

RECOGNIZING AND REPORTING CHILD ABUSE

1. Indicators of Neglect:

- a. Neglect is not an area easily defined. The type generally seen in the medical community displays itself in unattended physical problems or medical needs that are deemed to be eventually life-threatening.
- b. In considering the possibility of neglect, the following factors must be involved:
 - In a given community or sub-population, do all the children display these indicators, or only a few?
 - Do the indicators occur rarely, frequently or are they chronic?
 - Is this culturally acceptable child-rearing or a different lifestyle? Is true neglect involved?
- c. The following are physical indicators of neglect:
 - Malnutrition, dehydration, constant hunger
 - Poor hygiene – extremely dirty, unkempt, no evidence of bathing) i.e., dirty hair or face, persistent body odor) – infants with severe diaper rash or other persistent skin disorders, consistent with poor hygiene
 - Inappropriate clothing for weather or season (exposure symptoms, pneumonia, frostbite, severe sunburn, etc.)
 - Consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
 - Left in the care of another child too young to provide adequate supervision/care
 - Constant fatigue or listlessness
 - Unattended physical problems or medical needs, such as untreated or infected wounds, dental carries, etc.
 - Abandonment
 - Failure to follow physician's instructions
 - Inadequate, unsafe, or unsanitary living conditions or shelter
- d. The following are behavioral indicators of neglect:
 - Appears to be ignored or pushed aside when attempting to speak with care provider
 - Appears fearful of telling care provider about minor misdeeds
 - Begging or stealing food
 - Engages in role reversal with care provider
 - Evidence of severe developmental lags or arrested development – without physical causative factors
 - Constantly falling asleep in class
 - Rare attendance at school
 - Coming to school very early and leaving very late
 - Extremes in behavior, ranging from unusually aggressive to exceedingly passive
 - Appears detached from parents
 - Appears unusually affectionate or “clingy” to parents
 - Bed-wetting, thumb sucking, excessive and frequent whining
 - Exceptionally disruptive
 - Abuses alcohol or drugs

- Stating that there is no one to care for or look after him/her

2. **Indicators of Physical Abuse:**

- a. Unexplained bruises and /or welts:
 - On face, lips, mouth
 - In various stages of healing (bruises of different colors; old and new scars together)
 - On large areas of the torso, back, buttocks or thighs
 - In clusters, forming regular pattern or reflective of the article used to inflict them (electric cord, belt buckle, etc.)
- b. Unexplained burns
 - Cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back or buttocks
 - Rope burn on the arms, legs, neck or torso
- c. Unexplained fractures:
 - To the skull, nose or facial structure
 - In various stages of healing (indicating they have occurred at different times)
 - Spiral fractures
 - Swollen or tender limbs
 - Any fracture in a child under the age of two (2)
- d. Unexplained lacerations and abrasions:
 - To the mouth, lips, gums or eyes

3. **Indicators of Sexual Abuse:**

- a. 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.
- b. These acts, when committed by a person not considered an adult, under the age of eighteen (18), who are either significantly older than the victim or in a position of power or control over another child, may be considered sexual abuse.
- c. Sexual abuse is not often identified through physical indicators alone. There are both physical and behavioral signs to which to be alert.
- d. The following are physical indicators of sexual abuse:
 - Difficulty walking or sitting
 - Torn, stained or bloody clothing
 - Complaints of pain or itching in the genital area
 - Bruises or bleeding from external genitalia (vagina or anus)
 - Venereal disease, particularly in a child under thirteen (13) years
 - Pregnancy, especially in early adolescence
- e. The following are behavioral indicators of sexual abuse:
 - Appears withdrawn, engages in fantasy or infantile behavior; may even appear retarded
 - Has poor peer relationships
 - Unwilling to change for gym classes or participate in physical activities
 - Engages in delinquent acts or becomes a runaway
 - Displays bizarre, sophisticated or unusual sexual knowledge or behavior

- f. A child that has been abused may display:
- A poor self-image
 - Inability to trust, show affection or love others
 - Sexual acting out
 - Aggressive, disruptive and/or illegal behavior
 - Various ranges of anger and/or rage
 - Self-destructive or self-abusive behavior

 - Symptoms of depression or sadness

4. **Indicators of Abusive Parents:**

- a. There is no one kind of abusive parent and such parents are found among all socioeconomic groups. Before child abuse is ruled out, it should be remembered that there is a common pattern of parent-child relationships usually associated with child abuse. These factors include:
- The parent who was emotionally or physically abused as a child
 - The spouse is absent, cooperative with the abuse or fails to supply emotional support for the marital partner
 - The parents feel isolated, with no one to turn to in time of need
 - The parent unrealistically expects the child to gratify his own dependent needs. The child is seen as different from other children
 - Some form of crisis, real or imagined, exists that sets the abusive act in motion
 - Presence of family breakdown

5. **When Talking to the Child:**

DO:

- **Conduct the interview in private.**
- **Sit next to the child, not across a table or desk.**
- **Tell the child that the interview is confidential.**
- **Conduct the interview in language the child understands.**
- **Ask the child to clarify words/terms which are not understood.**

DO NOT:

- **Allow the child to feel “in trouble” or at fault.**
- **Disparage or criticize the child’s choice of words or language.**
- **Suggest answers or relate your thoughts to the child.**
- **Probe or press for answers the child is unwilling to give.**
- **Display horror, shock or disapproval of parents, child or situation.**
- **Force the child to remove clothing.**
- **Conduct the interview with a group of interviewers.**

6. **When Interviewing the Parents:**

DO:

- **Conduct the interview in private.**
- **Be direct, honest and professional.**
- **Be understanding.**
- **Be attentive.**
- **Inform them that you must make a referral to Child Protective Services and explain the process.**

DO NOT:

- **Try to “prove” abuse or neglect by accusations or demands.**
- **Display horror, anger or disapproval of parents, child or situation.**
- **Place blame or make judgment about parents, child or situation.**

7. Legal Liability:

- a. Persons mandated to report – child care custodians, medical practitioners and non-medical practitioners are protected from civil and criminal liability. This means that these persons may not be prosecuted or held personally liable, even if subsequent investigation determines that the reported abuse did not occur.
- b. Immunity from liability also extends to the taking of photographs and x-rays and dissemination of these photographs with the required reports.

8. Criminal Liability:

- a. It is a crime to fail to report suspected abuse of children to the appropriate authorities
- b. A person mandated to report who fails to report an instance of child abuse, which he/she knows to exist or reasonably should know to exist, is guilty of a misdemeanor and is punishable by confinement in the county jail and a fine.

9. Civil Liability:

- a. Failure to report suspected child abuse could also result in civil liability.
- b. Healthcare professionals are not liable for either civil damages or criminal prosecution as a result of making such a report, unless it is proven that they made a false report with malice.

10. Reporting Child Abuse and /or Neglect:

- a. The law specifies that all licensed nurses, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, residents, interns and any other person currently licensed under the Texas Occupations Code must report suspected child abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment. (None of the above-mentioned licensed personnel will incur any civil or criminal liability as a result of making this report.)
 - **Child neglect** includes failure to protect a child from severe malnutrition, threat of physical injury or medically-diagnosed non-organic failure to thrive.
 - **Child abuse** should be reported if an observation is made that a minor has had physical injury or injuries which appear to have been inflicted upon him/her by other than accidental means by any person, or where the minor has been sexually molested or has contracted an STD.
- b. Documentation:

- Complete appropriate documentation as provided by CPS Caseworker.