.,* lead poisoning, rat bites). **2. Nutritional Neglect**: A parent or legal custodian/caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day and no food is available. These behaviors may include: ♦ Begging from neighbors for food; ♦ Eating out of garbage cans; or ♦ Constantly stating a need for food. **NOTE:** In its more severe form, nutritional neglect is the failure to feed a child that result in poor growth which may include the child's weight, height and head circumference falling significantly below the growth rates of average children, malnutrition and non-organic failure to thrive. **3. Medical Neglect**: A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment. **NOTE**: Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

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	4. <u>Educational Neglect</u>: Repeated failure of the parent or legal custodian/caretaker to meet the child's educational needs. This allegation applies to: a) Children legally mandated to be in an educational program through eighteen (18) years of age. When applying this allegation to children twelve (12) and over, it should only be considered after the inability of the school to engage the parent or legal custodian/caretaker to improve the child's school attendance. b) Parent or legal custodian/caretaker failure to enroll a child in school or failure to register a home-schooled child with the Board of Education. **<u>NOTE</u>:** This allegation is not appropriate for reports of children who willfully refuse to attend school. **<u>NOTE:</u>** This allegation is not appropriate unless the school has demonstrated attempts to correct the situation under the Three Tier Progressive Truancy Intervention Plan (Attendance Policy 6200). **5. <u>Lack of Supervision</u>**: Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that: a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (*e.g.,* the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills). c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

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	d) Concerns that children in a juvenile justice facility were able to engage in sexual activity that raises lack of appropriate supervision, regardless of age of children and/or if initially reported as consensual. Sexual activity in a juvenile justice facility that falls outside this provision are referred to the Prison Rape Elimination Act (PREA) Coordinator (see DCS Policy ***18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA)***). **6. Abandonment**: Deliberate absence of the parent or other legal custodian/caretaker for an extended period with no plan or provision for the child's care. It may include: a) Abandonment of the child in the child's own home, in day care or in substitute care; b) Abandonment of the child in a car, on the highway, or in a public place; c) Child left in the care of a suitable caregiver but without proper planning or consent. The caregiver leaves the child but does not return when scheduled or has a history of leaving the child without providing essentials for care (*e.g.* diapers, formula); d) Newborn infants who are ages two (2) weeks or younger and voluntarily delivered by the infant's mother to a designated facility as defined by *TCA 68-11-255, Procedure for Surrendering Custody of Unwanted Infant Without Criminal Liability*, per TCA 36-1-142) does not apply to the definition of abandonment. Procedures are followed as outlined in ***Child Protective Services Manual***. **Exceptions:** Parents/caretakers with unruly children who exhibit unmanageable behavior and require intervention services are referred to Family Crisis Intervention Program (FCIP) services.
D. Sexual Abuse Category	**Child sexual abuse:** 1. Child sexual abuse occurs when a child who is under the age of thirteen (13) or was under the age of thirteen (13) when the abuse occurred or a child is age 13-18 and meets the relationship criteria per policy, and the child is involved in intentional sexual acts that produce sexual arousal and/or gratification for the perpetrator

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	including: ♦ Explicit sexual acts; ♦ Vaginal, oral, anal or digital penetration with or without the use of an object; ♦ Touching, fondling, molestation or intentional contact with genitals, buttocks or breasts of child or perpetrator. This also includes when adolescents or adults instruct children to engage in such behaviors with each other; ♦ Indecent exposure and voyeurism; and ♦ Intentionally exposing a child to sexually explicit material. 2. Sexual behaviors or situations in which the motivation may or may not be sexual, but there is a clear sexual component such as: a) Taking pictures or videos of children engaging in sexual activities or in sexually explicit poses; b) Making children available to others for sexual purposes; c) The sexual gratification or benefit of an adult; d) The solicitation of a minor by requesting or inviting a minor to engage in sexual activity, even if the solicitation did not result in a sexual act. The solicitating communication can include spoken word, electronic mail or internet services, and text or photo messages. e) Use of a child for prostitution; and f) Caregiver has knowledge or reasonable suspicion of child sexual abuse by another person and intentionally fails to intervene or protect child. **NOTE:** Childhood behavior that is indicative of age-appropriate curiosity and/or development between similarly aged and/or functioning on commensurate developmental level is not considered sexual abuse.

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	NOTE: For the purposes of a child in the custody of DCS placed at a residential facility, a "person living in the child's home" includes a person living in a residential setting with the child. **<u>Commercial Sexual Exploitation of a Minor (CSEM)</u>** 1. The use of any person under the age of eighteen (18) as defined in, numbers one (1) and two (2) of this section in exchange for anything of value either directly or indirectly. Force, threat or coercion is not a factor for Commercial Sexual Exploitation of a Minor (CSEM). 2. For screening purposes, a report may be submitted for investigation of CSEM without direct allegations of Child Sexual Abuse as defined above when a reasonable suspicion of CSEM exists which may include one (1) or more of the below risk factors: ♦ Chronic Runaway; ♦ Large amounts of cash or prepaid cards; ♦ Dramatic increase of material possessions with no other explanation; ♦ Hotel keys, receipts, etc.; ♦ Older " boyfriend" or overtly concerned/controlling male OR FEMALE; ♦ Personal items don't reflect living situation; ♦ Multiple Sexually Transmitted Infections (STI's); ♦ Unexplained injuries; and/or ♦ Significant change in behavior. **<u>NOTE</u>:** Sexual abuse is always considered severe.

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E. Psychological Harm Category	**<u>Psychological Harm</u>:** A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs and may include both abusive acts against a child and failure to act; neglectful behavior when age appropriate action is required for a child's healthy development (*e.g.,* when a child is shown no affection). It can occur as part of an extreme one-time incident, e.g. a parent frustrated about continual bed- wetting forces a six (6) year old to wear diapers in the neighborhood), but is usually chronic. **<u>NOTE:</u>** An allegation of psychological harm does not have to come from a professional. Some types of psychological harm might include: a) An injury to a child by a caregiver that impairs his/her intellectual, emotional or psychological development. b) Verbal and non-verbal caregiver acts that reject and degrade a child such as belittling, degrading, shaming and ridiculing. c) Terrorizing; including caregiver behavior that threatens or is likely to physically hurt, kill, abandon or place the child or child's siblings, toys, or objects in recognizable dangerous situations to terrorize the child. d) Isolating that includes caregiver behaviors that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment.
F. Domestic Violence	**<u>Domestic Violence:</u>** Acts of violence, coercion, or intimidation against a parent or caregiver by an **<u>intimate partner</u>** that could cause injury to a child, and/or impact the caregiver(s) ability to provide for the basic needs of the child(ren) including food and supervision.

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	Domestic violence includes, but is not limited to: ♦ Physical violence such as hitting, shoving, spitting, destroying possessions, threats toward any member of the household, throwing things, and attacks. ♦ Any form of domestic violence (to include but not limited to financial control, stalking, harassment, violence or threats of violence towards pets, or sexual assault) where the safety and/or wellbeing of the child is impacted.
G. Child Death/Near Death	1. **<u>Child Death</u>**: Child death is defined as: a) Any child death caused by abuse or neglect. b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as <u>severe abuse</u>. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. Preliminary near deaths are always treated as <u>severe child abuse</u>.