

IOWA: CHILD ABUSE

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Purpose and Objectives

The purpose of this course is to provide information about child maltreatment; identification, reporting, and adjudication of abuse and neglect.

The following curriculum is approved by the Iowa Department of Public Health Abuse Education Review Panel approval #731.

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

1. Identify key legislation in Iowa that addresses child abuse
2. Define the Federal role in child abuse activities
3. Describe signs and symptoms of abuse
4. Describe symptoms associated with shaken baby syndrome
5. Identify characteristics associated with perpetrators of child maltreatment and abuse
6. Define the term mandatory reporter in Iowa
7. Describe the process to follow in reporting suspected child abuse in Iowa

Introduction

“Child abuse is a frightening reality. A report of child abuse is made every ten seconds.”

(Centers for Disease Control and Prevention [CDC], 2014).

Whether you are a parent, a healthcare provider or both, coping with the aftermath of child maltreatment can generate an intense emotional response.

Healthcare workers are an essential part of child maltreatment identification, reporting, treating, and adjudication. As difficult as it may be, learning the signs and behaviors linked to maltreatment, abuse and neglect is an important skill that must be mastered by all healthcare workers.

An awareness of the characteristics of a perpetrator and how the victim might act; will assist in determining if a child is or could be in imminent danger of child maltreatment or abuse.

National Statistics

The 2013 “Child Maltreatment Report,” published by the U.S. Department of Health and Human Services (USDHHS) Children’s Bureau, indicates that an estimated 3.5 million reports of child abuse involving 6.4 million children were made to child protection agencies in 2013; an increase of 11.6% since 2009.

The USDHHS indicated that the rate of child abuse referrals is 47.1 per 1,000 children (U.S. Department of Health and Human Services [USDHHS], 2015).

Mandatory Reporting

All states, including the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands, identify persons who are required by law to report child maltreatment.

- 48 states enumerate which professional groups are mandated to report child maltreatment.
 - New Jersey and Wyoming require all persons to report child maltreatment

The most common professions required to report include:

- Healthcare workers
- Social workers
- Teachers, principals, other school staff
- Public service workers
- Counselors
- Child care providers
- Medical examiners

This list changes as the statutes are revised and may not be current for each state. Please check state statutes for a current list (Child Welfare Information Gateway, 2014).

Note! The law requires that suspected child abuse must be reported. It is not the role of the reporter to validate the abuse or have proof that the abuse occurred before reporting. The law specifies that **reports of child abuse must be made when the person reporting has a reasonable belief that a child has suffered abuse.**

Reports are made in terms of the child's condition, not in terms of a potential accusation against parents and are a request to determine if abuse exists.

Employers or supervisors cannot apply a policy, work rule or other requirement that interferes with the person making a report of child abuse.

Iowa State Statutes

Iowa code, section 232.69

Iowa is one of the 48 states which enumerate which professional groups are mandatory reporters. Mandatory reporters are involved in the identification, reporting, assessment, and treatment of cases of child maltreatment.

The following synopsis of the Iowa Statutes pertaining to mandatory reporting of victims of child maltreatment delineates these groups. It is important to recognize that state statutes change and this module is up-to-date as of June, 2015, so review of the most current version of the Iowa statutes is essential to knowing your role as a mandatory reporter.

Professionals Required to Report (Mandatory Reporting)

Iowa code, section 232.69; 728.14

The following persons are required to report:

- Health practitioners
- Social workers or psychologists
- School employees, certified para-educators, coaches, or instructors employed by community colleges
- Employees or operators of health-care facilities, child care centers, Head Start programs, family development and self-sufficiency grant programs, substance abuse programs or facilities, juvenile detention or juvenile shelter care facilities, foster care facilities, or mental health centers
- Employees of Department of Human Services institutions
- Peace officers, counselors, or mental health professionals
- Commercial film and photographic print processors

Reporting by Other Persons (Permissive Reporting)

Iowa code, section 232.69

Any person who has a reasonable belief that a child has been abused may report.

Institutional Responsibility to Report

Iowa code, section 232.70

The employer or supervisor of a person who is a mandatory or permissive reporter shall not apply a policy, work rule, or other requirement that interferes with the person making a report of child abuse.

Standards for Making a Report

Iowa code, sections 232.69; 728.14

A report is required when:

- A reporter, in the scope of his or her professional practice or employment responsibilities, reasonably believes that a child has been abused.
- A commercial film and photographic print processor has knowledge of or observes a visual depiction of a minor engaged in a prohibited sexual act or in the simulation of a prohibited sexual act.

Privileged Communications

Iowa Child Abuse

Iowa code, section 232.74

The husband-wife or health practitioner-patient privilege does not apply to evidence regarding abuse of a child or participation in an adjudication which results from a child maltreatment report.

Inclusion of Reporter's Name in Report and Disclosure of Reporter Identity

Iowa code, sections 232.70; 232.71B

The report shall contain the name and address of the person making the report. The department shall not reveal the identity of the reporter to the subject of the report.

Types of Child Abuse

The USDHHS (2015) reports that the types of child abuse seen nationally can be divided into 4 distinct types with child neglect being the highest reported type:

Neglect: 79.5%

Physical abuse: 18%

Sexual abuse: 9%

Other: 10%

Children's Bill of Rights

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.

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

Medical facilities, legal organizations and other groups that work with children recognize the importance of treating children with dignity and have incorporated a children's bill of rights into their everyday practice.

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. As of April 20, 1996, children from 7 countries and 3 continents had ratified The Children's Bill of Rights. If you are under 18 years of age and would like to ratify the CBOR, please contact us at the above addresses.

[Click here](#) for more information.

<http://www.newciv.org/ncn/cbor.html>

Key National Legislation

In 1974, key federal legislation addressing child abuse and neglect was enacted.

The **Federal Child Abuse Prevention and Treatment Act (CAPTA)** 42 U.S.C.A. §5101), as amended by the CAPTA Reauthorization Act of 2010, establishes the Office on Child Abuse and Neglect and mandates Child Welfare Information Gateway.

This act identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities. 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.

CAPTA provides basic 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 (USDHHS, 2015).

To learn more about CAPTA click here

<http://www.acf.hhs.gov/programs/cb/resource/capta2010>)

Child Abuse in Iowa

In 2009, the Department of Human Services (DHS) in Iowa accepted 25,814 reports for assessment (Child Abuse Guide, 2011). After completing an assessment of the allegations, DHS confirmed that abuse occurred in 34% of the reports. Some children suffered multiple types of abuse or repeat maltreatment. These results represent a rate of 15.6 per 1,000 children abused in 2009.

The Iowa DHS works closely with physicians, nurses, educators, mental health practitioners, law enforcement agencies, and the judiciary. All of these parties are involved in the identification, reporting, assessment, and treatment of cases of child abuse. Iowa recognizes that children can be kept safe from abuse and neglect through increased community ownership, responsibility and involvement. The safety of our children depends on how well communities support families and make decisions about available resources.

A child is defined in Iowa Code section 232.68 as any person under the age of 18 years.

Knowledge Check 1

Which activities are Iowa healthcare professionals involved in regarding cases of child abuse?

- a. Identifying, reporting, and treating
- b. Identifying, preventing, and treating
- c. Reporting, treating, and prosecuting
- d. Reporting, preventing and treating

Yes, that's right! Healthcare professionals are involved in identifying, reporting, and treating cases of child abuse.

Iowa Child Abuse Law

Iowa Code sections 232.67-232.75

According to the Child Abuse: A guide for Mandatory Reporters, 2010, the intent of the Iowa child abuse regulations is to identify victims of abuse, provide professional assessment, and to offer protective services to protect, treat, and prevent children from abuse. The purpose of these statutes is to encourage the reporting of suspected child abuse. While the state does not intend to interfere with parental discipline and child rearing practices; the state does reserve the right to intervene for the general welfare of the child when there is a clear and present danger to the child's health, welfare, and safety.

The Department of Human Services (DHS) was created to receive and assess reports of suspected child abuse.

DHS works closely with mandatory reporters. The safety of Iowan children depends on community support for families. Mandatory reporters are involved in the identification, reporting, assessment, and treatment of cases of child maltreatment.

One entity alone cannot eliminate child abuse, it takes a community that is cognizant of child abuse triggers and has a willingness to get involved.

Knowledge Check 2

The Department of Human Services (DHS) is authorized by law to receive reports of suspected child abuse.

- a. True
- b. False

Yes, that's right. The correct answer is TRUE.

Categories of Child Abuse in Iowa

Iowa Code, section 232.68.

Ten categories of child abuse are defined by Iowa statutes. According to the latest data in Child Abuse: A Guide for Mandatory Reporters, the percentage of confirmed abuse is as follows:

1. Physical abuse: 9%
2. Mental injury: 0.1%
3. Sexual abuse: 3.8%
4. Denial of critical care: 81%
5. Child prostitution: 0.0%
6. Presence of illegal drugs in a child's body: 3.6%
7. Manufacturing or possession of a dangerous substance: 0.45%
8. Bestiality in the presence of a minor: 0.0%
9. Allows access by a registered sex offender: 0.6%
10. Allows access to obscene material: Not reported

Signs and Statements that May Be of Concern

Abuse is the result of the acts or omissions of the person responsible for the care of the child. Each form of abuse may occur separately or in combinations of abuse. Observing the interactions and nonverbal communication between a child and parent can provide insight into their relationship.

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, 2014)

Knowledge Check 3

How many categories of child abuse does Iowa recognize?

- a. Six
- b. Eight
- c. Ten
- d. Twelve

CORRECT

Yes, Iowa recognizes ten (10) categories of child abuse.

Physical Abuse

Physical abuse is any non-accidental physical injury. Injuries not consistent with the explanation should be assessed thoroughly. The healthcare workers need to be astute to the possible behavioral indicators of abuse. It is essential that each child is consistently evaluated and any suspicions be reported.

There are a myriad of symptoms that might signal that the child was mistreated; these include fractures, burns, bruises, intraventricular hemorrhages, lacerations, etc. Additionally, a change in the child's behavior may indicate maltreatment in the absence of physical signs.

Consider Maltreatment When...

Consider maltreatment when the child:

- Withdraws when adults approach
- Reports an injury by a parent or other adult caregiver
- Has any unexplained injuries such as bites, bruises, burns, broken bones, or black eyes
- Has marks 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
- Exhibits:
 - Extreme aggression
 - Withdrawal
 - Seductive behavior
 - Is uncomfortable with physical contact or closeness

Knowledge Check 4

Physical abuse might be suspected if a child has any unexplained injuries such as bites, bruises, burns, broken bones, or black eyes.

- a. True
- b. False

CORRECT

Yes, the correct answer is TRUE. Physical abuse might be suspected if a child has any unexplained injuries such as bites, bruises, burns, broken bones, or black eyes.

Mental Injury

Mental injury is defined as observable and substantial impairment in the child's ability to function within a normal range, due to acts or omissions by the person responsible for their care.

Examples of mental injury include:

- Ignoring the child, failing to provide necessary stimulation, or validation of the child's worth
- Rejecting the child's value, needs, and request for adult validation and nurturance
- Isolating the child from the family and community; denying the child normal human contact
- Terrorizing the child, preventing the child from feeling safe and secure
- Encouraging and reinforcing destructive, antisocial behavior
- Verbally assault: Excessive name-calling, harsh threats, sarcasm, and humiliation
- Pressuring the child to achieve too fast resulting in a child feeling that he or she is never quite good enough

Mental injury impairs a child's emotional development. It can be difficult to prove; however, it is often present with other forms of abuse (Child Welfare Information Gateway, 2014).

Signs & Symptoms of Mental Injury

Children who appear overly compliant and extremely passive, demonstrate sudden changes in behavior or school performance, and have difficulty concentrating or have difficulty learning that isn't attributed to physical or psychological reasons may be mentally abused. They might also demonstrate behaviors 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
- Cruelty toward animals or other children

Knowledge Check 5

Denying a child normal human contact is an example of what type of abuse?

- a. Physical
- b. Sexual
- c. Mental

CORRECT

Denying a child normal human contact is an example of mental abuse.

Mental Injury & the Caregiver

Although cultural differences can impact the way family members interact and communicate with one another; there are signs that indicate the parent may be causing mental injury. Behaviors 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
- Viewing the child as a burden, worthless or completely bad
- Asking caregivers or teachers to use harsh physical discipline
- Demands a level of academic or physical performance that the child may not be able to achieve
- Primarily looks to the child for care, attention and satisfaction of emotional needs
- Appears to demonstrate little concern for the child

Knowledge Check 6

Which behavior in the caregiver or parent might indicate mental injury?

- a. Expressing concern for the child.
- b. Frequently praising the child.
- c. Offering to help the child.
- d. Demanding an unrealistic level of academic or physical performance.

CORRECT

The behavior in the caregiver or parent that might indicate mental injury is demanding an unrealistic level of academic or physical performance.

Sexual Abuse

Sexual abuse is defined by the state of Iowa as the commission of a sexual offense with or to anyone under the age of 18 years. Any activity such as indecent exposure, fondling a child's genitals, penetration, rape, incest, sodomy, production of pornographic materials, or exploitation through prostitution by a parent or caretaker are considered sexual abuse (Child Welfare Information Gateway, 2014).

For more information regarding the categories of sexual abuse in Iowa, please click here (<https://dhs.iowa.gov/child-abuse>)

Signs & Symptoms of Sexual Abuse

Signs of sexual abuse may include:

- Demonstrating an unusual amount of sexual behavior or knowledge
- Has 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
- 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

Knowledge Check 7

Demonstrating an unusual amount of sexual behavior or knowledge is considered a sign of sexual abuse.

- a. True
- b. False

CORRECT

The correct answer is TRUE.

Denial of Critical Care

Denial of critical care is defined as the failure of a person responsible for the care of a child to provide for the essentials of life when financially able to do so. Denial of critical care is also known as neglect.

Denial of critical care is the failure to provide the following necessities to the extent that such a refusal of the following may result in injury or death:

- Adequate food and nutrition
- Adequate shelter
- Adequate clothing
- Adequate healthcare
- Adequate mental healthcare
- Gross failure to meet the emotional needs of the child necessary for normal development
- Proper supervision of a child; including cruel and undue confinement of a child and the dangerous operation of a motor vehicle
- Illegal drug use by caretaker
- Children home alone
- Failure to respond to the infant's life-threatening conditions by failing to provide treatment which in the treating physician's judgment will be most likely to be effective in correcting all conditions.

Signs of Denial of Critical Care

Signs of denial of critical care may 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, eye, or dental care

Parents/caregiver may exhibit:

- Irrational behavior
- Appears indifferent to the child.
- Abuses alcohol or drugs
- Appears depressed, withdrawn, or apathetic

Reasons for Denying Care

Parents have the right to refuse medical care for their child. Some of the reasons include fear of treatment, religious beliefs or financial issues. It is important to consider the following when determining if the child is a victim of neglect:

- Is the refusal of treatment related to cultural norms?
- Is the treatment being refused considered an emergency for an acute or life-threatening condition?
- Is the parent intentionally ignoring medical recommendations for a treatable disease?
- Is the refusal of treatment based on a lack of financial resources or the parent or caregiver's intentional refusal for care?

When a parent knowingly ignores medical recommendations for their child; a court order may be obtained. The facts of each case should be considered carefully as what might be denial of care in one case, may not qualify in another case.

Knowledge Check 8

It is a parents right to ignore medical recommendations for their child.

- a. True
- b. False

CORRECT

The correct answer is FALSE. When a parent knowingly ignores medical recommendations for their child, they are placing the child at risk. A court may order that the necessary medical service be provided.

Child Prostitution & Illegal Drugs

Iowa Code, sections 702.5, 725.1, 232.71B, 232.75, & 232.77

Child prostitution: the acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in acts of prostitution.

The presence of illegal drugs is defined as occurring when an illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child. Healthcare professionals must report any positive results to the DHS.

Manufacturing or Possession of A Dangerous Substance

Iowa Code, sections 232.2, subsection 6, paragraph p

Manufacturing or possession of a dangerous substance when the person responsible for the care of a child and in the presence of the child:

- Has manufactured a dangerous substance
- Knowingly allows the manufacture of a dangerous substance by another person
- Possesses a product containing ephedrine, ephedrine salts, optical isomers, salts of optical isomers, or pseudoephedrine, pseudoephedrine salts, optical isomers, salts of optical isomers, with the intent to use the product as a precursor or an intermediary to a dangerous substance.

Note: In the presence of a child means the physical presence of the child, in the child's home, on the premises, in a motor vehicle, or under circumstances that the manufacture or possession may be seen, smelled, or heard by the child.

Bestiality, Access by a Registered Sex Offender, or Access to Obscene Material

Iowa Code, section 717C.1 & 728.1

Bestiality is the commission of a sex act with an animal in the presence of a minor by a person who resides in a home with a child.

Access to a child by a registered sex offender is considered child abuse if the caretaker knowingly allows unsupervised access of a child up to age of 14 years; or a child up to the age of 18 years, if that child has a mental or physical disability.

Exceptions: The registered sex offender is the caretaker's spouse or is a minor child of the caretaker.

Allowing access to, exhibiting, or disseminating obscene material to a child is not allowed.

Reporting Child Abuse

DHS is responsible for reporting criminal activity to law enforcement.

Criminal activity is defined as bestiality, manufacturing or possessing a dangerous substance, and prostitution among other activities.

Intake

Making a report of suspected child maltreatment is the first step in ensuring the safety of the child. It is important for the reporter to understand that making a report is not tantamount to having the child removed.

DHS is required to review the report to be sure that the report meets the legal requirements of acceptance. DHS policy ensures that the report is accepted when there is not sufficient information to reject it.

The reporter may be contacted for further information if the report is not complete or if portions are unclear, if the initial report was written, or if there are discrepancies between the written and oral report or with the findings of the investigator.

DHS has specific timeframes in which to act upon a report. For example:

- The report does NOT meet the criteria to be accepted, but the child is at high risk from someone other than the caregiver; the DHS supervisor must review, approve the decision to reject the report, and call law enforcement if applicable, within one hour of receipt of the report.
- The report does NOT meet the criteria to be accepted, the child is not at high risk and the alleged abuser is not the caregiver, the DHS supervisor must review and approve the decision to reject the report within 12 hours of receipt of the report.
- The report indicates abuse has occurred, but it is not considered a high risk injury or there is no immediate threat to the child, the DHS supervisor must review and approve the decision to accept the report within 12 hours of receipt of the report.

DHS must assign a case worker immediately if the child has sustained a high risk injury or if there is an immediate threat to the child; otherwise, the case will be assigned within in 12 hours. The case worker will perform an assessment to evaluate the safety of and risk to the child and other children within the home. The case worker collaborates with physicians, law enforcement, and the juvenile court as applicable to each case.

Removal of a Child

Iowa Code, sections 272.78-232.79A

There are four legal procedures for the emergency removal of a child:

1. Ex parte court order
2. Removal by a peace officer
3. Removal by a physician
4. Parental consent

DHS assessment workers/case workers do not have the statutory authority to remove children from a home or caregiver. **Under the Iowa statutes, the child is placed in protective custody by DHS only after obtaining a court order.** However, a peace officer, juvenile court officer, or a physician treating a child may remove the child without a court order when the child is determined to be in imminent danger.

Physician Removal

When an emergency removal or keeping of a child without a court order is determined to be necessary:

- A physical examination of the child by a licensed medical practitioner shall be performed within 24-hours of the removal, unless the child is returned to the child's home within 24-hours of the removal.
- The child is hospitalized immediately or kept in the hospital
- Every effort to contact the caregiver is attempted
- The court is informed immediately of the removal or keeping of a child, followed by a written report

A physician, acting in good faith in the removal of the child, is given immunity from any civil or criminal liability that might otherwise be incurred or imposed as the result of such removal or keeping.

A Child In Need of Assistance

Iowa Code section 232.2, subsection 6

A child in need of assistance is defined as an unmarried child whose parent, guardian or other custodian has or is imminently likely to:

- Abandon the child
- Physically or sexually abuse or neglect the child
- Fail to provide medical treatment for severe illness or injury
- Fail to provide mental health treatment for severe mental illness
- Fail to provide adequate food, clothing, or shelter

For more information on “a child in need of assistance” refer to Communication 164: A Guide for Mandatory Reporters which can be retrieved from:

dhs.iowa.gov/sites/default/files/Comm164.pdf

Shaken Baby Syndrome

Shaken baby syndrome is a severe brain injury related to violent shaking of an infant. An infant's neck muscles are not strong enough to control the movement of the head; therefore, the brain ricochets inside the skull. The ricocheting action causes swelling, bruising and bleeding that can lead to permanent and severe brain damage and potentially death. Signs and symptoms of shaken baby syndrome include:

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

The diagnosis is confirmed by the presence of:

- Retinal hemorrhage
- Swelling of the brain
- Skull fracture or major head trauma with a lack of other external injuries
- Subdural hematoma
- Bruises on the neck or head (Mayoclinic.com, 2012)

The majority of shaken baby victims are under the age of 12 months.

Safe Haven For Newborns

Iowa Code, section 233: The Newborn Safe Haven Act

Iowa has joined 30 other states in creating safe havens for infants. This act allows parents to leave an infant up to 14 days old at a institutional health facility without fear of prosecution for abandonment.

The definition of an institutional health facility includes hospital emergency rooms, residential care facilities, nursing facilities or intermediate care facilities for persons with mental illness or retardation.

Immunity from civil or criminal liability is provided for hospitals, healthcare facilities and persons employed by these facilities that perform reasonable acts necessary to protect the physical health and safety of the infant.

More information is available at the department's website at:
http://www.dhs.state.ia.us/Consumers/Safety_and_Protection/Safe_Haven.html

The Perpetrators of Abuse

In cases of child abuse the majority of perpetrators have been identified as those individuals who are responsible for the supervision and care of their victims. The state of Iowa defines a person responsible for the care of a child as:

- A parent, guardian, or foster parent
- A relative or any other person with whom the child resides and who assumes care or supervision of the child
- An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility
- Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care

The characteristics of the perpetrator of fatal child abuse are varied; the following characteristics appear to be common among the perpetrators:

- Mid-twenties
- Living at or below the poverty level
- Does not often have a high school diploma
- Might have difficulty coping with stress in their lives
- May be depressed
- May have often been the victim of violence themselves
- Fatalities from physical abuse are usually caused by male caretakers or fathers
- Child neglect fatalities occur from female caregivers or mothers

(Child Welfare Information Gateway, 2014)

Knowledge Check 9

Perpetrators of child abuse come from mostly low economic and under-educated populations.

- a. True
- b. False**

CORRECT

Perpetrators of child abuse come from all races, religions, professions, and nationalities. They represent all levels of intelligence and standards of living. There is no single social strata that is free from incidents of child abuse.

Children As Caretakers

Children are sometimes caretakers, for example, a baby sitter, for other children and may be responsible for abusing a child in their care.

The adult caretaker can be held responsible if it is determined that they delegated care responsibilities to an inappropriate minor caregiver.

Training For Mandatory Reporters in Iowa

Iowa Code subsection 232.69(3)

Licensed professionals are required to complete approved training courses as determined by licensing boards, examining boards, or as approved by the Iowa Abuse Education Review Panel.

The Abuse Education Review Panel website can be accessed at:

http://www.idph.state.ia.us/bh/abuse_ed_review.asp

Mandatory reporters are required by law to complete two hours of training during their first six months of employment and two hours every five years thereafter.

Healthcare facilities are responsible for providing healthcare workers' ongoing child abuse identification and reporting training.

Reporting Abuse

Note: When a child is determined to be in imminent danger, call law enforcement immediately.

To report a suspected case of child abuse:

- **Call** 1-800-362-2178 within 24 hours
- **Follow** up by making a written report within 48 hours

Oral and Written Report Requirements

Oral and written reports should contain the following information, if known:

- Names and home address of the child and the child's parents or other persons believed to be responsible for the child's care
- Child's present whereabouts
- Child's age
- Nature and extent of the child's injuries, including any evidence of previous injuries
- Name, age, and condition of other children in the same household
- Other information that you believe may be helpful in establishing the cause of the abuse or neglect to the child
- Identity of the person or persons responsible for the abuse or neglect to the child
- Your name and address

Download the "Report of Suspected Child Abuse form from http://www.ifapa.org/pdf_docs/470-0665.pdf . This specific form is not required, but you may use it as a guide in making a report of child abuse.

If you suspect sexual abuse of a child under the age of 12 by a non-caretaker, you are required by law to make a report of child abuse to DHS.

If the child is aged 12 or older, you may report the sexual abuse by a non-caretaker but you are not required by law to do so.

Knowledge Check 10

If you are a mandatory reporter of child abuse and you suspect a child has been abused, you need to report it to DHS orally within ____ hours of becoming aware of the situation.

- a. Eight
- b. Twelve
- c. Twenty-Four
- d. Forty-Eight

CORRECT

Yes, the correct answer is twenty-four hours.

If you are a mandatory reporter of child abuse and you suspect a child has been abused, you need to report it to DHS orally within twenty-four hours of becoming aware of the situation.

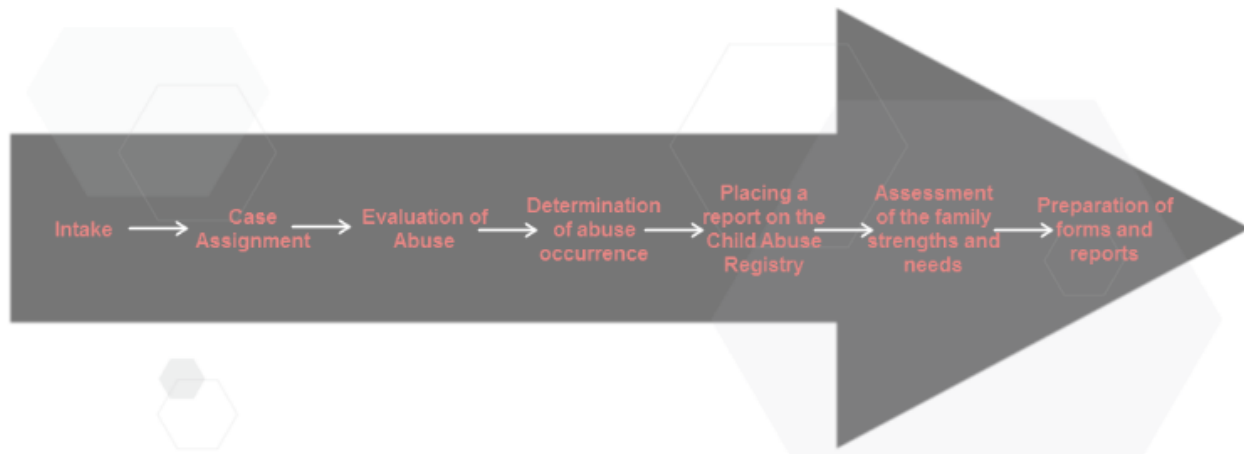
Follow Up

- Within 24 hours of receiving your report, Iowa DHS will verbally notify you if the report has been accepted or rejected.
- DHS must report all sexual abuse allegations to law enforcement within 72 hours.
- Within five working days, you will receive form 470-3789, Notice of Intake Decision, indicating whether the report was accepted or rejected.

The DHS Response To Reports of Abuse

A DHS child assessment consists of the following processes:

- Intake
- Case Assignment
- Evaluation of Abuse
- Determination of abuse occurrence
- Placing a report on the Child Abuse Registry
- Assessment of the family strengths and needs
- Preparation of forms and reports



Intakes

Accepted Intakes:

- DHS will inform the reporter that the case has been accepted within 24 hours of receiving the report.
- DHS may provide this verbal notification at the time the report is made if the report is accepted immediately.

Rejected Intakes:

- DHS must obtain sufficient information to accept a report.
- DHS will contact law enforcement if the child is in imminent danger.
- DHS will verbally notify you of the rejection within 24 hours of receipt and provide a written notice within 5 working days.
- DHS will provide a copy of intake information to the county attorney within 5 working days.

Determination If Report Is Placed on Registry

Iowa code, section 232.71D

After child abuse is confirmed or founded, DHS determinations whether the report must be placed on the Child Abuse Registry.

The Child Abuse Registry contains the child's name, name of the child's parents, and the name of the perpetrator. Data remain on the Registry for a period of ten years from the most recent report.

Service Recommendations and Referrals

DHS may recommend referral to support services.

Juvenile Court Referrals:

- For treatment services deemed necessary for the protection of the abused child or other children in the home

Community Care Referrals:

- For focused services and support to families geared to keeping:
 - Children safe from abuse and neglect
 - The family intact
 - Preventing the need for further intervention.

These referrals build ongoing linkages to community based resources that improve the safety, health, stability and well-being of families served.

Waiver of Confidentiality

Iowa Code, section 232.71B

DHS may request information from any person believed to have knowledge of a child abuse case. All mandatory reporters are obligated to cooperate and assist with the child abuse assessment upon the request of the DHS.

Iowa Code, section 622.10

The issues of confidentiality and privileged communication are often areas of concern for healthcare workers. Any statute or rule of evidence which makes privileged the testimony of healthcare workers does not apply to evidence regarding a child's injuries or cause of the injuries in any judicial proceeding resulting from a child abuse report.

When possible, discuss the need to make a child abuse report with the family. However, be aware that there are certain situations where if the family is warned about the assessment process, the child may be at risk for further abuse, or the family may leave with the child (Child Abuse Guide, 2011).

Immunity From Liability

Iowa Code, section 232.73

Immunity is granted from any civil or criminal liability which might otherwise be incurred when a person participates in good faith in:

- Making a child abuse report
- Performing a medically relevant test
- Assisting in an assessment of a child abuse report
- Judicial proceedings

Under-Reporting

Child abuse and neglect is often underreported. There are many reasons (other than a lack of knowledge about child maltreatment or state reporting laws) that contribute to a lack of reporting. They include:

- 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

Note: By not reporting maltreatment and neglect, a child could be placed at risk for an even higher level of endangerment (American Humane, 2003b).

The best way to minimize the difficulty of reporting is to:

- Be knowledgeable about reporting requirements
- Be aware of the Department's intake criteria

Knowledge Check 11

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

- a. True
- b. False

CORRECT

Yes, the answer is TRUE.

Preventing Neglect & Abuse

Educating yourself and others about the signs and symptoms of child abuse is one of the best ways to prevent abuse.

If a child tells you they have been abused, file a report with DHS.

There are many resources available that provide useful suggestions and information about child maltreatment. The Child Welfare League of America publishes a list of suggestions that stress examining your own behavior and getting involved in the community (see Appendix B).

Mandatory reporters such as healthcare professionals should keep up to date with educational offerings about child abuse and always follow your facility policy and procedure for reporting abuse.

Knowledge Check 12

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

- a. Talk to the parents.
- b. File a report with DHS.
- c. Wait to make sure that it wasn't an isolated incident.
- d. Arrange to speak to a medical examiner first.

CORRECT

The correct answer is to file a report with DHS.

Case Study #1

Suzy Q is 7 weeks old and is seen in the emergency department for a reported fall from the couch to a carpeted floor.

On physical exam you note that she has a bruise over her occiput and that her fontanel is bulging. She is inconsolable.

Does the injury reflect what the dad has reported?

Answer: No, a seven week old baby should not roll off the couch, the fontanel should not be bulging, and the bruising might be consistent with a fall onto carpet.

The physician orders a head CT and a full skeletal series radiograph.

Why do you think these are important?

Answer: The physician needs to rule out a hydrocephalus or other neurological condition before he/she can determine if this is child maltreatment. The CT scan will show hemorrhages, fractures, tumors, etc to help guide the diagnosis. The skeletal series may show other injuries which will help rule out or rule in child maltreatment.

The CT scan shows a skull fracture and a hematoma. The skeletal series is negative.

Would you report this child's condition to DHS?

Answer: Yes, the injury does not match the story provided and there are no other conditions that would account for the bulging fontanel.

When should you report this injury?

Answer: Orally within 24 hours of diagnosis and follow-up with a written report within 48 hours.

Case Study #2

A 10 year-old tells his teacher that his mother's boyfriend is abusing him.

Should you report this?

Answer: Yes, whenever a child tells someone about abuse, the DHS should be notified.

What if the child is not telling the truth, can I get in trouble for reporting what I was told, will the family know I am the reporter?

Answer: You are not reporting that something actually happened, you are reporting what you were told and in doing so you are requesting that DHS follow-up to determine if abuse is occurring. Your name will not be disclosed during the investigation.

Maybe I should just go talk to the mom, surely she will do something and stop the alleged abuse.

Answer: You may be putting the child at a higher risk for abuse. If the alleged abuse is true, the perpetrator could escalate the abuse or even abscond with the child. Consider the alternatives carefully, talking to the mom might be the right course of action. Child maltreatment is under reported because of these concerns. Reporting the alleged abuse may prevent further abuse.

Case Study #3

A child comes into the clinic where you work; she is grossly underweight, dirty, and in tattered clothes. Her caregiver is dressed to impress.

You suspect what kind of abuse?

Answer: Failure to provide critical care.

You intend to report the abuse/neglect to DHS but are afraid of what might happen to the child if she returns home.

What are your options?

Answer: The physician can remove the child from the home and place the child in the hospital for further treatment if he/she suspects that the child is in imminent danger. A report must be made immediately to DHS and law enforcement.

Case Study #4

Law enforcement is called to a suspected crack house where children are alleged to be living. The perpetrator insists that the children are safely ensconced in the house and away from the motor home parked in back yard where he has his lab. As law enforcement inspects the premises, he sees that there is play equipment in the back yard.

Can the officer remove the children from the premises?

Answer: Yes, if he feels the children are in imminent danger. Additionally, the perpetrator can be charged with child abuse because the manufacture and possession of drugs is deemed to be in the presence of children.

Conclusion

Child abuse is a serious problem in the United States. Despite strategic efforts to diminish the problem, under-reporting and misdiagnoses still occurs.

Health service professionals play many roles in the recognition and treatment of child abuse including the recognition and reporting of suspected abuse, crisis intervention, and long-term treatment.

Health services personnel are often the first line of defense in the early detection of child abuse, which is why healthcare professionals are required to be mandatory reporters (Iowa Child Abuse Guide, 2011).

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Appendix A: Prevent Child Abuse

Topics in this Appendix:

[Suggestions from the Child Welfare League of America](#)

[Stressed out? Wondering what to do?](#)

[New Parents](#)

[Easy Disciplining](#)

[Take care of yourself.](#)

[Understand the environment.](#)

[Give clear, consistent expectations and consequences.](#)

[Understand the way children are supposed to act for their age.](#)

[Encourage during the good times.](#)

[Don't assume or use assuming phrases.](#)

[Discuss the behavior, not the person.](#)

[Decompress before you get home.](#)

[Help Your Kids Stay Safe While Surfing On-Line](#)

Suggestions from the Child Welfare League of America

- Volunteer your time. Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup
- Discipline your children thoughtfully. Never discipline your child when you are upset. Give yourself time to calm down.
- Remember that discipline is a way to teach your child
- Use privileges to encourage good behavior and time-outs to help your child regain control
- Examine your behavior. Abuse is not just physical. Both words and actions can inflict deep, lasting wounds
- Be a nurturing parent. Use your actions to show children and other adults that conflicts can be settled without hitting or yelling
- Educate yourself and others. Simple support for children and parents can be the best way to prevent child abuse
- After-school activities, parent education classes, mentoring programs, and respite care are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community
- Teach children their rights. When children are taught they are special and have the right to be safe, they are less likely to think abuse is their fault, and more likely to report an offender
- Support prevention programs. Too often, intervention occurs only after abuse is reported
- Greater investments are needed in programs that have been proven to stop the abuse before it occurs -- such as family counseling and home visits by nurses who provide assistance for newborns and their parents.
- Know what child abuse is. Physical and sexual abuse clearly constitute maltreatment, but so does neglect, or the failure of parents or other caregivers to provide a child with needed food, clothing, and care.
- Children can also be emotionally abused when they are rejected, berated, or continuously isolated.
- Know the signs. Unexplained injuries aren't the only signs of abuse-depression.
- Fear of a certain adult, difficulty trusting others or making friends, sudden changes in eating or sleeping patterns, inappropriate sexual behavior, poor hygiene, secrecy, and hostility are often signs of family problems and may indicate a child is being neglected or physically, sexually, or emotionally abused.
- Report abuse. If you witness a child being harmed or see evidence of abuse, or if a child tells you about abuse, make a report to your state's child protective services department or local police.
- When talking to a child about abuse, listen carefully, assure the child that he or she did the right thing by telling an adult, and affirm that he or she is not responsible for what happened.
- Invest in Kids. Encourage leaders in the community to be supportive of children and families. Ask employers to provide family-friendly work environments. Ask your local and national lawmakers to support legislation to better protect our children and to improve their lives.

Stressed out? Wondering what to do?

It does happen. Caring for children is sometimes a difficult task. Discipline is especially challenging. Here are some ideas that can help:

- Talk about feelings
- Take your child's feelings seriously and work through them
- Use firm communication; say what you mean, and mean what you say
- Model the behavior that you desire in them; children learn from what they see and hear
- Encourage your children often and recognize each one's personal best
- Use "time-out" balanced with "time-in"
- Remember, discipline is a verb meaning "to teach"

New Parents

What can you do to relieve your tension when the baby cries incessantly? There are specific ways to get through this time, and they're important to learn.

- With extreme frustration, the temptation is to grab and shake the baby -- which can result in permanent brain damage.
 - Don't get to this point. Have a plan ready to help take care of you.
 - The first step is to let go of assigning fault in the situation.
 - "Don't blame the baby -- she can't help it," says Katherine Gordy Levine, a psychotherapist and author of *Parents are People Too* (Penguin Books, 1997).
 - "Don't blame yourself. You are doing the best you can."
 - Sleep when you can; "Priorities at this stage should be feeding yourself, feeding your baby, changing her, and sleeping," she says.
 - Use self-soothing exercises, such as deep breathing and visualization.
 - Arrange for time away from the baby.
 - Hire a sitter, exchange babysitting, or call helpful relatives and trusted friends to baby-sit
 - When you are alone with baby and cannot comfort her, put her in her crib, make sure she is safe, and without leaving the house, get away from the screaming.
 - Play comforting music or take a shower
 - If you're in a new place or can't reach your helpers and feel you're going to become abusive, call or go to a neighborhood church or synagogue for help.
 - Use a slogan to help you get them through these times. "My all-time favorite is 'Now is not forever,'" says Levine. She adds: "Be patient. You and your baby will survive and eventually even thrive."

Almost every new parent or caregiver of a baby has experienced a long bout with a crying baby. Some call the baby "colicky," some call her "cranky," but no matter what the name, it can be very difficult on even the most patient parent. Information contained in this section is provided as a service to parents. Readers should consult with professionals regarding their specific questions and circumstances.

Easy Disciplining

"Stop that crying, or I'll give you something to cry about!"

If you heard this as a child, you're not alone. What was once seen as an acceptable way to speak to a child has, fortunately, fallen out of fashion. But there are those days - Cranky kids who will be satisfied by nothing. Children acting "spoiled." Kids pushing the limits of what they can get away with.

Whether the child is 2 or 15 doesn't matter. It's frustrating, even anger-provoking, for a parent.

There are answers, and they don't involve special education or hours of learning. Once put in place, they have a double bonus: they make parenting easier. These ideas are not in a particular order; they all work together.

Take care of yourself.

A parent who is healthy and at least relatively happy is a better parent. If you aren't in that situation, that's no excuse to treat the child differently but take a look at which measures you can take to enjoy your life more. This will help you be more patient and loving when dealing with discipline.

Understand the environment.

Children are much more likely to be cranky in certain situations: very hot/cold weather, a stressful day at school/daycare, on vacation, when there is family tension, when bored, hungry, thirsty, etc.; and anytime their normal routine is altered. This does not excuse any form of behavior, but put your discipline in context. If you've been at the mall all day, your young child probably does feel like squalling. Don't we all sometimes?

Give clear, consistent expectations and consequences.

If a child "gets away with murder" at a family reunion and then is whipped for speaking up at the dinner table, he will grow up confused and distrusting of adults -- and, if spanked, is shown by research to be more likely to be violent himself as an adult. Set clear, fair guidelines. Explain them in a way each child will understand. Tell them the consequences, and enforce them. If you're having difficulty enforcing them, it might be because you aren't consistent or that the consequences are too harsh.

Understand the way children are supposed to act for their age.

Save yourself unnecessary grief. An example is trying to teach an exploring toddler by slapping a little hand when they get close to an electrical outlet. It's all right to point to an outlet and explain to a child that it is "very hot," and will "hurt" and is a no-no. But childproof your home! Ask the grandparents to do so as well, and expect daycare to have childproofing already in place. With a curious teen exploring the ways of the adult world, why not lock up the liquor cabinet? Or decide to have cocktails only when you're out to dinner and never at home. Talk to your teen about drugs in a non-lecturing way. Be sure to have that all-important talk about responsible sexual behavior. This conversation would ideally start at an early age, as soon as a child begins asking about her/his body parts. Many things for which we discipline our children are easily avoided!

Encourage during the good times.

Praise your child when he or she is doing what's right. Don't overdo it, with a compliment about every little thing the child does, or it will become less meaningful. The old adage is true: it's easier to catch flies with honey rather than with vinegar.

Don't assume or use assuming phrases.

A classic line is, "You know better!" Most of the time, a child does not! Avoid general phrases that parents have used forever. Explain your disappointment using "I" phrases, telling how you feel.

Discuss the behavior, not the person.

It breaks anyone's spirit to think they are inherently bad. Imagine if you were at work and the boss said, "It's not that the project is that hard --you're just stupid!" Yet we speak that way to our

children when we say, "You're a brat today!" or "Johnny is better than you! Why can't you behave?"

Decompress before you get home.

If you work outside the home, don't let your work troubles, the commute and other hassles bring you to the exploding point when you get home. Remember, your child has also spent a full day in daycare or school. He has had stress, too. Let your home be a gentle, safe haven for your family. That's the way to create warm memories and build a loving family.

Help Your Kids Stay Safe While Surfing On-Line

Children should never give out their full name, address, phone number, or where they attend school to anyone they do not know without a parent's permission. Remind your children everything about them is their private information.

Explain to your children why it is important not to volunteer information to any company or individual.

Warn children that even reputable-looking web sites might not be what they appear to be, nor as friendly as they appear to be. Explain that someone might not be who he says he is online. Teach your children how to be web-savvy.

Offer to be with your child when he or she is online.

Investigate software tools that restrict sensitive personal information from being transmitted online, and tools that screen out material you don't want your children to see.

Information contained in this section is provided as a service to parents. Readers should consult with professionals regarding their specific questions and circumstances

<http://www.childabuse.org/educateadvocate/preventchildabuse>

Appendix B: Blank form 470-0665, Report of Suspected Child Abuse

<https://dhs.iowa.gov/sites/default/files/470-0665.pdf>

Iowa Department of Human Services

REPORT OF SUSPECTED CHILD ABUSE

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form within 48 hours of making the oral report to the Centralized Intake Unit, PO Box 4826, Des Moines, Iowa 50305.

FAMILY INFORMATION		
Name of child	Age	Date of birth
Address	City	State
Phone	School	Grade level
Name of parent or guardian	Phone (if different from child's)	
Address (if different from child's)		

OTHER CHILDREN IN THE HOME		
NAME	BIRTH DATE	CONDITION

INFORMATION ABOUT SUSPECTED ABUSE
In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

Appendix C: Resources

Department of Human Services, Iowa

www.dhs.state.ia.us

The key government organization in Iowa monitoring child abuse situations and can be used for all levels of resources.

Phone number to report abuse: 1-800-362-2178

General phone number: 1-800- 972-2017

Prevent Child Abuse Iowa

www.pcaiowa.org

This organization's goal is to end child abuse in Iowa by serving patients and families, a central information resource on child abuse, and advocate for laws related to reducing child abuse.

National Network for Child Care

<http://www.enterprisecommunity.com/resources/ResourceDetails?ID=18995>

A cooperative website that contains a great deal of information about child abuse and child rearing that can prove helpful to practitioners and lay persons.

National Data Archive on Child Abuse and Neglect (NDACAN)

www.ndacan.cornell.edu

The mission of the NDACAN is to facilitate the secondary analysis of research data relevant to the study of child abuse and neglect.

Prevent Child Abuse America

www.preventchildabuse.org

Since 1972, Prevent Child Abuse America has led the way in building awareness, providing education, and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children.

The Safe Child Program

www.safechild.org

The Safe Child Program is a comprehensive curriculum which teaches prevention of sexual, emotional, and physical abuse by people known to the child; prevention of abuse and abduction by strangers; and safety in self-care.

Childhelp USA®

www.childhelpusa.org

Childhelp USA ® is one of the largest and oldest national non-profit organizations dedicated to meeting the physical, emotional, educational, and spiritual needs of abused and neglected children.

Children Now

www.childrennow.org

Recognized nationally for its policy expertise, up-to-date information on the status of children, and leading work with the media, focusing attention on the needs of children who are poor or at risk, while working to improve conditions for all children by making them a top priority across the nation.

Kempe Children's Center

www.kempecenter.org

The Kempe Children's Center provides clinical treatment, training, research, education, and program development to prevent and treat child abuse and neglect.