



Mandated Reporting of Suspected Child Maltreatment

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Disclosure

This presenter has nothing to disclose.

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earner Objectives:

Understand professional responsibilities of being a mandated reporter

Recognize signs and symptoms of abuse and neglect

Describe the process of reporting suspected child abuse/neglect (CA/N)

Headlines, November 2011:

“Penn State scandal spotlights debate over who must report abuse” <http://www.chicagotribune.com/news/local/ct-met-mandated-reporters-20111111,0,388706.story>

“Push to Toughen Abuse Law”
http://online.wsj.com/article/SB10001424052970204190504577036513196362348.html?mod=googlenews_wsj

“Mother of Tyler Dasher booked in county jail”
<http://www.ksdk.com/news/local/story.aspx?storyid=285959>

“Woman charged with child’s murder”
<http://www.ksdk.com/news/local/story.aspx?storyid=285930>

outline

Why don't we report?

- ❑ Barriers to professional reporting of CA/N

So I'm a mandated reporter...What does this mean?

What are potential signs of CA/N?

- ❑ How does CA/N impact development?
- ❑ How will this change my service delivery?

How do I report suspected cases of CA/N?

- ❑ What community resources are available?

What about elder abuse?

- ❑ Application of these concepts to the geriatric

Child Abuse Prevention and Treatment Act (CAPTA) Definition:

"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"

Child Welfare Information Gateway (2007a)

State-specific definitions at:

http://www.childwelfare.gov/systemwide/laws_policies/state/

Common Features of Definitions

Physical Abuse

- ❑ “Physical abuse is generally defined as “any non-accidental physical injury to the child” and can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.”

Neglect

- ❑ “Neglect is frequently defined in terms of deprivation of adequate food, clothing, shelter, medical care, or supervision.”

Psychological maltreatment:

- ❑ “All States and territories except Georgia and Washington include emotional maltreatment as part of their definitions of abuse or neglect.”

Sexual Abuse/Exploitation

- ❑ "The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or
- ❑ The rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or

Parental Substance Abuse:

- “Circumstances that are considered abuse or neglect in some states include:
 - Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
 - Manufacture of a controlled substance in the presence of a child or on the premises occupied by a child
 - Allowing a child to be present where the chemicals or equipment for the manufacture of controlled substances are used or stored
 - Selling, distributing, or giving drugs or alcohol to a child
 - Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child”

Abandonment:

- “... it is considered abandonment of the child when the parent's identity or whereabouts are unknown, the child has been left by the parent in circumstances in which the child suffers serious harm, or the parent has failed to maintain contact with the child or to provide reasonable support for a specified period of time.”



Who are we talking about?

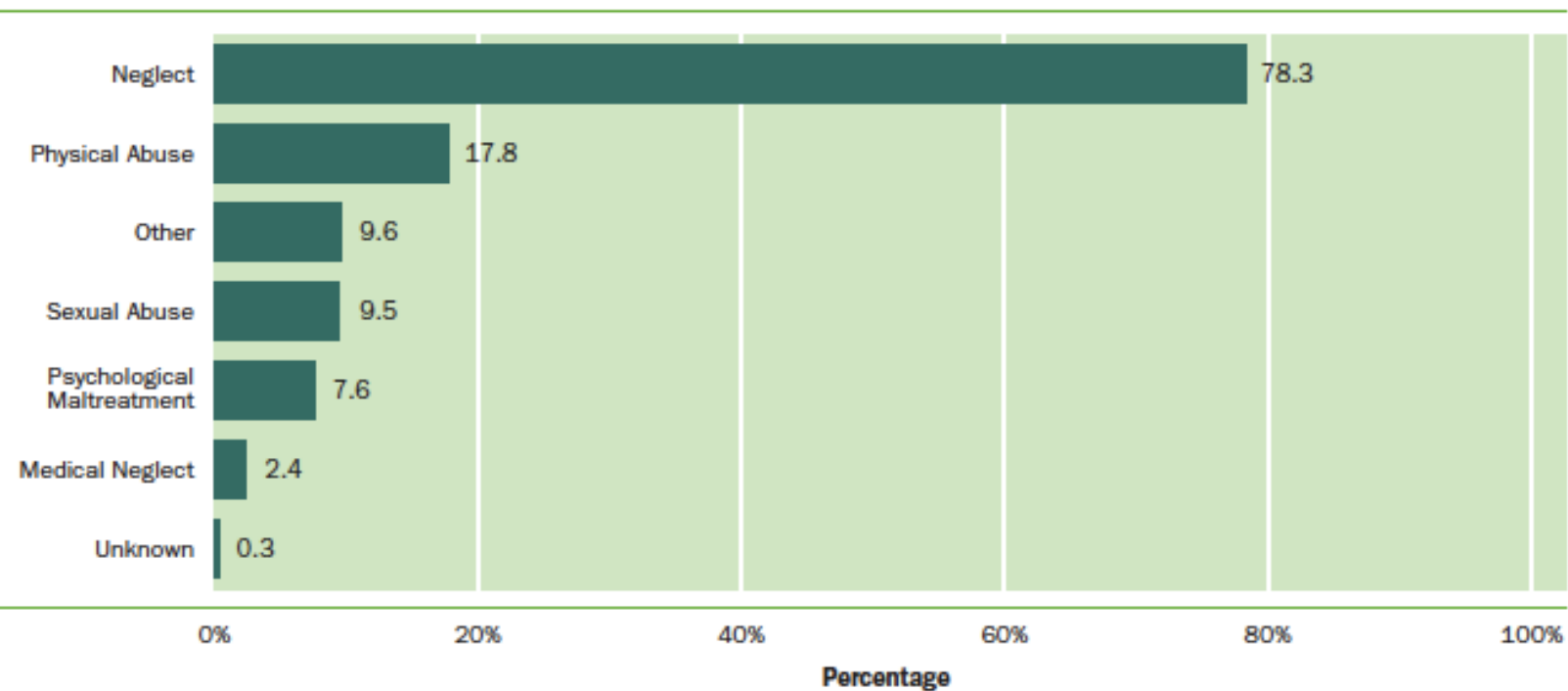
Child Maltreatment Report, 2009:

http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

702,000 unique victims nationally

Who are we talking about?

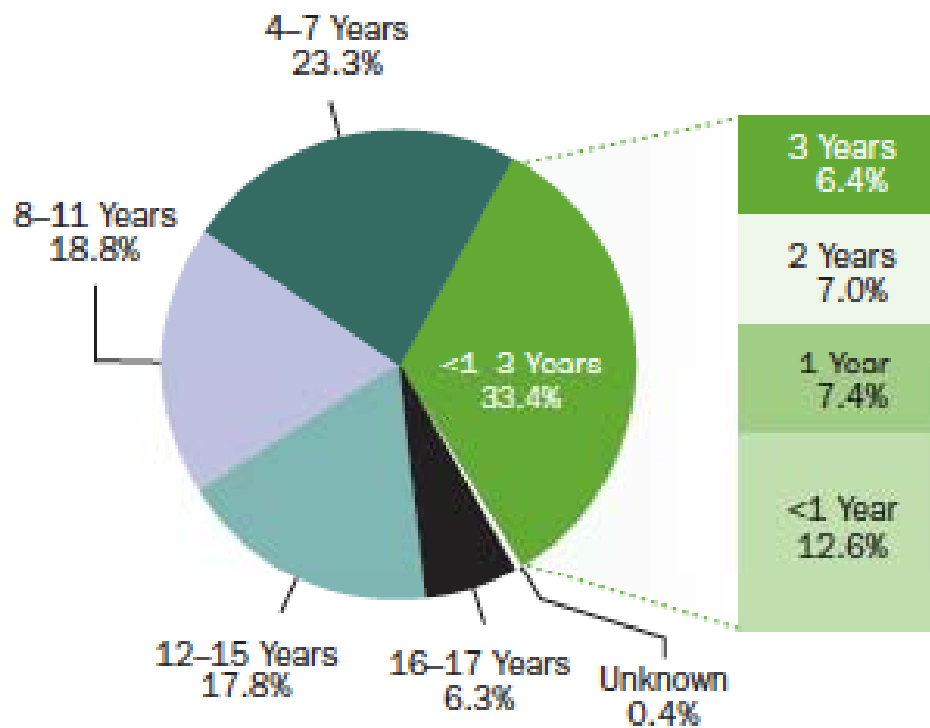
Figure 3-4 Reported Maltreatment Types of Victims, 2009 (unique count)



on data from [table 3-13](#).

Who are we talking about?

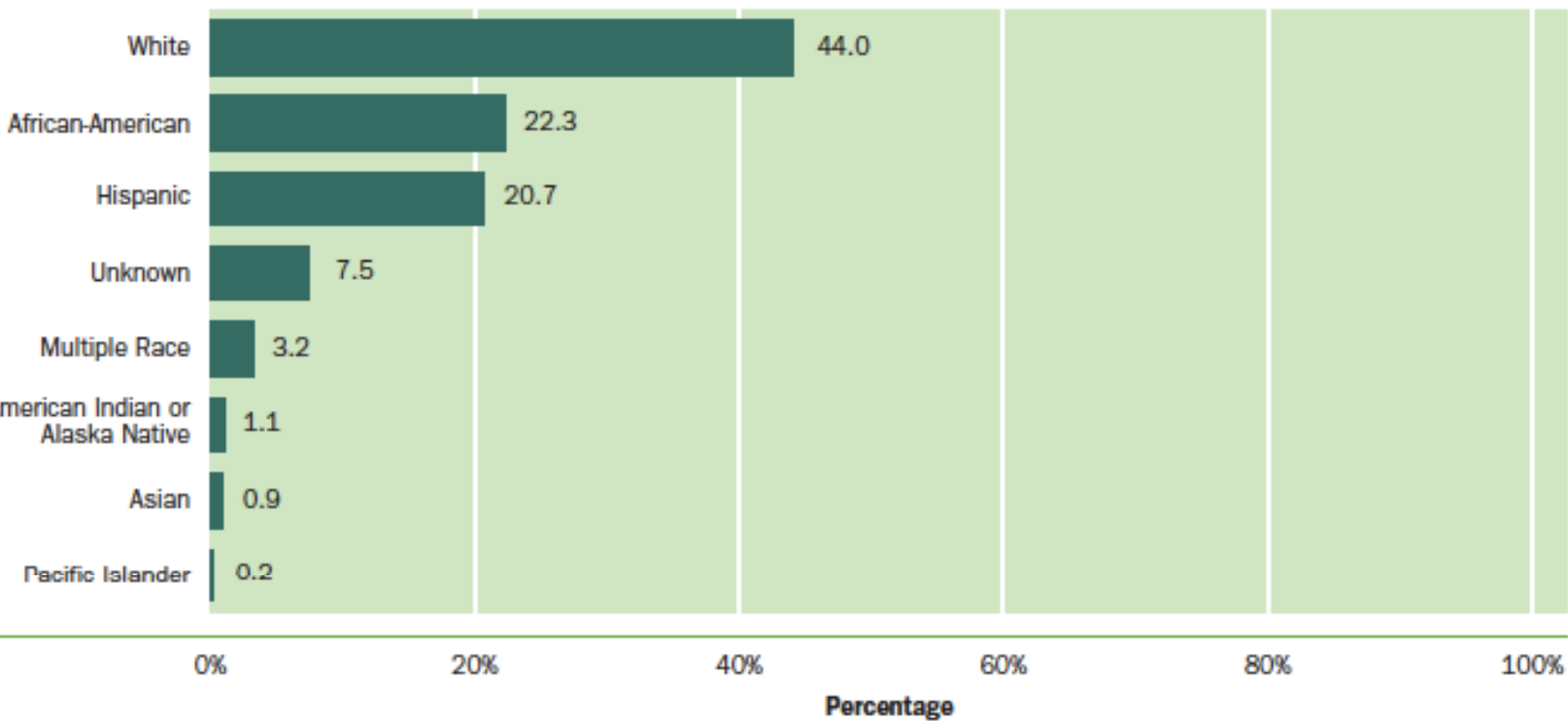
Figure 3-2 Victims by Age, 2009 (unique count)



Based on data from table 3-10.

Who are we talking about?

Figure 3-3 Victims by Race and Ethnicity, 2009 (unique count)



on data from [table 3-12](#).

Potential barriers to reporting of CA/N

1: I don't believe CA/N is a common or sufficiently important problem to warrant my attention.

2: I don't know how to recognize the signs and symptoms of CA/N.

3: I don't know how to report CA/N.

4: I don't think my report will do any good.

Barrier 1: “it’s not a real problem”

- **In 2009, 1,770 children died of abuse**
(Child Maltreatment Report, 2009)
 - **80.8% of those children died by age 4 years**
 - **Children less than one year have the highest rate of victimization**
- **CA/N is experienced by 9% of children without disabilities vs. 31% of children with disabilities**
(Sullivan & Knutson, 2000).

Barrier 2: “signs and symptoms”

- Shows sudden changes in behavior, or school performance
- Has not received help for physical, or medical problems brought to the parents' attention
- Is always watchful, as though preparing for something bad to happen
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

(Child Welfare Information Gateway, 2007b)

□ Impact of CA/N greatest among the very young:

- Lower social competence
- Show less empathy
- Have difficulty recognizing the emotions of others
- More likely to be insecurely attached to their parents
- Demonstrate deficits in IQ scores, language abilities and school performance

(Melmed, 2004)

- Shaken baby syndrome...consequences may include bleeding in the eyes or brain, injury of the spinal cord and neck, rib/bone fracture, and death.**

School-aged children

■ Poor physical health

- chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity

■ Social difficulties

- insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life

■ Cognitive dysfunctions

- deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance

■ Behavioral problems

- aggression, juvenile delinquency, adult criminality, abusive or violent behavior

Barrier 3: “reporting procedures”

- In 2009, education, legal/law enforcement, social services, and medical personnel accounted for 52.5% of all reports.**

(Child Maltreatment Report, 2009)

- While protocols have been established to guide educator’s reporting of CA/N, most (87%) educators submit reports to school officials vs. Child Protective Services (CPS), with less than 30% of suspected cases subsequently shared with CPS.**

(Crosson-Tower, 2003)

Barrier 4: “impact of report”

In the majority of cases, maltreatment does not increase as a result of reporting and in less than 3% of reported cases result in children being removed from the home (Alvarex, et al, 2004)

- Most (76%) educators do not think that their administrators will support them if they made a CA/N report (Kenny, 2004).**
- All states provide immunity to those professionals who report CA/N in good faith (Alvarex, et al, 2004).**

Concerns remain, however:

- Insufficient CPS data collection and training concerning the documentation, recognition and response to CA/N as experienced by children with disabilities**

(Alvarex et al, 2004; Horner-Johnson, & Drum, 2006; Kendall-Tackett, Lyon, Tallaferro, & Little, 2005)

- In relation to instances of sexual abuse, educational systems frequently disbelieve victims, and fail to effectively deal with perpetrators.**

So I'm a mandated reporter...What does this mean?

Mandated reporters - designated professions, generally with frequent contact with children, whose members are mandated by law to report child maltreatment

Legal obligation to report if individual *suspects or has reasons to believe* that a child has been abused or neglected

/hy?

Every state legally mandates that a wide range of professionals report suspected child abuse and neglect. (Crosson-Tower, 2003)

State-by-state presentation of the law can be found at...

The screenshot shows the Child Welfare Information Gateway website. The header includes the logo and navigation links. The main content area is titled "State Statutes" and contains a welcome message and instructions for using the searchable database. A sidebar on the left lists various topics, with "Systemwide" selected. Below the instructions, there is a "Select All" checkbox and a dropdown menu showing a list of states: Alabama, Alaska, American Samoa, Arizona, and Arkansas.

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Home > Systemwide > Laws & Policies > State Statutes

State Statutes

Welcome to the State Statutes searchable online database. The 30+ titles in the series are organized under the categories of Child Abuse and Neglect, Child Welfare and Adoption. You can find information two ways:

- **Click on a title.** Clicking directly on any of the titles below will take you to a brief description of the topic and will also provide access to a PDF of statutes on that topic for all the States and territories.
- OR
- **Search the database.** To access the statutes for a specific State, select a State from the dropdown box, check the box for a title from the list, and click "Go" at the bottom of the page. You can select more than one State per search OR more than one title per search.

Search State statutes for issues related to child abuse and neglect, child welfare, and adoption. Results will provide summaries of State statutes (and full text of laws, in some cases).

1. Select a State(s) (required)
To select more than one State, hold down the Control button on your keyboard.

Select All

Alabama
Alaska
American Samoa
Arizona
Arkansas

2. Select a Topic(s) (required)

http://www.childwelfare.gov/systemwide/laws_policies/state/

MO: Professionals Required to Report

Citation: Rev. Stat. §§ 210.115; 352.400; 568.110

Physicians, medical examiners, coroners, dentists, chiropractors, optometrists, podiatrists, residents, interns, nurses, hospital and clinic personnel, or other health practitioners

Daycare center workers or other child care workers, teachers, principals, or other school officials

Psychologists, mental health professionals, or social workers

Ministers including clergypersons, priests, rabbis, Christian Science practitioners, or other persons serving in a similar capacity for any religious organization

Juvenile officers, probation or parole officers, peace officers, law enforcement officials, or jail or detention center personnel

Other persons with responsibility for the care of children

Commercial film and photographic print processors; computer providers, installers, or repair persons; or Internet service providers

What are potential signs of CA/N?

Fact Sheet: Recognizing child abuse and neglect: Signs and Symptoms.

<http://www.childwelfare.gov/pubs/factsheets/signs.cfm>

Child Welfare Information Gateway (2007b)

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child**:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child

Signs of Neglect

- Consider the possibility of neglect when the **child**:
 - Is frequently absent from school
 - Beggars or steals food or money
 - Lacks needed medical or dental care, immunizations, or glasses
 - Is consistently dirty and has severe body odor
 - Lacks sufficient clothing for the weather
 - Abuses alcohol or other drugs
 - States that there is no one at home to provide care

- Consider the possibility of neglect when the **parent or other adult caregiver**:
 - Appears to be indifferent to the child
 - Seems apathetic or depressed
 - Behaves irrationally or in a bizarre manner

Signs of Psychological Maltreatment

Consider the possibility of psychological maltreatment when the **child**:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of psychological maltreatment when the **parent or other adult caregiver**:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated

Take Action – Observe and Respond

Observe the child...

- Shows sudden changes in behavior, or school performance
- Has not received help for physical, or medical problems brought to the parents' attention
- Is always watchful, as though preparing for something bad to happen
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

Observe the parent...

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

Observe Parent/Child Interactions:

- **Rarely touch or look at each other**
- **Consider their relationship entirely negative**
- **State that they do not like each other**

(Child Welfare Information Gateway, 2007b)

There is insufficient data concerning the patterns of parent/child interactions with a child who is D/hh to further inform our observations of possible maltreatment.

How does CA/N impact development and service delivery?

Implications:

- ❑ Increased risk for population we serve
- ❑ Long term impact:
 - Long-term consequences of child abuse and neglect: fact sheet. http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

(Child Welfare Information Gateway, 2007c)

Ignoring CA/N increase the length and impact of the abuse.

Respond: How do I report a suspected case of CA/N?

**Call the National Childhelp Hotline:
1-800-4-A-CHILD (1.800.422.4453)**

Missouri

☐ Toll-Free: (800) 392-3738

<http://www.dss.mo.gov/cd/rptcan.htm>

Illinois

☐ Toll-Free: (800) 252-2873

<http://www.dss.mo.gov/cd/rptcan.htm>



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Childhelp National Child Abuse Hotline

The Childhelp National Child Abuse Hotline 1-800-4-A-CHILD is dedicated to the prevention of child abuse. Serving the United States, its territories, and Canada, the Hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who, through interpreters, can provide assistance in 170 languages. The Hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. All calls are anonymous and confidential.

The Hotline has received more than 2 million calls since it began in 1982. These calls come from children at risk for abuse, distressed parents seeking crisis intervention and concerned individuals who suspect that child abuse may be occurring. The Hotline is also a valuable resource for those who are mandated by law to report suspected abuse, such as school personnel, medical and mental health professionals and police and fire investigators.



Deaf and Hard of Hearing Children Helpline

1-800-222-4453

The D/HH Helpline is available to individuals who experience any kind of disability, but primarily a hearing loss. It is known that youth who are disabled are 4 times more likely than youth who are not disabled to be physically or sexually abused either by their caregiver or within their own homes by family members. Because of the disability the youth may not have a way to express what is happening to him or her or even know that it is wrong. The helpline is the first effort to reach out to those disabled youth and to individuals who are aware of what might be happening to a disabled youth in their lives—the second phase is to open the ability for a disabled youth to interface with the helpline counselor via texting and chat options.

What community resources are available?



Family Support Network

www.familysupportnetwork.org

7514 Big Bend Blvd.
St. Louis, MO 63119
(314) 644-5055 phone
(314) 644-5057 fax

Mission: to strengthen families in order to prevent child abuse and neglect through family therapy, parent education, resource referral and community based

partnerships.



St. Louis Area Council on Child Abuse and Neglect (CoCAN)

<http://www.stlcocan.org/>

- Mission: to promote advocacy, education and legislative action in order to improve the lives of children at risk of abuse and neglect

St. Louis Crisis Nursery



<http://www.crisisnurserykids.org/>

The Saint Louis Crisis Nursery is committed to the prevention of child abuse and neglect and provides emergency intervention, respite care and support to families in crisis through:

Short-term care for young children in a safe and nurturing environment

Helping families resolve crisis

Offering resources for empowerment, ongoing support and parent education.

Community outreach and awareness

Advocacy for children and families

Discussion:

What about the geriatric population?

Why is this a vulnerable population?

How might the signs of abuse differ?

What are the mandated reporting requirements?

How will this impact your practice?

National Center on Elder Abuse:

http://www.ncea.aoa.gov/ncearoot/Main_Site/Find_Help/State_Resources.aspx

Take Action!

Learn more:

- ❑ Review the resources/links provided in this presentation.
- ❑ Familiarize yourself with the signs of CA/N

Identify Bright Spots:

- ❑ consider yourself or a colleague

Continue this “conversation”

Online Community of Learners – Michigan State University

□ [http://deafed-childabuse-neglect-
col.wiki.educ.msu.edu/](http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/)

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