

Identifying and Reporting Child Abuse and Neglect

Jonathan Kotch: Welcome to Identifying and Reporting Child Abuse and Neglect presented by the Head Start National Center on Health. My name is Jonathan Kotch, and I'm a Professor of Maternal and Child Health at the Gillings School of Global Public Health of the University of North Carolina at Chapel Hill. Head Start directors and teachers, health service managers, and other staff sometimes have to make a decision whether to report a child whom they suspect may have been abused or neglected. This presentation is aimed at providing some guidance for how to make that decision. The objectives from our talk today are to define child maltreatment and subtypes of abuse and neglect and describe their frequency in the United States, to discuss the role of Head Start and Early Head Start in the identification and reporting of child abuse and neglect, and to understand that differences in state, territorial, or tribal laws and regulations may affect Head Start programs policies and procedures with respect to reporting child abuse and neglect.

The World Health Organization has defined child abuse and neglect for the whole world to include any physical or emotional maltreatment, sexual abuse, neglect, or exploitation that results in actual or potential harm to a child. Exploitation is a form of maltreatment that would include any activity in which an adult takes advantage of a child for that adult's own benefit. This WHO definition also lists the subtypes of abuse in addition to exploitation. We will come back to these subtypes in a moment. But first, when it comes to Head Start and Early Head Start programs, this definition from the federal government is the one that counts. Although every state and territory has its own legislation addressing child abuse and neglect, they all have to conform with this definition in order to be eligible for federal funds that support Child Protective Services at the state and local levels. In this definition, as in the WHO definition, there is the use of the word "harm." In order to confirm that child abuse or neglect has taken place, Child Protective Services, aka CPS, has to document real or imminent harm. However, identifying harm caused by neglect, emotional or sexual abuse can be particularly challenging when there is often no physical evidence.

As you can see from this table, official rates of child maltreatment have been trending downward in the U.S. They were even higher prior to 2008. This is good news, although it must be taken with a grain of salt. These numbers only include those children whose allegations have been substantiated. And with falling budgets and falling numbers of CPS workers, the substantiation rates have been going down even though the number of allegations has not. In fact, the rate of referrals for suspicion of child abuse and neglect has gone up in these same five years. Another worrying trend is the number and rate of fatalities. Unfortunately, the most severe forms of abuse and neglect may lead to a child's death. The number and rates of child maltreatment fatalities has gone up in the ten years since 2002, although there has been a slight decline in the last three years. As promised, let's return to the subtypes of maltreatment.

Here's a nice diagram by my former student, Renee Johnson, of how the various forms of maltreatment are related to each other. Included here are three kinds of physical abuse and four kinds of neglect. I should add that physical neglect includes two subtypes of its own: Failure to provide the necessities of life and lack of supervision which puts the child at risk of harm. Dependency is a category in my state, North Carolina, and others that means that the child has no parent or guardian and is, therefore, a dependent of the state. This is my last slide with numbers, and there is one takeaway message. Neglect is far and away the most common form of substantiated maltreatment. Yet it doesn't get as much exposure in the media as physical abuse or sexual abuse. Maybe it isn't as dramatic or as newsworthy, but it can be just as devastating to the developing child. Here are the definitions of the two types of

physical neglect. First, failing to meet the child's basic physical needs that puts the child at risk of harm or actually harms the child. Or, second, failing to supervise the child in a manner sufficient to assure the child's safety. At this point, it is well to acknowledge that some families may simply not have the resources to meet the child's basic needs. Such families need help and support.

Child Protective Services in many states have mechanisms variously called alternative response or multiple response that allow families in need of help that are doing their best to get services without having to risk civil or legal penalties. As Head Start staff, if you believe a child is neglected based on this definition, you need to report it. Leave the investigation to CPS. Possible physical indicators of neglect may include inappropriate dress, such as clothing that is the wrong size or not appropriate for the weather; poor hygiene -- for example, children who are not bathed regularly or whose clothes are not clean; consistent hunger; unattended medical needs; and/or recurring lice or scabies. Please keep in mind that these are possible signs of neglect. They certainly do not indicate neglect, but that neglect may be a possibility. Children who experience neglect may manifest behavioral symptoms as well. It is important to emphasize that no one of these, nor even a few, are indicative of neglect. But your awareness of the possibility of neglect should be aroused by a child who is tired all the time, who whispers all the time, who is expressionless, frequently absent or late, or who begs for food and/or hoards his or her food for later. Physical abuse is what most people think of the first time they hear the words "child abuse and neglect." Even though it is far less common than neglect, physical abuse should be suspected in the case of any physical harm to a child that may be the result of violence perpetrated on the child even if in the name of discipline.

Although the American Academy of Pediatrics considers a physical injury that results from corporal punishment and lasts for 24 hours to be suspicious, each program needs to understand its individual state laws regarding the use of corporal punishment. Any injury to a child could be physical abuse, and it's up to a CPS investigator to determine whether suspicious physical injuries indicate abuse or not. As mandated reporters, each of you should be concerned that injuries such as those in this list suggest possible abuse and that you need to make a report. These injuries include injuries such as bruises, welts, cuts, burns, bite marks, or fractures that are not consistent with the explanation offered. The presence of several injuries, three or more, that are in various stages of healing. Repeated injuries or poisonings over a period of time. Injuries to the torso, back, buttocks, and thighs that form a shape or a pattern that may look like the object used to make the injury such as a belt, a buckle, a hand, an iron, teeth, cigarette burns, electric cords. Facial injuries in infants and preschool children; for example, cuts, bruises or sores. Injuries not consistent with the child's age and development.

And finally, bald patches on a child's head where hair may have been torn out. Children who have been physically abused may show certain behavioral signs as well. Extreme behavior or acutely changed behavior, fear of adults, precocious maturity, staring, apprehension, seeking affection from anyone, or clumsy parental attempts to hide injuries are clues. It is important, however, to remember that these behaviors are not diagnostic and could indicate other issues that are not abuse. Emotional abuse can be challenging to identify given that there are no physical marks. It is much less frequently substantiated by CPS than would be expected from its likely occurrence. Defined as a pattern of behavior toward the child involving constantly putting the child down by indicating that the child is worthless, unwanted, unloved, undeserving, or valueless. When reporting emotional abuse, it may be most helpful and important to have any specific words you heard documented with the date, time, and place you heard them. Children may exhibit a variety of possible behavioral indicators of emotional abuse including but not limited to withdrawal; apathy; low social interaction; fear of parent, guardian, or caregiver; behavioral extremes from passive on the one extreme to aggressive on the other; or developmental

delays. As with other possible indicators of abuse, it is important to remember that while these indicators could be symptoms or signs of abuse, they also may occur in many children who have not been abused.

Sexual abuse is unique among subtypes of maltreatment because it is the only one that does not require the perpetrator to be in a caregiving relationship with the child. An incident or incidents of abuse or exploiting a child for sexually explicit conduct by any adult constitutes sexual abuse. This does not have to involve penetration. In fact, merely exposing the child to sexually explicit materials is sexual abuse as is inappropriate touching of the child's genitals, buttocks, or breasts. Sexual abuse of children does not necessarily leave any physical marks. However, when there are physical indicators, one should be suspicious. These include pain, itching, or swelling in the ano-genital area; evidence of blood or a discharge on underclothing; difficulty walking or sitting; bedwetting in a child previously toilet trained; or nightmares. Children who are victims of sexual abuse may also manifest behavioral signs such as frequent touching of his or her own genitals; inappropriate use of sexual expressions; fear of separation; excessive need for bathing; reenactment of sexual acts in doll play or dramatic play or drawings; avoidance of contact with certain adults; or lack of involvement with peers.

As with other behavioral indicators of possible abuse and neglect, it is important to keep in mind these behaviors may occur in the absence of abuse as well. In every state or territory, it is the law that anyone who has reason to suspect or is aware of child maltreatment must report it. It is up to Child Protective Services to investigate the allegation, not you. CPS will determine if abuse and neglect has taken place. CPS also is authorized by law to determine what services the family may be eligible for and whether the family may be compelled to accept intervention. Families or perpetrators who refuse to cooperate with CPS following a determination of substantiated maltreatment may be referred for criminal prosecution. Child abuse and neglect is considered an emergency, so it is essential to intervene in any suspected case. Laws about when and to whom to report vary by state, but failure to report abuse and neglect is a crime in all states and may lead to legal penalties. Reporting is a legal requirement, but it is also an ethical duty. Children cannot protect themselves and need caring adults to intervene on their behalf. It is important to realize that as a mandated reporter, you are protected by law from suit or prosecution if you have legitimate concerns about abuse or neglect and you report those concerns in good faith. Furthermore, the Health Managers Orientation Guide says that all Head Start programs have procedures in place to support staff when dealing with suspected or known cases of child abuse and neglect.

All Head Start and Early Head Start programs are required to have procedures in place to deal with suspected or known cases of abuse or neglect. See Head Start Program Performance Standard 1304.22(a)(5) for the details. According to the publication *Physically Healthy and Ready to Learn* by the National Head Start Training and Technical Assistance Resource Center, all Head Start and Early Head Start employees are mandated reporters. Consider involving the Health Services Advisory Committee, the governing board, and the policy council for developing policies and procedures for reporting suspected cases of child abuse and/or neglect. Head Start programs have many important partners to assist them in developing policies and procedures for reporting suspected cases of child abuse and neglect.

Head Start and Early Head Start can partner with physicians, child psychiatrists, nurses, nurse practitioners, and Child Protective Service workers in the community who have knowledge of and experience with maltreatment. At the individual child level, however, one should not wait for a consultation with an outside expert before reporting a suspicious incident. Understand federal, state, local, and tribal regulations for reporting suspected child abuse and neglect. At the end of the day, the

Head Start or Early Head Start facility shall report to the Department of Social Services, Child Protective Services, or police as required by state and local laws any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred. Reporting suspected abuse and neglect can be sensitive and challenging.

Staff and volunteers need orientation and training on identifying and reporting child abuse and neglect including information about child abuse reporting procedures that contains a summary of the state and/or tribal child abuse reporting regulations, information on state, local, and/or tribal laws governing immunity from legal penalties and how reporting suspected child abuse can affect employment status, increased awareness of common signs and symptoms of child abuse -- for example, physical abuse, emotional abuse, and sexual abuse -- and/or neglect; in other words, failure to provide basic life necessities such as food, clothing, a safe environment, or shelter, and educating staff and volunteers to be helpful rather than punitive towards abusing or neglecting parents and other caregivers. Head Start programs can turn to other community-based organizations for training support. National organizations such as Prevent Child Abuse America and Child Care Aware, formerly the National Association of Child Care Resource and Referral Centers, have state and local chapters that are all over the country. Also, at the community level, child care health consultants may offer training, and organizations such as child advocacy centers or local chapters of the National Exchange Club provide information and resources. Policies and procedures about identifying and reporting child abuse are enhanced with the ongoing involvement of families and parents. Therefore, our Head Start and Early Head Start programs should regularly orient and train parents on child abuse and neglect policies and procedures.

Training for parents should be conducted in a sensitive family-centered manner. Help parents understand that child abuse and neglect laws are designed to protect children and families. Define the terms of child abuse and neglect for parents and describe what standards Head Start uses in determining suspected child abuse and neglect. Offer orientations for parents on the need to prevent child abuse and neglect. And provide positive parenting and family strengthening programs when possible. Explain what parents can do to alleviate stress at home when they need a break from the children. Offer information on state, local, and/or tribal laws that mandates that facilities that report suspected child abuse or neglect. All Head Start programs must have procedures for reporting institutional abuse or neglect; in other words, harm caused by a staff member of Head Start or Early Head Start. The same laws that apply to reporting suspected concerns about parents apply to staff. If you see a staff member treat a child in a manner that you believe may be considered abuse or neglect, you are required to follow your agency's policies and procedures to report that concern.

We're coming to the end of my talk. In reviewing our objectives, we addressed the definition of child maltreatment and the definitions of each of the five major subtypes of abuse and neglect, and we talked about the frequency of child abuse and neglect in the United States but with the caution that official numbers may underestimate the extent of the problem. We devoted a lot of this presentation to how Head Start and Early Head Start programs and staff can identify child maltreatment and the role of the program and individual staff members as mandated reporters in all U.S. states and territories. However, it is important to keep in mind that your mandatory responsibility to report any suspected abuse or neglect does not mean you have to decide whether or not abuse or neglect occurred. Your role is simply to report any concerns you may have. As mandated reporters, all Head Start and Early Head Start program staff must be aware of and understand their own agency's policies and procedures for reporting abuse or neglect and be familiar with your own state's, territory's, or tribe's unique laws and regulations related to abuse and neglect reporting and how such laws and regulations may impact what to report.

In reviewing this presentation, when it becomes available on ECLKC, consider asking yourself the following questions: How are staff in your program trained on child abuse and neglect policies and procedures? How does your program incorporate expertise from your community in developing its child abuse and neglect policies? What are some of the particularly challenging issues and/or concerns regarding child abuse and neglect in your program and your community? I thank you for your kind attention and especially for all that you do every day for our children. Feel free to contact me if you have any questions. Similarly, the National Center on Health is available to you for further follow-up via its toll-free number, email address, and website.

Goodbye.

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