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445

MEMORANDUM

TO: Senator Kerttula

FROM: D. Heidecker

RE: Proposed amendment to Senate Bill 445, "An act relating to child abuse."

DATE: May 8, 1984

This addresses a proposed amendment to Senate Bill 445, changing "sufficient cause to believe" to "probable cause to believe" a child has suffered harm as a result of abuse or neglect.

I don't believe the proposed amendment is consistent with your original intent in this bill.

"Probable cause" would imply a criminal standard, which must be met by reporters of suspected abuse and neglect. "Sufficient cause" implies what an average person capable of reasoning would consider abuse or neglect.

The proposed amendment would almost certainly drastically reduce the number of cases reported, and therefore investigated, by making the standard one of criminal proof.

The vast majority of cases reported to DFYS are investigated but not prosecuted. In many cases, intervention occurs without prosecution of parents or caretakers. This amendment would make intervention on behalf of children difficult, unless the criminal standard existed.

"Probable cause" belongs in the courtroom, not in the DHSS regulations. The original intent of the bill, to create guidelines for professionals who are mandated to report suspected abuse and neglect, is not served by the proposed amendment.

STATE OF ALASKA
THE LEGISLATURE

PO BOX STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

May 8, 1984

SUBJECT: Child abuse
(SB 445)

TO: Senator Jay Kerttula
Senate President

FROM: Keith B. Levy ^{KBL}
Legislative Counsel

You have requested an opinion on the legal significance of a proposed amendment to SB 445. AS 47.17.020 requires certain persons to report child abuse to the Department of Health and Social Services. Failure to report is a class B misdemeanor under AS 47.17.068. SB 445 adds a new subsection to AS 47.17.020 requiring the department to "establish guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect." The proposed amendment would change the term "sufficient cause" to read "probable cause." In my opinion, the proposed change would have the effect of requiring a higher degree of cause before a person would be required to report child abuse under AS 47.17.020. Black's Law Dictionary defines "probable cause" as follows:

Reasonable cause; having more evidence for than against. A reasonable ground for belief in the existence of facts warranting the proceedings complained of. An apparent state of facts found to exist upon the reasonable inquiry (that is, such inquiry as the given case renders convenient and proper), which would induce a reasonably intelligent and prudent man to believe, in a criminal case, that the accused person had committed the crime charged, or, in a civil case, that a cause of action existed.

"Sufficient cause" is defined in Black's Law Dictionary as follows:

Sufficient cause to hold defendant to answer charges is reasonable or probable cause or that state of facts as would lead a man of ordinary caution to conscientiously entertain strong suspicion of defendant's guilt...See also probable cause.

The terms do not appear to differ greatly in their definitions. However, the term "probable cause" is more commonly used in the criminal context, because it is found in both the state and federal constitutions with regard to the justification required before the government may conduct a search or seizure. As such, "probable cause" is a term of art that implies a high standard of justification. For this reason, use of the term probable cause would be logical if it is the legislature's intent to tie the term into the criminal standard for probable cause used by the courts. The term "sufficient cause", on the otherhand, implies a somewhat lower standard. Accordingly, the choice between the two terms depends upon the legislature's intent with respect to the reporting requirement under AS 47.17.020.

KBL:ojb
J7/041



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March 29, 1984

TO: Senator Joe Josephson, Chair
Members, Senate HESS Committee

RE: Senate Bill #445 "An Act relating to child abuse".

NEA-Alaska supports SB 445 and encourages favorable consideration by the Committee.

We stand ready to work with the Department in the development of appropriate guidelines, especially as they may pertain to the apparent "symptoms" used to determine cause to believe that a child has suffered abuse or neglect.

We further recommend that the process coordinate agency responsibilities with those of school districts including regular community information services.

Respectfully submitted:

Robert Manners
Executive Secretary

BMI:26:jc

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

BILL SHEFFIELD, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811

PHONE: 465-3030

DOCUMENT NO. # 84-124

May 9, 1984

The Honorable Joe Josephson
Alaska State Senate
Pouch V
Juneau, AK 99811

RECEIVED
MAY 9 1984
Josephson

Re: SB 445

Dear Senator Josephson:

The Division of Family and Youth Services is very concerned at the plans to amend SB 445 to require the Department to establish by regulation guidelines as to what constitutes probable cause to believe that a child has suffered harm as a result of abuse or neglect. The intent of this legislation was clearly to provide guidelines so that persons who are required to report would have a better way of assessing indicators of abuse and neglect and therefore determining what kinds of circumstances should be reported. As currently worded, SB 445 is more appropriately geared to the general public, since it requires a reporter to have sufficient cause to believe a child has been harmed. The word "sufficient" is more understandable than "probable cause" to the general public and to professionals such as doctors, teachers, etc., since "probable cause" is a strict legal term imposing a burden on a layman which the general public could not fairly be expected to understand. Judges may even differ on what is probable cause for a particular case.

Probable cause would in effect negate the whole concept of letting officials know that the possibility of child abuse has occurred. If the probable cause standard is applied, both the District Attorney's office and the Attorney General's office will have difficulties in the investigation of child abuse cases.

Probable cause essentially means that an act probably was committed and that a particular person probably committed the act. That is a standard to arrest someone. With child abuse, the test should be sufficient cause to investigate a complaint of child abuse or neglect. After an investigation there may or may not be probable cause to arrest someone. In order not to hamper investigation of child abuse, the term "probable cause" should be dropped.

May 9, 1984

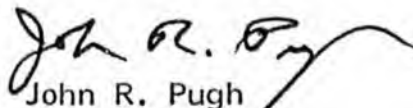
Black's Law Dictionary defines probable cause as "reasonable cause" or of having more evidence in one direction than in the other direction. "Reasonable cause" appears acceptable; however, it is more likely that the courts would apply the more stringent criminal law probable cause standard described above.

Ideally the qualifying terms "sufficient" and "probable" should both be dropped, thereby keeping the language in AS 47.17.020(a) intact. AS 47.17.020(a) states that the named persons shall report child abuse if in their professional capacity they "have cause to believe" that a child has suffered child abuse.

We recommend that the qualifiers be eliminated from (d) and let the Department of Health and Social Services, with the assistance of the Department of Law, define cause.

Please feel free to contact this Department if we can provide additional information.

Sincerely,


John R. Pugh
Acting Commissioner

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT



Official Business

Alaska State Legislature

Senate

Office of the President

MEMORANDUM

Pouch V
State Capitol
Juneau, Alaska 99811

TO: SENATOR JOE JOSEPHSON, CHAIR
SENATE HESS COMMITTEE

FROM: SENATOR JAY KERTTULA

SUBJECT: SB 445, "An act relating to child abuse."

DATE: April 12, 1984

Attached please find back-up for Senate Bill 445, "An act relating to child abuse."

An estimated 652,000 to 1 million children are abused and/or neglected each year in the United States. Child abuse in Alaska is a significant problem.

Under current law, certain professionals are mandated to report to the Department of Health and Social Services child abuse, neglect or sexual abuse.

Every state in our country now has mandated reporting of child abuse. According to the National Center on Child Abuse and Neglect, "...in general these laws mandate the reporting of suspected maltreatment, provide penalties for failure to report, provide immunity to reporters from legal actions associated with the report and define reportable conditions."

Senate Bill 445 seeks to provide the definitions, or guidelines, for the reporting of suspected child abuse. There are several models to follow; included in the back-up are excerpts from "Everything You Always Wanted to Know About Child Abuse and Neglect and Asked!" and "Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel."

Alaska State Legislature

Advisory Council Members
Senator Kerttula, Chairman
Senator Bennett
Senator Vic Fischer
Senator Fahrenkamp



Pouch V
State Capital
Juneau, Alaska 99811
Phone: (907)465-3114

SENATE ADVISORY COUNCIL

MEMORANDUM

TO: SENATOR JALMAR KERTTULA
FROM: ELIZABETH J. HICKERSON
RE: SB 445, an act relating to child abuse
DATE: FEBRUARY 28, 1984

In response to your request for information on SB 445, I offer the following.

PRESENT LAW

The Alaska Child Protection statute (AS 47.17.020) mandates that cases of child abuse, neglect, sexual abuse or exploitation be reported to the Department of Health and Social Services by:

- practitioners of the healing arts;
- school teachers and school administrative staff members;
- social workers;
- peace officers and officers of the division of corrections;
- administrative officers of institutions;
- licensed day care providers and paid staff; and
- licensed foster care providers.

Mandatory reporting is required when these persons "in the performance of their professional duties, have cause to believe that a child has suffered harm as a result of abuse or neglect" (AS 47.17.020). Upon receipt from any source of a report of harm to a child from abuse, the Department of Health and Social Services must notify the Department of Law and investigate the report (AS 47.17.025).

A person required to file a report of abuse or neglect who willfully or knowingly fails or refuses to report the harm is guilty of a class B misdemeanor (AS 47.17.068).

The following definitions are provided at AS 47.17.070.

"child abuse or neglect" means the physical injury or neglect, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby;

"neglect" means the failure to provide necessary food, care, clothing, shelter, or medical attention for a child;

"sexual exploitation" means

(A) permission or encouragement to a child for prostitution prohibited by AS 11.66.100 - 11.66.150 by a person responsible for the child's welfare;

(B) permission, encouragement, or activity involved in the unlawful exploitation of a minor prohibited by AS 11.41.455 by a person responsible for the minor's welfare.

While these definitions are helpful, physical and behavioral indicators of child abuse, resource materials, and training are needed to assist those individuals required to report suspected cases under AS 47.17.020.

PROPOSED LAW

Senate Bill 445 requires the Department of Health and Social Services to establish, by regulation, guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect. These regulations could include a list of indicators, characteristics of abusive families, and other general guidelines. Regulations may not be sufficient to fully educate individuals required to report cases of suspected child abuse or neglect and therefore additional resource materials and training should be developed, implemented, distributed or provided, and updated by the department.

The department may wish to review existing resource materials on this issue available through the National Association of Social Workers, the American Bar Association's National Legal Resource Center for Child Advocacy and Protection, the American Humane Association, and the National Center on Child Abuse and Neglect. The Council on Domestic Violence and Sexual Assault has been actively involved in this area and should be consulted.

According to the National Center on Child Abuse and Neglect, child abuse and neglect is usually divided into four major types: physical abuse, neglect, sexual abuse and emotional maltreatment. Each has recognizable characteristics. Based on extensive research the Center and other noted authorities on child abuse and neglect have developed resource materials for professions that include physical and behavioral indicators of abuse. (see attachments)

While a list of indicators is beneficial for persons that are required to report suspected cases of child abuse and neglect, it must be noted that lists are not exhaustive nor does the existence of a single indicator prove that abuse is occurring. For these reasons proper training is essential.

POSITION PAPER
SENATE BILL 445

"An Act relating to child abuse."

Senate Bill 445 requires the Department to establish by regulation, guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect. It requires that the initial regulations be adopted no later than January 1, 1985.

Discussion

With the growing awareness of the problems of child abuse and neglect, there is increasing concern from persons who are mandated to report as to what kinds of situations they should report. Establishing guidelines by regulations would be one means of disseminating information to mandated reporters. Training and education are also needed as well.

If this Bill is enacted, the Department of Health and Social Services would review existing guidelines which appear in national publications in order to develop appropriate State guidelines for the reporting of physical abuse, neglect, sexual abuse, and sexual exploitation. Hearings would be held to receive public comment.

Position

The Department of Health and Social Services supports Senate Bill 445.

RECOMMENDED: Michael L. Price
Michael L. Price, Director
Division of Family
and Youth Services

DATE: 3/22/84

APPROVED: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health
and Social Services



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March 29, 1984

TO: Senator Joe Josephson, Chair
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We stand ready to work with the Department in the development of appropriate guidelines, especially as they may pertain to the apparent "symptoms" used to determine cause to believe that a child has suffered abuse or neglect.

We further recommend that the process coordinate agency responsibilities with those of school districts including regular community information services.

Respectfully submitted:

Robert Manners
Executive Secretary

BM1:26:jc

EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT CHILD ABUSE AND NEGLECT
AND ASKED!

INTRODUCTION

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act of 1974, as amended, serves as the focal point for Federal activities related to child abuse and neglect. The National Center conducts research into the causes, prevention, and treatment of child abuse and neglect; supports demonstration projects designed to reveal the best means of prevention and treatment; publishes annual directories of programs and research; provides technical assistance to public and private agencies and community groups; and through its State grant program, provides additional resources for States to improve and strengthen their programs.

As part of its mandate to provide information to the public, NCCAN operates the Clearinghouse on Child Abuse and Neglect Information, a central database for the gathering and dissemination of information concerning child maltreatment. What follows are answers to questions most often asked and answered by the Clearinghouse.

Child abuse and child neglect are serious social problems which successfully can be dealt with only if all elements of the community work together to help prevent and treat them. To this end, we must all become aware of the indicators of child abuse and neglect, and the procedures to bring such cases to the attention of the proper authorities. In addition, we should support effective preventive and treatment programs in our own communities.

WHAT ARE CHILD ABUSE AND CHILD NEGLECT?

Basically, there are four types:

1. **Physical Abuse:**
Includes violent assault with an implement such as a knife or strap, burns, fractures, or other actions leading to possible injury to the child. "Spanking" for purely disciplinary reasons generally is not seen as child abuse.
2. **Neglect:**
 - o Physical - Includes abandonment; refusal to seek, allow, or provide treatment for illness or impairment; inadequate physical supervision; disregard of health hazards in home; and inadequate nutrition, clothing, or hygiene when services are available.
 - o Educational - Includes knowingly permitting chronic truancy, keeping the child home from school repeatedly without cause, or failing to enroll a child in school.
3. **Emotional Abuse:**
Includes verbal or emotional assault; close confinement such as tying or locking in closet; inadequate nurturance such as that affecting failure-to-thrive babies; knowingly permitting antisocial behavior such as delinquency, serious alcohol/drug abuse; or refusal to allow medical care for a diagnosed emotional problem.
4. **Sexual Abuse:**
Includes sexual molestation, incest, and exploitation for prostitution or the production of pornographic materials.

Legally, a "child" usually means a person under age 18, and child abuse and neglect occur at all stages of childhood, including adolescence.

What makes child abuse and neglect different from crimes committed against children by strangers is that the abuser is a parent, custodian, or guardian and someone with a duty to protect and guide the child to normal adulthood, as families have done throughout the generations. Thus, child maltreatment is a sign of a family in trouble.

ARE THERE SIGNS OF CHILD ABUSE AND NEGLECT?

There are many indications that a family may be in trouble. Any one of them may not mean anything or may have other explanations. However, if there are a number of them, or they occur frequently, child abuse or neglect may be suspected.

Physical Abuse

Child's appearance:

- o Unusual bruises, welts, burns, fractures, or bite marks.
- o Frequent injuries, always explained as "accidental".

Child's behavior:

- o Reports injury by parents.
- o Unpleasant, hard to get along with, demanding, often does not obey. Frequently causes trouble or interferes with others. Frequently breaks or damages things; or is unusually shy, avoids other people including children, seems too anxious to please, seems too ready to let other people say and do things to him/her without protest.
- o Frequently late or absent or often comes to school much too early; hangs around after school is dismissed.
- o Avoids physical contact with adults.
- o Wears long sleeves or other concealing clothing to hide injuries.
- o Child's story of how a physical injury occurred is not believable; it does not seem to fit the type or seriousness of the injury observed.
- o Child seems frightened of parents, or shows little or no distress at being separated from parents.
- o Child is apt to seek affection from any adult.

Parent or caretaker's behavior:

- o Uses harsh discipline which doesn't seem right for the age, condition, or "offense" of the child.
- o Offers an explanation of child's injury that does not make sense, does not fit the injury, or offers no explanation at all.
- o Seems unconcerned about the child.
- o Views the child in a negative way - as always bad or evil.
- o Misuses alcohol or other drugs.
- o Attempts to conceal child's injury or to protect identity of person responsible.

Neglect

Child's appearance:

- o Often not clean.
- o Comes to school without breakfast, often does not have lunch or lunch money.
- o Clothes are dirty or unsuitable for the weather.
- o Seems to be alone often, for long periods of time.
- o Needs glasses, dental care, or other medical attention.

Child's behavior:

- o Often tired, has no energy, lethargic.
- o Frequently absent from school.
- o Begs or steals food.
- o Causes trouble in school; often has not done homework, uses alcohol or drugs, engages in vandalism, or sexual misconduct.

Parent or caretaker's behavior:

- o Misuses alcohol or other drugs.
- o Has disorganized, unstable home life.
- o Seems not to care about what happens; gives impression of feeling that nothing is going to make much difference anyway.

- o Lives very much isolated from friends, relatives, neighbors; does not seem to know how to get along well with others.
- o Has long term chronic illnesses.
- o Has history of neglect as a child.

Emotional Abuse

Child's appearance:

- o Signs may be less obvious than in other forms of mistreatment. Behavior is best indication.

Child's behavior:

- o Self-destructive, apathetic, depressed, withdrawn, passive. Shows lack of positive self-image.
- o Problems in school - either experiencing academic failure, developmental delays or appears hyperactive, "driven."
- o Seems overly anxious when faced with new situations or people, or displays a pseudo-maturity inconsistent with age
- o Disorganized, distrustful or rigidly compulsive.
- o Takes on adult roles and responsibilities, including those of a parent.
- o Appears autistic, delusional, paranoid; engages in excessive fantasizing.
- o Throws tantrums; seems impulsive, defiant, antisocial, aggressive; constantly test limits
- o Fearful, hyperalert, lack of creativity and exploration.
- o Difficulty in making friends and dealing with others, or lack of familial attachment and excessive peer dependence.
- o Is excessively fearful, anxious, prone to nightmares or is oblivious to hazards and risks.

Parent or caretaker's behavior:

- o Blames or belittles child.
- o Is cold and rejecting; withholds love.
- o Treats children in the family unequally.
- o Does not seem to care much about child's problems.

Sexual Abuse

Child's appearance:

- o Has torn, stained, or bloody underclothing.
- o Experiences pain or itching in the genital areas.
- o Has venereal disease.

Child's behavior:

- o Appears withdrawn or engages in fantasy or baby-like behavior.
- o Has poor relationships with other children.
- o Is unwilling to participate in physical activities.
- o Is engaging in delinquent acts or runs away.
- o States that he/she has been sexually assaulted by parent or guardian.
- o Acts like an adult, not a child.

Parent or caretaker's behavior:

- o Very protective or jealous of child.
- o Encourages child to engage in prostitution or sexual acts in the presence of caretaker.
- o Misuses alcohol or other drugs.
- o Is frequently absent from home.

HOW MUCH CHILD ABUSE AND NEGLECT IS THERE?

Researchers agree that child abuse and neglect involves a significant number of children in the United States. However, because of differences in the ways each community defines, identifies, and handles these cases, estimates on the number of child abuse and neglect cases in the United States vary.

One major research effort to assess the national incidence of child maltreatment was the National Survey of the Incidence and Severity of Child Abuse and Neglect, conducted by Westat, Inc. and Development Associates, Inc. for NCCAN. This study was designed to provide a complete picture of the numbers and characteristics of maltreated children, beyond those provided through official reports. After polling both child protective service (CPS) and non-CPS sources, the Study projected that at least 652,000 children are abused and/or neglected annually in the United States, meaning that 10.5 children are maltreated for each 1,000 children under the age of 18 years. NCCAN cautions that 652,000 is a conservative estimate of the total number of children in the United States maltreated annually, based on statistically verifiable data, and that very likely the actual number of children abused and neglected each year is at least 1,000,000.

Another research effort, the National Study of Child Neglect and Abuse Reporting, by the American Humane Association's Child Protection Division, has attempted to record all reported cases of child abuse and neglect in the states, territories, and the District of Columbia since 1973. The most recent Study, analyzing official reports in 1980, found that 788,844 reports of child maltreatment were documented nationwide during that year.

WHO ARE THESE CHILDREN AND THEIR FAMILIES?

Taken together, the research efforts mentioned above do provide some insight into the "average" troubled family.

Age

- o The average age of children reported as abused and/or neglected in 1979 was 7 and one-half years.
- o Preschool children, from birth to 5 years of age, represent 28% of the overall child population, but account for 74% of maltreatment fatalities.
- o Conversely, children 6 to 14 years of age represent 52% of the overall child population, but account for only 3% of the fatalities.

- o In general, the incidence rate for maltreatment increases with age, with two exceptions:
 - The physical abuse of males decreases after age 5.
 - The physical neglect of both males and females is relatively constant and similar for age groups over 2 years.

Sex

- o The percentages and incidence rates for males and females are nearly identical when all forms of maltreatment and all age groups are considered.
- o However, adolescent females are more likely to experience all forms of maltreatment compared with their male counterparts.
- o Teenage boys, on the other hand, are more likely to experience educational and emotional neglect than are teenage girls, but are slightly less likely to experience physical neglect than are the girls.
- o The incidence rate for sexual abuse is highest among adolescent females, but half the female victims of sexual abuse are under 11 years of age.

Family Income

- o Maltreated children can be found in all income groups.
- o Slightly over 48% of the families reported to CPS agencies in 1979 were receiving public assistance, while such families represent 7% of families across the United States.
- o For each major form of maltreatment, the incidence rates for white children are much higher in families with incomes less than \$15,000 than in higher income families.
- o For nonwhite children, neglect incidence rates are much higher in lower income families than in higher income families. However, abuse incidence rates are close to constant and at a relatively low level across income levels for nonwhite children.

Race

- o Over 66% of children reported as maltreated in 1979 were white, 22% were black, and 12% were hispanic or "other".
- o The incidence rates for blacks and whites overall are almost identical, especially in middle and upper income families.

Geographic Location

- o No geographic setting is free of child abuse and neglect. The incidence rates are similar for urban, suburban, and rural communities.
- o In rural counties, the incidence rate for sexual abuse is higher than elsewhere.
- o In urban areas, the incidence rate for educational neglect is higher than elsewhere.
- o In suburban locations, the incidence rate for emotional neglect is higher than elsewhere.

WHAT CAUSES CHILD ABUSE?

As most parents know, raising a child is not an easy job. Everyday stresses and strains, coupled with the burdens of child care, cause most parents to feel angry at some time. But why do some parents threaten their children's health or safety?

There is no simple answer as to the causes of child maltreatment, just as there are no simple answers to the causes of other social problems such as drug abuse or depression. However, there are conditions or situations that may make child maltreatment more likely to happen.

Isolation:

Many abusive parents had troubled childhoods themselves and thus learned very early that they could not rely on others for emotional support. As a result, they never learned the social skills necessary to form solid relationships with relatives, neighbors, and friends. They are often isolated from their communities and families, and may seem to reject offers of help, having learned to be suspicious of the good intentions of others. When faced with stressful situations - a fussy baby, for example - they feel totally alone and "trapped", and may react with violent abuse or neglectful depression.

Generational Cycle:

"Violence begets violence" and it is thought that many abusive parents are repeating the child-rearing practices that they had been subjected to as children. In some cases, abused children who become parents find themselves unable to alter the cycle of violence, despite their intentions and efforts to be good parents, because they have never been exposed to proper parenting practices. Also, in some families a "role reversal" occurs - the abused child becomes a parent in order to find the love and acceptance she/he had missed as a child. The baby is then placed in an adult role, with the parent expecting that the baby will "take care of me". The parent sees the child as having capabilities far beyond what is appropriate for its age. When the young child does not meet these expectations, violence can occur.

Economic and Other Stress Factors:

Even without children, adults encounter many stressful situations - unemployment, poverty, illness, or divorce. For parents, these conditions can be doubly traumatic, for there are no "vacations" from parental responsibilities. When a parent, who may be predisposed toward child maltreatment because of upbringing or isolation, must deal with any of these stressful situations it is possible that little time or energy is left for the children. Also, in times of stress, the slightest misbehavior by the child can be "the last straw" and lead to violent abuse.

Pathology of the Parent:

A common perception is that abusive parents are "sick", a perception that sometimes hampers the identification of families in trouble. Rarely is chronic mental illness the cause of child maltreatment, although this possibility exists.

Unreasonable Expectations:

As the number of extended families diminish and the size of nuclear families grows smaller, children have fewer opportunities to see or participate in childrearing. Without exposure to children at various stages of development, some parents may have a basic lack of information about normal childhood development and parenting. Without an understanding of a child's capabilities, these parents may develop expectations for the child that cannot be met. This form of parental ignorance, coupled with the child's inability to meet unreasonable demands, can lead to abuse or neglect.

IS CHILD MALTREATMENT MORE LIKELY TO HAPPEN IN CERTAIN FAMILIES?

Yes, but it remains impossible to predict whether or not child maltreatment will occur in a given family situation. However, a family may be "at risk" if the

parent...

- o Is a "loner" - feels isolated, with no family to depend upon, no real friends, does not get along with the neighbors.
- o Has no understanding of the stages of child development and does not know what to expect of a child at a given age.
- o Has a poor self-image, feels worthless, with a pervading sense of failure.
- o Feels unloved, unappreciated, unwanted, with a great fear of rejection.
- o Has severe personal problems such as ill health, alcoholism, or drug dependency.
- o Feels that violence can often be the solution to life's problems, or has not learned to "blow off steam" in a socially acceptable manner.
- o Is experiencing a time of severe stress - sudden unemployment, painful divorce, for examples - without any coping mechanisms.
- o Had been abused or neglected as a child.

or the child...

- o Is "different" - is smaller than average, sicklier, disabled, is considered unattractive, was premature.
- o Resembles or reminds the parent of someone the parent hates - "takes after" a disappointing spouse or former loved one.
- o Is more demanding or otherwise poses more problems than do other children in the family.
- o Is unwanted - seen as a "mistake" or burden, having "ruined things" for the parent.

IS SEXUAL ABUSE A PARTICULAR PROBLEM?

Yes. The "conspiracy of silence" that surrounds this form of maltreatment, plus the emotional scars inflicted on its victims, make this problem of particular concern.

WHAT IS CHILD SEXUAL ABUSE?

Sexual abuse has been defined in a variety of ways and encompasses a wide range of behavior ranging from fondling and exhibitionism to forcible rape and incest, to commercial exploitation in prostitution or the production of pornographic materials. The Federal Child Abuse Prevention and Treatment Act of 1974, as amended, defines the term "sexual abuse" as the "obscene or pornographic photographing, filming, or depiction of children for commercial purposes; or the rape, molestation, incest, prostitution, or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby...".

Inherent in this and many definitions found in state laws is the involvement of an adult responsible for the child's welfare in exploiting the child. Thus the term "child sexual abuse" used in a child abuse and neglect context means that acts of sexual abuse committed by a stranger to the child may be defined and handled quite differently from the same act committed by a parent or other caretaker.

HOW FREQUENTLY DOES CHILD SEXUAL ABUSE OCCUR?

The National Survey of the Incidence and Severity of Child Abuse and Neglect, in researching and analyzing the incidence of various forms of child maltreatment in the United States, found that 44,700 children were victims of some form of sexual exploitation, excluding threatened or attempted sexual assault not involving actual physical contact. While analyzing data from CPS and non-CPS sources, the Survey noted that its findings were based on conservative research procedures and therefore may only be reflecting the "tip of the iceberg".

IS CHILD SEXUAL ABUSE OFTEN NOT REPORTED?...AND WHY?

It is thought that child sexual abuse is one of the most underreported forms of child maltreatment, since this type of maltreatment often remains undetected and the impact is not apparent for many years. The American Humane Association, in its study of child abuse and neglect reported to CPS agencies in 1978 found that 6,078 children were found to be sexually maltreated during that year. The reluctance of many family members, who may be the only people aware of what is occurring, to report such incidents to the authorities for fear of social censure, public scrutiny, and possible removal of the family breadwinner, plus the possibility that no physical, tangible harm is immediately apparent, are felt to contribute to the underreporting of this form of child maltreatment. In addition, children may not report incidents of sexual abuse because of ignorance, fear of reprisals by the perpetrator, fear that their parents will blame them, or guilt over any physical pleasure they may have experienced. Thus, for the most part, the incidence of sexual abuse remains locked in a "conspiracy of silence".

WHAT ARE THE RESULTS OF CHILD ABUSE AND NEGLECT?

The physical effects on the child are indeed sobering -

- It is estimated that at least 1,000 children die each year as a result of physical abuse or severe neglect, and it may be as high as 5,000.
- Further, 137,400 children suffer serious injury at the hands of their parents, injuries serious enough to require professional medical treatment and that may require permanent special care.
- The list of physical injuries resulting from abuse is long and unpleasant, including cuts, burns, bruises, laceration of internal organs, head injuries, punctures, and fractures. Neglect, especially of young children, can result in skin infections, failure-to-thrive, malnutrition, dehydration, maggot infestation, and other physical problems that may be permanently debilitating.

But beyond the physical scars left by child maltreatment, the emotional damage inflicted on a child can last an entire lifetime. Maltreated children might have difficulties in school and/or in making friends, or otherwise may be denied a normal childhood. Some maltreated children experience problems such as drug abuse, alcoholism, obesity, unwanted pregnancy, and delinquency during adolescence. Having learned violence at home, abused children may act out their lessons against their own children or against society in general. Among the more infamous adults who were mistreated as children are Charles Manson, Sirhan Sirhan, James Earl Ray, and Lee Harvey Oswald.

Thus, child maltreatment effects more than just the family involved. The problems experienced by the victims of child maltreatment eventually touch all members of the community in some way. The abused child who grows into the abusive parent continues the cycle of violence. The neglected child, left to fend for himself, becomes the delinquent or criminal. The potentials and talents that the child could have brought to the community and family are lost. The public must deal with the financial costs of legal process and prison for both victims of child abuse - the child and the parent. Thus, child abuse is everyone's problem.

WHAT IS BEING DONE ABOUT THIS PROBLEM?

There is considerable help available to families in trouble. Since the problems of child abuse and neglect came to public attention nearly twenty years ago, the concerned efforts of numerous individuals have resulted in laws, agencies, and community support systems designed to help. In every state and territory, CPS agencies exist to provide counseling, material assistance, and guidance to families in stress. For severe cases, juvenile courts serve to protect children from further abuse and possible death. Parents who have experienced this problem themselves have formed self-help groups to assist others in similar situations. And the Federal government, reflecting the child's rights as a citizen, has assumed a role in child protection.

WHAT IS THE FEDERAL ROLE IN CHILD ABUSE AND NEGLECT?

The Federal government's role in child abuse and neglect is to aid state and local efforts in two ways. First, it provides some financial assistance to fund the agencies that investigate and treat child abuse and neglect. Secondly, it funds research, demonstration projects, and technical assistance efforts designed to improve our ability to prevent and treat child abuse and neglect.

Primary responsibility for dealing with the problems of child abuse and neglect is vested in state and local agencies. Each state has laws requiring the reporting of known and suspected child abuse and neglect cases; reports are investigated by public social service or law enforcement agencies in the local community. Preventive and treatment services for both the children and families involved are provided by local public and private agencies.

The Federal government has no authority to investigate specific cases of child abuse and neglect nor the practices of child protective services agencies, which are regulated by state and local laws.

WHAT IS THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT?

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act (P.L. 93-247, as amended) and located in the Children's Bureau of the U.S. Department of Health and Human Services, acts as the principal focus for Federal activity in developing policies, plans, and programs relating to the prevention, identification, and treatment of child abuse and neglect.

Virtually every activity of NCCAN, in the performance of its mandate, involves the gathering and disseminating of information. Special emphasis has been placed on gathering information relating to ongoing and completed research and to service programs in the field. This information, together with information on child abuse and neglect audiovisual materials and state laws, comprises the data base for a computerized information storage and retrieval system which is used by NCCAN to answer requests for child abuse and neglect information from program planners, policy makers, researchers, and the general public.

WHAT DO STATE REPORTING LAWS REQUIRE?

The enactment of child abuse and neglect reporting laws by state legislatures began in earnest in the early 1960's. Today all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands have reporting legislation. In general, these laws mandate the reporting of suspected maltreatment, provide penalties for failure to report, provide immunity to reporters from legal actions associated with the report, and define reportable conditions.

Who Must Report?

Due to the medical profession's description and identification of battered children, legislators have looked to the medical profession as the class most likely to discover child maltreatment. Today every jurisdiction requires physicians to report suspected child abuse, with laws that either specifically mention physicians or by a more general directive, such as "practitioner of the healing arts", or "any health professional". In addition, associated medical personnel such as nurses, dentists, osteopaths, and interns are required to report suspected child maltreatment in many states.

As the public understanding of child abuse and neglect has grown, so too has the number of professions mandated by the states to report suspected maltreatment. The realization that child abuse and neglect may not be limited to severe physical abuse and that medical treatment for severely abused children may not be sought in time to avoid permanent injury or death has coincided with a dramatic increase in the number of professions specifically mentioned in state laws as mandatory reporters, to include those with frequent contact with children, such as teachers and child care professionals.

Thus, the trend in mandatory reporting laws appears to be toward broadening the base of possible reporters. This is accomplished either by mandating that "any person" with reason to believe that child is being maltreated report, or by specifically listing the professions required to report. A wide variety of professions are mentioned in various state reporting laws, with teachers, school officials or personnel, and social workers named most frequently.

Who May Report?

In general, anyone suspecting that a child is being mistreated may report that suspicion. A number of states provide specific statutory authority for permissive, rather than mandatory, reporting. However, many states make no provision for permissive reporting because they mandate reporting by everyone. If in doubt as to the requirements in your state, check with your state CPS agency.

Are There Penalties For Failure to Report?

Yes. While the identification of maltreated children needed to get help to them and their families ultimately depends upon the responsiveness of a concerned community, the vast majority of states impose a criminal and/or civil penalty for failure to report when mandated by law to do so.

Can I Be Sued for A Mistaken Report?

No. All jurisdictions provide immunity from civil or criminal liability for reporters acting in good faith. While the majority of states qualify their immunity provisions with the requirement that the report be made in good faith, 20 states as of 1979 included a presumption of the good faith of reporters in their reporting laws.

What Conditions Must Be Reported?

Every jurisdiction requires that suspected cases of child abuse and neglect be reported. Over the years, the range of reportable conditions found in state laws and the definitions of abuse and neglect have broadened. Today, many state laws specifically include sexual abuse, emotional or mental injury, and threatened harm among their reportable conditions, as well as the traditional definitions of child abuse which include physical injury and severe neglect.

In all states, a reporter is not required to know or to be certain that a child has been abused or neglected as defined under state law. Reporting laws apply whenever the individual reporter has reason to believe or suspects that maltreatment is occurring.

WHAT HAPPENS IF I REPORT SOMEONE?

While the exact procedures may vary from state to state, generally a child protective service worker will visit the reported family as soon as possible after the report is made. This initial contact is made to determine if the child is in immediate danger and to begin assistance or treatment if needed by the family. Depending upon the urgency of the situation, the CPS worker will then take appropriate action which could include, in drastic circumstances, removal of the child from the home. Such actions are rare and employed only when there appears to be immediate danger to child's health or safety. In some states and circumstances, law enforcement personnel might be called upon to assist the CPS worker or might respond to the report, if there is an indication that the child needs immediate transportation to a medical facility or other police services.

In some states, the reporting laws permit certain mandated reporters, such as doctors, to keep the child in protective custody if the reporter has reason to believe that the child would be returning to a dangerous environment and additional abuse. The authority to remove a child from home is necessarily limited, however, and a court hearing is required, usually within a few days, to keep the child in shelter care. Also, some states require mandatory reporters to file written reports following the oral report. These reports are particularly necessary and useful should any sort of legal action result.

WHAT CAN/IS BEING DONE TO PREVENT THE PROBLEM?

Throughout the United States, much is being done to prevent child abuse and neglect, but much remains to be done. Often, prevention efforts are not labeled as such, since any program or activity that serves to strengthen the family helps to prevent child maltreatment. This is because most people in our society believe that the family unit should remain our basic social institution, and that under normal circumstances, the care and nurturing of children is the unique province of parents and other family members. Therefore, strengthening and supporting the family is a basic goal for any comprehensive prevention program.

Prevention program can generally be seen as primary, referring to those efforts aimed at positively influencing parents before maltreatment occurs; or secondary, referring to those supportive services offered families considered "at risk." The key aspects of primary prevention efforts are that they are offered to all members of a certain population or community; are voluntary; attempt to influence societal forces that affect parents and children; and seek to positively promote family unity, as well as prevent family dysfunction. Secondary prevention efforts are aimed at families that, while perhaps not yet abusive, are more likely to become so than the general population. The defining characteristics of secondary prevention efforts are that they are offered to an already defined group of vulnerable families; are voluntary; are more problem-focused than primary prevention efforts; and seek to prevent future parent-child problems by focusing on alleviating particular stresses on identified parents and strengthening positive elements.

Prevention programs in each of these categories are not uncommon, especially in communities devoted to improving the quality of family life. Examples of primary prevention programs include parenting classes and support groups, such as those sponsored by hospitals, that are open to new and expecting parents; public awareness campaigns, designed to raise awareness of the existence of the problem and provide a focal point for the mobilization of community resources through media presentations; and volunteer speakers bureaus that provide trained speakers to schools, churches, and other community organizations. Examples of secondary prevention programs include special high school programs for teenage parents, and support services for parents of infants with special problems, such as birth defects or prematurity. The list of programs, services, and activities that can help in preventing child maltreatment is long, and may encompass visiting nurses, employment counseling, help or "hot" lines, family planning information, health care clinics, parent aides, mental health counseling, and self-help groups.

There is no ignoring the fact that changes in family structure, increased mobility, the complexities of our fast paced society, economic stresses, and other aspects of modern American life have increased enormously the pressures and strains on individuals. Nevertheless, it is possible to build on our traditions of mutual assistance and to create concerned communities and informal social networks to support families and children. We can develop a variety of practical and psychological supports to be available not only to vulnerable families, but to all families.

WHAT CAN I DO TO HELP?

Get involved. Know what services exist to help troubled families in your community, and work toward establishing services where the needs remain. Support crisis nurseries, emergency shelters, parenting classes, parent aide programs, parental self-help groups, community networks, counseling and mental health centers, and all forms of assistance to families in crisis. Most importantly, if you know of such a family, report to the authorities so that this service need can be identified and treated.

WHERE DO I FIND REPORTING INFORMATION?

Since the responsibility for investigating reports of suspected child abuse and neglect lies at the state level, each state has established a child protective service reporting system. NCCAN annually compiles the descriptions of the reporting procedures in each state. Listed below are the names and addresses of the child protective services agency in each state, followed by the procedures for reporting suspected child maltreatment.

Alabama:

Alabama Department of Pensions
and Security
64 North Union Street
Montgomery, Alabama 36130

Reports made to County 24-hour
emergency telephone services.

Alaska:

Department of Health and Social
Services
Division of Family and Youth
Services
Pouch H-05
Juneau, Alaska 99811

Reports made to Division of
Social Services field offices.

American Samoa:

Government of American Samoa
Office of the Attorney General
Pago Pago, American Samoa 96799

Reports made to the Department
of Medical Services.

Arizona:

Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

Reports made to Department of
Economic Security local offices.

Arkansas:

Arkansas Department of Human
Services
Social Services Division
P.O. Box 1437
Little Rock, Arkansas 72203

Reports made to the statewide
toll-free hotline (800) 482-5964.

California:

Department of Social Services
714-744 P Street
Sacramento, California 95814

Reports made to County Departments
of Welfare and the Central Registry
of Child Abuse (916) 445-7546
maintained by the Department of
Justice.

Colorado:

Department of Social Services
1575 Sherman Street
Denver, Colorado 80203

Reports made to County Departments
of Social Services.

Connecticut:

Connecticut Department of Children
and Youth Services
Division of Children and Youth
Services
170 Sigourney Street
Hartford, Connecticut 06105

Reports made to (800) 842-2288.

Delaware:

Delaware Department of Health
and Social Services
Division of Social Services
P.O. Box 309
Wilmington, Delaware 19899

Reports made to statewide
toll-free reporting hotline
(800) 292-9582.

District of Columbia:

District of Columbia Department
of Human Services
Commission on Social Services
Family Services Administration
Child Protective Services
Division
First and I Streets, S.W.
Washington, D.C. 20024

Reports made to (202) 727-0995.

Florida:

Florida Department of Health
and Rehabilitative Services
1317 Winwood Boulevard
Tallahassee, Florida 32301

Reports made to (800) 342-9152.

Georgia:

Georgia Department of Human
Resources
47 Trinity Avenue, S.W.
Atlanta, Georgia 30334

Reports made to County
Departments of Family and
Children Services.

Guam:

Child Welfare Services
Child Protective Services
P.O. Box 2816
Agana, Guam 96910

Reports made to the State Child
Protective Services Agency
at 646-8417.

Hawaii:

Department of Social Services
and Housing
Public Welfare Division
Family and Children's Services
P.O. Box 339
Honolulu, Hawaii 96809

Reports made to the hotline
operated by Kapiolani-Children's
Medical Center on Oahu, and to
branch offices of the Division
on Hawaii, Maui, Kauai, Mokalai.

Idaho:

Department of Health and Welfare
Child Protection
Division of Welfare
Statehouse
Boise, Idaho 83702

Reports made to Department of
Health and Welfare Regional Offices.

Illinois:

Illinois Department of Children and
Family Services
State Administrative Offices
One North Old State Capitol Plaza
Springfield, Illinois 62706

Reports made to (800) 25-ABUSE.

Indiana:

Indiana Department of Public Welfare
Division of Child Welfare -
Social Services
141 South Meridian Street, 6th Floor
Indianapolis, Indiana 46225

Reports made to County Departments
of Public Welfare.

Iowa:

Iowa Department of Social Services
Division of Community Programs
Hoover State Office Building
Fifth Floor
Des Moines, Iowa 50319

Reports made to the legally
mandated toll-free reporting
hotline (800) 362-2178.

Kansas:

Kansas Department of Social and
Rehabilitation Services
Division of Social Services
Child Protection and Family
Services Section
Smith-Wilson Building
2700 West Sixth
Topeka, Kansas 66606

Reports made to Department of
Social and Rehabilitation
Services Area Offices.

Kentucky:

Kentucky Department for
Human Resources
275 East Main Street
Frankfort, Kentucky 40621

Reports made to County
Offices within 4 regions
of the state.

Louisiana:

Louisiana Department of Health
and Human Resources
Office of Human Development
Baton Rouge, Louisiana 70804

Reports made to the parish
protective service units.

Maine:

Maine Department of Human
Services
Human Services Building
Augusta, Maine 04333

Reports made to Regional Office
or to State Agency at
(800) 452-1999.

Maryland:

Maryland Department of Human
Resources
Social Services Administration
300 W. Preston Street
Baltimore, Maryland 21201

Reports made to County
Departments of Social Services
or to local law enforcement
agencies.

Massachusetts:

Massachusetts Department of Social
Services
Protective Services
150 Causeway Street
Boston, Massachusetts 02114

Reports made to Regional Offices.

Michigan:

Michigan Department of Social
Services
300 S. Capitol Avenue
Lansing, Michigan 48926

Reports made to County
Departments of Social Welfare.

Minnesota:

Minnesota Department of Public
Welfare
Centennial Office Building
St. Paul, Minnesota 55155

Reports made to the County
Department of Public Welfare.

Mississippi:

Mississippi Department of Public
Welfare
Division of Social Services
P.O. Box 352
Jackson, Mississippi 39216

Reports made to (800) 222-8000.

Missouri:

Missouri Department of Social
Services
Division of Family Services
Broadway Building
Jefferson City, Missouri 65101

Reports made to (800) 392-3738.

Montana:

Department of Social and
Rehabilitation Services
Social Services Bureau
P.O. Box 4210
Helena, Montana 59601

Reports made to County Departments
of Social and Rehabilitation
Services.

Nebraska:

Nebraska Department of
Public Welfare
301 Centennial Mall South
5th Floor
Lincoln, Nebraska 68509

Reports made to local law
enforcement agencies or to
County Divisions of Public
Welfare.

Nevada:

Department of Human Resources
Division of Welfare
251 Jeanell Drive
Carson City, Nevada 89710

Reports made to Division of
Welfare local offices.

New Hampshire:

New Hampshire Department
of Health and Welfare
Division of Welfare
Bureau of Child and Family
Services
Hazen Drive
Concord, New Hampshire 03301

Reports made to Division of
Welfare District Offices.

New Jersey:

New Jersey Division of Youth
and Family Services
P.O. Box 510
One South Montgomery Street
Trenton, New Jersey 08625

Reports made to (800) 792-8610.
District Offices also provide
24-hour telephone service.

New Mexico:

New Mexico Department of
Human Services
P.O. Box 2348
Santa Fe, New Mexico 87503

Reports made to County Social
Service Offices or to
(800) 432-6217.

New York:

New York Department of
Social Services
Child Protective Services
40 North Pearl Street
Albany, New York 12207

Reports made to (800) 342-3720
or to District Offices.

North Carolina:

North Carolina Department of Human
Resources
Division of Social Services
325 North Salisbury Street
Raleigh, North Carolina 27611

Reports made to County Departments
of Social Services.

North Dakota:

North Dakota Department of Human
Services
Social Services Division
Children and Family Services Unit
Child Abuse and Neglect Program
Russel Building, Hwy. 83 North
Bismarck, North Dakota 58505

Reports made to Board of Social
Services Area Offices and to
24-hour reporting services provided
by Human Service Centers.

Ohio:

Ohio Department of Public Welfare
Bureau of Children Services
Children's Protective Services
30 E. Broad Street
Columbus, Ohio 43215

Reports made to County Departments
of Public Welfare.

Oklahoma:

Oklahoma Department of Institutions,
Social and Rehabilitative Services
Division of Social Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Reports made to (800) 522-3511.

Oregon:

Department of Human Resources
Children's Services Division
Protective Services
509 Public Services Building
Salem, Oregon 97310

Reports made to local Children's
Services Division Offices and to
(503) 378-3016.

Pennsylvania:

Pennsylvania Department of
Public Welfare
Office of Children, Youth
and Families
Bureau of Family and Community
Programs
1514 North 2nd Street
Harrisburg, Pennsylvania 17102

Reports made to the toll-free
CHILDLINE (800) 932-0313.

Puerto Rico:

Puerto Rico Department of
Social Services
Services to Families
With Children
P.O. Box 11398,
Fernandez Juncos Station
Santurce, Puerto Rico 00910

Reports made to local offices
or to the Department.

Rhode Island:

Rhode Island Department for
Children and Their Families
610 Mt. Pleasant Avenue
Providence, Rhode Island 02908

Reports made to State agency
child protective services unit
at (800) 662-5100 or to
District Offices.

South Carolina:

South Carolina Department of
Social Services
P.O. Box 1520
Columbia, South Carolina 29202

Reports made to County
Departments of Social Services.

South Dakota:

Department of Social Services
Office of Children, Youth and
Family Services
Richard F. Kneip Building
Pierre, South Dakota 57501

Reports made to local offices.

Tennessee:

Tennessee Department of Human
Services
State Office Building
Room 410
Nashville, Tennessee 37219

Reports made to County Departments
of Human Services.

Texas:

Texas Department of Human Resources
Protective Services for Children
Branch
P.O. Box 2900
Austin, Texas 78701

Reports made to (800) 252-5400.

Utah:

Department of Social Services
Division of Family Services
150 West North Temple, Room 370
P.O. Box 2500
Salt Lake City, Utah 84103

Reports made to Division of Family
Services District Offices.

Vermont:

Vermont Department of Social and
Rehabilitative Services
Social Services Division
103 South Main Street
Waterbury, Vermont 05676

Reports made to State agency at
(802) 828-3433 or to District
Offices (24-hour services).

Virgin Islands:

Virgin Islands Department of
Social Welfare
Division of Social Services
P.O. Box 500
Charlotte Amalie
St. Thomas, Virgin Islands 00801

Reports made to the Division of
Social Services.

Virginia:

Virginia Department of Welfare
Bureau of Family and Community
Programs
Blair Building
8007 Discovery Drive
Richmond, Virginia 23288

Reports made to (800) 552-7096
in Virginia, and (804) 281-9081
outside the state.

Washington:

Department of Social and Health
Services
Community Services Division
Child Protective Services
Mail Stop OB 41-D
Olympia, Washington 98504

Reports made to local Social
and Health Services Offices.

West Virginia:

Department of Welfare
Division of Social Services
Child Protective Services
State Office Building
1900 Washington Street E.
Charleston, West Virginia 25305

Reports made to (800) 352-6513.

Wisconsin:

Wisconsin Department of Health
and Social Services
Division of Community Services
1 West Wilson Street
Madison, Wisconsin 53702

Reports made to County Social
Services Offices.

Wyoming:

Department of Health and
Social Services
Division of Public Assistance and
Social Services
Hathaway Building
Cheyenne, Wyoming 82002

Reports made to County Departments
of Public Assistance and Social
Services.

WHERE CAN I FIND MORE INFORMATION?

The address of the National Center on Child Abuse and Neglect is:

NCCAN
P.O. Box 1182
Washington, D.C. 20013

NCCAN also sponsors 10 regional resource centers. For more information, contact the regional center for your state:

Region I CAN Resource Center

Judge Baker Guidance Center
295 Longwood Avenue
Boston, MA 02115
Telephone: (617) 232-8390
(Connecticut, Maine, Massachusetts,
Rhode Island, Vermont, New Hampshire)

Region II CAN Resource Center

College of Human Ecology
Cornell University, MVR Hall
Ithaca, NY 14853
Telephone: (607) 256-7794
(New Jersey, New York, Puerto
Rico, Virgin Islands)

Region III CAN Resource Center

Howard University Institute for
Urban Affairs and Research
2900 Van Ness Street, N.W.
Washington, D.C. 20008
Telephone: (202) 686-6770
(District of Columbia, Delaware,
Maryland, Pennsylvania, Virginia,
West Virginia)

Region IV CAN Resource Center

Regional Institute for Social
Welfare Research
P.O. Box 152
Athens, GA 30601
Telephone: (404) 542-7614
(Alabama, Florida, Georgia, Kentucky,
Mississippi, North Carolina, South
Carolina, Tennessee)

Region V CAN Resource Center

Graduate School of Social Work
University of Wisconsin-Milwaukee
Milwaukee, WI 53201
Telephone: (414) 963-4184
(Illinois, Indiana, Michigan,
Minnesota, Ohio, Wisconsin)

Region VI CAN Resource Center

Graduate School of Social Work
University of Texas at Austin
Austin, TX 78712
Telephone: (512) 471-4067
(Arkansas, Louisiana, New Mexico,
Oklahoma, Texas)

Region VII CAN Resource Center

Institute of Child Behavior
and Development
University of Iowa-Oakdale Campus
Oakdale, IA 52319
Telephone: (319) 353-4791
(Iowa, Kansas, Missouri, Nebraska)

Region VIII CAN Resource Center

National Center for the Prevention &
Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220
Telephone: (303) 321-3963
(Colorado, Montana, North Dakota,
South Dakota, Utah, Wyoming)

Region IX CAN Resource Center

Department of Special Education
California State University
5151 State University Drive
Los Angeles, CA 90032
Telephone: (213) 224-3283
(Arizona, California, Hawaii,
Nevada, Guam, Trust Territories)

Region X CAN Resource Center

Panel for Family Living
157 Yesler Way, #208
Seattle, WA 98104
Telephone: (206) 624-1062
(Alaska, Idaho, Oregon, Washington)

Parents Anonymous, modeled after Alcoholics Anonymous, has chapters throughout the United States. For more information, or the location of the chapter in your community, contact:

National Office of PA
22330 Hawthorne Boulevard
Suite 208
Torrance, California 90505

Telephone: (213) 371-3501
Toll Free: (800) 421-0353 California only: (800) 352-0386

Parents United is a self-help organization for all family members affected by sexual abuse. For more information, contact:

Parents United, Inc.
P.O. Box 952
San Jose, California 95102

Telephone: (408) 280-5055

Treatment of Child Abuse and Neglect INDICATORS IN THE CHILD

Physical and behavioral indicators are displayed in Exhibit II following this page. The list is not intended to be exhaustive; many more indicators exist than can be included. In addition, the presence of a single indicator does not necessarily prove that child abuse or neglect is occurring. However, the repeated occurrence of an indicator, the presence of several indicators in combination, or the appearance of serious injury or suspicious death should alert the law enforcement officer to the possibility of child abuse or neglect.

Physical Abuse

Physical abuse of children includes any non-accidental parental injury caused by the child's caretaker. It may include burning, beating, branding, punching and so on. By definition the injury is not an accident, but neither is it necessarily the intent of the child's caretaker to injure the child. Physical abuse may result from over-discipline or from punishment which is inappropriate to the child's age or condition.

Physical Indicators of Physical Abuse

The following are physical indicators of physical abuse in the school-age child:

- Unexplained bruises and welts
 - on the face, lips, or mouth
 - in various stages of healing (bruises of different colors, for example, or old and new scars together)
 - on large areas of the torso, back, buttocks or thighs
 - in clusters, forming regular patterns, or reflective of the article used to inflict them (electrical cord; belt buckle)
 - on several different surface areas (indicating the child has been hit from different directions)

EXHIBIT II PHYSICAL AND BEHAVIORAL INDICATORS OF ABUSE AND NEGLECT

TYPE OF ABUSE	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	<p>Unexplained Bruises and Welts:</p> <ul style="list-style-type: none"> - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflective shape of article used to inflict (electrical cord, belt buckle) - on several different surface areas - regularly appear after activities, weekend or vacation <p>Unexplained Burns:</p> <ul style="list-style-type: none"> - ring, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (scalds, shower-tubs, bathtub) - dog-bite (shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso <p>Unexplained Fractures:</p> <ul style="list-style-type: none"> - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures <p>Unexplained Lacerations or Abrasions:</p> <ul style="list-style-type: none"> - to mouth, lips, gums, eyes - to external genitalia 	<p>Wary of Adult Contacts</p> <p>Apprehensive when Other Children Cry</p> <p>Behavioral Extremes:</p> <ul style="list-style-type: none"> - aggression, or withdrawal <p>Frightened of Parents</p> <p>Afraid to go Home</p> <p>Reports Injury by Parents</p>
PHYSICAL NEGLECT	<p>Continuing Hunger, Poor Hygiene, Inappropriate Dress</p> <p>Consistent Lack of Supervision, Especially in Dangerous Activities or Long Periods</p> <p>Unattended Physical Problems or Medical Needs</p> <p>Malnutrition</p>	<p>Hoarding, Stealing Food</p> <p>Extended Stays at School (early arrival and late departure)</p> <p>Constant Fatigue, Listlessness or Tiring Quickly in Class</p> <p>Alcohol or Drug Abuse</p> <p>Delinquency (e.g. thefts)</p> <p>States There is No Caretaker</p>
SEXUAL ABUSE	<p>Difficulty in Walking or Sitting</p> <p>Urn, Stained or Bloody Underclothing</p> <p>Pain or Itching in Genital Area</p> <p>Bruises or Bleeding in External Genitalia, Vaginal or Anal Areas</p> <p>Venereal Disease, Especially in Pre-teens</p> <p>Pregnancy</p>	<p>Unwilling to Change for Day or Participate in Physical Education Class</p> <p>Withdrawal, Fantasy or Infantile Behavior</p> <p>Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge</p> <p>Peer Peer Relationships</p> <p>Delinquent or Run Away</p> <p>Reports Sexual Assault by Caretaker</p>
EMOTIONAL MALTREATMENT	<p>Speech Disorders</p> <p>Lags in Physical Development</p> <p>Failure-to-thrive</p>	<p>Habit Disorders (sucking, biting, rocking, etc.)</p> <p>Conduct Disorders (antisocial, destructive, etc.)</p> <p>Neurotic Traits (sleep disorders, inhibition of play)</p> <p>Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias, hypochondria)</p> <p>Behavior Extremes:</p> <ul style="list-style-type: none"> - compliant, passive - aggressive, demanding <p>Overly Adaptive Behavior:</p> <ul style="list-style-type: none"> - inappropriately adult - inappropriately infant <p>Developmental Lags (verbal, motorial)</p> <p>Accepted Suicide</p>

● Unexplained burns

- cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back or buttocks
- immersion or "wet" burns, including glove- or sock-like burns and doughnut-shaped burns on the buttocks or genitalia
- patterned or "dry" burns which show a clearly defined mark left by the instrument used to inflict them (e.g. electrical burner; iron)
- rope burns on the arms, legs, neck or torso

● Unexplained fractures

- to the skull, nose, or facial structure
- in various stages of healing (indicating they occurred at different times)
- multiple or spiral fractures
- swollen or tender limbs
- any fracture in a child under the age of two

● Unexplained lacerations and abrasions

- to the mouth, lips, gums or eyes
- to the external genitalia
- on the backs of the arms, legs, or torso

● Unexplained abdominal injuries

- swelling of the abdomen
- localized tenderness
- constant vomiting

● Human bite marks, especially when they appear adult size or are recurrent.

Behavioral Indicators of Physical Abuse

Conduct, too, can be a tip-off to the presence of child abuse and neglect. Abused and neglected children may demonstrate certain characteristic behavior or conduct which can be spotted by the sensitive professional. For the adolescent particularly, behavior may be the only clue to child abuse and neglect. These behaviors may exist independent of or in conjunction with physical indicators.

The following are some of the behaviors which may be associated with physical abuse. The law enforcement officer should be alert for the child who:

- is wary of physical contact with adults (The abused child will often avoid it, sometimes even shrinking at the touch or approach of an adult.)
- becomes apprehensive when other children cry
- demonstrates extremes in behavior--extreme aggressiveness or extreme withdrawal, for example--behavior which lies outside the range expected for the child's age group
- seems frightened of the parents
- states he/she is afraid to go home, or cries when it is time to leave
- reports injury by a parent.

Neglect

Neglect involves inattention to the basic needs of a child, such as food, clothing, shelter, medical care, and supervision. While physical abuse tends to be episodic, neglect tends to be chronic. When considering the possibility of neglect, it is important to note the consistency of indicators. Do they occur rarely, or frequently? Are they chronic (there most of the time), periodic (noticeable after weekends or absences), or episodic (see twice in a time when there was illness in the family)? In a given community or subpopulation, do all the children display these indicators, or only a few? Is this culturally acceptable childrearing, a different lifestyle, or true neglect? Answers to questions like these can be extremely helpful in differentiating between neglect and differing ways of life.

Physical Indicators of Neglect

The following are physical indicators of neglect:

- constant hunger, poor hygiene, or inappropriate clothing
- consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
- constant fatigue or listlessness
- unattended physical problems or medical needs, such as untreated or infected wounds.

Behavioral Indicators of Neglect

The law enforcement officer should be alert for the child who exhibits the following behaviors:

- begging or stealing food
- constantly falling asleep in class
- rare attendance at school
- coming to school very early and leaving very late
- addiction to alcohol or other drugs
- engaging in delinquent acts such as vandalism or theft
- stating that there is no one to care for or look after him/her.

Sexual Abuse

Sexual abuse includes any contacts or interactions between a child and an adult in which the child is being used for the sexual stimulation of the perpetrator or another person. These acts, when committed by a person under the age of 18 who is either significantly older than the victim or in a position of power or control over another child, may be considered sexual abuse.

Physical Indicators of Sexual Abuse

Sexual abuse is not often identified through physical indicators alone. Frequently a child confides in a trusted teacher or counselor or nurse that he or she has been sexually assaulted or molested by a caretaker, and that may be the first sign that sexual abuse is occurring.

There are some physical signs to be alert for, however. These include:

- difficulty in walking or sitting
- torn, stained, or bloody underclothing
- complaints of pain or itching in the genital area
- bruises or bleeding in external genitalia, vaginal or anal area
- venereal disease, particularly in a child under 13
- pregnancy, especially in early adolescence.

Behavioral Indicators of Sexual Abuse

The sexually abused child may:

- appear withdrawn; engage in fantasy or infantile behavior; even appear retarded
- have poor peer relationships
- be unwilling to change for gym or to participate in physical activities
- engage in delinquent acts, or run away
- display bizarre, sophisticated, or unusual sexual knowledge or behavior
- state he/she has been sexually assaulted by a caretaker.

Emotional Maltreatment

Emotional maltreatment includes blaming, belittling or rejecting a child; constantly treating siblings unequally; and persistent lack of concern by the caretaker for the child's welfare. Emotional maltreatment is rarely manifest in physical signs; speech disorders, lags in physical development, and failure-to-thrive syndrome (which is a progressive wasting away usually associated with lack of mothering) are a few physical indicators of emotional maltreatment. More often it is observed through behavioral indicators, and even these indicators may not be immediately apparent.

Behavioral Indicators of Emotional Maltreatment

While emotional maltreatment does occur alone, it often accompanies physical abuse and sometimes sexual abuse. Emotionally maltreated children are not always physically abused, but physically abused children are almost always emotionally maltreated as well. The emotionally maltreated child may demonstrate the following behavioral characteristics:¹

- habit disorders such as sucking, biting, rocking, enuresis, or feeding disorders
- conduct disorders including withdrawal and anti-social behavior such as destructiveness, cruelty and stealing
- neurotic traits such as sleep disorders and inhibition of play
- psychoneurotic reactions including hysteria, obsession, compulsion, phobias and hypochondria
- behavior extremes such as appearing overly compliant, extremely passive or aggressive, very demanding or undemanding
- overly adaptive behaviors which are either inappropriately adult (parenting other children, for example) or inappropriately infantile (rocking, head-banging or thumbsucking, for example)

¹*Protective Services and Emotional Neglect.* Max Wald. Denver: The American Human Association, 1961, pp.6-7.

- lags in emotional and intellectual development

- attempted suicide.

The behavior of emotionally maltreated and emotionally disturbed children is similar. However, parental behavior can help to distinguish disturbance from maltreatment. The parents of an emotionally disturbed child generally accept the existence of a problem. They are concerned about the child's welfare and are actively seeking help. The parents of an emotionally maltreated child often blame the child for the problem (or ignore its existence), refuse all offers of help, and are unconcerned about the child's welfare.

INDICATORS IN THE PARENT

The behavior and attitudes of the parents, their own life histories, even the condition of their home, can offer valuable clues to the presence of child abuse and neglect. When considering the possibility of child abuse and neglect, the law enforcement officer should evaluate to what extent the parents seem to be; concerned or unconcerned about the child; looking for solutions or denying the existence of a problem; hostile or cooperative.

The following is a list of characteristics based on a composite of many cases. This list is not exhaustive; many more indicators exist than can be included. Neither does the presence of a single or even several indicators prove that maltreatment exists.

Characteristics of Abusive Parents

These parents:

- seem unconcerned about the child
- see the child as "bad," evil," a "monster" or "witch"
- offer illogical, unconvincing, contradictory explanations or have no explanation of the child's injury
- attempt to conceal the child's injury or to protect the identity of person(s) responsible
- routinely employ harsh, unreasonable discipline which is inappropriate to child's age, transgressions, and condition

- were often abused as children
- were expected to meet high demands of their parents
- were unable to depend on their parents for love and nurturance
- cannot provide emotionally for themselves as adults
- expect their children to fill their emotional void
- have poor impulse control
- expect rejection
- have low self-esteem
- are emotionally immature
- are isolated, have no support system
- marry a spouse who is not emotionally supportive and who passively supports the abuse.

Characteristics of Neglectful Parents

These parents:

- may have a chaotic home life
- may live in unsafe conditions (no food; garbage and excrement in living areas; exposed wiring; drugs and poisons kept within the reach of children)
- may abuse drugs or alcohol
- may be mentally retarded, have low I.Q., or have a flat personality
- may be impulsive individuals who seek immediate gratification without regard to long-term consequences
- may be motivated and employed but unable to find or afford child care
- generally have not experienced success

- had emotional needs which are not met by their parents
- have low self-esteem
- have little motivation or skill to effect changes in their lives
- tend to be passive.

Characteristics of Sexually Abusive Parents

The most typical type of reported intrafamilial sexual abuse occurs between an adult male, either the father or the mother's sexual partner, and a female child living in the same house.

These parents:

- have low self-esteem
- had emotional needs which were not met by their parents
- have inadequate coping skills
- may have experienced the loss of their spouse through death or divorce
- may be experiencing over-crowding in their home
- may have marital problems causing one spouse to seek physical affection from a child rather than the other spouse (a situation the "denying" husband or wife might find acceptable)
- may abuse alcohol
- lack social and emotional contacts outside the family
- are geographically isolated
- have cultural standards which determine the degree of acceptable body contact.

The adult male:

- is often a rigid disciplinarian
- is passive outside the home
- does not usually have a police record nor is he known to be involved in any public disturbance
- does not engage in social activities outside the home
- is jealous and protective of the child
- often initiates sexual contact with the child by hugging and kissing which tends to develop over time into more caressing, genital-genital and oral-genital contacts.

The mother:

- is frequently cognizant of the sexual abuse but subconsciously denies it
- may hesitate reporting for fear of destroying the marriage and being left on her own
- may see sexual activity within the family as preferable to extra-marital affairs
- may feel that the sexual activity between the husband and daughter is a relief from her wifely sexual responsibilities and will make certain that time is available for the two to be alone
- often feels a mixture of guilt and jealousy toward her daughter.

Resource Materials



A CURRICULUM ON CHILD ABUSE AND NEGLECT

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PHYSICAL INDICATORS OF ABUSE

A. Bruises and welts that may be indicators of physical abuse:

1. Bruises on any infant, especially facial bruises.
2. Bruises on the posterior side of a child's body.
3. Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
4. Clustered bruises indicating repeated contact with a hand or instrument.
5. Bruises in various stages of healing.

B. Burns that may indicate abuse:

1. Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
2. Cigarette burns.
3. Rope burns that indicate confinement.
4. Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

C. Lacerations and abrasions that may indicate abuse:

1. Lacerations of the lip, eye, or any portion of an infant's face (e.g., tears in the gum tissue which may have been caused by force feeding).
2. Any laceration or abrasion to external genitalia.

D. Skeletal injuries that may indicate abuse:

1. Metaphyseal or corner fractures of long bones—a kind of splintering at the end of the bone (these are caused by twisting or pulling).
2. Epiphyseal separation—a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
3. Periosteal elevation—a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
4. Spiral fractures—fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

E. Head injuries:

1. Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
2. Subdural hematomas—hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
3. Retinal hemorrhages or detachments (due to shaking).
4. Jaw and nasal fractures.

F. Internal injuries:

1. Duodenal or jejunal hematomas—blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).
2. Rupture of the inferior vena cava—the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).
3. Peritonitis—Inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

G. Injuries considered to be indicators of abuse should be considered in light of:

1. Inconsistent medical history.
2. The developmental abilities of a child to injure itself.
3. Other possible indicators of abuse.

H. Questions to ask in identifying indicators of abuse:

1. Are bruises bilateral or are they found on only one surface (plane) of the body?
2. Are bruises extensive—do they cover a large area of the body?
3. Are there bruises of different ages—did various injuries occur at different times?
4. Are there patterns caused by a particular instrument (e.g., a belt buckle, a wire, a straight edge, coat hanger, etc.)?
5. Are injuries inconsistent with the explanation offered?
6. Are injuries inconsistent with the child's age?
7. Are the patterns of the injuries consistent with abuse (e.g., the shattered egg-shell pattern of skull fractures commonly found in children who have been thrown against a wall)?
8. Are the patterns of the burns consistent with forced immersion in a hot liquid (e.g., is there a distinct boundary line where the burn stops—a "stocking burn," for example, or a "doughnut" pattern caused by forcibly holding a child's buttocks down in a tub of hot liquid)?
9. Are the patterns consistent with a spattering by hot liquids?
10. Are the patterns of the burns consistent with the explanation offered?
11. Are there distinct patterns caused by a particular kind of implement (e.g., an electric iron, the grate of an electric heater, etc.) or instrument (e.g., circular cigarette burns, etc.)?

BEHAVIORAL INDICATORS OF ABUSED CHILDREN

Children who are abused physically or emotionally display certain types of behavior. Many of these are common to all children at one time or another, but when they are present in sufficient number and strength to characterize a child's overall manner, they may indicate abuse. More than simple reactions to abuse itself, these behaviors reflect the child's response to the dynamics of the family and especially to disturbed parent-child interactions. They are mechanisms for survival in a world where children are either unable to fulfill certain basic needs at all, or can fulfill them only by denying, suppressing or exaggerating important parts of themselves. Frequently learned in infancy, these behaviors become a child's "mode of operation" used to cope with the world at large. The behaviors which characterize abused children fall into four categories:

1. **Overly complaint, passive, undemanding behaviors aimed at maintaining a low profile, avoiding any possible confrontation with a parent which could lead to abuse.** The child has adapted to the abusive situation by trying to avoid any behavior which the abusive parent notices at all.
2. **Extremely aggressive, demanding and rageful behaviors, sometimes hyperactive, caused by the child's repeated frustrations at getting basic needs met.** In effect, the child has also adapted, by seeking to provoke the needed attention with whatever behavior it takes to get that attention.
3. **Role-reversal behavior or extremely dependent behavior in response to parental emotional and even physical needs.** Abusive parents have been unable to satisfy certain of their own needs appropriately and so turn to their children for fulfillment. Their failure can produce two opposite sets of behavior in their children. If a parent needs parental attention, the child may be expected to assume this task, and become inappropriately adult and responsible. Other parents, with a need to keep their child dependent, will produce

clinging, babyish behavior in the child long after a child in a healthy family would have become more self-reliant.

4. **Lags in development.** Children who are forced to siphon off energy normally channeled towards growth into protecting themselves from abusive parents may fall behind the norm for their age in toilet training, motor skills, socialization and language development. Developmental lags may also be the result of central nervous system damage caused by physical abuse, medical or nutritional neglect or inadequate stimulation. There may, of course, be organic or congenital causes for such lags in development.

Some abused children live in an uncertain environment where requirements for behavior are inconsistent and unclear. In some families, abuse is frequent and severe enough to be emotionally and physically harmful but insufficient to threaten physical survival. Frequently, discipline is meted out arbitrarily in response to the parent's needs and feelings at the moment, rather than to punish a child for transgressing clear limits. Children may receive some love, affection and security from their parents but are also often frustrated in attempts to fulfill their needs. This inconsistency creates anger and frustration in the child which is frequently expressed indirectly with the parents, or by explosions with others outside the home.

Other abused children learned to do what the abusive parent wants or expects. At the other end of the spectrum from overly aggressive children, some adapt quickly to others' expectations. Unlike children who act out their frustration and rage, these children may have learned not to expect anything in the way of love or support. Their best efforts are directed at avoiding conflict which, in the context of the abusive family, can be triggered by expressing almost any kind of personal need, curiosity, anger or playfulness.

BEHAVIORS OF ABUSED CHILDREN IN SELECTED SETTINGS

Because the dynamics of abusive families vary, along with the individual personalities of the parents and children, an abused child's behavior is often sporadic and unpredictable, and a list of behavioral indicators is useful only as a general guide. Often, behavioral indicators draw attention because of drastic changes in patterns of behavior over time. The degree of an abused child's dependence on adults illustrates the point. Abused children have many needs, but because they have few expectations that these needs will be met, often they will not express them. In a safe environment, however, where the child perceives that it is acceptable to express needs, efforts to always "do the right thing" will soon disappear and be replaced by what can seem to be insatiable demands. The following settings and situations permit observations of some behaviors that could indicate past abuse.

Temporary Substitute Care

Depending on the severity of past abuse and the degree of openness permitted in a hospital or foster home, the behavior of abused children may vary. Some may whimper for their parents, while others will respond to the presence of adults who can give them more complete and loving care. If the rules are strict, the passive abused child is likely to be fiercely compliant; if the rules are more relaxed, the child may eventually begin to express the various needs which had been bottled up at home.

With Strangers

Abused children who display more aggressive behavior are likely to be indiscriminately friendly, attaching themselves to any stranger in a search to find someone to fulfill their needs. On the other hand, abused children who tend to be passive in their response, tend to be inhibited, withdrawn and wary of contact with strangers.

Eating

If eating is a specific area of conflict between a child and an abusive parent, any specific departures from the "normal" method of eating for a child that age can indicate abuse. An 18-month-old baby who is inappropriately neat in eating habits may be responding to an abusive situation in the family; the four-year-old who is totally compliant in eating behavior rather than very

controlling of the environment may also be abused.

Playing

Many abused children simply do not know how to play and find no enjoyment in other children or toys. The way children behave in play offers insights about their inner state. A five-year-old who cleans up after every other child in kindergarten likely has some severe restraints on him at home, which could include abuse. Furthermore, many abused children, conditioned to be extraordinarily aware of their parents and the danger they present, will tend to be unaware of other children, engaging in little socialization. (Some are also insufficiently able to protect themselves from dangers in the environment, since their parents are the overwhelming subject of their preoccupation.) Abused children may pick frequent fights with playmates or disrupt other children, since that is the behavior their parents apply to them, and such displaced retaliation against their peers seems safe in contrast to the threat of further abuse if their anger were displayed around adults.

Going Home

Normal children will not want to stop play to go home; they may express some "crankiness" on the way home, but will, in general, be happy to see their parents. Abused children may not want to go home, but may almost instantaneously agree to go home without protest and may not show much enthusiasm on seeing their parents.

PARENTS' AND CHILDREN'S BEHAVIOR

Dr. Harold Martin of the University of Colorado Medical Center has pointed out, "It is not uncommon for abusive parents to reinforce 'bad' behavior that they verbally complain about. If part of the dynamics of the family is that the parents see the child as an extension of the bad part of themselves or that they need to have a scapegoat in the family, they will resist the child's acting 'normal' or 'good.' We've seen this in treatment and intervention programs where the parents sabotage attempts to help the child change his behavior quite unwittingly. Although a parent complains of behavior 'X,' one sees him reinforcing that behavior as if he needs to have the child acting badly for some reasons which, for the most part, are not conscious."

Ultimately, a list of specific behaviors to identify child abuse is useful only if the family dynamics which produce those behaviors are clearly understood. The behaviors, verbal and physical, indicate both the survival techniques the child has learned in order to

exist in the family, and attempts—frequently inappropriate in kind or intensity—to get from others what the parents do not provide. The greater the abuse, the less the child will trust other people and the greater the child's difficulty in responding to love and care.

CHARACTERISTICS OF ABUSIVE FAMILIES

We all have the capacity to strike out in anger, fear, pain or frustration and this capability defines all of us as potential child abusers. Yet most of us are able to control these violent impulses. This profile concerns the broad categories of experience and dynamics that contribute to the abusive parent's inability to control these impulses. An increasingly comprehensive and authoritative body of literature defines seven general problem areas: 1) unfulfilled needs for nurturance and dependence, 2) fear of relationships, 3) lack of support systems, 4) marital problems, 5) life crises, 6) inability to care for or protect a child, and 7) lack of nurturing child-rearing practices. The following is not intended as a definitive profile of factors contributing to physical abuse. Rather, it is designed as an overview and reference guide to the special problems which can contribute to abusive behavior.

THE INFLUENCE OF PERSONAL FACTORS

Unfulfilled Needs for Nurturance and Dependence: Many abusive parents were significantly and consistently deprived of emotional support as children. They were unable to depend consistently on the adults in their lives for support, physical or emotional care, or love. The abusive parent's own needs to be parented were essentially unsatisfied. These unmet needs may carry over into adulthood and shape relations with family, friends and especially children. Fear, frustration and anger are associated with these unmet needs and abusive parents are more likely to act on impulses. The degree of fear, frustration and anger generally corresponds to the level of deprivation experienced in childhood.

Abusive parents often lack the skills and abilities necessary to provide emotionally for themselves. They have not learned to identify and obtain the emotional support they need from others nor have they learned how to cope with the anger, fear and frustration they feel, in relation to these unmet needs.

As a result they experience a severe lack of self-esteem or sense of self-worth. Abusive parents feel unloved, unappreciated and unwanted. This negative self-image often leads to perceptions of themselves as insignificant, unattractive or stupid.

Low self-esteem can lead to low expectations. Abusive parents are likely to expect, even to invite rejection. A vicious cycle of negative self-image may lead to behavior which denies satisfying or fulfilling relationships with others. Some of this behavior is focused on avoiding most social interactions as a method of avoiding rejection and failure. Other, more aggressive or offensive behaviors may actually provoke rejection—abusive parents may actually make themselves difficult to like.

While they still desperately need the support and reinforcement denied during childhood, they are at a loss as to how to achieve it, and may, in fact, act in ways which serve to deny them the sense of belonging and worth they so strongly need.

In addition, many abusive parents were themselves physically or sexually abused as children. They tend to accept extreme forms of physical punishment as normal aspects of parent-child interactions.

Isolation: Abusive parents expect very little from others in the way of friendship or support. They avoid rejection and anger by breaking off close personal relationships. They avoid committing themselves to caring relationships with neighbors, friends, and even family. They are afraid to reach out to make contact. If both parents have a sense of personal isolation, the problem is compounded. The family will be cut off from all outside sources of support. This internal dependency exerts added pressures on the family unit which may further increase the likelihood of abuse.

Lack of Ability to Care for and Protect a Child: The abused child may fill one of many roles in the family and in a parent's life. She/he may represent an attempt on the parent's part to fulfill needs for love,

acceptance and dependence. This situation constitutes a type of role-reversal in which the child becomes the nurturer of the parent, the life-giver. When the child is unable to fulfill the parent's emotional needs, the resulting frustration and disappointment can lead to abuse.

The child may also be perceived by the parents as an extension of self. The parents' lack of self-esteem and negative self-image may be projected onto the child as well. The child becomes a scapegoat and is made to pay for the parents' sense of inadequacy and failure.

The special child—one who is mentally, physically or developmentally handicapped and may have special needs or require extra parental attention—may provoke feelings of resentment in the parent. In these cases, parent-child bonds may be too weak to protect the child from parental frustration and anger. In addition, these children may react to abusive dynamics in the family by developing personality or behavior traits that are unattractive. These traits may actually heighten the likelihood of abuse and place these children in constant danger.

Lack of Nurturing Child-Rearing Practices:

Abuse may also be contingent on the child-rearing practices used by the family. Child-rearing skills are acquired by observing family, social and cultural role models. Abuse may result from child-rearing practices which, while considered unacceptable by community standards, are seen as normal within the family unit.

Various cultures and sub-cultures have a variety of child-rearing patterns and methods of punishment which are considered appropriate for unacceptable behavior. These methods may be passed from generation to generation even after they become unacceptable by community standards. In some cases, these punishment practices can result in injuries or conditions that are considered abusive by the community even though the family may consider them to be normal child-rearing.

In addition, parents may have unrealistic expectations of a child's developmental abilities. They may be unfamiliar with what a child can be expected to do at a certain age. Punishment is inevitable when a child fails to meet inappropriate expectations. In other cases, performance or developmental standards may reflect parental attempts to control the child. The parent may be acting out a

need for dominance by demanding high levels of performance from a child. When the child fails to perform at these inflated levels, the parent's frustration results in abuse.

It is important, in looking at this kind of overview and reference guide for the special problems which can contribute to abusive behavior, to recognize that no one abuser suffers from all of the problems noted, nor does any one abuser have all of the characteristics cited. Some characteristics are even contradictory. Abusers do, however, tend to have a number of problems and characteristics in common and represented here.

THE INFLUENCE OF ENVIRONMENTAL FACTORS

Lack of Support Systems: Frequently, abusive parents are emotionally unable to establish or utilize outside support systems even when the opportunity is available. They have not learned how to ask for and receive the kind of help they need to provide for themselves and their children. This inability intensifies the danger in times of crisis. With outside lifelines cut off, the abusive parent has nowhere to turn during periods of heightened stress. Often, it is during these periods that the potential abuser becomes the actual abuser.

Marital Problems: The lack of support systems often extends to marital relationships. Abusive parents frequently find themselves locked into a nonnurturing, noncommunicative marriage in which neither spouse is able to support or adequately meet the other's needs. Children are involved in the process of the parents' acting-out of anger and frustration. The child may be ignored or abandoned because he constitutes a painful reminder of marital dissatisfaction. A child who reminds one parent of the other may become the target of displaced anger. The parents may use the child as a seesaw, tugging and pulling at both ends for attention. Mutual abuse of a child may represent the only common ground established between parents. Regardless of the dynamics, the child becomes a conduit for indirect, often angry communications between two frustrated adults. If physical violence is part of parental interaction, this violence is likely to extend to the child as well. A pattern is established in which frustrations are dealt

with physically and restraint of impulses to physically violent behavior is diminished by all family interactions.

Life Crises: External stress is frequently a contributing factor in abuse. Loss of employment or housing, lack of food or clothing, or indebtedness, any domestic crisis which precipitates fear or anxiety, can push the parent into abuse. Significant personal loss such as the death of a close relative or the relocation of a friend or neighbor

can strip the parent of precious support mechanisms, heighten the sense of futility and create a feeling of inability to control one's own life. This loss of control can in turn lead to abuse and neglect.

On the other hand, external stress can be a way of life for some abusive families. Some families are crisis-ridden; it is a life-style posture. Everything is a crisis; the parents are unable to deal with daily pressures or control their environment. These parents actually seem to generate crises.

"When Wonder Becomes Suspicion"

Several processes must occur as an observer shifts from wondering about the circumstances surrounding a child's injury or neglect to suspicion that the injuries were inflicted rather than accidental. First, he or she must come to grips with his/her own often subconscious resistance to dealing with the reality in order to consider abuse and neglect as possible explanations. Information needs to be gathered—on behavior and interactions of the parents and the child; on the history of the child's present injuries or neglect situation; on the child's past health history; on the history of the family; and on the child's medical condition. Obviously, the type of information will vary according to the training and experience of the observer. The process of gathering this information effectively presupposes knowledge of appropriate issues to raise and the ability to ask questions in a nonthreatening manner. Next, the collected information must be weighed, and the observer must decide whether there is reason to suspect that the injuries were inflicted.

The following are *indicators* coinciding with the processes described above, which should alert the observer to the possibility of nonaccidental injury. One or more of these factors may be present, but the existence of several should shift wondering about child abuse and neglect to suspecting it.

APPEARANCE/BEHAVIOR OF CHILD

- Child under three years of age (and especially under six months of age) with "accidental" injuries or ingestion.
- Poor overall hygiene or nutrition.
- Lack of proper clothing (torn, filthy, inappropriate, considering weather; e.g., long sleeves or high necklines in hot weather).
- Injuries present on multiple body surfaces (could be accidental only as result

of tumbling falls or automobile accidents).

- Extreme or inappropriate behavior for age of child.
- Crying excessively or very little.
- Showing great fear or none at all of adults.
- Wary of physical contact with an adult; fright when adult approaches; "frozen watchfulness."
- Sudden change in conduct when hospitalized or placed in foster care (e.g., regressive behavior, disruptiveness, shyness).
- Dramatic improvement in development and social relationships when removed from household.
- Plays role of parent, attempting to cater to needs of adults.
- Habitual truancy or lateness for school.
- Early arrival at school with late departure for home.
- Refusal to undress for gym class.
- Evidence of learning disabilities/developmental delays (especially language and fine motor skills that cannot be attributed to specific physical/psychological problems).
- Difficult to manage for physical/behavioral reasons (repeated illnesses, difficult to satisfy, makes heavy demands upon parents).

APPEARANCE/BEHAVIOR OF PARENTS/CARETAKERS

- Defensiveness or hostility when questioned regarding injuries.
- Immaturity.
- Extreme dependency.
- Poor impulse control.
- Low tolerance for frustration.
- Indications of drug or alcohol abuse.
- Apparent psychotic or psychopathic behavior.
- Signs of violent behavior.

INDICATORS OF CHILD NEGLECT

A. Abandonment

1. Children abandoned totally or for long periods of time.

B. Lack of supervision

1. Very young children left unattended.
2. Children left in the care of other children too young to protect them.
3. Children inadequately supervised for long periods of time or when engaged in dangerous activities.

C. Lack of adequate clothing and good hygiene

1. Children dressed inadequately for the weather or suffering from persistent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.
2. Severe diaper rash or other persistent skin disorders resulting from improper hygiene.
3. Children chronically dirty and unbahted.

D. Lack of medical or dental care

1. Children whose needs for medical or dental care or medication and health aids are unmet.

E. Lack of adequate education

1. Children who are chronically absent from school.

F. Lack of adequate nutrition

1. Children lacking sufficient quantity or quality of food.
2. Children consistently complaining of hunger or rummaging for food.
3. Children suffering severe developmental lags.

G. Lack of adequate shelter

1. Structurally unsafe housing or exposed wiring.
2. Inadequate heating.
3. Unsanitary housing conditions.

H. In identifying neglect, be sensitive to:

1. Issues of poverty vs. neglect.
2. Differing cultural expectations and values.
3. Differing child-rearing practices.

INDICATORS OF EMOTIONAL MALTREATMENT OF CHILDREN*

CHILD BEHAVIOR		PARENT BEHAVIOR
TOO LITTLE	TOO MUCH	ABUSIVE IF CONSISTENT GROSS FAILURES TO PROVIDE
1. Psycho-social dwarfism, poor self-esteem, self-destructive behavior, apathy, depression, withdrawn	Passive, sheltered, naive, "over-self-esteem"	1. Love (empathy) (Praise, acceptance, self-worth)
2. Academic failure, pseudo-mental retardation, developmental delays, withdrawn	Hyperactivity, driven	2. Stimulation (emotional/cognitive) (talking-feeding-touching)
3. Symbolic, stranger and separation anxiety	Pseudo-maturity	3. Individuation
4. Lack of integrative ability, disorganization, lack of trust	Rigid-compulsive	4. Stability/permanence/continuity of care
5. Feelings of inadequacy, passive-dependent, poor self-esteem	Pseudo-maturity, role reversal	5. Opportunities and rewards for learning and mastering
6. Autistic, delusional, excessive fantasy, primary process, private (unshared) reality, paranoia	Lack of fantasy, play	6. Adequate standard of reality
7. Tantrums, impulsivity, testing behavior, defiance, antisocial behavior, conduct disorder	Fearful, hyperalert, passive, lack of creativity and exploration	7. Limits, (moral) guidance, consequences for behavior (socialization)
8. Impulsivity, inappropriate aggressive behavior, defiance, sadomasochistic behavior	Passive-aggressive, lack of awareness of anger in self/others	8. Control for/of aggression
9. Interpersonal difficulty (peer/adults), developmental lags, stranger anxiety	Lack of familial attachment, excessive peer dependence	9. Opportunity for extrafamilial experience
10. Poor peer relations, role diffusion, (deviant behavior, depending on behavior models)	Stereotyping rigidity, lack of creativity	10. Appropriate (behavior) model
11. Gender confusion, poor peer relations, poor self-esteem	Rigid, stereotyping	11. Gender (sexual) identity model
12. Night terrors, anxiety, excessive fears	Oblivious to hazards and risks, naive	12. (Sense of) (Provision of) security/safety

ABUSIVE IF PRESENT TO A SEVERE DEGREE

1.	Poor self-esteem, depression	1. Soap-gazing, ridicule, denigration
2. Rigidity	Lack of purpose, determination, disorganization	2. Ambivalence
3. Poor self-esteem, passivity	Pseudomaturity	3. Inappropriate expectation for behavior/performance
4. (Depends on behavior while intoxicated)		4. Substance abuse
5. (Depends on behavior/type frequency)		6. Psychosis
6.	Night terrors, anxiety excessive fears	6. Threats to safety/health
7.	Not applicable	7. Physical abuse
	Sadomasochistic behavior, low self-esteem, anxiety, passivity, anti-social behavior, self-destructive dangerous behavior	
8.	Anxiety, excessive fear, dependency	8. Threatened withdrawal of love

*Ira S. Laurie, M.D. and Lorraine Tafano, "On Defining Emotional Abuse: Results of an NIMH/NCCAN Workshop."

further amendment of the same section the legislature provided that no "person" shall incur any civil or criminal liability as a result of making any report authorized by that section.

Also, Pen C §11161.5 was amended to make reports and other information received from the State Bureau of Criminal Identification and Investigation available to supervisors of child welfare and attendance and to certificated pupil personnel employees; if the child is under welfare department supervision, such reports shall also be made to the department.

In 1974 Pen C. §11161.5 was amended to require reporting suspected cases of sexual molestation or of injury prohibited under Pen C §273a. The 1974 amendment also deleted the provision that defined a minor, for purposes of Pen C §11161.5, as a person 12 years of age or under. As now written, the provisions for reporting apply to all minors.

Many concerned doctors are devoting themselves to this problem within the medical profession. It is generally unrecognized by the public at large. There have been some educational television programs and some newspaper articles about it, but the public generally is unacquainted with the scope of the problem and finds the very thought of a parent injuring a child almost incomprehensible.

For these reasons, the juvenile court judge should insist that the probation department develop expertise in this area. He should seek out experts in the medical profession in his county and enlist their support, both within and without the medical profession. He should initiate programs of public education, especially among law-enforcement officers, nurses, teachers, welfare workers, and others who are in a position to observe and report possible cases of child abuse.

Sometimes a probation officer will garner all the evidence necessary but be frustrated by an inexperienced judge or referee who is overly cautious in finding jurisdiction. This is a civil case. Here we are dealing only with probabilities. Is it more or less probable that the child has no parent actually exercising proper care, when the child has received multiple injuries over a period of time for which the parents either have no reasonable explanation or have an explanation that is inconsistent with the type of injuries incurred? These are almost all cases of circumstantial evidence, but in most the circumstantial evidence is by far the more probable. The inference that may be drawn is analogous to that in *res ipsa loquitur* cases. It is not necessary to establish *who* did the battering or *how* the injuries were inflicted. The extremely cautious judge or referee will still have an opportunity at the disposition hearing to place the child with the parents, but then he may impose strict control, supervision, counseling, and frequent checks on the child's condition.

Support Center for Child Advocates, Inc. *How to Handle a Child Abuse Case, a Manual for Attorneys Representing Children* (1978), Chapter XI.

XI. Medical Evidence Suggesting Child Abuse or Neglect

(E. Peter Wilson, M.D., M.P.H. - Director, Supportive Child/Adult Network (SCAN), Children's Hospital of Philadelphia and University of Pennsylvania.)

Child Protective Service Law (Act 124), Regulations — March 26, 1976

"An abused child is a child who exhibits evidence of serious physical or mental injury not explained by the available medical history as being accidental, sexual abuse or serious physical neglect, if the injury, abuse or neglect has been caused by the acts or omissions of the child's parents or by a person responsible for the child's welfare. . . ." (2-23-7)

1. *Evidence of serious physical injury not explained by the available medical history as being accidental.* Most of the injuries sustained by children may be either accidental or non-accidental in origin. Multiple injuries may be due to accidents (tumbling down stairs, automobile collisions, hazardous play or sports). However, in these cases, there is usually at least one witness able and willing to provide a history consistent with the physical evidence. Hence, in most cases, on the physical evidence alone, the experienced physician will be reluctant to state with "reasonable medical certainty" that there is "clear and convincing evidence" that the child's condition or injuries were non-accidental.

Exceptions to this generalization can include the following:

A. Unexplained injuries to many parts of the body (excluding the forehead, chin, elbows, knees and shins in toddlers and older children), especially if the bruises, abrasions, lacerations or fractures are in different phases of healing.

B. *External Injuries* commonly associated with physical abuse:

1. External injuries which resemble the imprint of an object or substance probably used to inflict the injury. Causative agents include:

- a. Human teeth, hands (open and closed), fingers, feet.
- b. Ropes, cords, wires, belts, buckles, straps, switches whips, paddles, gags, etc.
- c. Cigarettes, household appliances.
- d. Hot water (splash or immersion), chemicals.

2. Other external injuries due to single severe or multiple trauma:

- a. Scalp—Bare patches (due to hair pulling)
- b. Ears—"Cauliflower ear," ruptured ear drums.
- c. Eyes—Bleeding into the tissues around the eye, the conjunctiva, anterior chamber and/or retinae. Dislocation of lens, rupture of choroid membrane.
- d. Nose—Hemorrhage or dislocation of cartilage.
- e. Mouth—Bruising of lips, rupture of frenula, fracture of teeth due to trauma, i.e., forced feeding. Burns of the lips, tongue, palate and/or pharynx due to hot liquids or chemicals.

C. Unexplained internal injuries (often without evidence of external injury).

1. Head Injuries:

a. Intracranial hemorrhage (bleeding into the retina of the eye, into the brain, or into the coverings of the brain (subdural or subarachnoid hemorrhage) due to vigorous shaking or blunt trauma.

b. Extracranial hemorrhage (subgaleal or cephal-hematomas) due to hair pulling or blunt trauma.

2. Neck Injury:

Subluxation or dislocation (whiplash injury) due to shaking.

3. Chest Injuries:

Hemothorax or pneumothorax (blood or air in plural space) due to fractured ribs.

4. Abdominal Injuries:

a. Rupture of liver, spleen, pancreas, kidney, gut, bladder or other organ.

b. Hemorrhage into the peritoneum or mesentery.

5. Skeletal Injuries (especially in infants and toddlers):

a. Spiral fractures due to forcible twisting or transverse due to blunt trauma.

b. Metaphyseal avulsion due to sudden strain (jerking).

c. Joint dislocations.

d. Periosteal thickening and elevation of long bones due to blunt trauma.

e. Skull fractures due to blunt trauma and separation of the sutures due to chronic subdural hematoma.

f. Rib fractures (except newborn). Usually multiple, and often in different stages of healing.

D. Evidence of intoxication with drugs, alcohol, other chemicals, (including carbon monoxide).

E. Evidence of asphyxiation (smothering, strangling or drowning).

F. Evidence of emotional abuse.

1. Unusually fearful of parent, caretaker or other adult, extremely watchful, "freezes" on approach, unusually stoic, grins inappropriately.

2. Unusually hyperactive, unable to concentrate on any one activity, agitated, unwilling to play or otherwise interact with adults.

3. Unable or unwilling to perform age appropriate skills or tasks.

NOTES

1. Photographs if appropriately identified and, especially if they include reference standards (measuring rule or tape, color spectrum, etc.), can supplement written descriptions and sketches of the child's injuries or condition.

2. Copies of X-ray films are usually available on request, but the radiologist's or physician's report is usually acceptable. "Skeletal surveys" are often performed on children under 3 years, especially when multiple injuries are suspected.

3. Blood coagulation studies are usually performed if there is multiple bruising or hematomas, and the cause is unexplained. These studies usually include a hemoglobin, hematocrit, platelet count, bleeding time, partial thromboplastin time and prothrombin time. These are compared with values for normal subjects.

II. Physical Evidence of Sexual Abuse:

A. General: Any injury to the genitals that cannot be explained satisfactorily as accidental (e.g., a straddle injury) or the presence of sexually transmitted infection suggests the probability of sexual abuse.

B. Specific:

1. Bruises, abrasions, lacerations, and tearing of skin and mucous membrane of the vulva, scrotum, penis, anus and mouth and adjacent areas.

2. Presence of semen (if rape alleged within previous 12 hours).

3. Infected lesions of the skin or mucous membranes (gonorrhea, syphilis, herpes genitalis, and other sexually transmitted diseases).

4. Poor anal sphincter tone (suggestive of recurrent abuse).

In all cases where the sexual assault has been alleged to occur within the previous 12 hours, medical evidence (physical and laboratory) should be collected and documented (in anticipation of possible criminal prosecution) by a gynecologist or other specially trained physician.

III. *Physical evidence of serious physical neglect:* As defined in ACT 124, the physical condition of a child is required to be both serious and within the control of the person responsible for the child's welfare. To be serious the physical condition must "endanger the child's life or development, or impair her/his physical functioning." Such conditions must be due to the "willful or wanton failure to provide the essentials of life." Medical evidence for serious physical neglect includes:

A. *Marasmus or gross malnutrition*-- This includes:

1. Failure to attain or maintain expected height and, especially, weight for age while in the custody of the parent or caretaker, with dramatic gains in weight when fed and nurtured by others.

2. Wasting of muscles and subcutaneous tissues, with or without edema.

3. Anemia and other specific dietary deficiency diseases (scurvy, rickets, pellagra, etc.), and

4. Absence of any known genetic or acquired disease causing the child not to eat, absorb or utilize normal food. These are usually included with a progressive diagnostic evaluation consonant with admission to a hospital or temporary placement with a relative or foster parent.

B. Untreated wounds, infections and/or infestations resulting in sepsis (septicemia) or physical deformity, or other threat to life, health or physical functioning.

C. Exposure to extreme heat or cold or to toxic substances, endangering the child's life.

D. Emotional deprivation, including absences of appropriate parent-child interaction, resulting in agitation (extreme anxiety), severe withdrawal (depression, self mutilation, suicide) or sustained developmental arrest or regression.

B. Social Reports

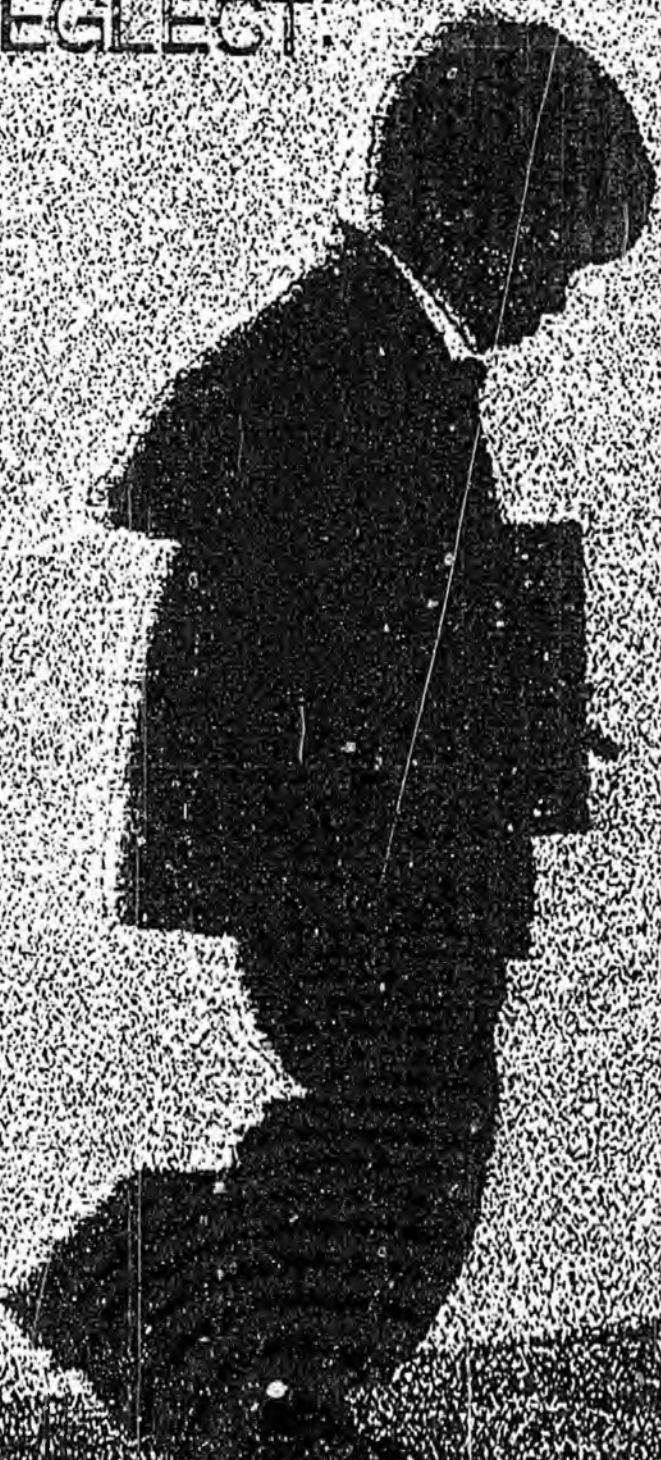
Frank Foerster, *Legal Aspects of Child Abuse and Neglect Cases in Texas* (1979), 53-54.

G. Social Study

In a suit affecting the parent-child relationship, the court may order that a social study be made of the circumstances and conditions of the child and of the home of a person seeking managing conservatorship or possession of the child. The social study may be made by any person, or public or private agency appointed by the court. If an authorized agency is managing conservator, then that agency shall make the study. The court shall set criteria for the social study.

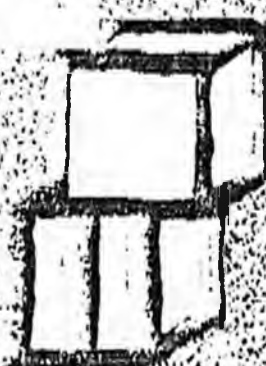
CHILD ABUSE AND NEGLECT:

A Self-Instructional Text for Head Start Personnel



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REFERENCES FOR UNIT 4

1. This unit has been adapted from Ray E. Helfer and C. Henry Kempe, The Battered Child, 1st and 2nd eds. (Chicago: University of Chicago Press, 1968, 1974); U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Diagnostic Process and Treatment Programs. (Washington, D.C.: Government Printing Office, 1975); C. Henry Kempe, "Paediatric Implications of the Battered Baby Syndrome," Archives of Disease in Childhood 46(1971), pp. 28-37; and Norman A. Polansky, Christine DeSaix, and Sharlin Shlomo, Child Neglect: Understanding and Reaching the Parent: A Guide for Child Welfare Workers. (New York: Child Welfare League of America, Inc., 1972); U.S. Department of Health, Education, and Welfare, Social and Rehabilitative Service, Community Service Administration, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, by Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky, (Washington, D.C.: Government Printing Office, 1975).
2. U.S. Department of Health, Education, and Welfare, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, p. 17.
3. Ibid., p. 32.
4. U.S. Department of Health, Education, and Welfare, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, We Can Help . . . A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect. Unit 4, "Identifying the Neglected Child." (Washington, D.C.: Government Printing Office, 1976), pp. 23-24.

Unit 5

CHARACTERISTICS OF ABUSE AND NEGLECT

★ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. Abusers have been found to: (Circle all correct responses.)
 - A. Distrust people.
 - B. Have been abused or neglected as children.
 - C. Be reluctant to give information.
 - D. Have few friends.

2. Characteristics suggestive of abusive or neglectful parents or caretakers include: (Circle all correct responses.)
 - A. Frequent absences from school activities.
 - B. Lack of close friendships.
 - C. A history of using drugs or alcohol.
 - D. A reputation for irrational behavior.

3. T F A parent or child's behavior may suggest abuse or neglect even without visible injury.

4. T F The child is likely to tell you who injured him.

5. T F If a child has a minor injury and there are some behavioral characteristics suggestive of abuse or neglect shown by the child and/or parents, the case should be reported.

6. T F A report of suspected neglect should be made on a child who comes to school dirty.

7. T F Abused children may shy away from physical contact with an adult.

8. Name three locations on the body where accidental bruising would be unlikely to occur.

9. T F Broken bones are the most common injury in child abuse.
10. T F Bruising on the backs of the legs is most likely to be accidental.
11. T F Behavioral characteristics suggestive of abuse or neglect shown by children and/or parents should be quite obvious before a case is reported.

★ STIMULUS QUIZ ANSWERS: Unit 5

1. All are correct.
 2. All are correct.
 3. True
 4. False - the child most often protects the identity of his/her abuser.
 5. True
 6. False - more information would be needed.
 7. True
 8.
 - 1) Back
 - 2) Thighs
 - 3) Buttocks
 - 4) Face
 - 5) Backs of legs
 9. False - bruises are the most common injury.
 10. False - accidental bruising is most likely to be found on the elbows, knees, shins or forehead.
 11. True
-

FOLLOWING COMPLETION OF THIS UNIT YOU SHOULD
BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What are some behavioral characteristics of abusive or neglectful parents?
- What are some behavioral characteristics of children who are abused or neglected?

- What are the most common types of injury?
- What are some instruments commonly used to inflict abuse?
- Why is it important to note the location, the appearance and the frequency of injuries?
- What is the significance between the reported history of the injury and the injury as actually observed?
- Who should you contact if you see a child with an injury?
- What action is necessary if there are behavioral characteristics but no physical signs of injury?

UNIT 5

CHARACTERISTICS OF ABUSE AND NEGLECT¹

It is important for all Head Start personnel to be able to recognize the characteristics of abuse and neglect. Unless this can be done, the help which parents and children may need cannot be offered.

There are many articles and books which list the characteristics (or indicators) suggestive of abused and neglected children and their families. In becoming familiar with these characteristics it may be helpful to sort them into two general groups:

1. CHARACTERISTICS RELATED TO THE OBSERVABLE BEHAVIOR AND PHYSICAL APPEARANCE OF THE CHILD.

For example, abused or neglected children may seem fearful of their parents, be uneasy about physical contact with an

adult, or be frequently tardy or absent from school. They may have actual bruises or welts, be inappropriately dressed for weather conditions, or show extreme behavior changes.

2. BEHAVIOR CHARACTERISTICS WHICH ARE EXHIBITED BY THE PARENTS OR CARETAKERS.

For example, parents may have little involvement in their child's school activities, give inappropriate responses to their child's condition, or demonstrate little understanding of their child's developmental level.

WHAT MIGHT AN ABUSED OR NEGLECTED CHILD LOOK LIKE OR DO?

Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- Their injuries seem to be inadequately treated.
- They show evidence of overall poor care.
- They are given inappropriate food, drink, or medication.

- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive or destructive, or extremely passive and withdrawn.
- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child; particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.
- They may exhibit a sudden change in behavior: for example, displaying regressive behavior -- pants-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.
- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.
- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home -- one of which might be abuse and neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.
- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child's schedule.
- In some cases, they frequently arrive at school too early and remain after classes rather than going home.
- They are always tired and often sleep in class.
- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving subminimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

WHAT ARE SOME POSSIBLE CHARACTERISTICS OF ABUSIVE
OR NEGLECTFUL PARENTS OR CARETAKERS?

- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.
- They seem to trust no one.
- They themselves were abused or neglected as children.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.
- They respond inappropriately to the seriousness of the child's condition: either by overreacting, seeming hostile or antagonistic when questioned even casually; or by under-reacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.
- They refuse to consent to diagnostic studies.
- They fail or delay to take the child for medical care -- for routine checkups, for optometric or dental care, or for treatment of injury or illness. In taking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are overcritical of the child and seldom if ever discuss the child in positive terms.
- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They believe in the necessity of harsh punishment for children.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.

- They keep the child confined -- perhaps in a crib or playpen -- for overlong periods of time.
- They seem to lack understanding of children's physical, emotional, and psychological needs.
- They appear to be misusing alcohol or drugs.
- They cannot be located.
- They appear to lack control, or fear losing control.
- They are of borderline intelligence, psychotic, or psychopathic. While such diagnoses are the responsibility of a psychiatrist, psychologist, or psychiatric social worker, even the lay observer can note whether the parent seems intellectually capable of child-rearing, exhibits generally irrational behavior, or seems excessively cruel and sadistic.

WHAT PHYSICAL INJURIES ARE MOST LIKELY TO OCCUR?

You might wonder which types of injuries Head Start staff are most apt to see. Some studies have shown that the most common types of physical abuse injuries are bruises, welts, scars, fractured bones and burns. Lacerations and abrasions may also occur frequently.⁴⁻⁹ However, bruises by far are the most common.

④ **BRUISES** are injuries in which there is no breakage of the skin. The small blood vessels beneath the skin break and blood leaks into the tissue. The bruise also changes color over time. Initially bruises are blue to purple and over a period of time they change to yellow. It is very difficult to determine the exact age of a bruise. (See picture of Bruises.)

- WELTS are ridges or lumps on the body usually caused by a blow.

- SCARS are marks on the body which are the result of the healing of a wound. (See picture of Scars.)

- FRACTURED BONES are broken bones which may or may not be observed by the average non-medical person.

- BURNS may cause redness, blistering or even peeling of the skin. (See picture of Burns.)

- LACERATIONS are torn and ragged cuts.

- ABRASIONS are injuries in which the outer layers of the skin are scraped or worn away. (See picture of Abrasions.)¹⁰

Any of the above injuries could be the result of accidental injury as well as abuse. Accidents are a leading cause of injury and even death for children of all age groups. How do you determine whether an injury was accidental or caused by abuse?

Unfortunately there are no hard and fast rules; however, there are some guidelines which can assist you in determining whether or not to report. The guidelines include things to look for when observing injuries and when determining how the injuries occurred.

WHAT DO I LOOK FOR?

(Guidelines for Observing Injuries)

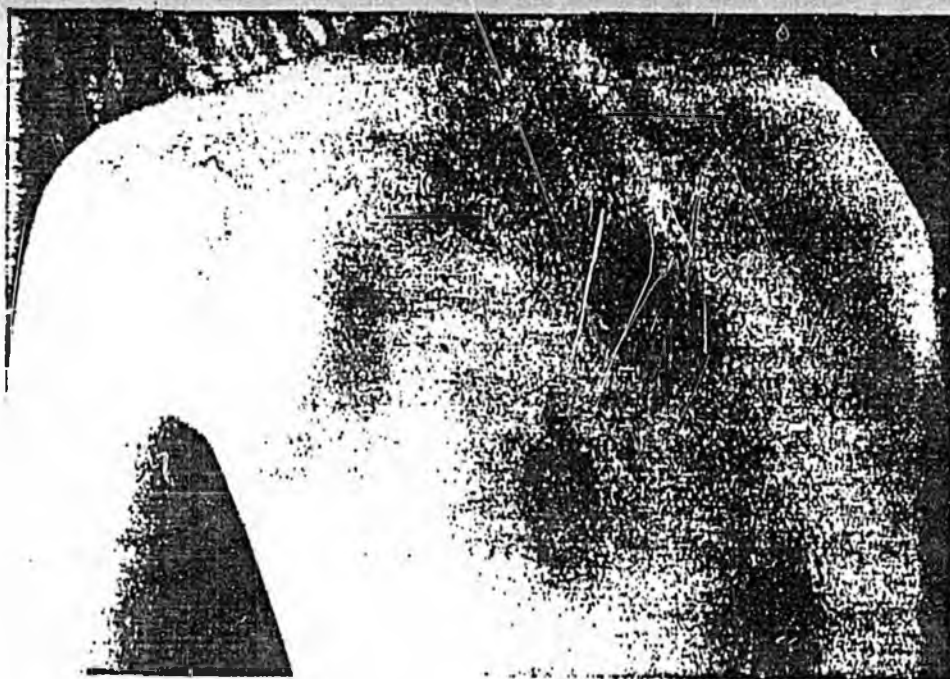
- ① WHERE ARE THE INJURIES LOCATED? IS THIS TYPE OF INJURY WHAT ONE WOULD NORMALLY EXPECT FOR THE CHILD'S PARTICULAR AGE GROUP?

For example, bruises on a preschool aged child which are found on the elbows, knees, or shins, even on the forehead, would be considered normal for the age group in most circumstances. If these bruises were found on the back, genital area, thighs, buttocks, face or the backs of the legs, one should be suspicious.

(See pictures under Location of Injuries.)

- ② HOW MANY INJURIES DOES THE CHILD HAVE? ARE THERE SEVERAL INJURIES OCCURRING AT ONE TIME? OR HAVE THERE BEEN SEVERAL INJURIES OVER A PERIOD OF TIME?

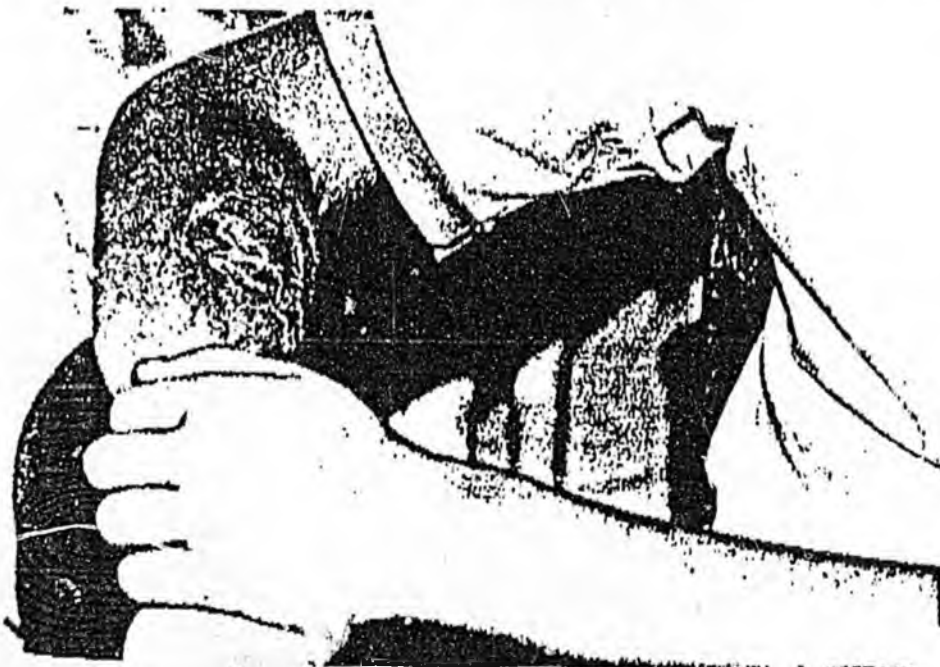
The greater the number of injuries, the more likely abuse could have occurred, although this is not a rigid rule. In the same manner, the presence of many injuries which are at various stages of healing could indicate repeated injury. (See picture of Multiple Injuries.)



Bruises



Scars

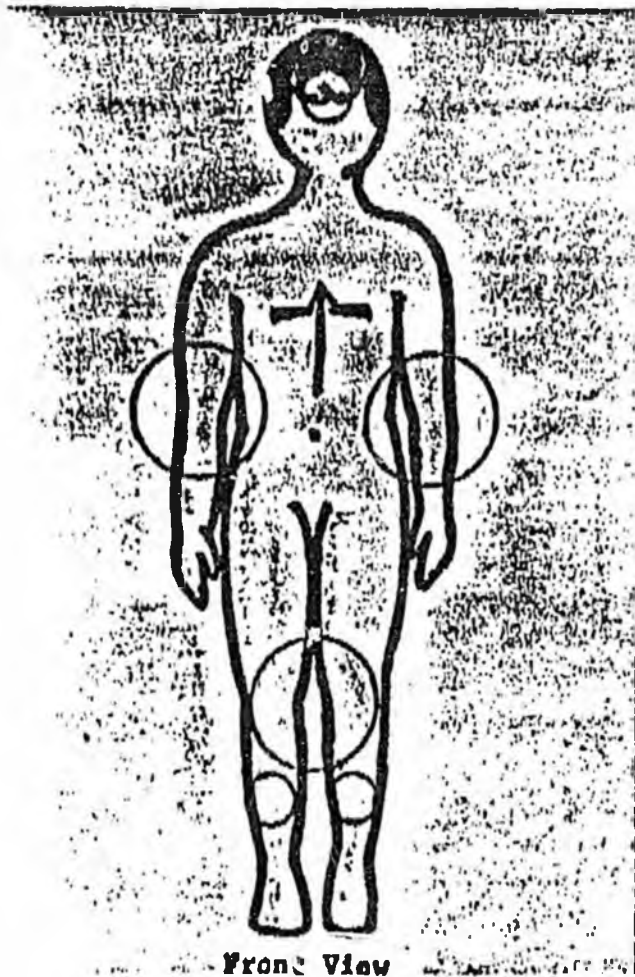


Burns

Abrasions

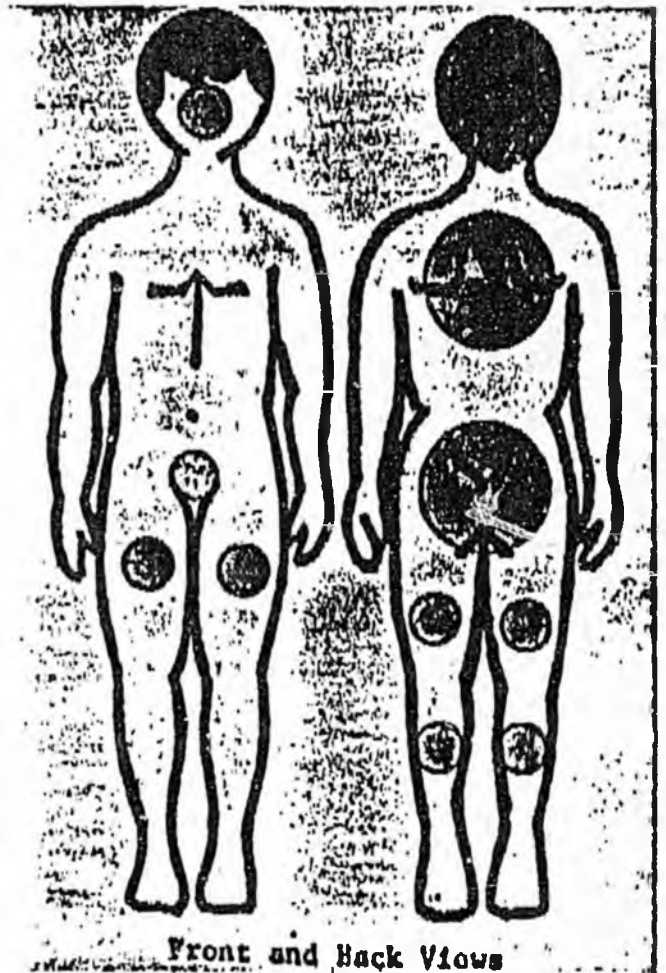


Location of Injuries



Front View

Normal Bruising Areas

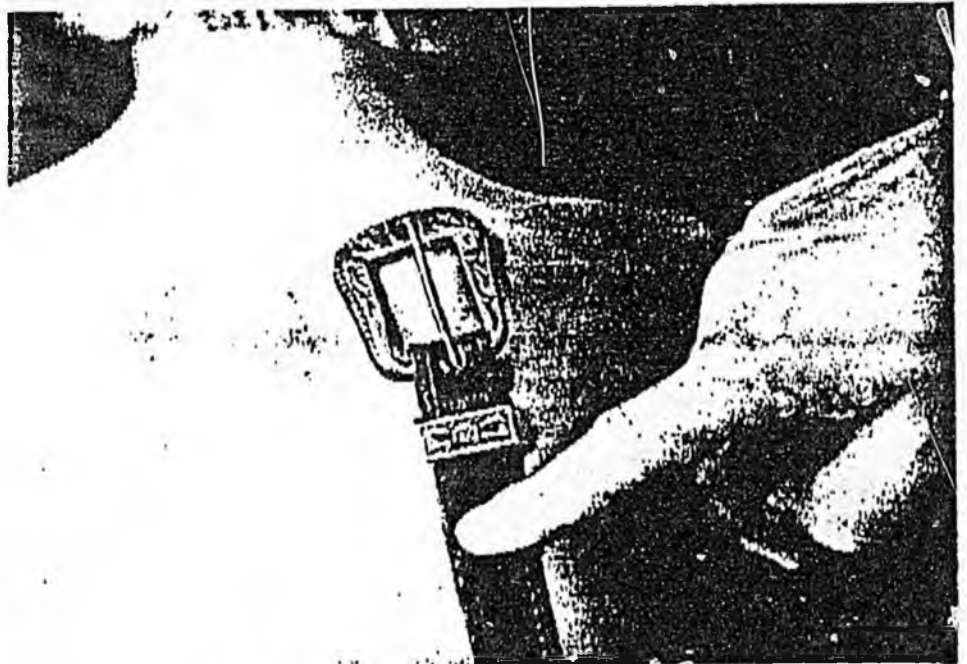


Front and Back Views

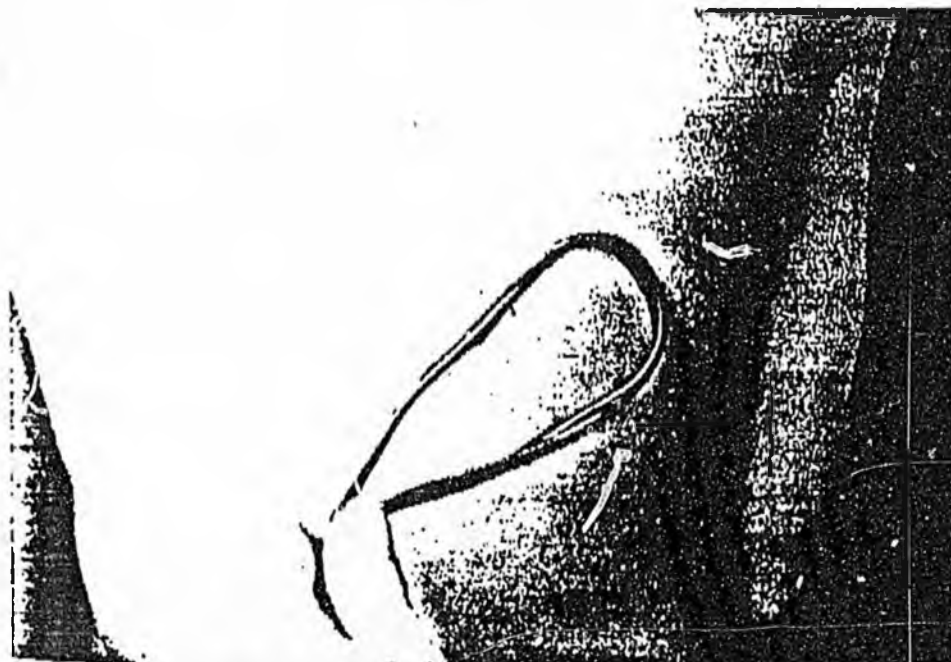
Suspicious Bruising Areas



Multiple Injuries:
Various Stages of Healing



Belt Buckle



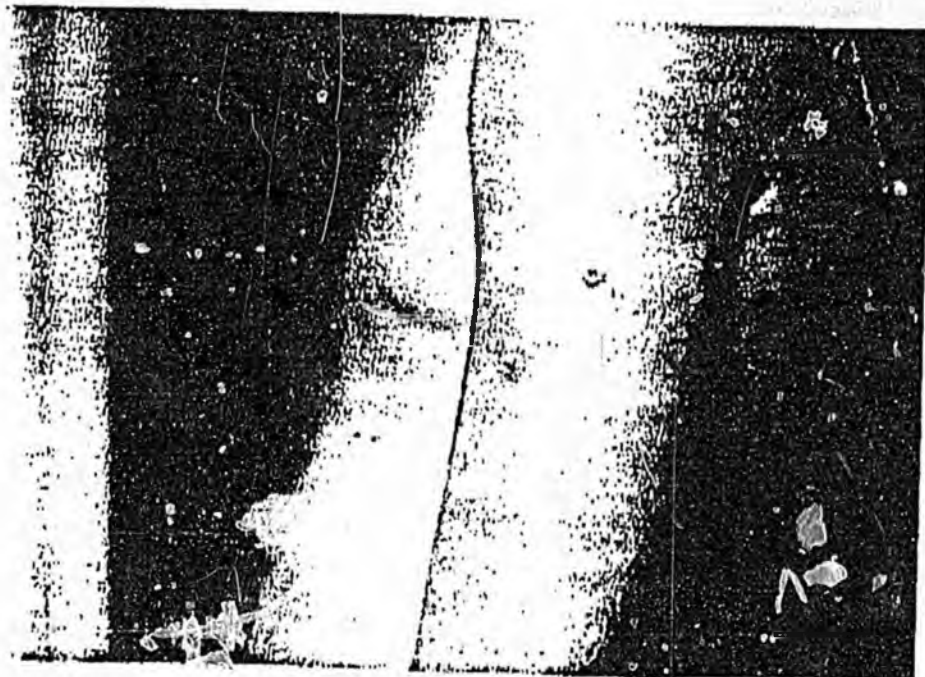
Looped Electric Wire



Bruised and Infected Lips



Cigarette Lighter



Cigarette Burn

② WHAT IS THE SIZE AND SHAPE OF THE INJURY?

Many injuries are inflicted by familiar objects -- sticks, boards, a hair brush or belt. For example, a stick or rope could cause a bruise in a straight line. A bruise might also resemble the shape of a belt buckle, a looped electric wire or a hair brush. A small round burn could have been caused by a cigarette or cigarette lighter. Occasionally in a small child the lips may be bruised and infected or there may be a chipped tooth. This might have been due to forced feeding on the part of a frustrated parent. (See remaining pictures.)

WHAT KIND OF QUESTIONS DO I ASK?

(Guidelines for Determining How the Injury Occurred)

If an injury is accidental, there should be some reasonable relationship between how the injury happened and the severity, type and location of the injury. One should become suspicious when the history of how the injury happened and the appearance of the injury do not seem to be related. For example, could a fall on the head produce bruises all over the body? Could a child who "accidentally stepped into a scalding hot bath" have burns on the buttocks but not on the feet? In addition, is it reasonable to expect this situation to have occurred given the age of the child?

WHAT ACTION SHOULD I TAKE IF I SEE A CHILD WITH AN INJURY?

The most apparent need is to get the child to a source of medical care if his or her condition appears to need immediate attention. Contact your Head Start nurse and ask her to examine the child.

When any child has a physical injury you should simply ask the child how the injury occurred. If the child's explanation seems incompatible with the type, location and shape of the injury you should not press the child for additional information. It is unlikely he will be truthful anyway in order to protect the abuser. You should also be aware of the fact that further questioning may put him at risk. He might tell his parent about the questioning and this could possibly cause another abusive episode to occur.

Do not undress the child to look for additional injuries. This is illegal unless it is part of your professional duties or responsibilities. Pay attention only to those injuries you can see or the child voluntarily shows you. The nurse should examine the child fully.

IF THERE IS SUFFICIENT REASON TO SUSPECT ABUSE HAS OCCURRED IT SHOULD BE REPORTED. Whether the parents should be contacted before the report is made is a decision which needs to be determined by your own staff and the protective service worker. AS INDICATED EARLIER, IT IS OF CRITICAL IMPORTANCE FOR YOUR STAFF AND THE PROTECTIVE SERVICE AGENCY TO DETERMINE WHAT EACH MUST DO.

WHAT ACTION SHOULD I TAKE IF I SEE A CHILD OR PARENT WHO APPEARS TO HAVE
BEHAVIORAL CHARACTERISTICS SUGGESTIVE OF ABUSE AND/OR NEGLECT?

Behavioral characteristics of a child or parent suggestive of abuse and neglect are difficult to evaluate unless accompanied by some type of physical injury.

If the injury is severe the behavioral characteristics are not that important in arriving at a decision to report. However, if the injury is slight, the characteristics of the behavior of both child and parent as described at the beginning of this unit should be carefully considered. If present, the case should be reported.

Where there is no injury, but the behavior of the child and/or parent fits some of the characteristics previously outlined, further observation is necessary. Gentle questioning may reveal frustrations on the part of the parents in handling the child, or, rarely, confessions by the child of being ill-treated. This would suggest further observation of the family and offers from Head Start personnel to be of help wherever possible.

WITHOUT INJURIES, CHARACTERISTICS SUGGESTIVE OF CHILD ABUSE AND NEGLECT MUST BE QUITE OBVIOUS BEFORE THE CASE SHOULD BE REPORTED. Remember, you do not always have to report a family in order to obtain help for them. You can help them yourself or refer them to a community agency to obtain the necessary services. Prevention is the name of the game, and it is better to intervene before an injury is committed rather than after.

☆ SELF-ASSESSMENT QUIZ: Unit 5

Please answer each question. After you have done this turn the page and check your answers.

1. The most common type of physical injury is _____.
2. Name two common objects used to inflict injury.

3. Name two areas of the body where bruising could be accidental.

4. Injuries to the _____ or _____ can occur in a child who is a difficult feeder.
5. A child could not have "accidentally stepped into a scalding hot bath" if his _____ were not burned.
6. The Head Start _____ should be contacted if a child has a physical injury.
7. What is the most appropriate action if there are some behavioral characteristics suggestive of abuse or neglect shown by a parent or child but there are no signs of physical injury?
 - A. The case should be reported.
 - B. Someone should talk with the parents.
8. T F Some characteristics suggestive of abuse or neglect can be noted during an interaction between a parent and child.
9. T F Neglectful parents maintain regular contact with their child's school.

10. T F Abused children, when asked, will usually name their abuser.

11. T F Neglectful parents usually seek immediate medical care for their children's health needs.

12. T F Neglectful parents usually have personality problems.

13. Abused children may: (Circle all correct responses.)

- A. Be unduly afraid of their parents.
- B. Show evidence of poor overall care.
- C. Be wary of physical contact.
- D. Assume the role of the parent.

14. Neglected children have been found to be: (Circle all correct responses.)

- A. Delayed in development
- B. In need of medical care
- C. Unusually aggressive
- D. Extremely passive

★ SELF-ASSESSMENT QUIZ ANSWERS: Unit 5

1. Bruising
2. Any of these answers are correct.
 - 1) Stick
 - 2) Board
 - 3) Belt
 - 4) Brush
 - 5) Rope
 - 6) Cigarette/cigarette lighter
3. Any of these answers are correct.
 - 1) Elbows
 - 2) Knees
 - 3) Shins
 - 4) Forehead
4. Teeth -- lip
5. Feet
6. Nurse
7. B - Someone should talk with the parents.
8. True
9. False - they usually have little contact with the school.
10. False - rarely will a child name his/her abuser.
11. False - they usually put it off.
12. True
13. All are correct.
14. All are correct.

If you missed any of the questions re-read this unit before progressing to the next unit.

REFERENCES FOR UNIT 5

1. This unit has been adapted from U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Child Abuse and Neglect: The Problem and Its Management. Volume 1: An Overview of the Problem. Volume 2: The Roles and Responsibilities of Professionals (Washington, D.C.: Government Printing Office, 1975); Urban and Rural Systems Associates, Materials from Training Conference On Diagnosing and Treating Child Abuse and Neglect, Kansas City, Missouri, March 8-12, 1976; C. Henry Kempe, "Paediatric Implications of The Battered Baby Syndrome," Archives of Disease in Childhood 46 (1971), pp. 28-37.
2. U.S. Department of Health, Education, and Welfare, Child Abuse and Neglect. Volume 1: An Overview, pp. 4-7.
3. Ibid.
4. Joseph Crungard, "The Battered Child Syndrome," Medical Science (March 1964), pp. 82-91.
5. William Ireland, "A Registry on Child Abuse," Children 13, no. 3 (May-June 1966), pp. 113-115.
6. Betty Johnson and Harold Morse, "Injured Children and Their Parents," Children 15, no. 4 (July-August 1968), pp. 147-152.
7. Carol Morse, et al., "A Three-Year Follow-Up Study of Abused and Neglected Children," American Journal of Diseases of Children 120 (November 1970), pp. 439-446.
8. James O'Neill, et al., "Patterns of injury in the Battered Child Syndrome," The Journal of Trauma 13, no. 4 (April 1973), pp. 332-339.
9. David Gil, Violence Against Children: Physical Child Abuse in the United States (Cambridge: Harvard University Press, 1973), pp. 118-119.
10. Webster's New Collegiate Dictionary, s.v., "abrasion," "bruises," "lacerations," "scars," "welts."

Unit 6

REPORTING OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. T F The term "immunity" in child abuse means your identity will not be revealed if you report.
2. T F The primary purpose of child abuse and neglect laws is to apprehend an abuser.
3. T F Early reporting of abuse and neglect is encouraged in order to remove the child from the home.
4. T F A report is incomplete if it does not identify the name of an abuser.
5. T F Concrete evidence of abuse or neglect must be available before a report should be made.
6. T F The success of a Head Start program for abused and neglected children is directly related to the relationship with the local department of social services.
7. T F An anonymous report of abuse or neglect cannot be investigated.
8. Good working relationships between Head Start and legal agencies can help to: (Circle all correct responses.)
 - A. Comply with national Head Start policy
 - B. Comply with the state reporting statute
 - C. Understand each other's roles
 - D. Identify appropriate contact persons
 - E. Protect abused and neglected children

★ STIMULUS QUIZ ANSWERS: Unit 6

1. False - immunity means you are protected against criminal or civil suit for reporting.
 2. False - the primary purpose is the protection of the child.
 3. False - early reporting is encouraged to get help to the family.
 4. False - often the identity of the abuser is unknown.
 5. False - there is no need to have concrete evidence; only reasonable suspicion.
 6. True
 7. False - they are still investigated.
 8. All are correct.
-

FOLLOWING THE COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What information should be included when a report is made?
- To whom is the report made?
- What happens if you suspect abuse or neglect, do not report it, and the child is abused again?
- What does the term "mandatory reporter" mean?
- What does the term "permissive reporter" mean?
- Why should reports be made when abuse or neglect is first suspected?

- What is the primary intent of any state law?
- What does the term "immunity" mean?
- Why do some people not report suspected abuse and neglect?
- Why is it important to establish a good working relationship with local agencies?

UNIT 6

REPORTING OF ABUSE AND NEGLECT¹

The most significant part of child abuse and neglect laws which concern us deals with reporting suspected cases. There is much variation in the reporting laws between each state with respect to (1) abuse and neglect conditions which are to be reported, and (2) those persons who are required to report suspect cases.

You must know your own state law and the provisions in it in order to be fully aware of what you have to do and what your attitude is toward the law. The whole idea of an effective program for child abuse and neglect depends on the attitude of the people who are trying to comply with that law.

We will examine some general features of child abuse and neglect laws. The purpose and policy of these laws are to encourage reporting, and therefore:

To protect the child
To initiate prompt investigation
To provide rehabilitative service
To keep the family intact
(Not to prosecute parents)

The first and the primary thrust of any law should be the PROTECTION OF THE CHILD. The second is the ENCOURAGEMENT OF REPORTING. We believe in reporting and even over-reporting. Why? Because we look on the law as a helping tool which will allow the professional to enter the situation early before any major injury has taken place or before a family has been torn apart by all the emotional turmoil that occurs when a case is reported. There should be no hesitation in reporting cases early, because it is not the intent of the law to remove the child from the home unless the child is in danger. On the contrary, after reporting there should be a PROMPT AND VIGOROUS INVESTIGATION of the circumstances which led to the alleged abuse or neglect by the responsible public agency. Thirdly comes the provision of REHABILITATIVE SERVICES TO THE FAMILY, and lastly, a very important aspect of the law - to KEEP THE FAMILY INTACT. This can be done in most instances with an appropriate treatment program. In other words, if you believe that the law is on the books in order to get help to a family, then you will report and you will report early. You will also get across to the family that you are there to help.

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.