

Child Abuse/Neglect/ Maltreatment Identifying and Reporting OUTLINE

1. History
2. Legal definitions
 - a. Abuse
 - b. Neglect
 - c. Maltreatment
 - d. Person legally responsible
 - e. Reasonable cause to suspect
 - f. Corporal punishment
3. All Souls UU Church Child Care Providers' responsibilities
 - a. Safety
 - b. Awareness
 - c. Responses
 - d. Reporting
4. Indicators
 - a. Parent Caregiver history
 - b. Parent-Child history
 - c. Environmental factors
 - d. Behaviors of parent/caregivers of abused children
5. Assessing Behavioral Symptoms
6. Assessing Physical Symptoms
 - a. Bruises, welts, bite marks
 - b. Lacerations, abrasions, burns
 - c. Fractures
 - d. Head injuries
7. Maltreatment/Neglect
 - a. Physical indicators
 - b. Behavioral indicators
8. Sexual Abuse
 - a. Physical indicators
 - b. Behavioral indicators
9. Questions and answers

HISTORY

Accounts of the abuse and maltreatment of children have strong historical roots. Children were considered to be the property of the parents or caregivers. Indeed, childhood itself is a relatively new concept. Until approximately the 18th century, children were seen as small adults. Children, as property of their parents or caregivers, did not have rights. The old saying, "Spare the rod and spoil the child" gives an indication of the prevailing perspective. Begging, mutilation, and infanticide were not uncommon. Indeed in many parts of the world today these actions persist to impact the lives of children. Home imprisonment throughout history was not uncommon; child labor has long been a problem (and remains so in many parts of the world) and the industrial revolution in the Western countries only created yet another means for children to be in servitude.

The Society for Prevention of Cruelty to Children (SPCC) was founded in New York City in 1875. To a significant degree it was the case of Mary Ellen McCormack that spurred its creation. In 1873, Mary Ellen McCormack, a 9 year old orphan, lived in New York City with Francis and Mary Connolly. She was physically abused almost daily by Mrs. Connolly, who often used a raw-hide whip. Mary Ellen had few clothes, no bed, and was not allowed to leave the house. A social worker, Etta Wheeler, learned of the child's horrible situation; she saw the conditions under which the child lived and she saw Mary Ellen herself, an undernourished and uncared for child whose body bore the marks of repeated beatings. Despite efforts to intervene on her behalf, Ms. Wheeler found that the law, as well as charitable institutions, were unable to protect the girl. Finally it was the Society for the Prevention of Cruelty to Animals who intervened to protect Mary Ellen as an abused member of the animal kingdom. On April 9, 1874, Mary Ellen McCormack, a fresh gash on her face, was brought into a New York courtroom to tell her story to the Judge Abraham Lawrence. This was the beginnings of the children's rights movement.

Almost a century later, in 1969 a child named Roxanne died. Her death was instrumental in the creation of New York State's comprehensive Child Protection Laws.

In 1987 the beating death of 6 year old Lisa Steinberg in New York City reminded New Yorkers very vividly, that child abuse was not a crime of the past but continued to exist and was continuing to increase at alarming rates. This situation was particularly disturbing because there had been indications that the child was being abused, but this was not reported. It was a toll collector for the New York State Thruway Authority who finally called the police

when the bruised child was observed in the back seat of the car. The death of Lisa Steinberg led to the NYS requirement that all professionals mandated to report child abuse and maltreatment must complete an educational program on the identification and reporting of child abuse and maltreatment in order to be licensed or certified.

DEFINITION OF CHILD ABUSE

"Abused Child" means a child less than 18 years of age whose parent or other person legally responsible* for the child's care:

1. *Inflicts or allows to be inflicted* upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health, or protracted loss or impairment of the function of any bodily organ; or
2. *creates or allows to be created* a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or
3. *commits or allows to be committed* a sex offense against such child as defined in the penal law; allows, permits or encourages such child to engage in any act of a sexual nature.

DEFINITION OF CHILD NEGLECT

"Neglected Child" means a child less than 18 years of age:

- (i) whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of the child's parent or other person legally responsible* for the child's care to exercise a minimum degree of care:
 - (a) in supplying the child with adequate food, clothing, shelter or education or medical, dental, optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
 - (b) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental or

- emotional condition has been impaired or is in imminent danger of becoming impaired
- (ii) who has been abandoned by his parents or other person legally responsible* for his care.

MALTREATMENT

Maltreatment means that a child's physical, mental, or emotional condition has been impaired or placed in imminent danger of impairment, by the parent's or legal guardian's failure to exercise a minimum degree of care.

A maltreated child includes a child:

- Less than eighteen years of age defined as a neglected child by the Family Court Act.
- Who has had serious physical injury inflicted upon him/her by other than accidental means.
- Is eighteen years of age or older, is neglected and resides in one of the special residential care institutions previously listed.

OTHER PERSON LEGALLY RESPONSIBLE*

For purposes of defining abused child or neglected child, "other person legally responsible" means the child's custodian, guardian or any other person responsible for the child's care at the relevant time, including any person who continually or at regular intervals is found in the same household as the child when the conduct of that individual causes or contributes to the abuse or neglect of the child.

REASONABLE CAUSE TO SUSPECT

A person can have "reasonable cause" to suspect that a child is abused or maltreated, if considering what physical evidence she/he observes or is told about, and from his/her own training and experience, it is POSSIBLE that the injury or condition was caused by neglect or by non-accidental means. The reporter need not be absolutely certain that the injury or condition was caused by neglect or non-accidental means; the reporter should only BE ABLE TO ENTERTAIN THE POSSIBILITY THAT IT COULD HAVE BEEN NEGLIGENCE OR NON-ACCIDENTAL in order to possess the necessary "reasonable cause".

SUSPICION

Certainty is not required:

To be suspicious, it is enough for the mandated reporter to distrust or doubt what she/he personally observes or is told. In child abuse cases, many factors can and should be considered in the

formation of that doubt or distrust. Physical and behavioral indicators may also be helpful in forming a reasonable basis of suspicion. Although these indicators are not diagnostic criteria of child abuse, neglect, or maltreatment, they illustrate important patterns that may be recorded in the written report when relevant.

EXCESSIVE CORPORAL PUNISHMENT

Corporal punishment is excessive if it goes beyond what is objectively reasonable. When identifying what is reasonable corporal punishment, the following guidelines can be used:

1. The child's age, sex, physical and mental condition, and capacity to understand correction.
2. The nature of the punishment.
3. The seriousness of injury to the child or risk of serious injury.
4. The means of punishment used-is it appropriate to correct the child's behavior-are less severe alternatives available.
5. The purpose of the punishment-is punishment meant to correct behavior, or to inflict pain or degradation.
6. The child's behavior which requires correction.
7. The character of punishment-is it degrading or brutal.
8. The duration of punishment-whether it goes on beyond the child's endurance.

DISCIPLINE helps a child learn a lesson that will carry over and positively affect future behavior. ABUSE affects the future in a negative way, leading to anger, hatred and more deviant behavior.

DISCIPLINE enhances the child's sense of self worth, helping the child learn self-control and thus becoming comfortable within the family and in society. ABUSE robs the child of self worth and causes him/her to feel outcast and resentful.

DISCIPLINE is not shame or guilt. ABUSE is shame or guilt which satisfies the needs of the parents at the moment and destroys the self image of the child in a hostile manner.

ALL SOULS UU CHURCH CHILD CARE PROVIDERS' RESPONSIBILITIES

a. Safety (comes first)

- Children
- Adults
- Self

b. Awareness

- Location of children
- Activities involved in
- Other people in location
- Environment
- Child's abilities

c. Responses

- To child > no hands on unless safety of child or others is compromised
- To RE teacher > needs to be alerted if problems arise
- To parents > needs to be made aware if problems not resolved
- To other adults > confidentiality maintained

Reporting > if you are a mandated reporter, you know "who, what, and when"

If not a mandated reporter discuss your concerns with
RE teacher, church leader or Minister

- What >
- When
- Who

The telephone numbers to report abuse or maltreatment are:

Mandated Reporter (800) 635-1522

Public Hotline (800) 342-3720

▪

Key Assessment Factors

Characteristics of abusive parents or caregivers can be identified by careful assessment that includes:

- Parent/Caregivers History
- Parent/Child History
- Environmental Factors

It is important to remember that child abuse and neglect is a family problem. It is a disease of parenting; it is deviant parenting. Child abuse should receive the same logical, step-wise diagnostic work-up, treatment, and management as any other serious condition. The challenge is to recognize the potential for child abuse early and to intervene on a primary, rather than secondary, level.

American culture, on the whole, accepts and condones the use of physical discipline as normal practice in the adult-child relationship. There is definitely room for learning in parenting styles. However, the message from the caregiver to the child must be "it is safe, you can trust me, come out, experiment, you will not be destroyed."

An abusive/neglecting parent does not fit a simple mold. Child abuse/neglect covers a broad continuum of behaviors. Abuse/neglect can run the gamut from an isolated explosive episode to psychotic behavior. However, most abusive parents are not psychotic; they are frequently adults who were abused/maltreated children. Their parenting model was an abusive one. They know no other way of acting. We all essentially parent the way we were parented. Each of us has the potential to abuse. We are saved by our coping mechanisms, our own positive experiences as children and as adults, our own thoughtful examination of and response to parenting and/or our intact social supports such as spouses, family and friends.

It should be noted that these indicators are clues but not conclusive proof. They may exist in situations where a child is not suspected to be abused or maltreated. However, they are useful to remember when dealing with the parent/caregiver or child. Clues rarely appear as single entities. Typically, several clues will appear regarding the child and his/her family. Except for the obvious, **single clues should be treated as "flags"** which indicate that the professional needs to look further, more closely, and methodically.

Parent/Caregiver History

Items in the personal history of the parent/caregiver that should be seen as **"red flags"** include:

- Parent was abused or neglected as a child
- Lack of friendships or emotional support
 - Isolated from supports such as friends, relatives, neighbors, community groups
 - Lack of self-esteem, feelings of worthlessness
- Marital problems of the parents (and grandparents)
 - May include intimate partner violence
- Physical or mental health problems or irrational behavior
- Life crisis
 - Financial debt
 - Unemployment/underemployment
 - Housing problems
 - Other significant life stressors
- Alcohol/substance abuse of parents or grandparents
- Adolescent parents

Parent-Child History

- Parents have unrealistic expectations of child's physical and emotional needs.
 - Mentally/developmentally disabled children are particularly vulnerable
- Parent's unrealistic expectations for child to meet parent's emotional needs
 - Role reversal
 - Children viewed as "miniature adults"
- Absence of nurturing child-rearing skills
 - Violence/corporal punishment is accepted as unquestioned child-rearing practice within the parent's culture
 - Violence is accepted as a normal means of personal interaction
- Delay or failure in seeking health care for child's injury, illness, routine checkups, immunizations, etc.

- Parent views child as bad, evil, different, etc.

Environmental Factors

- Lack of social support
 - Note: there may be an inability to ask for and receive the kind of help and support parents need for themselves and their children.
- Homelessness

Behaviors of Parent/Caregivers of Abused Children

- Contradictory histories
- Cannot explain the child's injury or condition
- Reluctant to give information
- Blame the child's injury on siblings or others
- Hospital "shop", delay in getting care
- Refuse to give consent for diagnostic workup
- Exhibit loss of control
- Overreact or under react to child's condition
- Complain about issues unrelated to child's condition
- Have unrealistic expectations of the child
- Cannot be located
- Present a history of family discord

Both the abusing and non-abusing parent are ultimately responsible.

Assessing Behavioral Symptoms

- Wary of contact with other adults
- Apprehensive when other children cry
- Exhibits behavioral extremes:
 - Aggressiveness
 - Destructiveness
 - Withdrawal
 - Emotionless behavior
 - Extreme mood changes
- Is afraid to go home, has repeated incidents of running away
- Fear of parents
- Reports injury by parents
 - Sometimes blames self, e.g. "I was bad and I was punished"

- Has habit disorders
 - Self-injurious behaviors
 - Psychological reactions (obsessions, phobias, compulsions, hypochondria)
- May wear long sleeves or other concealing clothing to hide physical indicators of abuse
 - Often inappropriate for season
- Manifests low self-esteem
- Attempts Suicide

Assessing Physical Symptoms

Special attention should be paid to injuries that are unexplained or are inconsistent with the parent(s)/caregiver's explanation and/or the developmental stage of the child. This section will describe physical and behavioral signs that could indicate abuse.

Physical Indicators

Bruises, welts, and bite marks:

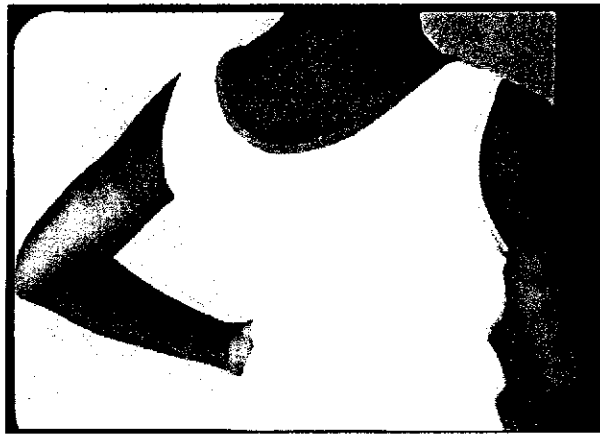
- On face, lips, mouth, neck, wrists, and ankles
- On torso, back, buttocks, and thighs



- Both eyes or cheeks - always of suspicious origin because only one side of the face is usually injured as the result of an accident.



- Clustered, forming regular patterns reflecting shape of article used to inflict i.e. electric cord, belt buckle, etc.
- Grab marks, on arms or shoulders



- On several different surface areas
- Evidence of human bite - human bite compresses the flesh, animal bite tears flesh and has narrower teeth imprint
- In various stages of healing
- Regularly appear after absence, weekend, or vacation

Assessing Physical Symptoms, Con't.

Lacerations or abrasions:

To mouth, lips, gums, eyes

- To external genitalia
- On backs or arms, legs or torso

Burns:

- Cigar, cigarette burns, especially on soles, palms, back, or buttocks

- Immersion burns by scalding water (sock-like, glove-like, doughnut-shaped on buttocks or genitalia - "dunking syndrome")



- Patterned burn, for example electric burner, iron, etc.



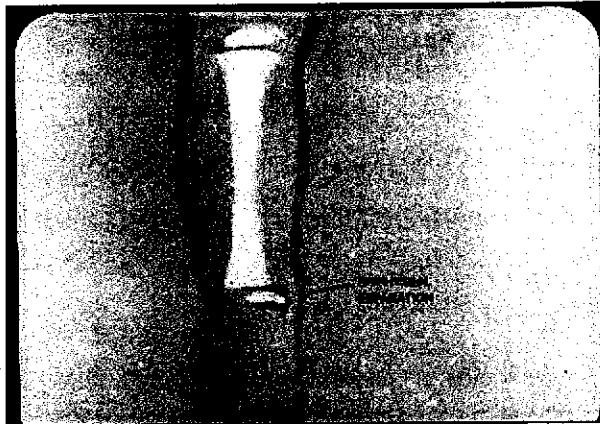
- Rope burns on arms, legs, neck, or torso



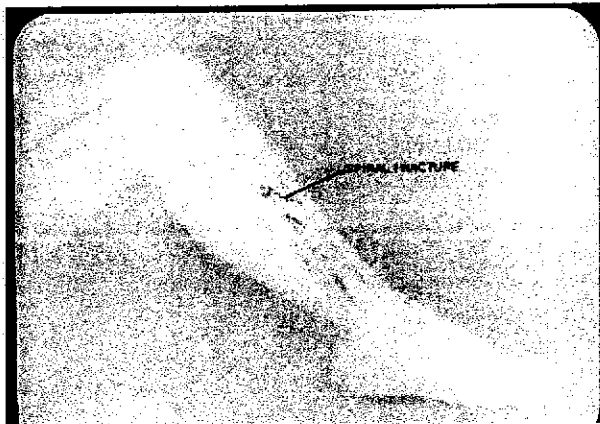
Assessing Physical Symptoms, Con't.

Fractures:

- To skull, nose, facial structure
- Skeletal trauma accompanied by other injuries, such as dislocations



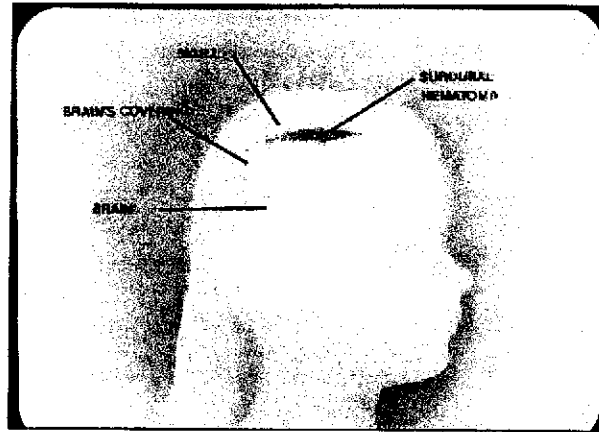
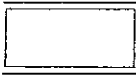
- Multiple or spiral fractures



- In various stages of healing
- Fracture "accidentally" discovered in the course of an exam

Head Injuries

- Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling
- Subdural hematoma (a hemorrhage beneath the outer covering of the brain, due to severe hitting or shaking)



- Retinal hemorrhage or detachment, due to shaking
- Shaken baby syndrome/Whiplash shaken infant syndrome

- Eye injury
- Jaw and nasal fracture
- Tooth or frenulum injury

Symptoms suggestive of parentally - induced or fabricated illnesses:

- Sometimes know as Munchausen Syndrome by Proxy (MSP) - an example might be repeatedly causing a child to ingest quantities of laxatives sufficient to cause diarrhea, dehydration, and hospitalization

MALTREATMENT/NEGLECT

Warning signs of neglect in children

- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

Sexual Abuse

Because most sexual abuse cases do not present overtly apparent physical evidence or indicators, identification and recognition are often very difficult. To

compound the problem of detection and identification, the many legitimate fears which child victims of sexual abuse experience make it extremely difficult for them to report the abuse, even to a very trusted adult or friend since their trust has been so violated.

The fact that the vast majority of child molesters are family members or friends of the child or his/her family makes disclosure of the abuse very difficult for the child. Victims of child sexual abuse experience the fear of betraying a loved one and possibly losing affections forever if they disclose the abuse. Child victims fear the overwhelming shame and guilt that such disclosure may cause, and they fear that family members and other significant people in their lives will blame them for the abuse. They also fear the common threats of being hurt or even killed if they disclose the abuse. Even after disclosing sexual abuse, a child may retract the disclosure as the family system may begin to place pressure. For these and other reasons, sexually abused children often decide to live in quiet and devastating isolation with their "secret" rather than risk the realization of their fears.

It is very important to keep in mind that the overwhelming majority of child sexual abuse occurs within the child's immediate or extended family. Most perpetrators of child sexual abuse are known to the child before the abuse. They are usually trusted family members who have easy physical access to their child victims, not the stereotypical strangers in raincoats who wait for children on street corners with lures of candy or money. Child sexual abuse is not a problem uniquely found in only certain geographic areas or among people of certain economic conditions, races, or occupations. There is absolutely no profile of a child molester or of the typical victim. Do not assume that because an alleged offender has an unparalleled reputation for good works in the community or holds a certain job, he or she could not also be a child molester.

Physical Indicators

- Difficulty in walking, sitting
 - Torn, stained, bloody clothing or underwear
 - Genital pain, itching
 - Bruises, bleeding, or any injury in genital, vaginal or anal areas
 - Bruising, injury to the hard or soft palate
-
- Sexually transmitted diseases, especially in preteens, including venereal oral infections.
 - Pregnancy, especially in early adolescent years
 - Painful urination or urinary tract infections

- Presence of foreign bodies in vagina or rectum

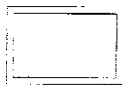
Remember, the lack of physical evidence makes identification and recognition difficult. Since the vast majority of child molesters are family members or friends, admitting the abuse is very difficult for the child.

Behavioral Indicators

- Low self esteem
- Refusal to participate in/or change for gym
- Infantile behavior
- Withdrawn/elaborate fantasy life
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization
- Expressing age-inappropriate knowledge of sexual relations
- Sexual victimization of other children
- Prostitution
- Extreme fear of being touched
- Poor peer relationships
- Delinquent, truancy, running away
- Self-injurious activities/suicide

Components of a Sexual Abuse Examination

- Full history and physical examination
- Psychosocial/developmental evaluation
- X-rays and photographs as indicated
- Genital examination
- Appropriate specialty examinations
- Daycare and school reports



Frequently Asked Questions

How many children are reported and investigated for abuse or neglect?

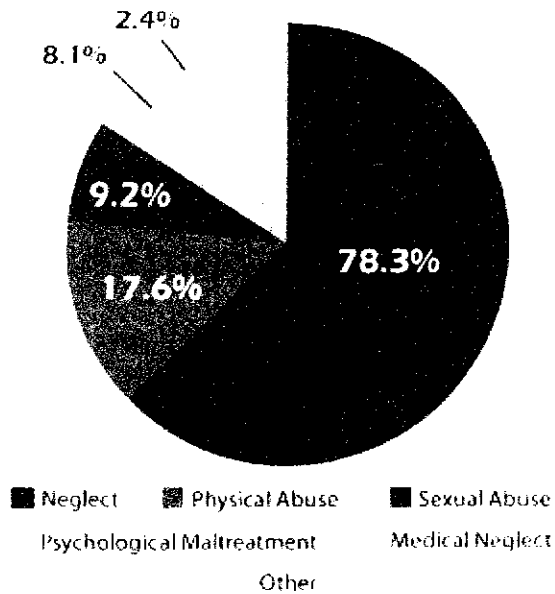
What are the most common types of maltreatment?

What are the most common types of maltreatment?

What are the most common types of maltreatment?

- **A report of child abuse is made every ten seconds**
- ***More than five children die every day as a result of child abuse.**²
- **Approximately 80% of children that die from abuse are under the age of 4.**¹
- **It is estimated that between 50-60% of child fatalities due to maltreatment are not recorded as such on death certificates.**³
- **More than 90% of juvenile sexual abuse victims know their perpetrator in some way.**⁴
- **Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.**
- **About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.**⁵
- **About 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder.**⁵
- **The estimated annual cost of child abuse and neglect in the United States for 2008 is \$124 billion.**⁶
- **14% of all men in prison in the USA were abused as children.**⁷
- **36% of all women in prison were abused as children.**⁷
- **Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.**⁵

Types of Child Abuse¹



These percentages sum to more than 100.0 percent because a child may have suffered more than one type of maltreatment.

- Abused children are **25% more likely to experience teen pregnancy.**⁵
- Abused teens are **less likely** to practice safe sex, putting them at greater risk for STDs.⁵
- **One-third to two-thirds** of child maltreatment cases involve substance use to some degree.⁸
- Children whose parents abuse alcohol and other drugs are **three times more likely to be abused** and more than four times more likely to be neglected than children from non-abusing families.⁸
- As many as **two-thirds of the people in treatment for drug abuse** reported being abused or neglected as children.¹⁰

Child Abuse in America

Children are suffering from a hidden epidemic of child abuse and neglect. Every year 3.3 million reports of child abuse are made in the United States involving 6 million children; that's because reports can include multiple children. The United States has the worst record in the industrialized nation – losing five children every day due to abuse-related deaths.¹

The following is page 19 which was omitted from the CHILD ABUSE IDENTIFYING AND REPORTING booklet distributed to the congregation on September 30. Please tuck this into your booklet.

There is no single profile of a perpetrator of fatal child abuse, although certain characteristics reappear in many studies. Frequently the perpetrator is a young adult in his or her mid-20s without a high school diploma, living at or below the poverty level, depressed, and who may have difficulty coping with stressful situations. In many instances, the perpetrator has experienced violence first-hand. Most fatalities from physical abuse are caused by fathers and other male caretakers. Mothers are most often held responsible for deaths resulting from child neglect.

Most victims of child abuse do not want to be taken away from the family, they just want the abuse to stop.