

## **Appendix H**

## SIGNS AND SYMPTONS OF CHILD ABUSE

Listed below are behaviors that children who are experiencing abuse or neglect **may** exhibit. The symptoms do not mean that abuse or neglect has occurred, but they are indicators that the possibility of a problem exists. Likewise, the list does not represent every behavior that could occur but is intended to provide examples. If there are questions or concerns about a child, it is appropriate to discuss those concerns in a confidential manner with the rector, supervisor or member of the vestry before taking any formal action.

- Bruising or burns that cannot be explained, especially those to the face, lips and mouth
- Unusual bruising patterns that reflect the shape of an instrument, (e.g., belt marks)
- Injuries on the body where children usually do not get hurt, (e.g., neck)
- Self-destructive behavior
- Evidence of discomfort with physical contact
- Unprovoked cruelty to animals
- Fear of adults previously comfortable with
- Running away from home
- Sleeplessness and fear of going to bed
- Knowing words of sexual concepts beyond age-appropriate levels
- Sex play involving dolls or animals
- Memory loss
- Eating disorders
- Changes in school behavior
- Depression or anxiety, including withdrawal
- Alcohol use
- Lack of adequate or proper clothing
- Lack of adequate school attendance
- Regular fatigue
- Stealing food
- Frequent absences
- Reports of no caretaker at home
- Inability to play
- Antisocial behavior
- Speech disorders
- Delayed physical development
- Habit disorders, (e.g., biting, rocking, sucking)
- Difficulty walking
- Frequent complaints of stomachaches or headaches
- Frequent urinary infections
- Poor self-esteem
- Suicidal feelings
- Promiscuity

# **DSS Area Office Directory**

*Ask for Protective Screening Unit 1*

## **WEST**

Pittsfield	413-236-1800
Greenfield	413-775-5000
Holyoke	413-493-2600
Robert Van Wart Center East Springfield	413-205-0500
Springfield	413-452-3200

## **CENTRAL**

Leominster	978-466-1500
Whitinsville	508-234-1000
Worcester	508-929-2000

## **NORTHEAST**

Lowell	978-275-6800
Lawrence	978-557-2700
Haverhill	978-469-8800
Cape Ann, Salem	978-825-3800
Lynn	781-477-1600

## **METRO**

Malden	781-388-7100
Framingham	508-424-0100
Cambridge, Somerville	617-520-8700
Arlington	781-641-8500
South Weymouth	781-682-0800

## **SOUTHEAST**

Attleboro	508-431-9500
Brockton	508-894-3700
Fall River	508-235-9800
New Bedford	508-910-1000
Cape Cod and Islands	508-760-0200
Plymouth	508-732-6200

## **BOSTON**

Hyde Park	617-360-2500
Dimock Street, Roxbury	617-989-2800
William E. Warren Center South End	617-574-8400
Park Street, Dorchester	617-822-4700
Chelsea	617-660-3400



## Massachusetts Department of Social Services

### Central Office

#### Massachusetts Department of Social Services

Harry Spence, Commissioner  
24 Farnsworth Street  
Boston, MA 02210

- ☎ (617) 748-2000 operator
- ☎ (617) 748-2400 auto attendant
- ☎ FAX (617) 261-7435

Website: [www.dsskids.org](http://www.dsskids.org)

### Region 1

#### WESTERN Regional Office

1537 Main Street, 2nd Floor  
Springfield, MA 01103  
☎ (413) 452-3350  
☎ FAX (413) 781-4482

#### PITTSFIELD Area Office

53 Eagle Street, 2nd Floor  
Pittsfield, MA 01201  
☎ (413) 236-1800  
☎ 1-800-292-5022  
☎ FAX (413) 445-4507

#### GREENFIELD Area Office

One Arch Place, 1st Floor  
Greenfield, MA 01301  
☎ (413) 775-5000  
☎ 1-800-842-5905  
☎ FAX (413) 773-5773

#### NORTHAMPTON

##### Social Service Center

1 Prince Street  
Northampton, MA 01060  
☎ 1-800-841-2692 auto attended  
☎ FAX (413) 586-6776

#### HOLYOKE Area Office

261 High Street  
Holyoke, MA 01040  
☎ (413) 493-2600  
☎ 1-800-698-3935  
☎ FAX (413) 533-9355

#### ROBERT VAN WART CENTER

112 Industry Avenue  
Springfield, MA 01104  
☎ (413) 205-0500  
☎ FAX (413) 205-0650

#### SPRINGFIELD Area Office

1537 Main Street, 4th Floor  
Springfield, MA 01103  
☎ (413) 452-3200  
☎ FAX (413) 739-5851

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### Region 2

#### CENTRAL Regional Office

340 Main Street, Suite 720  
Worcester, MA 01608  
☎ (508) 929-2130  
☎ FAX (508) 754-0420

#### NORTH CENTRAL Area Office

215 Hamilton Street  
Leominster, MA 01453  
☎ (978) 466-1500  
☎ 1-800-479-6111  
☎ FAX (978) 466-5960

#### SOUTH CENTRAL/BLACKSTONE VALLEY Area Office

185 Church Street  
Whitinsville, MA 01588  
☎ (508) 234-1000  
☎ FAX (508) 234-4110

#### WORCESTER Area Office

340 Main Street, Suite 525  
Worcester, MA 01608  
☎ (508) 929-2000  
☎ FAX (508) 754-9803



### Region 3

#### NORTHEAST Regional Office

Everett Mills  
15 Union Street, 2nd Floor  
Lawrence, MA 01840  
☎ (978) 557-2700  
☎ FAX (978) 557-9231

#### LOWELL Area Office

33 East Merrimack Street  
Lowell, MA 01852  
☎ (978) 275-6800  
☎ PSU (978) 275-6900  
☎ FAX (978) 452-5896

#### LAWRENCE Area Office

Everett Mills  
15 Union St., 2nd Floor  
Lawrence, MA 01840  
☎ (978) 557-2500  
☎ FAX (978) 683-7455

#### HAVERHILL Area Office

3 Ferry Street  
Bradford, MA 01835  
☎ (978) 469-8800  
☎ FAX (978) 469-8990

#### CAPE ANN Area Office

45 Congress Street, Building 4  
Salem, MA 01970  
☎ (978) 825-3800  
☎ (978) 825-3900  
☎ FAX (978) 825-9001

#### LYNN Area Office

20 Wheeler Street  
Lynn, MA 01902  
☎ (781) 477-1600  
☎ PSU (781) 593-5755  
☎ FAX (781) 592-3380



#### Region 4

##### **METRO Regional Office**

30 Mystic Street  
Arlington, MA 02474  
☎ (781) 641-8200  
☎ FAX (781) 648-6909

##### **MALDEN Area Office**

22 Pleasant Street  
Malden, MA 02148  
☎ (781) 388-7100  
☎ FAX (781) 324-2209

##### **FRAMINGHAM Area Office**

63 Fountain Street  
Framingham, MA 01702  
☎ (508) 424-0100  
☎ FAX (508) 872-8340

##### **CAMBRIDGE/SOMERVILLE Area Office**

810 Memorial Drive  
Cambridge, MA 02139  
☎ (617) 520-8700  
☎ FAX (617) 354-0243

##### **ARLINGTON Area Office**

30 Mystic Street  
Arlington, MA 02474  
☎ (781) 641-8500  
☎ 1-800-769-4615  
☎ FAX (781) 646-5172

##### **COASTAL Area Office**

541 Main Street  
South Weymouth, MA 02190  
☎ (781) 682-0800  
☎ FAX (781) 337-4587

#### Region 5

##### **SOUTHEAST Regional Office**

141 Main Street  
Brockton, MA 02401  
☎ (508) 894-3700  
☎ FAX (508) 559-7878

##### **ATTLEBORO Area Office**

67 Mechanic Street  
Attleboro, MA 02703  
☎ (508) 431-9500  
☎ 1-800-441-3143  
☎ FAX (508) 226-6706

##### **BROCKTON Area Office**

110 Mulberry Street  
Brockton, MA 02302  
☎ (508) 894-3700  
☎ PSU (508) 588-2281  
☎ FAX (508) 559-7695

##### **FALL RIVER Area Office**

1567 North Main Street  
Fall River, MA 02720  
☎ (508) 235-9800  
☎ FAX (508) 672-5404

##### **NEW BEDFORD Area Office**

100 North Front Street  
New Bedford, MA 02740  
☎ (508) 910-1000  
☎ FAX (508) 990-7321

##### **CAPE COD AREA OFFICE**

500 Main Street  
Hyannis, MA 02601  
☎ (508) 760-0200  
☎ 1-800-352-0711  
☎ FAX (508) 790-3006

##### **PLYMOUTH Area Office**

61 Industrial Park Road  
Plymouth, MA 02360  
☎ (508) 732-6200  
☎ 1-800-423-2338  
☎ FAX (508) 747-1239

#### Region 6

##### **BOSTON Regional Office**

Esquire Building  
50b Park Street  
Dorchester, MA 02122  
☎ (617) 822-4840  
☎ FAX (617) 882-4849

##### **HYDE PARK Area Office**

1530 River Street  
Hyde Park, MA 02136  
☎ (617) 360-2500  
☎ FAX (617) 360-2650

##### **DIMOCK STREET Area Office**

30 Dimock Street  
Roxbury, MA 02119  
☎ (617) 989-2800  
☎ FAX (617) 445-9147

##### **PARK STREET Area Office**

The Esquire Building  
50 Park Street  
Dorchester, MA 02122  
☎ (617) 822-4700  
☎ FAX (617) 282-1019

##### **HARBOR Area Office**

45 Spruce Street  
Chelsea, MA 02150  
☎ (617) 660-3400  
☎ FAX (617) 884-0215

##### **NEW CHARDON ST. SHELTER**

41 New Chardon Street  
Boston, MA 02114  
☎ (617) 720-3611  
☎ FAX (617) 723-7486

Massachusetts  
Department of  
Social Services

Caring for kids

## **Making an Oral Report of Child Abuse or Neglect**

When you telephone a DSS Office to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information.

- ❑ The name, address, present whereabouts, sex, and date of birth or estimate age of the reported child or children and of any other children in the household.
- ❑ The names, addresses, telephone numbers, date of birth and age of the child's parents or other persons responsible for the child's care.
- ❑ The principle language spoken by the child and the child's caretaker.
- ❑ Your name, address, telephone number, profession and relationship to the child. (Non-mandated reporters may request anonymity.)
- ❑ The full nature and extent of the child's injuries, abuse, or neglect.
- ❑ Any indication of prior injuries, abuse or neglect.
- ❑ An assessment of the risk of further harm to the child and, if a risk exists, whether it is imminent.
- ❑ If the above information was given to you by a third party, the identity of that person, unless anonymity is requested.
- ❑ The circumstances under which you first became aware of the child's alleged injuries, abuse or neglect.
- ❑ The action taken if any, to treat, shelter or assist the child.

***Remember that mandated reporters must follow up a verbal report with a written report within 48 hours.***



Massachusetts  
Department of  
Social Services

## Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by:

1. Immediately reporting by oral communication; **and**
2. Completing and sending this written report to the appropriate Department of Social Services' office within **48 hours** of making the oral report.

**Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.**

### ▼ DATA ON CHILDREN REPORTED

Name	Current Location / Address	Sex	Age or Date of Birth
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

### ▼ DATA ON MALE GUARDIAN OR PARENT

Name: \_\_\_\_\_  
First Last Middle

Address: \_\_\_\_\_  
Street and Number City / Town State Zip Code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

### ▼ DATA ON FEMALE GUARDIAN OR PARENT

Name: \_\_\_\_\_  
First Last middle

Address: \_\_\_\_\_  
Street and Number City / Town State Zip code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

### ▼ DATA ON REPORTER / REPORT

Report Date: \_\_\_\_\_  Mandatory Report  Voluntary Report

Reporter's Name: \_\_\_\_\_  
First Last middle

(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address: \_\_\_\_\_  
Street and Number City / Town State Zip code

Phone #: \_\_\_\_\_

Has reporter informed caretaker of report  Yes  No

▼ What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same?  
(Please cite the source of this information in not observed firsthand.)

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▼ What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment, or neglect?

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▼ What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

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▼ Please give other information that you think might be helpful in establishing the cause of the injury and /or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?

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Signature of Reporter:

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