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COMMUNITY RESOURCES

FOR RESPONDING TO CHILD SEXUAL ABUSE

THERE ARE SEVERAL CHILD ADVOCACY CENTERS IN THE STATE OF VIRGINIA.

Feel free to call the center with any questions about where to find resources related to child sexual abuse. Contact the nearest CAC to set up an interview if abuse is reported:

**Child Advocacy Centers of VA**

191 Bristol East Road Suite 102

Bristol, VA 24201

276-644-9971

Visit http://www.nationalchildrensalliance.org/index.php?s=58&state=virginia to find a center near you

**Safe Harbor Child Advocacy Center**

4702 Soutpoint Parkway

Fredericksburg, VA 22407

540-891-6280

# CALL TO REPORT ABUSE

# Contact the Virginia Dept. of Children Protective Services at 1-800-552-7096 or any Law Enforcement Agency at 911. You are not required to provide proof. Anyone who makes a good faith report based on reasonable grounds is immune from prosecution. If the abuse occurred within the past 72 hours, a medical evaluation by a Sexual Assault Nurse Examiner is available by going to the Emergency Department at Your County Medical Center or by going to the nearest child advocacy center.

#### HELPLINES

CPS Hotline 1-800-552-7096 (Out of State)

804-786-8536 (In Virginia)

Darkness to Light Helpline 1-866- FOR-LIGHT or text LIGHT to 741741

Latinos in Virginia Empowerment Center 888-969-1825

VA Family Violence & Sexual Assault Hotline (24 Hour) 1-800-838-8238

SAVAS Hotline 703-368-4141

United Way Crisis Helpline (24 hour) 888-421-1266   
211(after hours)

YWCA Crisis-Hotline 804-643-0888

Childhelp: USA National Child Abuse Hotline 1-800-4-A-CHILD  
(1-800-422-4453)

## ADDITIONAL RESOURCES

## Legal Help

VA State Bar 804-775-0500

### Victim Advocacy

Sexual Assault Victims Advocacy Service(SAVAS) 703-368-4141

# RESOURCES FOR HEALING

**Treatment Providers**

VA Dept of Mental Health 804-786-3921

# Support groups for survivors and for parents and families of children who have been abused

YWCA-Richmond VA 804-643-6761

WEBSITES FOR MORE INFORMATION ON  
CHILD SEXUAL ABUSE AND/OR TRAUMA

[www.D2L.org](http://www.D2L.org) 1-843-965-5444

[www.trauma-pages.com](http://www.trauma-pages.com)

[www.stopitnow.com](http://www.stopitnow.com) 1-888-PREVENT  
 (1-888-773-8368)

VIRGINIA

MANDATED REPORTING

VIRGINIA

VIRGINIA STATE REPORTING LAWS

<https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm>

PROFESSIONALS REQUIRED TO REPORT

The following professionals are required to report:

• Persons licensed to practice medicine or any of the healing arts, hospital residents or interns, and nurses; mental health professionals; professional staff employed by private or State-operated hospitals, institutions, or facilities to which children have been placed for care and treatment; emergency medical services provider, unless such providers immediately report the matter directly to the attending physician at the hospital to which the child is transported

• Social workers, family-services specialists, probation officers; court-appointed special advocates

• Teachers or other employees at public or private schools, kindergartens, or nursery schools; persons employed by public or private institutions of higher education, other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client; persons providing full-time or part-time child care for pay on a regular basis; athletic coaches, directors, or other persons age 18 or older employed by or volunteering with private sports organizations or teams

• Law enforcement officers, animal control officers, or mediators

• Persons age 18 or older associated with or employed by any public or private organization responsible for the care, custody, or control of children; administrators or employees age 18 or older of public or private day camps, youth centers, and youth recreation programs

• Persons age 18 or older who have received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect

• Persons employed by a local department who determine eligibility for public assistance

INSTITUTIONAL RESPONSIBILITY TO REPORT

*Ann. Code § 63.2-1509*

If the information is received by a teacher, staff member, resident, intern, or nurse in the course of professional services in a hospital, school, or similar institution, such person may, in place of making a report, immediately notify the person in charge of the institution or department, or his or her designee, who shall make the report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his or her designee, such person shall notify the teacher, staff member, resident, intern, or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report.

HOW TO REPORT IN VIRGINIA

The Virginia Department of Social Services operates a CPS Hotline 24/7 to support local departments of social services by receiving reports of child abuse and neglect and referring them to the appropriate local department of social services:

(800) 552-7096

**Training for mandated reporters can be found here:** http://www.dss.virginia.gov/family/cps/mandated\_reporters/cws5691/index.html

MANDATED REPORTING contd.

STANDARDS FOR MAKING A REPORT

*Ann. Code § 63.2-1509*

A report is required when, in his or her professional or official capacity, a reporter has reason to suspect that a child is abused or neglected. For purposes of this section, ‘reason to suspect that a child is abused or neglected’ shall include:

• A finding made by a health-care provider within 6 weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician

• A finding made by a health-care provider within 6 weeks of the birth of a child that the child was born dependent on a controlled substance that was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms

• A diagnosis made by a health-care provider at any time following a child’s birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance that was not prescribed by a physician for the mother or the child

• A diagnosis made by a health-care provider at any time following a child’s birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol

When ‘reason to suspect’ is based upon this subsection, that fact shall be included in the report along with the facts relied upon by the person making the report.

PRIVILEGED COMMUNICATIONS

*Ann. Code §§ 63.2-1509; 63.2-1519*

The requirement to report shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to information required by the doctrine of the religious organization or denomination to be kept in a confidential manner. The physician-patient or husband-wife privilege is not permitted.

DISCLOSURE OF REPORTER IDENTITY

*Ann. Code § 63.2-1514*

Any person who is the subject of an unfounded report who believes that the report was made in bad faith or with malicious intent may petition the court for the release of the records of the investigation or family assessment. If the court determines that there is a reasonable question of fact as to whether the report was made in bad faith or with malicious intent and that disclosure of the identity of the reporter would not be likely to endanger the life or safety of the reporter, it shall provide to the petitioner a copy of the records of the investigation or family assessment.