Recognizing and Reporting Child Abuse

1 Contact Hours

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Purpose and Objectives
The purpose of this course is to provide information about child maltreatment, abuse and neglect.

After successful completion of this course, the participant will be able to:

1. Identify key legislation that addresses child abuse.
2. Define the federal role in child abuse activities.
3. Identify and describe the four major types of child abuse.
4. Identify the possible reasons for medical neglect.
5. Describe signs and symptoms of abuse.
6. Identify groups of children with a high risk for abuse.
7. Describe symptoms associated with shaken baby syndrome.
8. Identify characteristics associated with perpetrators of child maltreatment and abuse.
9. Define and discuss the term mandated reporter.
10. Describe reasons why child abuse is under-reported.

Introduction

Child abuse is a gruesome reality. Whether you are a parent, a healthcare provider or both, coping with the aftermath of child maltreatment can produce an intense and emotional response.

As difficult as it may be, learning about the signs and behaviors that are often linked to maltreatment, abuse and neglect is an important skill that cannot be overlooked.

Developing an awareness of what to look for in a parent, child or perpetrator will assist you in determining if a child is, or could be in danger of becoming a victim of a potentially life threatening crime.

The Children's Bill of Rights

Over the past forty years, the United States (U.S.) has increased efforts to protect children from harm (Child Welfare Information Gateway, 2011). For the most part, attention to children's rights has become somewhat of a focal point within our society (Child Welfare Information Gateway, 2011).

Medical facilities, legal organizations and other groups that work with children recognize the importance of treating children with dignity and incorporate the principles of the Children's Bill of Rights (1996) into their everyday practice (see Appendix A).

The Children's Bill of Rights (1996) contains 25 inherent rights to which all children are entitled to. The Bill was drafted and ratified by over 650 children from seven countries. The Rights range from the traditional abuse-prevention ones, to those that will ensure kids the ability to influence the shape of their own future (The Children's Bill of Rights, 1996).

The Children's Bill of Rights (1996) does not ask adults or governments to ratify the Bill before it takes effect. It is adopted by the children themselves, and serves as the basis for their demand that adults treat them as partners in the processes of human progress (The Children's Bill of Rights, 1996).

The Children's Bill of Rights (1996) may be freely reproduced and distributed provided it is done so in its entirety and unaltered, and with this paragraph attached.

Key Legislation
In 1974, key United States (U.S.) federal legislation addressing child abuse and neglect was enacted (Child Welfare Information Gateway, 2011). The Federal Child Abuse Prevention and Treatment Act (CAPTA) have been amended several times since it was first enacted and was most recently amended and reauthorized on December 20, 2010,by the CAPTA Reauthorization Act of 2010 (P.L. 111-320) (Child Welfare Information Gateway, 2011).
CAPTA establishes the Office on Child Abuse and Neglect and mandates Child Welfare Information Gateway (Child Welfare Information Gateway, 2011). It identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities (Child Welfare Information Gateway, 2011).

CAPTA also provides federal funding to States to support the prevention, assessment, investigation, prosecution, and treatment activities that are associated with child abuse and neglect (Child Welfare Information Gateway, 2011). .

The Child Protective Services Act of 1973 required the mandatory reporting of suspected child abuse or maltreatment by specific professionals (Child Welfare Information Gateway, 2011). The list of these professionals change as legislation is updated (Child Welfare Information Gateway, 2011). This act also established a 24 hour, 7-day-a-week central registry as well as local Child Protection Services (CPS) is to receive and investigate registered reports of child abuse or maltreatment (Child Welfare Information Gateway, 2011).

CAPTA Defines Abuse
CAPTA provides a basic foundation that outlines minimal guidelines that can be used by individual states to build and enact their own child abuse Acts.

Child abuse and neglect is defined by the Federal legislation as:

"Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or An act or failure to act which presents an imminent risk of serious harm" (Child Welfare Information Gateway, 2016a).

Although the definition of each type of abuse may vary depending on the state, this course provides a general definition that will be similar to the definitions set out by each individual state.

Statistics
During the fiscal financial year (FFY) 2014, the Child Welfare Information Gateway (2016b) reported the following findings:

- An estimated 3.6 million referrals involving the alleged maltreatment of approximately 6.6 million children nationwide were made to Child Protective Service agencies (CPS).Of these referrals, approximately 2.1 million reports concerning approximately 3.9 million children (duplicate count) were screened in as "appropriate" for CPS response.
- Three-fifths (62.7percent) of all reports of alleged child abuse or neglect were made by professionals. The term "professional" means that the person had contact with the alleged child maltreatment victim as part of the report source's job. The remaining reports were made by

nonprofessionals, including friends, neighbors, sports coaches, and relatives.

- Children in the age group of birth to 1 year had the highest rate of victimization at 24.4 per 1,000 children of the same age group in the national population.
- More than one-half (50.6 percent) of the child victims were girls, and 48.9 percent were boys. The gender was unknown for fewer than 1 percent of victims. (Child Welfare Information Gateway, 2016b)

Ethnicity and Race of Victims

According to statistics reported by Child Welfare Information Gateway (2016b) abuse of children occurs at a rate of:

- African American:21.4 % (15.3 per 1,000 children)
- White children: 44% (8.4 per 1,000 children)
- Hispanic children: 22.7% (8.8 per 1,000 children)

Major Types of Child Abuse and Neglect

The United States Department of Health and Human Services [USDHHS] (2016a) recognizes four major types of child abuse:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

Each form of abuse may occur separately or in combinations of abuse (USDHHS, 2016a).

Test Yourself

Most states recognize how many major types of child abuse?

a) One

b) Two

c) Three

d) Four- ***Correct!***

Definitions of Child Abuse

Each state is responsible for establishing its own definitions of child abuse and neglect that meet federal minimum standards. Most include the following:

- **Neglect** is failure to provide for a child's basic needs, and can take the form of physical, emotional, financial or educational neglect (USDHHS, 2016a).

- **Physical abuse** is physical injury as a result of hitting, kicking, shaking, burning, or otherwise harming a child (USDHHS, 2016a).

- **Sexual abuse** is any situation where a child is used for sexual gratification. This may include indecent exposure, fondling, rape, or commercial exploitation through prostitution or the production of pornographic materials (USDHHS, 2016a).

- **Emotional abuse** is any pattern of behavior that impairs a child's emotional development or sense of self-worth, including constant criticism, threats, and rejection (USDHHS, 2016a).

Neglect can manifest in several different forms:

- **Physical Neglect**: Is the failure to provide shelter, food, or appropriate supervision (USDHHS, 2016a).
- **Emotional Neglect:** Is lack of attention to a child's emotional needs; failure to provide psychological care or permitting a child to use drugs or alcohol (USDHHS, 2016a).
- **Medical Neglect:** Is failure to provide necessary medical or psychological care (USDHHS, 2016a).
- **Educational Neglect:** Is failure to provide education or attend to special educational needs (USDHHS, 2016a).

Recognizing of Child Abuse

Child abuse or neglect often takes place in the home at the hands of a person the child knows well: A parent, relative, babysitter, or friend of the family (USDHHS, 2016a).

There are often many subtle or not so subtle signs that can indicate the possibility that a child is a victim of maltreatment or abuse. These signs may be present in the child, the parent, or when the child and parent are together (USDHHS, 2016a).

Healthcare providers may suspect a child may be the victim of abuse or neglect during an emergency department visit or even during a routine checkup at the physician's office (USDHHS, 2016a).

The Child

Children that are suffering from maltreatment or abuse may demonstrate sudden changes in behavior or school performance. They may show a sign of difficulty concentrating or have trouble learning that isn't due to physical or psychological reasons (Child Information Gateway, 2013).

In addition they might:

- Lack adult supervision.
- Be overly compliant, passive, or withdrawn.

- Come to school or other activities early, stay late, and not want to go home.
- Not have received help for physical or medical problems even though the problems were brought to the parents' attention.
- Be always watchful as though they were preparing for something bad to happen. (Child Information Gateway, 2013).

Test Yourself

Children suffering from maltreatment or abuse may demonstrate:

a) Trouble learning

b) Overly compliant behavior

c) Changes in behavior

d) All the above- ***Correct!***

The Parent

Although cultural differences can impact the way family members interact and communicate with one another, there are certain signs that indicate a parent could be maltreating their child(ren) (Child Information Gateway, 2013) .

These signs include:

- Viewing the child as a burden, worthless, or completely bad.
- Denying or blaming the child for problems at home or school.
- Asking caregivers or teachers to use harsh physical discipline if the child does not behave.
- Demanding a level of academic or physical performance that the child will not be able to achieve.
- Primarily looking to the child for care, attention, and satisfaction of emotional needs.
- Appearing to demonstrate little concern for the child. (Child Information Gateway, 2013)

Interaction between Child and Parent

Observing the interactions and nonverbal communication between a child and parent can provide insight into their relationship (Child Information Gateway, 2013).

Signs or statements that might be of concern include:

- The child and parent state they do not like each other.
- They consider their relationship to be completely negative.
- They rarely look at or touch each other (Child Welfare Information Gateway, 2013).

Signs of Neglect

Signs of neglect are usually easily recognized and include:

- Begging for or stealing food and money
- Stating that there is no one to take care of them

- Unkempt appearance and strong body odor
- Lack of appropriate clothing for the weather
- Frequent absences from school
- Using drugs or alcohol
- Lacking medical or dental care; lacks glasses to correct vision (if needed) (Child Information Gateway, 2013).

Other signs that a parent or caregiver is neglecting their child might include:

- Irrational behavior
- Appearing indifferent to the child
- Abusing alcohol or drugs
- Appearing depressed, withdrawn, or apathetic (Child Information Gateway, 2013)

If it appears that an incident of neglect might have taken place, it is important to examine the details surrounding the incident before determining that a case of neglect has actually occurred. Poverty, standards of care within the community and cultural values may be the root of the problem, not neglect.

Once a caregiver is provided with resources to correct the problem and they do not, the case will likely be considered neglect and a child welfare intervention may be required (Child Welfare Information Gateway, 2015).

Patient Scenario: Culture or Neglect?
You are evaluating a three year old child of Cambodian descent for possible neglect. The parents speak little English. You note that the child has a number of red streaks across the chest. The hospital interpreter states the marks were caused by the mother rubbing the child's skin with a coin. The child appears withdrawn and reluctant to speak. Before making a decision about the child's welfare, you tell your interpreter that you are not familiar with Cambodian culture.

The interpreter states that children from a traditional culture are usually taught:

- Speak gently and softly.
- Only show feelings at home.
- Children have no right to speak unless they are spoken to.
- If you express feelings or speak with anger or emotion you will not be respected.
- Feelings that are moderated are best; those that are neither very happy or very angry or sad.
- Discussing an individual's problems or giving criticism must not be done in public. This would cause the person to lose face, want revenge, and not accept your idea.
- If you have to give criticism, do so in private and indirectly. Talk around the issue, ask for information about the issue, and then let the individual reach her own conclusion in her own time and way (Wetzel, 2008).

You realize further investigation is required prior to determining the child's status due to the family's

cultural beliefs and practices. Your initial thoughts led you to believe that this child was neglected; however now you are not so sure.

Did you know?

Cambodian traditional folk treatments include rubbing, cupping, coining or pinching an ill person's skin to treat a number of health problems.

- **Coining:** rubbing the skin with the side of a coin causing ecchymosis or striations.
- **Cupping:** the application of a heated cup on the skin of the forehead or abdomen. As the cup cools it contracts; drawing the evil energy into the cup.
- **Pinching:** pinching the skin between the index finger and thumb until a contusion is present. Usually placed between the eyes, base of the nose, chest, back or neck (Wetzel, 2008).

Medical Neglect

Parents have the right to refuse medical care for their child for a variety of reasons. Some of these reasons include fear of treatment, religious beliefs, or financial issues (Child Welfare Information Gateway, 2013).

Important factors to consider when determining if the child is a victim of medical neglect include:

- Is the refusal of treatment related to cultural norms?
- Is the treatment that is being refused considered an emergency for an acute or life-threatening condition (for example a blood transfusion to treat severe hypovolemic shock)?
- Is the parent intentionally ignoring medical recommendations for a child with a treatable chronic disability or disease that might require hospitalization or cause the deterioration of the child’s health?
- Is the refusal of treatment based on a lack of financial resources or the parent or caregiver's intentional refusal for care? (Child Welfare Information Gateway, 2013)

When a parent knowingly ignores medical recommendations for their child they are placing the child at risk for increased health problems and poor overall health. Agencies that provide child protective services may intervene in certain cases and obtain a court order to prevent disfigurement, disability, or life-threatening injury (Child Welfare Information Gateway, 2013).

CAPTA and Medical Neglect of Infants

CAPTA defines medical neglect as: "The failure to respond to the infant's life threatening conditions by providing treatment that, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions” (Child Welfare Information Gateway, 2013).

The term treatment includes:

- Appropriate nutrition
- Hydration
- Medication (Child Welfare Information Gateway, 2013)

CAPTA notes that there are a few exceptions, including:

- Infants who are "chronically and irreversibly comatose"

- Situations when providing treatment would not save the infant's life (but merely prolong dying);
- When "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane" (Child Welfare Information Gateway, 2013).

Definitions of Emotional Abuse

Emotional abuse can be defined as behaviors against a child that impairs the child's emotional development. It can also affect a child's sense of self-worth (Child Welfare Information Gateway, 2013).

Examples of emotional abuse include:

- Threats
- Rejection
- Constant criticism
- Withholding love, guidance or support

Emotional abuse is frequently very difficult to prove; however, it is often present with other forms of abuse (Child Welfare Information Gateway, 2013).

Signs of Emotional Abuse

Children that have been or are currently being emotionally abused may appear overly compliant and extremely passive.

Abused children may also show other extremes in behavior such as:

- Aggression
- Extremely demanding
- Inappropriate infantile behavior (head banging, rocking)
- Inappropriate parenting behavior (parenting other children)
- Attempted suicide
- Reporting a lack of attachment to the parent
- Emotionally or physically developmentally delayed
- Difficulty with speech such as stuttering or stammering
- Symptoms associated with anxiety such as stomach ache, rash, hives, and facial tics
- Eating disorders (such as anorexia or obesity)
- Cruel behavior toward animals or other children, sense of enjoyment from maltreating others or from being mistreated
- Infants might have flat or bald spots on their heads (Child Welfare Information Gateway, 2013)

Behaviors of a potentially emotionally abusive caregiver or parent include:

- Open rejection of the child
- Frequently berates, belittles and blames the child
- Appears unconcerned about the child
- Declines offers to help a child with problems (Child Welfare Information Gateway, 2013)

Physical Abuse
Physical abuse is any physical injury. It can range from minor bruising to severe injury and death.

Injuries may result from various harmful actions and include:

- Shaking
- Kicking
- Biting
- Throwing
- Stabbing
- Punching
- Choking
- Beating
- Burning
- Fabricated or parentally-induced illness (Munchausen Syndrome by Proxy or MSP)
- Hitting (with an object, stick, strap or hand) (Child Welfare Information Gateway, 2013).

Any of these injuries (whether they were intended to harm the child or not) are considered abuse (Child Welfare Information Gateway, 2013).

Physical Discipline and Spanking
Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child (Child Welfare Information Gateway, 2013)

Signs of Physical Abuse
Not all signs of physical abuse are easily visualized. Physical abuse might be suspected when a parent or other caregiver is unable to offer any reasonable explanation for their child's injury. The adult may use harsh discipline with the child. They might verbalize that they have a history of being abused themselves when they were a child. They might even express a negative view of their child or describe them as evil.

Physical abuse might be of concern if you observe that the child:

- Withdraws when adults approach.
- Reports an injury by a parent or other adult caregiver.
- Have any unexplained injuries such as bites, bruises, burns, broken bones, or black eyes.
- Has a mark or fading bruises that are noticeable after an absence from school.
- Appears frightened of the parents and protests or cries when it is time to leave (Child Welfare Information Gateway, 2013).

Other signs of physical abuse might include:

- Rope burns.
- Unexplained or unusual burns: cigarette burns, burns in the shape of appliances or common household utensils (burner on a stove), immersion burns that leave sock or glove like burns on the

body, round shaped burns on the genitals or buttocks, burns on the palms of the hands, soles of the feet.

- Infected burns.
- Bruising or welts with unusual shapes or patterns on the back, upper arms, buttocks, thighs, face or throat.
- Multiple bruises in various stages of healing. (Child Welfare Information Gateway, 2013)

More Info

As a clinician it is important to be familiar with normal growth and development. For example: Can a two month old with facial bruising sustain the injury by rolling off a change table? Infants usually begin to roll at three months of age. This is cause for suspicion and raises a red flag warning. Whenever an injury is present, always ask yourself if the history supports the injury (Lazoritz, Rossiter & Whiteaker, 2010).

Fabricated Illness: Munchausen Syndrome by Proxy

Munchausen Syndrome by Proxy is a relatively rare condition whereby a child's illness is fabricated by the caretaker to bring attention to themselves or gain satisfaction by being able to deceive individuals they consider to be more powerful and important than they are (Cohen, 2013).

In Munchausen Syndrome by Proxy, the caretaker or parent purposely misleads others to believe that their child has medical problems (Cohen, 2013).

To accomplish this they might induce or make up symptoms and as a result, the healthcare provider usually orders testing and possibly hospitalization of the child (Cohen, 2013).

Shaken Baby Syndrome

Shaken baby syndrome also known as abusive head trauma (AHT) is a type of physical abuse caused by a severe brain injury related to violent shaking of an infant (CDC, 2016). Since the infant's neck muscles are not strong enough to decrease or control the movement of the head, the baby's brain bounces back and forth inside the skull (Mayo Clinic, 2014). The shaking action can cause swelling, bruising, and bleeding that can lead to permanent and severe brain damage and potentially death (Mayo Clinic, 2014).
Shaken baby syndrome is most common in children under five, with children under one year at most risk (CDC, 2016).

Research shows that shaken baby syndrome often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. The caregiver then shakes the child and/or hits or slams the child's head into something in an effort to stop the crying (CDC, 2016).

Signs and symptoms of shaken baby syndrome include:

- Apnea or difficulty breathing
- Altered level of consciousness (irritability or lethargy)
- Poor sucking/eating
- Vomiting
- Seizures
- Inability to lift their head (Mayo Clinic, 2014)

A diagnosis is usually made on exam and confirmed by the presence of:

- Retinal hemorrhage or detachment
- Swelling of the brain
- Skull fracture
- Subdural hematoma
- Major head trauma with a lack of other external injuries
- Bruises on the neck or head (Mayo Clinic, 2014)

Nearly all victims of shaken baby syndrome suffer serious, long-term health consequences such as vision problems, developmental delays, physical disabilities, and hearing loss. At least one of every four babies who experience shaken baby syndrome dies from this form of child abuse (CDC, 2016).

The key to preventing shaken baby syndrome is educating the parents or caregivers about strategies to relieve stress when baby starts to cry and helping them find support and resources in their community (CDC, 2016).

Sexual Abuse

Sexual abuse is defined by CAPTA as: "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children by a parent or caretaker are considered sexual (Child Welfare Information Gateway, 2013).

Any activities such as:

- Indecent exposure
- Fondling a child's genitals
- Penetration
- Rape
- Incest
- Sodomy
- Production of pornographic materials
- Exploitation through prostitution

Signs of Sexual Abuse

Signs of sexual abuse may include:

- Demonstrating an unusual amount of sexual behavior or knowledge.
- Difficulty sitting or walking.
- A sudden change in appetite.
- Bedwetting or nightmares.
- Reports (by the child) that they are being abused.
- Running away from home.
- Contracts a sexually transmitted disease or becomes pregnant especially if under the age of 14.

Other indicators of sexual abuse might include:

- Pain and irritation of the genitals.
- Bruising and bleeding of vaginal or anal areas.
- Frequent urinary tract infection, yeast infection or sore throat.
- Thumb sucking or other regressive behaviors.
- Wearing extra layers of clothing, reluctance to undress.

If a caregiver or parent severely limits the child's contact with other children (especially of the opposite sex) or seems unusually protective of the child, consider the possibility of sexual abuse (Child Welfare Information Gateway, 2013).

An abuser might be isolated and secretive or jealous and controlling of other family members (Child Welfare Information Gateway, 2013).

In May 2015, President Obama signed into law the Justice for Victims of Trafficking Act 2015 (P.L.114-22) (USDHHS, 2016b). This new law includes an amendment to CAPTA that requires each state to report, to the maximum extent practicable, the number of children determined to be victims of sex trafficking (USDHHS, 2016b). Within this new requirement, states are given the option to define child as any person who has not reached the age of 24 years (USDHHS, 2016b).

Child Fatalities: Numbers and Trends

According to the Child Welfare Information Gateway (2016c) statistics on child fatalities in 2014, there were approximately 1, 580 child fatalities (due to abuse and neglect) in 2014. This number is equal to about 2.13 children per one hundred thousand in the general population, and an average of four children dying every day from abuse and neglect (Child Welfare Information Gateway, 2016c).

Many practitioners and researchers believe child fatalities due to neglect and abuse still remain under-reported (Child Welfare Information Gateway, 2016c).

There are many factors that can influence the accuracy and consistency of child fatality data. In addition to differences between reporting requirements and definitions of abuse, other factors that vary from state to state include:

- Differences in death investigative systems
- Training for investigations
- Differences in state child fatality review processes
- The amount of time it can take to determine neglect or abuse as the cause of death
- Miscoding of death certificates including manner undetermined, Sudden Infant Death Syndrome, or other diagnoses that are incorrect.
- Limited options for coding child deaths, especially for those due to neglect or negligence, when using the International Classification of Diseases to code death certificates.
- How easy it is to conceal many child maltreatment deaths.
- Limited cooperation and lack of coordination among different agencies and jurisdictions. (Child Welfare Information Gateway, 2016c).

Fatalities: Children Most at Risk

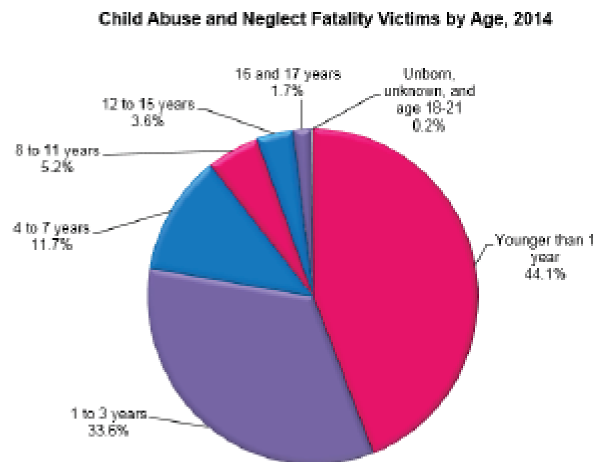
According to 2014 statistics, very young children (ages 4 and younger) are the most frequent victims of child fatalities (Child Information Gateway, 2016c). An inability to defend themselves or tell someone that they have been abused makes them a very vulnerable target.

Child abuse fatalities may be the result of one impulsive act of violence (such as shaking, drowning or suffocating) or they might occur from repeated acts of abuse over an extended period of time (battered child syndrome) (Child Information Gateway, 2016c).

Fatal neglect can occur due to a caregiver or parent's failure to protect the child. Examples of fatal neglect include long term malnourishment or drowning due to lack of supervision (Child Information Gateway, 2016c).

Fatalities Graph

See below for Child Abuse and Neglect Fatality Victims By Age, 2014 Graph.



Child Welfare Information Gateway (2016). Child Abuse & Neglect Fatality Victims By Age, 2014. Retrieved from:
https://www.childwelfare.gov/pubs/factsheets/fatality.pdf#page=2&view=How Many Children Die Each Year From Child Abuse and Neglect?

Test Yourself
Child abuse fatalities may be the result of one impulsive act of violence.

a) True- ***Correct!***

b) False

The Perpetrators: Profile/Prevalence
In cases of child maltreatment, abuse and neglect, the majority of perpetrators have been identified as those individuals that are responsible for the supervision and care of their victims (Child Welfare Information Gateway, 2016c). A non-parental perpetrator is defined as a caregiver who is not a parent (Child Welfare Information Gateway, 2016c).

It might be a foster parent, unmarried partner of parent, legal guardian, child daycare staff, and residential facility staff (Child Welfare Information Gateway, 2016c).

In 2014, parents acting alone or with another parent were responsible for 79.3 percent of child abuse or neglect fatalities. More than one quarter (28 percent) were perpetrated by the mother acting alone, and more than one-fifth (21.8 percent) were perpetrated by the mother and father acting together (Child Welfare Information Gateway 2016c).

Non-parents (including kin and child care providers, among others) were responsible for 15.7 percent of child fatalities, and child fatalities with unknown perpetrator relationship data accounted for 5 percent of the total (Child Welfare Information Gateway,2016c).

Test Yourself
A nonparental perpetrator is defined by HHS as a caregiver who is:

a) Foster parent

b) Legal guardian

c) Child daycare staff member

d) All of the above- ***Correct!***

Please note!
Abuse is a maltreatment of a child, both physically as well as psychologically. Neglect is the failure to give proper physical and emotional care to a child.

Test Yourself
Fatalities from physical abuse are usually caused by:

a) Women or mothers- **Correct!**

b) Male caretakers or fathers-

c) Older siblings

d) Strangers

Child Abuse: The Clinical Examination
The nurse plays an important role in supporting the victim of child abuse during the physical examination. Although the initial examination may often occur in the Emergency Room, it is preferable to conduct the examination at a advocacy center or other center specializing in child sexual abuse, if at all possible. These centers have experienced personnel who specialize in this type of examination (Lazoritz, Rossiter & Whiteaker, 2010).

Child-abuse advocacy centers use a multi-disciplinary team consisting of a forensic nurse, a nurse practitioner, a physician who is an expert in child abuse, a social worker and intake coordinators. They usually have a connection to a women's shelter. In addition, police officers are available; an assigned officer is best. Personnel are trained in interacting with trauma victims during both the acute and chronic phases. The exam room is non-threatening. A separate room with a warm, homelike environment is used for interviewing the child (Lazoritz, Rossiter & Whiteaker, 2010).

Sexual abuse victims have endured tremendous emotional and physical abuse, which they are not capable of understanding. Children lack the analytical skills to deal with feelings. Both the emotional and physical wounds need time to heal (Lazoritz, Rossiter & Whiteaker, 2010).

Building Trust

When dealing with an abused child, the nurse should always try to build a trusting and secure relationship, as the child needs empathy, not sympathy (Lazoritz, Rossiter & Whiteaker, 2010).

While working with the child and family, try not to seem shocked or upset; instead, use a kind, empathetic approach. Developing a trusting relationship with an abused child is critical. Use the following tips to build a trusting relationship with an abused child:

- **Display sensitivity:** The best way to build a child's trust is through sensitivity. Do not push the child for details and facts; rather support the child emotionally by making the child feel comfortable and secure. If the child is not ready to share details of the abuse, respect the child's boundaries, as he or she will open up in his or her own time.
- **Provide reassurance:** Abused children want to feel you believe them. Reassure the child that you are there to help and you believe what he or she says. Abused children often feel they have done something wrong and deserved the abuse. Reassurance that they are not to blame can be therapeutic.
- **Use therapeutic touch:** Abused children need to know that healthcare professionals are there to protect them and keep them safe. Small physical gestures of empathy, such as hand-holding and light hugs (if appropriate to the age and sex of the child) can convey care and concern.
- **Clarify the fact that abuse is abnormal:** Many abused children feel conflicted and confused about the abuser, especially if that person was a parent or someone else the child trusts. Explain to the child that abuse is abnormal. Studies show most children love the parent who abused them, even though they fear and hate the abuse.(Lazoritz, Rossiter & Whiteaker, 2010)

More Info

Remember to thoroughly assess and document the child’s emotional status.

Reporting Child Abuse and Neglect

All United States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have statutes identifying persons who are required to report child maltreatment under specific circumstances (Child Welfare Information Gateway, 2015). In most states, any professional that works with children is considered to be a mandated reporter (Child Welfare Information Gateway, 2015). Mandated reporters are required by law to report child neglect or suspected child abuse (Child Information Gateway, 2015).

Although reporting abuse can be a challenging process, it is the first crucial step to protect a child that might be in danger (Child Information Gateway, 2015). Many states require that any citizen, not just professionals that suspect a child is being neglected or abused must report it to the State appointed agency such as child protective services(Child Information Gateway, 2015).

For a list of examples of professionals that are usually considered to be mandated reporters,

- Physicians
- Medical examiners
- Coroners
- Dentists
- Registered nurses
- Social workers
- Emergency medical technicians
- Teachers, Principals and other school personnel
- Day care center workers
- Any employee or volunteer in a residential care facility for children
- Mental health professionals
- Police officers
- District attorney or assistant district attorney

To find statute information for a particular state, go to:
http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm

Who Reports the Data
The data for victims of specific types of maltreatment was analyzed in terms of the report sources.

According to the Child Welfare Information Gateway (2016b) in FFY 2014, professional report sources submitted more than half (62.7%)of the child fatalities reports. Nonprofessionals reported 18.6% of fatalities.

The three largest percentages of 2014 reports were from the following three groups of professionals (Child Welfare Information Gateway (2016b):

- 19.1 percent was reported by law enforcement.
- 17.7 percent was reported by education personnel
- 11 percent was reported by social services personnel.
- 9 percent was reported by medical personnel.

The categories of anonymous reporters and Unknown or "other" report sources submitted an additional 18.7 percent of fatalities (Child Welfare Information Gateway, 2016b).

Mandatory Reporters
The circumstances under which a mandatory reporter must make a report vary from State to State (Child Information Gateway, 2015). Typically, a report must be made when the reporter, in his or her official capacity, suspects or has reasons to believe that a child has been abused or neglected (Child Information Gateway, 2015).

Another standard frequently used is in situations in which the reporter has knowledge of, or observes a child being subjected to, conditions that would reasonably result in harm to the child (Child Information Gateway, 2015).

Mandatory reporting statutes also may specify when a communication is privileged. “Privileged communications” is the statutory recognition of the right to maintain confidential communications between professionals and their clients, patients, or congregants (Child Information Gateway, 2015).

To enable States to provide protection to maltreated children, the reporting laws in most States and territories restrict this privilege for mandated reporters (Child Information Gateway, 2015).

Disclosure of the Reporter’s Identity

All jurisdictions have provisions in statute to maintain the confidentiality of abuse and neglect records (Child Information Gateway, 2015). The identity of the reporter is specifically protected from disclosure to the alleged perpetrator in 41 States, the District of Columbia, Puerto Rico, American Samoa, Guam, and the Northern Mariana Islands (Child Information Gateway, 2015).

This protection is maintained even when other information from the report may be disclosed (Child Information Gateway, 2015).

Release of the reporter’s identity is allowed in some jurisdictions under specific circumstances or to specific departments or officials (Child Information Gateway, 2015). For example, disclosure of the reporter’s identity can be ordered by the court when there is a finding that the reporter knowingly made a false report (in Alabama, Arkansas, Connecticut, Kentucky, Louisiana, Minnesota, South Dakota, Vermont, and Virginia) (Child Information Gateway, 2015). In some jurisdictions (California, Florida, Minnesota, Tennessee, Texas, Vermont, the District of Columbia, and Guam), the reporter can waive confidentiality and give consent to the release of his or her name(Child Information Gateway, 2015).

Inclusion of Report’s Name

Most states maintain toll-free telephone numbers for receiving reports of abuse or neglect (Child Information Gateway, 2015). Reports may be made anonymously to most of these reporting numbers, but states find it helpful to their investigations to know the identity of reporters (Child Information Gateway, 2015 .

Approximately 19 States, the District of Columbia, American Samoa, Guam, and the Virgin Islands currently require mandatory reporters to provide their names and contact information, either at the time of the initial oral report or as part of a written report (Child Welfare Information Gateway, 2015).

The laws in Connecticut, Delaware, and Washington allow child protection workers to request the name of the reporter (Child Information Gateway, 2015).

In Wyoming, the reporter does not have to provide his or her identity as part of the written report, but if the person takes and submits photographs or x-rays of the child, his or her name must be provided (Child Information Gateway, 2015).

Under-Reporting of Child Abuse & Neglect
Responding to the problem of child abuse and neglect is hindered by many inconsistencies that can be related to under-reporting, lack of consistent standards or different standards from state to state and the lack of appropriate training (Child Welfare Information Gateway, 2016c).

To help eliminate some of these factors, multi-agency and multi-disciplinary review teams have emerged at local and state levels. The teams conduct evaluations and create policy and procedures to help address child fatalities and the effectiveness of investigations (Child Welfare Information Gateway, 2016c).

Factors that hinder response to child abuse include:

- Under-reporting
- Inconsistent standards
- Lack of training (Child Welfare Information Gateway, 2016c).

Reasons for Under-Reporting
Child abuse and neglect is often under-reported (Merrick & Latzman, 2014). There are many reasons (other than a lack of knowledge about child maltreatment or state reporting laws) that contribute to a lack of reporting, including:

- A belief that someone else will report it.
- An unwillingness or fear to become involved.
- Fear of making the family angry.
- Concern that the report will make things even worse for the child.
- Feeling that making a report will make a negative impact on an existing relationship they have with the child. (Merrick & Latzman, 2014)

As difficult as it may seem, none of these reasons rationalize why a report should not be filed (Merrick & Latzman, 2014).

By not reporting maltreatment and neglect a child could be placed at risk for an even higher level of endangerment (Merrick & Latzman, 2014).

Test Yourself
Factors that contribute to a lack of reporting include concern that the report will make things even worse for the child.

a) True- ***Correct!***

b) False

Preventing Neglect and Abuse
Educating yourself and others about the signs and symptoms of child abuse is one of the best ways to prevent abuse (Child Welfare Information Gateway, 2013).

If a child tells you they have been abused, file a report with child protective services (CPS) or the local police department depending on the guidelines for your state (Child Welfare Information Gateway 2013 & Merrick & Latzman, 2014).

Mandated reporters such as healthcare professionals should keep up to date with educational offerings about child maltreatment and abuse and always follow your organizations policy and procedure for reporting abuse (Merrick & Latzman, 2014).

Test Yourself

One of the best ways to prevent child abuse is to:

a) Talk to the parents.

b) File a report with CPS.- ***Correct!***

c) Wait and make sure it wasn't an isolated incident.

d) None of the above.

Conclusion

Maltreatment, abuse and neglect of children continue to remain a serious problem in the United States.

Despite strategic efforts to diminish the problem, under-reporting and misdiagnoses allows victims of abuse to continue to suffer.

Unfortunately it is often the child's own parent(s) that is the perpetrator of the abuse.

Federal and state legislation provide the groundwork for reporting maltreatment, abuse and neglect, however, without the help of professionals and the community at large, abuse will continue to occur.

Appendix A

The Children's Bill of Rights

April 20, 1996

We, Children from seven countries and three continents, having communicated with each other over the Internet, agree that the following are natural rights of Children all over the world, and hereby ratify them:

Preamble

We believe that a successful society invests its best resources and hopes in the success of its children. An unsuccessful society ignores or maltreats its children. Children are the future of our species. How a society treats its children is a direct reflection of how that society looks at its future. The Children's Bill of Rights proposes rights for children that all adults on Earth should honor, so that we may help create the very best future for ourselves and, in turn, our own children. A moral and competent society is one that respects and upholds the rights of its children. A society that fails to do so is immoral and incompetent.

Articles of the Children's Bill of Rights

Section I: Articles that are implemented immediately

1. Children's universal rights
As compared to adults, children until the age of 18 have the right to receive special care and protection. Children all have the same rights, no matter what country they were born in or are living in, what their sex is, what their race is, or what their religion is.

2. Right to inherit a better world
Children have the right to inherit a world that is at least as good as the one their parents inherited. Children have a responsibility to think about how they will leave a better world to their children, and, when they become adults, they have the right and duty to act on this.

3. Right to influence the future
Children have the right to participate in discussions having to do with the directions our society is taking -- on the large political, economic, social, and educational issues and policies -- so that children can help create the kind of world they will grow up in.

Adults have an obligation to communicate their views of these large issues in terms that children can understand, and provide children with the same information that is available to all adults.

Children have the right to understand how things change within society, and to learn how to influence these changes.

4. Right to freedom of thought, opinion, expression, conscience, and religion
Every child has the right to express his or her opinion freely, and adults should address that opinion with the child in every decision that affects him or her. Children have the right to carry out research to help form these opinions.

Children have the right to express their views, obtain information, and make ideas or information known.

Children have the right to form their own views in matters of conscience and religion.

5. Right to media access
Children have guaranteed access to all important communications media so that they may communicate nationally and internationally amongst themselves and with adults.

6. Right to participate in decisions affecting children
Children have the right to participate in all committees and decisions that make plans and set policies that directly or indirectly affect children.

7. Right to privacy
Children have the right to privacy to the same extent adults have.

8. Right to respect and courtesy
Children should be treated with respect and courtesy by adults, as well as by other children.

9. Right to an identity
Children separated from their birth parents at birth or at an early age have the right to know that this happened. Children have the right to know their name, who their birth parents are, and when and where they were born.

10. Right to freedom of association

Children have the right to meet with others, and to join or form associations, equivalent to that held by adults.

11. Right to care and nurturing
Children have the right to have nurturing and caring parents or guardians.

12. Right to leisure and play
Children have the right to leisure, play, and participation in cultural and artistic activities. Children have the right to enjoy at least a few hours every day when they are free from worries.

13. Right to safe work
Children have the right to be protected from work that threatens their health, education, or development.

Children have the right to have pocket money so that they may learn to manage money.

14. Right to an adequate standard of living
Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral, and social development, no matter how wealthy his or her parents are.

15. Right to life, physical integrity and protection from maltreatment
Children have the right to be protected from all forms of maltreatment by any adult, including a parent. This includes but is not limited to: physical abuse, including torture, violence, hitting and slapping; harmful drugs, including alcohol and tobacco; mental abuse; and sexual abuse.

Infanticide is prohibited.

No child shall be forced into marriage.

16. Right to a diverse environment and creativity
Children have the right to have many different things, people, and ideas in their environment.

Children have the right to listen to music of their choice.

Children have the right NOT to have their creativity stifled.

17. Right to education
Every child has the right to education, education that aims to develop his or her personality, talents, and mental and physical abilities to the fullest extent, no matter how wealthy the child's parents are.

Education should foster respect for a child's parents, for the child's own cultural identity, language and values, as well as for the cultural background and values of others.

Children have the right to an excellent education in any school. Schools will differ not in the quality of the education they offer, but only in their philosophies of teaching, and what professional specializations they stress.

18. Right to access appropriate information and to a balanced depiction of reality
Adults have the obligation to provide children with information from several different sources.

Children should be protected from materials adults consider harmful.

Children have the right to have reality presented to them in a balanced and accurately representative fashion.

19. Right not to be exposed to prejudice
Children have the right NOT to be taught that one group (racial, national, religious, etc.) is superior to another.
Section II: Articles that require social or national policies

20. The right to a clean environment
Children have a right to a clean environment (water, air, ground, sea).

21. Right to a small national debt
Governments and countries must decrease national debt which will have to be paid for by future generations.

22. Right to vote
Children over 14 have the right to vote on issues that directly affect children, in all local, regional, national and international elections.

23. Right to medical care
Children have the right to be kept alive and in the best health and medical care science can provide, no matter how wealthy their parents are.

24. Legal rights
Children accused of crimes have at least the same legal rights as adults.

No child shall be institutionalized against her or his will without due process rights.

25. Right not to participate in war
Young people under 21 have the right NOT to go to war.

The Children's Bill of Rights may be freely reproduced and distributed provided it is done so in its entirety and unaltered, and with this paragraph attached.

The Children’s Bill of Right’s

Background

In 1996, several hundred children from around the world drafted The Children's Bill of Rights. The Bill lists the rights that all Children have so that they can grow up free from abuse, thrive in the world, and participate in influencing the shape of their future.

Children's Rights
Prevention of Child Abuse is Original Focus

Over the past several years, we have become increasingly aware of the difficulty the world is having ensuring that children are brought up in a way that enables them to thrive. Initially, such concerns focused on obvious forms of child abuse: wars that targeted non-combatants and children, inter-ethnic genocide, child malnutrition, diseased environments, and social and even parental abuse. Efforts were made by some countries, the United Nations, and a plethora of private philanthropic organizations to tackle these abuses, and the first pioneering notions of children's rights emerged. But the children, themselves, had yet to be heard from.

As our understanding of these issues deepened, the concerns went beyond abuse to address more

systemic, inter-generational problems. Not only did people become increasingly concerned with whether kids would be able to flourish in today's world, but whether they would be able to flourish to tomorrow's world, a world that will differ in fundamental ways from today's, yet in ways that today we don't still fully understand.

Children's Rights Take On a Larger Perspective

In 1995, an effort was launched to address children's rights and their roles in society from this larger perspective, and to do it through the ideas, needs, and voices of kids themselves. This effort is called The Kids' Campaign. The first project was to design a Children's Bill of Rights. This was accomplished in the Spring of 1996 through the extraordinary medium of the Kidlink, an Internet organization that brings together hundreds of school children around the world and provides them with a 'space' in which to express themselves and share their ideas through a wide variety of projects.

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