

Child Care Training and Resource Kit
Recognizing and Reporting Child Abuse
and Neglect

Handouts

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 - Emotional Neglect
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 - Force needed
 - Type of injury
 - Number of old and new injuries
 - Location
- 6
- 7 **Bruises: What To Look For**
 - Different colors
 - Location
 - In groups or patterns
 - Not developmentally appropriate
 - Defense wounds
- 8 **Lacerations: What To Look For**
 - Loop type
 - On back of the body
 - Series or groups
 - Overlapping
- 9 **Burns: What To Look For**
 - Straight lines
 - Location
 - Perfectly round and small
- 10 **Head Injuries: What To Look For**

- Black Eyes
- Split Lips
- Any series of lumps or bruises on head or face
- Unexplained loose or missing teeth
- Broken jaw or nose

11 ☐ **Bone Injuries: What To Look For**

- Spiral breaks caused by twisting or pulling
- Rib fractures

12 ☐ **Physical Indicators of Physical Neglect**

- Consistent hunger
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision
- Constant fatigue or listlessness
- Unattended physical problems or illnesses
- Abandonment

13 ☐ **Behavioral Indicators of Physical Neglect**

- Begging and stealing food
- Always early to school and late to leave
- Constantly falling asleep in class
- Alcohol or drug abuse
- Petty crime
- States that there is no caretaker

14 ☐ **Physical Indicators of Emotional Abuse**

- Lags in physical development or sudden digression in development
- Failure to thrive
- Enuresis and/or encopresis

15 ☐ **Behavioral Indicators of Emotional Abuse**

1

- Habit disorders
- Conduct disorders
- Sleeping problems
- Unwillingness to participate in play
- Behavior extremes
- Inappropriately acts like adult or infant
- Developmental lags

2

- Fearfulness
- Hysteria, obsession, compulsion, phobias
- Revelations of inappropriate adult behavior

16 ☐ **Sexual Abuse**

- Not a dangerous, weird stranger but a person they know.
- Not an isolated incident but over and over.
- Not out of the blue but gradual over time.
- Not rare or extreme but frequent and many times.

- Not a violent attack but subtle.

17 **Physical Indicators of Sexual Abuse**

- Pain or itching around the genital/anal area.
- Anal bleeding, discomfort during bowel movement.
- Bleeding and/or tears around genital area.
- Bruises on inside of thighs, legs or buttocks.
- Sexually transmitted disease.
- Constant complaints about physical self.

18 **Behavioral Indicators of Sexual Abuse**

- Fear of going home
- Unusual interest in adult or animal genitals
- Play acting explicit sexual behavior
- Explicit knowledge about sex
- Talking about unusual circumstance
- Passive

19 **Indicators of Risk for Sexual Abuse**

- Extreme paternal dominance or restrictive behavior.
- Extreme paternal over-protectiveness
- Role reversal
- History of abuse
- Severe overcrowding
- Complaints about a seductive child

PREVENTING CHILD ABUSE AND NEGLECT

A GUIDE TO PROTECTING ABUSED AND NEGLECTED CHILDREN

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CHILD MALTREATMENT IN AMERICA

♥ IN 2000 AN ESTIMATED 879,000 CHILDREN, BIRTH TO 18, WERE VICTIMS OF MAL TREATMENT. 12.2 Children were victims of abuse or neglect for every 1000 children in the population.

♥ 62% SUFFERED NEGLECT INCLUDING MEDICAL NEGLECT

19% WERE PHYSICAL ABUSED

10% WERE SEXUALLY ABUSED

1.7 PER 1000 OF THE VICTIMS WERE GIRLS

0.4 PER 1000 OF THE VICTIMS WERE BOYS

8% WERE PSYCHOLOGICALLY MALTREATED

♥ CHILDREN WHO HAD BEEN VICTIMS OF PAST ABUSE WERE MOST LIKELY TO EXPERIENCE ADDITIONAL ABUSE.

♥ AN ESTIMATED 1,200 CHILDREN DIED OF ABUSE AND NEGLECT IN 2000. CHILDREN YOUNGER THAN 1 YEAR ACCOUNTED FOR 440;0 OF THE DEATHS 85% WERE YOUNGER THAN 6. *Deaths were more often associated with neglect than any other type of abuse.*

Child abuse and neglect affect children of all ages although the type of abuse suffered can vary by age.

♥ The highest rate of maltreatment occurs in the birth to 3 group declining as the age of the victim rises. The rates range from 15.7 per thousand in children birth -3 up to 5.7 per thousand for teenagers 16 -17

♥ Rates for boys and girls were nearly identical for physical abuse and neglect however, the sexual abuse rate for girls was higher than for boys (1.7 girls to 0.4 boys per thousand population)

♥ 51% of victims were white, 25% were African American, 15% were Hispanic, 2% were Native American, 1 % were Asian/Pacific Islander

♥ Other differences:

❖ Children birth to 3 had the highest rate of neglect

❖ Boys 4-11 had the highest rate of physical abuse.

❖ The highest rate of sexual abuse in girls occurred in the 12-15 age group

WHO ARE THE ABUSERS?

60% were women -median age 31

40% were men -median age 34

84% of all victims were maltreated by at least 1 parent. Mothers acting alone were responsible for 47% of the neglect cases (the most common pattern of victimization) and 32% of physical abuse cases.

Female parents were most often identified with physical abuse or neglect Male parents were identified most often with sexual abuse

Statistics taken from the 2000 National Child Abuse and Neglect Reporting System (NCANDS)

A QUICK GUIDE TO UNDERSTANDING ABUSE

ABUSE: an act by a parent or other caregiver directed toward a child for the purposes of hurting, injuring, or destroying the child. *Abuse is generally defined as an act of commission.*

NEGLECT: failure on the part of a parent or caregiver to live up to normal expectations in providing an environment that helps children meet their needs, *Neglect is generally defined as an act of omission.*

TYPES OF CHILD ABUSE AND NEGLECT

- Physical Abuse: injuries from striking, beating, shaking, burning, etc.
- Physical Neglect: lack of appropriate food, clothing, shelter, supervision, cleanliness, etc.
- Emotional Abuse: psychologically harmful verbal and nonverbal messages that indicate belittlement or lack of self-worth.
- Emotional Neglect: lack of appropriate psychological nurturing necessary for healthy emotional growth and development.
- Sexual Abuse: exploitation by an adult for sexual gratification.

SOME INDICATORS OF ABUSE AND NEGLECT

- Physical Abuse: **unexplained** bruises, welts, burns, lacerations, abrasions, or fracture, any injury not accounted for by a reasonable explanation, apprehensive behavior, constantly on the alert, behavior extremes
- Physical Neglect: consistent hunger, poor hygiene, inappropriate dress, abandonment, unattended medical needs, begging or stealing food, constantly falling asleep.
- Emotional Maltreatment: failure to thrive, enuresis or encopresis, habit disorders, behavior extremes, developmental lags, conduct disorders, obsessive behavior, etc.
- Sexual Abuse: pain, itching, blood, or bruising in genital area, problems walking or sitting, (*note: there may be no physical signs or symptoms*), regressive, delinquent, or aggressive behavior, sexual acting-out.

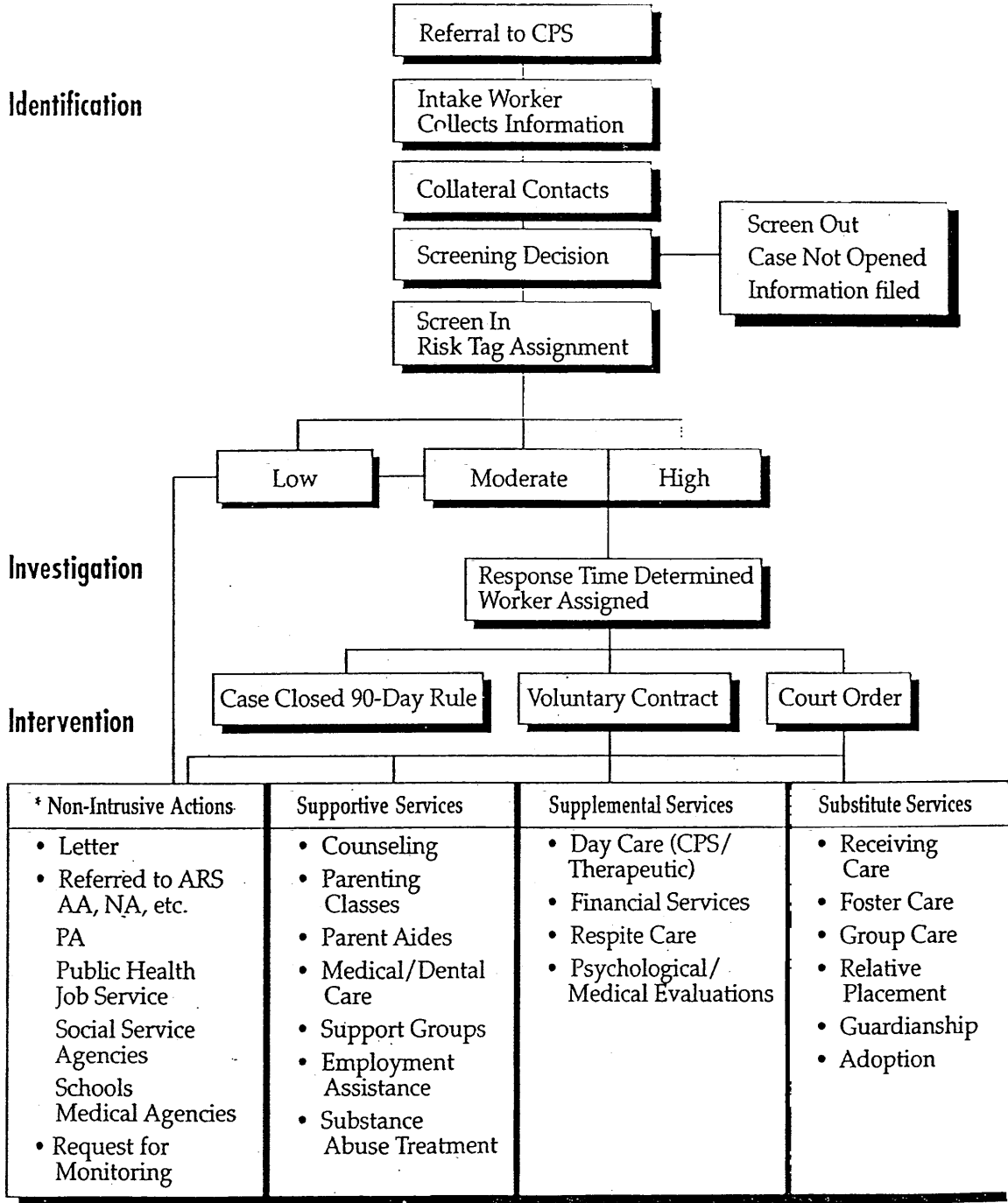
RISK FACTORS FOR CHILD ABUSE

Psychological Factors	depression, anxiety, and other psychological conditions that affect the ability to care for a child
Stress Factors:	unemployment, drug or alcohol use, financial or family crisis
Child Factors:	premature delivery, delayed, difficult, special needs
Parenting Factor:	history of abuse, stressful relationships, unrealistic expectations, lack of knowledge or parenting ability.

POSSIBLE INDICATORS OF ABUSE

Detachment
Fear of losing control
Low trust level
Blames
Controlling
Drug and alcohol abuse
Delays seeing a doctor
Has experienced abuse and neglect
Unrealistic expectations of child
Unusual interest in grooming and appearance
Explanations not offered or contradictory
Minimal social contact or isolated
Evasive in answering questions about child
Unpredictable child care use patterns
Emotional disorders and antisocial behavior

Risk Assessment Model CPS Flow Chart



WASHINGTON STATE LAW

LICENSED CHILD CARE PROVIDERS AND STAFF ARE REQUIRED BY WASHINGTON STATE LAW TO REPORT SUSPECTED INCIDENTS OF ABUSE AND NEGLECT. IN DOING SO THEY HAVE CIVIL IMMUNITY (ARE PROTECTED) FOR GOOD FAITH REPORTING. FAILURE TO REPORT CAN RESULT IN A GROSS MISDEMEANOR CHARGE.

- ❖ If you have "reasonable" cause to believe that a child has suffered abuse or neglect YOU MUST REPORT IMMEDIATELY.
- ❖ Call Child Protective Services (206 721-6500). Give as much information as you can, including:
 - Child's name, address, date of birth
 - Parent's name, address, phone number
 - Description of suspected abuse
 - Pertinent history or background information, if known
 - Identity of alleged abuser, if known
- ❖ You must give your name. Anonymous reports do not meet the law's requirement. Your name may be needed to verify the report if legal action is taken. You can request a confidential report which will block out your name on anything released to the public.

ROLE OF THE CHILD CARE PROVIDER

- ♥ Careful observation
- ♥ Sensitive listening
- ♥ Required reporting
 - ♥ Attention to stress factors
 - ♥ Education and support of families
 - ♥ Positive discipline

COMPLAINT INVESTIGATION INFORMATION

These are important factors to consider regarding dealing with a CPS-related complaint as a provider.

1. Safety and protection of child(ren) is the paramount focus of Child Protective Services and the licenser.
2. Keep complete and accurate registers and records on all children in care.
3. Try to be as open and cooperative as possible with agency staff and parents.
4. DCFS understands that often the provider is very upset or shocked by the allegation; this reaction changes behavior and this can be a difficult time for the provider and others involved.
5. The provider may want to seek emotional support either from a spouse, close friend, and/or child care association member.
6. Agency staff keep information confidential: what “gets out” into the community is communicated by others.
7. There are a variety of agreements that the agency has the option of using with a provider if the seriousness of the allegation is supported.
8. Every complaint is different.
9. The licenser can be supportive at some points in the complaint process.
10. Sometimes “red flags” learned of during the course of handling a complaint can be helpful in the future; part of the complaint process can be a learning process.
11. If a negative licensing action (denial, revocation or suspension of license) is taken against you, and you wish a fair hearing, you might consider hiring an attorney. It may provide you a fuller defense.

Washington State Law
(Washington Administration Code
(WAC), 388-15-130)

- (3) **Definition of child abuse, neglect or exploitation (ca/n).**
Abusive, neglectful, or exploitive acts defined in RCW 26.44.020 include:
- (a) Inflicting physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health, or loss or impairment of any bodily function.
 - (b) Creating a substantial risk of physical harm to such child's bodily functioning.
 - (c) Committing or allowing to be committed any sexual offense against such child as defined in the criminal code or intentionally touching, either directly or through the clothing, the genitals, anus, or breasts of a child for other than hygiene or child care purposes.
 - (d) Committing acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline demonstrating a disregard of a child's pain and/or mental suffering.
 - (e) Assaulting or criminally mistreating a child as defined by the criminal code.
 - (f) Failing to provide food, shelter, clothing, supervision, or health care necessary to a child's health or safety.
 - (g) Engaging in actions or omissions resulting in injury to, or creating a substantial risk to the physical or mental health or development of a child.
 - (h) Failing to take reasonable steps to prevent the occurrence of (a) through (g).

CHILD CARE HEALTH PROGRAM EVALUATION FORM

Title of training: Recognizing and Reporting Child abuse and Neglect

Today's date:

Your Name: _____ Your Zip code _____

Type of program: ___home ___center ___school age ___Years of experience

Your program name: _____

Please rate the following:

5= Strongly Agree

1=Strongly Disagree

Leader is knowledgeable of subject	5	4	3	2	1
Materials provided are useful	5	4	3	2	1
The information was presented in a way that honored my learning style and culture	5	4	3	2	1
I can apply this information to the diversity of families I serve	5	4	3	2	1
I increased my knowledge as a result of attending this workshop	5	4	3	2	1

How will you apply this information in your day-to-day work with young children or school-age youth? (List three ways.)

- 1.
- 2.
- 3.

What did you like most about this workshop?

How could the leader improve this workshop?

What workshop(s) would you like us to provide in the future?

Thank you for completing this evaluation. Your feedback is important to use and will be taken into consideration when planning workshops in the future.

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SCENARIOS FOR RECOGNIZING AND REPORTING CHILD ABUSE AND NEGLECT

1. Paul is an 8-month-old who has been failing to thrive. His weight and height have been falling and are below the 5th percentile on growth charts. His development appears to be OK. It has been suggested that there might be a feeding problem, as Paul is not yet self-feeding. His parents feel there is no problem as their other children did the same thing. What are your next steps?
2. Dad arrives to pick up 4-year-old Susan. He seems intoxicated and very disoriented. What do you do now? Can you refuse to let Susan leave the center? Can you be sued if you keep Susan? Can you be sued if they get in an accident on the way home? What other steps can you take?
3. During lunch 5-year-old Monica says (completely unexpected) that her vaginal area tickles sometimes. How do you respond? Will you respond in front of the other children? Would you tell the parents of the other children about the incident? If the situation makes you uncomfortable would you ignore it?
4. 5-year-old Sam and 4-year-old Ruth were playing out of sight of the teacher in the park. The teacher asked them to play where she could see them. Later, Ruth's mother approached the teacher and said her daughter told her Sam asked her to pull down her pants and touched her "private parts". Sam denied this. Ruth's mother was very upset because her daughter is currently receiving therapy following a previous incident of abuse. Ruth's mother had not previously mentioned this to the teacher. What is your response to the mother? Should you contact the boy's parents? What immediate actions would you take? Are there any follow-up actions you would take?
5. 3 ½-year-old Jake, very polite, comes to school one morning and teacher notices his left arm is not being used and his left shoulder seems lower than his right one. When asked Jake says he fell down the stairs. He has a single parent mom who is evasive and not friendly to the staff. What do you do now?
6. Cassandra is the 26-year-old mother of 8-year-old Reggie. Cassandra has been going to classes to complete her medical assistant training. Lately, she seems irritable, depressed and unfriendly to the staff. On two occasions last month, she picked up Reggie with the distinct odor of alcohol on her breath. Reggie's appearance has deteriorated, and he has worn the same clothes for three days in a row. He is withdrawn, and easily irritated by other kids. Over the past week, Cassandra has been a half-hour or more late in picking him up, and he is extremely hungry each morning. What is going on? What do you need to be thinking about? How can you intervene? Continuing on with Cassandra and Reggie: You have called CPS to file a report of suspected neglect. They accept your concern and take a report over the phone. You feel a sense of relief. You have done your part. Two days later, Cassandra is not there when the center closes at 6:00, and shows up at 6:30 with alcohol on her breath. Now what?
7. Katie is a 6-year-old first grader, new to your site. Her parents moved to the area about a month ago. Her mother registered her, but it is her father who picks her up every day. He always seems distant and unfriendly. Something in your gut is questioning this family. What should you do?

8. Annie has disclosed sexual abuse to her parents. She says a man has touched her in her “private parts”. In fact, she tells her parents that this man is one of your site’s providers. Her parents are exceptionally rational, and are encouraging a thorough investigation. The CPS worker shows up unannounced at your site and is talking to children about their experiences at your site. Neither you nor any parent was notified that this would occur. You are angry and feel intruded upon. Is this legal?