

CHARLOTTESVILLE POLICE DEPARTMENT



Note: This directive is for internal use only and does not enlarge an officer’s liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive, if proven, can only form the basis of a complaint by the Charlottesville Police Department and then only in a non-judicial administrative setting.

Type of Directive: GENERAL ORDER	Number: 04-01
REPORTING OF CHILD ABUSE AND NEGLECT CASES	Date: June 18, 2018
VLEPSC Number: Non-Standard	Manual Number: 534.02
	Effective Date: 06/18/18
Authorization: Chief R.M. Brackney <i>Rm Brackney</i>	Follow-up Date: As Needed

I. POLICY

It shall be the policy of the Charlottesville Police Department to report all alleged child abuse and neglect cases to the Department of Social Services Child Protective Services. Investigations conducted concerning Child Abuse and Neglect cases shall be conducted in accordance with General Order Number 100-00, Manual Number 530.00, *Investigations—Preliminary and Follow-up*.

II. PURPOSE

It is the purpose of this directive to establish policy statements and guidelines for the reporting of *Child Abuse and Neglect cases* in compliance with Code of Virginia, § 63.1-248.3

III. DEFINITIONS

- A. Physical Abuse – Physical injury, threat of physical injury, or creation of substantial risk of death, disfigurement, or impairment of bodily functions, inflicted or allowed to be inflicted by a caretaker, through non-accidental means.
- B. Physical Neglect – Failure to provide food, shelter, clothing or supervision, to the extent that the child’s health or safety is endangered. (Exception: Condition is one of poverty and there are no resources available.)
- C. Failure to Thrive – Syndrome of infancy and early childhood, characterized by growth failure, signs of severe malnutrition, and variable degrees of developmental retardation. Caused by non-organic factors.
- D. Medical Neglect – Refusal or failure by caretaker/parent to obtain and/or follow through with a complete regimen of medical, mental, or dental care for a condition which, if untreated, could result in illness, incapacitation, or developmental delay.

- E. Mental Abuse/Neglect – Child demonstrates psychological or emotional dysfunction as a result of a pattern of acts or omissions by a caretaker, which are harmful to child’s psychological or emotional health or development.
- F. Sexual Abuse - Caretaker/Parent perpetrates or permits sexual victimization of child in violation of Code of Virginia §18.2-61, §67.10 and §18.2-351-371)
- G. Intimate Parts – genitalia, anus, groin, breast or buttocks

IV. PROCEDURE

A. Criteria for Physical Abuse:

- 1. Physical Injury by a caretaker (non-accidental);
- 2. Threat of Physical Injury by a caretaker (non-accidental); and
- 3. Substantial risk of severe injury (death, disfigurement or impairment of bodily functions) (non-accidental).

B. Criteria for Physical Neglect:

- 1. Supervision inadequate in at least one of the following ways:
 - a. child left alone inappropriately (other than abandonment);
 - b. child left with inadequate caretaker;
 - c. child placed at risk for physical injury, sexual or other exploitation, status or criminal offenses, or alcohol/drug abuse;
 - d. child left in situation requiring higher functioning than child is capable of (physically, mentally and/or emotionally).
- 2. Abandonment of child (caretaker does not make reasonable effort to provide for care of child in future)
- 3. Shelter – inadequate or inappropriate in at least one of the following ways:
 - a. exposure to weather (e.g. inadequate heat); or
 - b. conditions in/around home hazardous to health or safety.
- 4. Food inadequate for health, growth or development
- 5. Clothing inadequate or inappropriate in at least one of the following ways:
 - a. inappropriate to weather; or
 - b. fit of clothes impairs growth or normal activity.
- 6. Personal Hygiene of child places child at risk for one or both of the following:
 - a. illness; or
 - b. social acceptance.

C. Criteria for Failure to Thrive:

- 1. Diagnosis of failure to thrive has been made by a physician

D. Criteria for Medical Neglect (ALL OF THE FOLLOWING):

1. Child has medical, dental, or emotional condition which, if untreated, could result in illness, incapacitation, or developmental delay.
2. Parent/Caretaker fails to provide treatment for child in one of the following ways:
 - a. diagnosis for severe symptom (s) is not sought by caretaker/parent;
 - b. treatment is not obtained or provided by parent/caretaker;
 - c. cooperation in treatment needed for child's health is refused by caretaker/parent; or
 - d. no religious exemption for child as in good faith under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination (court decision is required for religious exemption).

E. Criteria for Mental Abuse/Neglect (child demonstrates both of the following):

1. psychological or emotional dysfunction is demonstrated by child;
2. pattern of acts or omissions by caretaker is the cause of child's psychological or emotional dysfunction.

(May include caretaker behavior that is rejecting, intimidating, humiliating, chaotic, bizarre, violent, hostile or excessively guilt producing. Also over-protection, ignoring, indifference, rigidity, apathy, chaotic lifestyle, or other behaviors related to caretaker's own mental problems.)

F. Criteria for Sexual Abuse (one or more of the following):

1. intercourse of caretaker/parent with child, or permitted between child and another where this is prohibited by law;
2. cunnilingus, fellatio, annalingus, anal intercourse or inanimate object sexual penetration perpetrated or permitted by caretaker/parent;
3. fondling with intent to sexually molest, arouse, or gratify any person, in which caretaker touches or permits another to touch intimate parts (or clothing covering same) of child, or (2) causes (or permits another to cause) child to touch child's own or another person's intimate parts (or clothing covering same);
4. exposure of child by caretaker age eighteen (18) or over, to sexual parts of caretaker, with intent to sexually molest, arouse or gratify any person;
5. proposals by caretaker age eighteen (18) or over, with lascivious intent, of any of the foregoing (i.e. intercourse, cunnilingus, fellatio, annalingus, anal intercourse, fondling, or exposure as described. Also proposal by caretaker age eighteen (18) or over, with lascivious intent, that child expose sexual parts to caretaker); or

6. prostitution or use in sexually explicit material permitted or encouraged by caretaker/parent.

G. Reporting Guidelines

1. When an officer encounters an incident that meets the criteria for child abuse listed above, the officer shall document their findings in a case report. The case report must be completed and reviewed by a shift supervisor by the end of the officer's tour of duty. *Reporting officers should not interview child victims unless extenuating circumstances exist. A department member specifically trained in interviewing children should conduct this interview.*
2. The shift supervisor shall review the case report for completeness, etc.
3. A printed copy of the case report shall be labeled at the top "Confidential-CPS" and placed in the tray designated for Child Protective Services (CPS) located in Information and Management Services. An electronic copy may be forwarded to a Child Protective Services worker in lieu of a paper copy, and all delivery methods shall be documented in the case report.
4. An employee from CPS will be responsible for calling Information and Management Services each morning to ascertain whether there are any reports to be retrieved.