

Recognizing and Reporting

Child Abuse & Neglect



Nevada Registry Credits

- **Hours:** 2
- **Core Knowledge Area:** Health, Nutrition & Safety
- **Training Summary:** This program will inform participants about recognizing and identifying different forms of child abuse and neglect, including physical abuse, mental/emotional abuse and sexual abuse. Participants will also learn the proper methods of reporting the suspected abuse to the proper authorities.

Definitions of Child Abuse and Neglect in Federal Law (CAPTA)

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

NEVADA LAW: NRS 432B.020

“Abuse or neglect of a child” defined.

- (a) Physical or mental injury of a nonaccidental nature;
- (b) Sexual abuse or sexual exploitation; or
- (c) Negligent treatment or maltreatment of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.

WHAT IS CHILD ABUSE?



Verbally abusing a child



Teasing a child unnecessarily



Exposing a child to pornographic acts or literature.



Touching a child where he/ she doesn't want to be touched.



Forcing a child to touch you.



Breaking down the self-confidence of a child.



Hitting or hurting a child - often to relieve your own frustration.



Manipulating a child



Not taking care of a child, for example: unclean, unclothed, unfed child



Using a child as a servant



Not listening to a child



Neglecting emotional needs of a child



Making your own child a 'servant' depriving of time for education/leisure



Hitting and ridiculing a child at school



Neglecting a child's medical needs



Neglecting a child's educational needs



Leaving a child without supervision

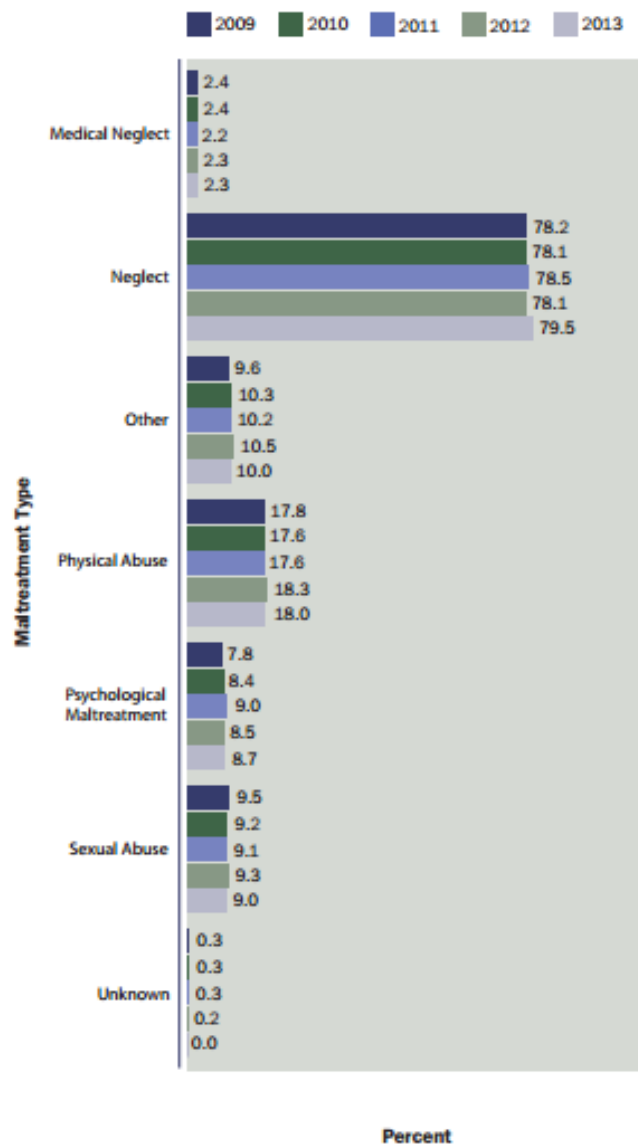
Who is usually responsible for child abuse?

- Child's birth or adoptive parent
- Stepparent
- Legal guardian or custodian
- Family friend
- A person consistently around the house

4 Types Of Maltreatment

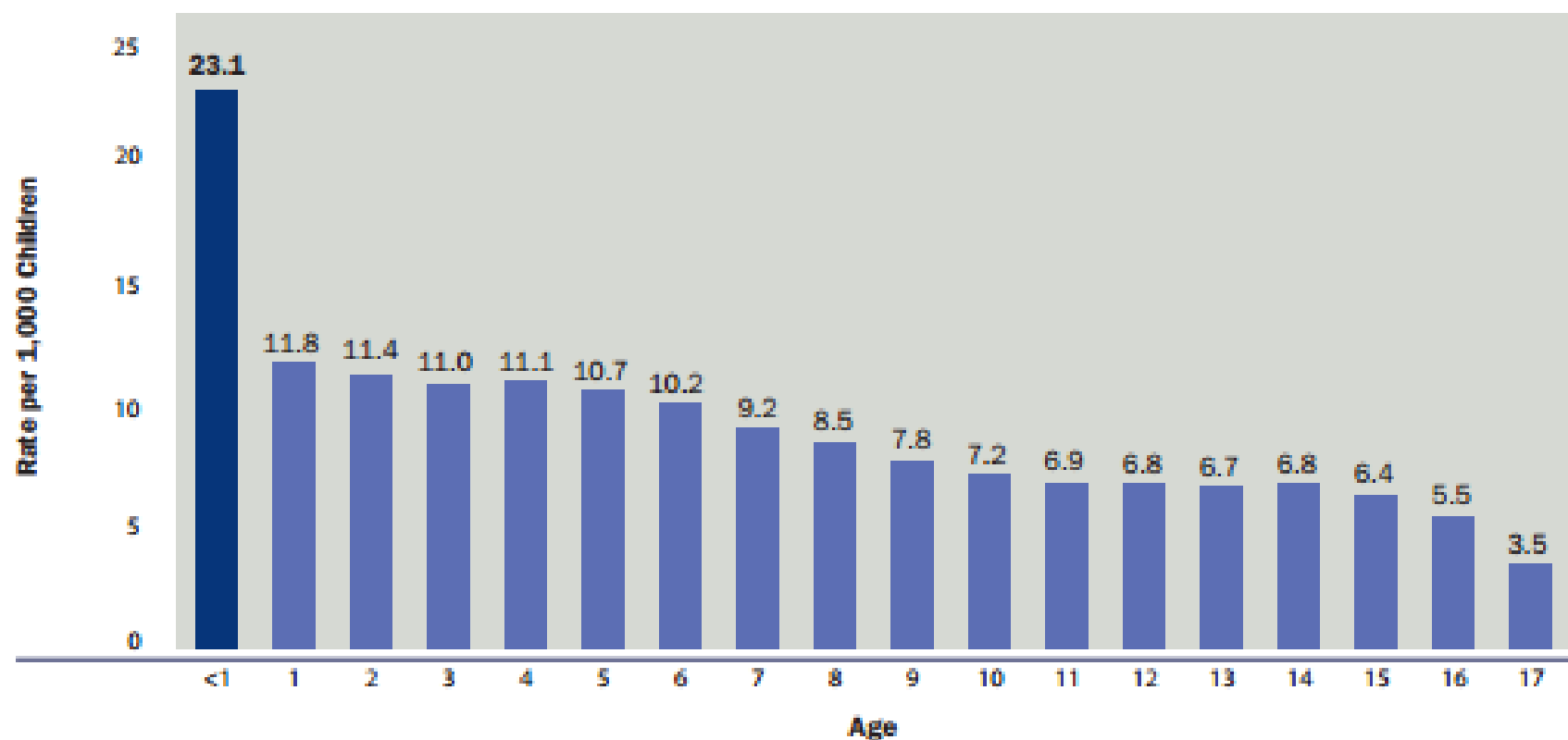
- Physical
- Sexual
- Emotional
- Neglect

Exhibit 3–F Maltreatment Types of Victims, 2009–2013



Based on data from [table 3–9](#).

Exhibit 3–E Victims by Age, 2013



Based on data from [table 3-5](#).

Why does it happen?

- Socio-Cultural Theories
- Biological Theories
- Psychological theories
 - Attachment Explanation
 - Cognitive Behavioral
 - Social Learning
 - Psychopathological explanation
- Ecological Theories
 - Individual
 - Microsystem
 - Mesosystem
 - Exosystem
 - Macrosystem
 - Chronosystem

Signs and Indicators

- Knowledge of reasonable suspicion is needed for making a report
 - First hand observation
 - The child condition
 - What the child says
 - What parent/caregiver says
 - Prior report
- Observe and make written notes as soon as you begin to have concerns

PHYSICAL ABUSE

- Hitting, shaking, throwing, kicking, beating, punching, burning, cutting, biting, restraining, choking, etc.

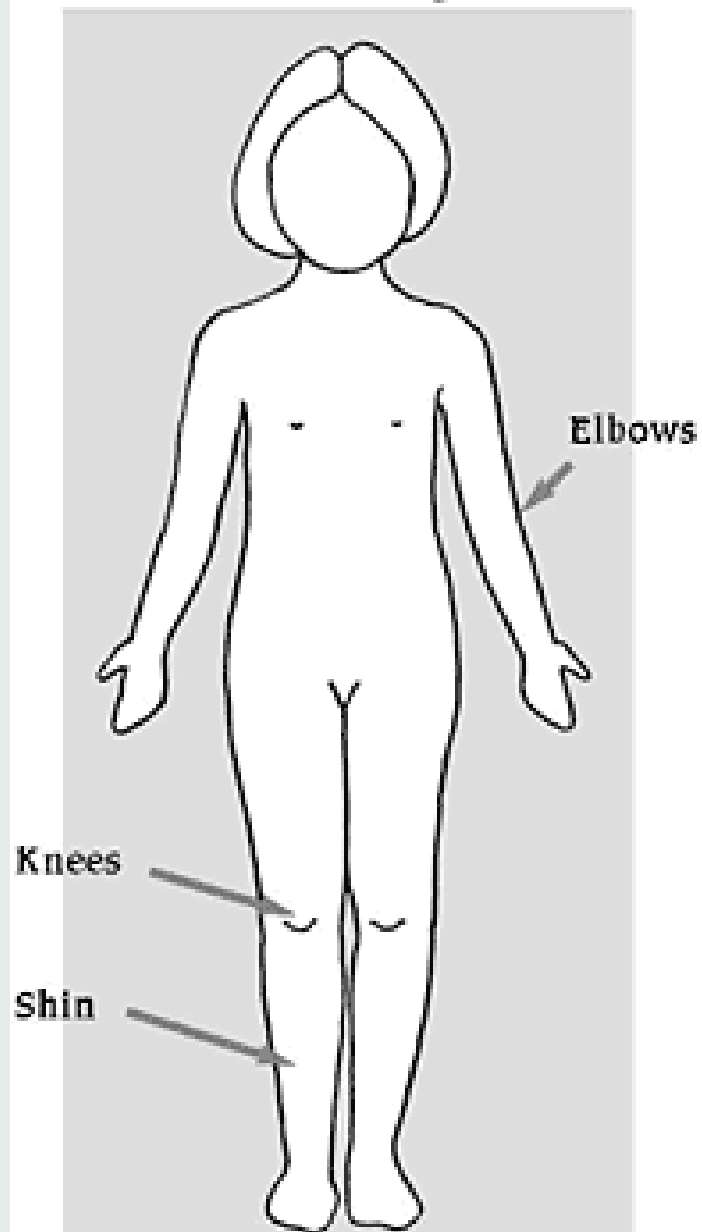
Physical Abuse

- Not usually identified on the basis of single injury, but a **combination** of factors, over time
- Bruises, lacerations, object shaped marks, bite marks, fractures, burns, scalds
- Soft parts of the body (face, lips, mouth, torso, back, back of thighs, buttocks)
- Repeated accidents or incidents that are bizarre or vaguely described (e.g. black eye human bite mark or hand marks, cigarette burns, lash marks.)

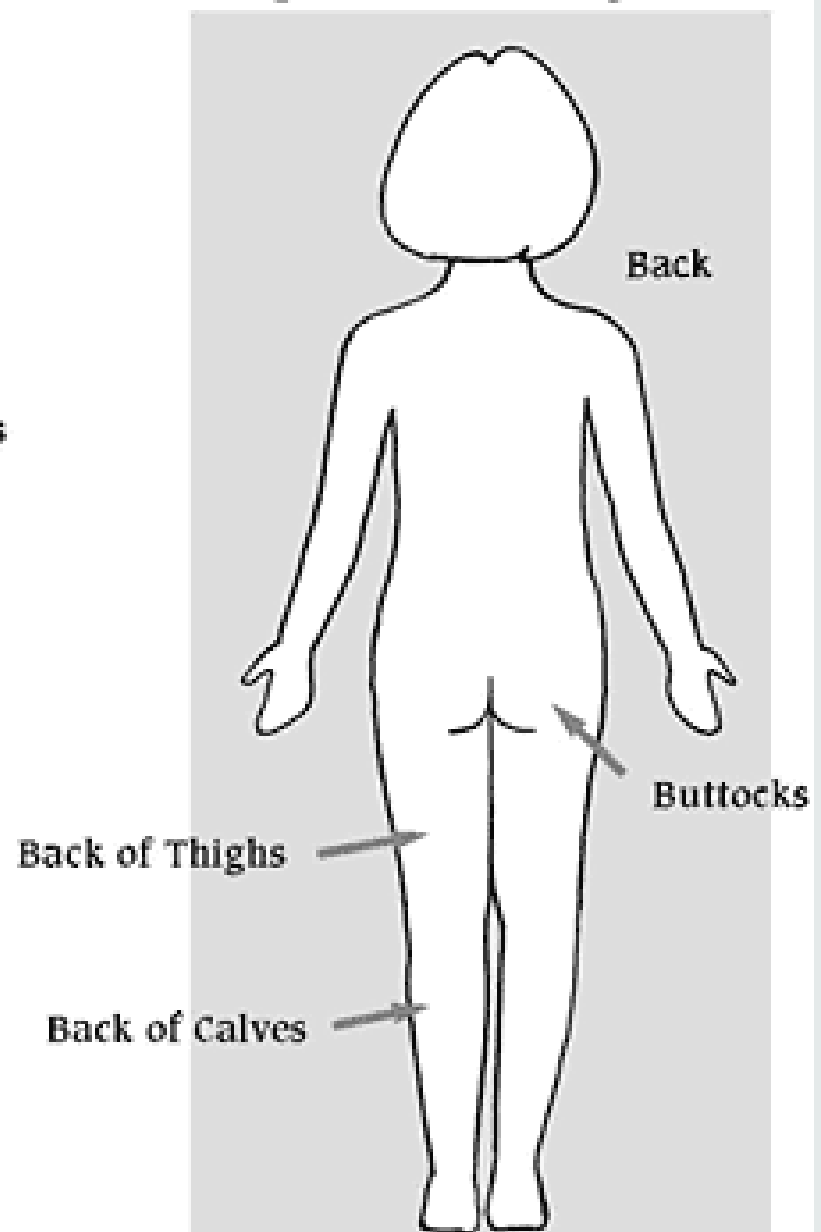
Physical Abuse

- Explanation of an injury that varies between people over time.
- Excessive layers which could be hiding injury & reluctance to remove clothing for normal physical activity,
- Being wary of adults, apprehensive crying, frightened of parents , afraid to go home, reporting being hurt by parents.
- Consider child level of development
- Bruises to child skin wit clear regular patterns sometime repeated (red or purple = 1-5 days: green=5-7 yellow=7-10 brown 10-14)

Normal Bruising Areas



Suspicious Bruising Areas



Predisposition

Adult

- Violence
- Poverty
- Parental history of abuse
- Social isolated
- Low self esteem
- Less adequate parental functioning
- Many parents who abuse their children were themselves victims of child abuse

Predisposition

Child

- # of children
- Child's temperament
- Position in the family
- Physical needs if ill or disabled
- Activity level or degree of sensitivity to parental needs

Notice:

- Bumps and bruises do not necessarily mean a child is being physically abused – all children have accidents, trips and falls.
- Look for unusual injuries.

Physical Symptoms

- **BRUISES:**
- commonly on the **head** but also on the **ear** or **neck** or soft areas - the **abdomen**, **back** and **buttocks**
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- **clusters of bruises** on the **upper arm**, outside of the thigh or on the body
- bruises with **dots** of **blood** under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a **hand** or **object**.

Physical Symptoms

- BURNS OR SCALDS:
- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

Physical Symptoms

- **BITE MARKS**

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

Physical Symptoms

- **FRACTURES & BROKEN BONES**
- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

Physical Symptoms

- OTHER INJURIES & HEALTH PROBLEMS
- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning









Things you may notice

withdrawn suddenly behaves differently anxious clingy
depressed aggressive problems sleeping eating disorders
wets the bed soils clothes takes risks misses school
changes in eating habits obsessive behaviour nightmares
drugs alcohol self-harm thoughts about suicide

Signs a baby or infant may have a head injury

- There may be visible signs of an impact such as swelling, bruising or fractures.
- Signs of head injuries include:
 - being comatose
 - respiratory problems
 - Seizures; vomiting
 - unusual responses – irritable, poor feeding, lethargic, unresponsive.
- Not all head injuries are caused by abuse. Sometimes there are other reasons a child may have these symptoms.







Abusive Head Trauma Shaken Baby Syndrome



Effects of shaking a baby

- If a baby is shaken or thrown, they may suffer non-accidental head injuries. Shaking a baby can cause fractures, internal injuries, long-term disabilities and even death.
- The most serious consequence of a non-accidental head injury (NAHI) is a brain injury which can lead to:
 - learning problems; seizures; hearing and speech impairment
 - visual impairment or blindness
 - behavior problems or changes in personality
 - severe brain damage
 - long-term disability
 - death.
- Babies may suffer other injuries from the abuse such as broken bones or fractures.

Risk Factors of Physical Abuse

- No support from parents; social isolation
- Domestic violence
- No parenting skills
- Chronic illness
- Substance abuse
- Mental illness
- Special needs child

Cultural Practices Mistaken for Child Abuse



Coining

Coining is a technique used in treating many illnesses since ancient times. It is a form of dermabrasion therapy still widely practiced in China and South East Asia.

This ancient treatment method is employed to rid the body of “heatiness” or “negative energies”

Cupping



Cupping therapy is an ancient form of alternative medicine in which a local suction is created on the skin; practitioners believe this mobilizes blood flow in order to promote healing.

Mongolian Spots



Mongolian spots are very common in any part of the body of dark-skinned babies. They are flat, gray-blue in color (almost looking like a bruise), and can be small or large. They are caused by some pigment that didn't make it to the top layer when baby's skin was being formed.

SEXUAL ABUSE

Sexual abuse definition

- Unwanted sexual activity between a child and an adult or older child (5 or more years older) including fondling breasts, fondling genitals, masturbation, oral sex, vaginal or anal penetration by penis, finger, or other object, voyeurism, exhibitionism or involving the child in pornography.

SEXUAL PENETRATION

SEXUAL MOLESTATION

SEXUAL EXPLOITATION

SIGNS TO LOOK FOR...

- An injury to or an itching of the genital area, difficulty walking or sitting
- Bloodstained underwear
- The child reports
- Bizarre or sophisticated sexual knowledge or behaviors
- Seductive interest, or fearful avoidance of close contact with others
- Showing affection in inappropriate ways for age and maturity

SIGNS TO LOOK FOR...(cont.)

- STIs
- Sleeping problems, nightmares, bed-wetting, soiling
- Fear of going home, running away
- Self harm, attempted suicide
- Pregnancy
- Often offender is known
- Grooming
- Gift or money

SEXUALY TRANSMITTED INFECTIONS

- Gonorrhea
- Syphilis
- Human Immunodeficiency Virus (HIV)
- Chlamydia
- Genital herpes

The Long-Term Effects of Childhood Sexual Abuse

- Depression
- Flashbacks
- Rape Trauma
- Post-Traumatic Stress Disorder
- Pregnancy
- Sexually Transmitted Infections (STIs)
- Suicide
- Body Memories

EMOTIONAL ABUSE

Emotional (Psychological) Abuse

- Ignoring, rejecting, isolating, terrorizing, corrupting, verbally assaulting, overpressuring





I hate you

hahahah Ugly

Go die

shut up!

leave!

loser

no one likes
you

fat

anorexic

dumb

you're
not
good
enough

idiot

Emotional Abuse

- Domestic violence/witnessing family violence
- Self-mutilating or self-abuse (head banging pulling own hair)
- Sleeping problems, bedwetting/ soiling, inappropriate for age
- In extremes – very aggressive & noncompliant/ very passive & anxious to please
- Extreme attention seeking or risk-taking behavior

- Difficulty communicating with others/
problems making friends & sustaining
friendships
- Sense of worthlessness about life and self/
unable to value others, lack of trust in others
- Consider timing in relation to other family
events (job loss, chronic illness, new sibling)
- Consider the context in which behavior
occurs, look for patterns, not what the child
says and does

NEGLECT

What is neglect?

- Failure to provided child's basic needs (e.g. failure to provided adequate nutrition, personal hygiene, living environment, supervision, health care)



- Untreated physical problems, appears to be in need of medical attention, glasses or dental work, untreated injury.
- Hygiene issues
- Looks undernourished, usually lethargic, constantly goes to school without food may beg or steal food
- Frequently has injuries that can be attributed to the lack of supervision including being harmed by other people

- Frequently left alone at home unsupervised
- Inadequately dressed for the weather
- Tired / falling asleep
- Stays in school or public places rather than going home
- Severe dirt, disorder, chaos, overcrowding
- self comforting behavior (rocking, sucking)

Poverty or Neglect?

- Only a small portion of low-income parents neglect their children
- Distinguishing neglect from poverty is a major issue. Act accordingly
- Are the families receiving the social services they are eligible for
 - Social security/housing/health related support.
 - Is the situation on the family substantially below acceptable community standards? (not your standards)
 - Is the child at risk of harm

Many types of neglect...

- **MEDICAL**

- No medical treatment for child

- **PHYSICAL**

- Hunger, poor hygiene, bad/worn clothes





Neglect is the MOST
COMMON type of child
abuse in NEVADA and is
the MOST PREVENTABLE!

**Who is required to
report child abuse?**

ANYONE!

Especially if you work or
volunteer with children.

Mandated reporting for child abuse and neglect

- Child care providers are one of many groups of professionals required to report known or reasonable suspicion of abuse and/or neglect of children in their care.
- According to [Nevada Revised Statute 432B.220](#), reports of suspected abuse must be made within 24 hours of becoming aware of such a concern. Note: Child care providers in Washoe County are required to report a suspicion of abuse and/or neglect within one hour of becoming aware of such a concern.

Reasonable Cause to Believe (NRS 432B.121)

- NRS 432B.121 Definition of when person has reasonable cause to believe and when person acts as soon as reasonably practicable. For the purposes of this chapter, a person:
 - 1. Has reasonable cause to believe if, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would believe, under those facts and circumstances, that an act, transaction, event, situation or condition exists, is occurring or has occurred.
 - 2. Acts as soon as reasonably practicable if, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would act within approximately the same period under those facts and circumstances.

Reasonable Cause to Believe (NRS 432B.121)

- **A mandated reporter** must make a report when they have reasonable cause to suspect that a child is a victim of child abuse under any of these circumstances:
- You have contact with the child where you work or as part of your professional career (even as an independent contractor), or as a volunteer in a regularly scheduled program, activity or service (e.g. Boy/Girl Scout Leader, youth sports coach, Sunday School teacher)
- You are directly responsible for the care, supervision, guidance or training of the child or you are affiliated with an organization or institution that is directly responsible for the care, supervision, guidance or training of a child. (For example, a supervisor may not be “directly” providing the care or supervision of children, but instead supervises employees or volunteers who are the people responsible for the direct care, etc.)
- Someone has specifically told you about an identifiable child who is suspected to be a victim of child abuse. You may learn this information outside your official employment or volunteer duties.
- An individual 14 years of age or older specifically told you that the individual has committed child abuse.

Mandated reporting for child abuse and neglect

- Reports can be made to any one of the agencies listed below:
- Child Protective Services: 1-800-992-5757
- Police
- Child Care Licensing*
- Any other Child Welfare agency
- **** Child Care Licensing is not a substitute for reporting to CPS or law enforcement. Facilities should notify their surveyor of suspected abuse and/or neglect, in addition to, CPS or law enforcement.***

When you report...

- You may remain anonymous; mandated reports must give contact information
- Information provided will remain confidential
- You may be called for more information

Call the Hotline ASAP:

- **Call within 24
hours of suspected
child abuse**

When to call Law Enforcement

- When abuser is a relative or care provider that does not live with child
- When a situation takes place outside the home (e.g. daycare, school sports activity).

Penalty with Not Reporting

- Possibly guilty of a misdemeanor NRS 432B.240.
- There is NO penalty if you report in good faith.
- Because child care providers are considered mandated reporters for suspicion of child abuse and neglect, failure to report could result in a misdemeanor charge.

Why is it important to report?

- When a child is being abused it does not go away and often become more serious over time
- Reporting could stop the abuse or neglect and could prompt provisions to help the child/children and family
- Maltreated children don't always suffer serious and enduring harm, but in many cases they do
- You might be the only person that could help them

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2009–2013

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2009	51	73,234,095	1,685	2.30	75,512,062	1,740
2010	52	75,016,501	1,563	2.08	75,016,501	1,560
2011	51	73,364,309	1,547	2.11	74,771,549	1,580
2012	50	72,885,656	1,598	2.19	74,549,919	1,630
2013	50	72,744,718	1,484	2.04	74,399,940	1,520

Data are from the Child File and Agency File or the SDC. National fatality rates per 100,000 children were calculated by dividing the number of child fatalities by the population of reporting states and multiplying by 100,000.

If fewer than 52 states reported data, the national estimate of child fatalities was calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate was rounded to the nearest 10. If 52 states reported data, the national estimate of child fatalities was calculated by taking the number of reported child fatalities and rounding to the nearest 10. Because of the rounding rule, the national estimate could have fewer fatalities than the actual reported number of fatalities.

Exhibit 4–D Maltreatment Types of Child Fatalities, 2013

Maltreatment Type	Child Fatalities	Maltreatment Types	
		Number	Percent
Medical Neglect		105	8.6
Neglect		869	71.4
Other		282	23.2
Physical Abuse		569	46.8
Psychological Abuse		22	1.8
Sexual Abuse		12	1.0
Unknown		1	0.1
National	1,217	1,860	152.8

Based on data from 45 states. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states.

When do I report?

- When you know of the maltreatment of **reasonably suspect** it, and it involves significant harm or the risk of it.
- Your job is not to investigate but to report
- **Reasonable suspicion** can be based on:
 - First hand observation
 - Child's condition/ injury/ statement / behavior
 - What parent/ caregiver says
 - Prior report
 - Observe and make written notes as soon as you begin to have concerns – be factual
- Remember you are not expected to be perfect

BEFORE YOU CALL

- Write all the information about the incident.
- What did the child tell you?
- What did you observe?

What to expect when reporting...

When making a report, you will be asked for specific information about the child. Collect as much of this information as possible before calling:

- Name, child, address, age and sex of the child
- Name and address of parents or other person responsible for care
- Nature and extent of the abuse or neglect of the child
- Evidence of any previously known or suspected abuse
- The name, address and relationship, if known, of the person suspected of the abuse
- By law, all reports are kept anonymous (your name will not be released).

WHAT TO REPORT

- **WHO**

- Describe everyone involved

- **WHAT**

- What happened?
 - What did you observe?
 - What are the facts vs. the opinions?

WHAT TO REPORT

- **WHEN**

- When did the incident occur?

- **WHERE**

- Where did the incident occur?
 - Provide address, physical location of abuse

WHAT TO REPORT

- **HOW**

- How was the victim harmed?

- **HISTORY**

- Were there previous incidents?

PRIORITY RESPONSE TIME

- PRIORITY 1 - within 3 hours
 - Danger is still present
- PRIORITY 2 – within 24 hours
 - Impending danger is present
- PRIORITY 3 – within 72 hours
 - No immediate safety threat to child

Contact with the family

- Treat the family with respect even after the call
- Be sensitive to the child
- Do not criticize the parents
- Remain professional and objective

If you SUSPECT any
type of child abuse, call
the INTAKE HOTLINE:

(702) 399-0081

Course Complete