



Child Abuse & Neglect... Protecting the Innocent



Topics We Will Cover

- Defining Child Abuse and Neglect
- Recognizing Child Abuse and Neglect
- Reporting Responsibilities and Procedures



Forms of Child Abuse

- Physical Abuse
- Sexual Maltreatment
- Sexual Abuse
- Neglect
- Emotional Maltreatment
- Emotional Abuse



Physical Abuse

Physical abuse may be defined as any act that results in non-accidental physical injury of a child. Inflicted physical injury most often represents unreasonably severe corporal punishment. This usually happens when a person is angry and strikes, shakes, or throws the child. Intentional, deliberate assault, such as burning, biting, cutting, poking, twisting limbs, or otherwise, is torturing a child.



Physical Abuse—Physical Indicators

- Unexplained bruises and/or welts on face, lips, mouth, torso, back, buttocks, and thighs; in various stages of healing. Clusters forming regular patterns, indicating repeated contact. Reflecting shape of article used to inflict (cord, belt buckle, etc.) on several different surface areas. Marks regularly appear after absence, weekend, or vacation.
- Unexplained burns such as cigar or cigarette burns, especially on soles, palms, back, buttocks, or genitalia. Immersion burn patterns such as an electric burner, iron, etc. Rope burns on arms, legs, neck, or torso. Infected burns indicating a delay in seeking medical treatment.
- Unexplained fractures such as the skull, nose, or face, in various stages of healing. Spiral or multiple fractures (*A spiral fracture is a bone fracture occurring when torque (a rotating force) is applied along the axis of a bone. Spiral fractures often occur when the body is in motion while one extremity is planted*).
- Unexplained lacerations or abrasions to the mouth, lips, gums, or eyes or to external genitalia.
- Unexplained head injuries such as blood under the scalp or loss of hair. Bloody whites of eyes and loosened or missing teeth.



Physical Abuse—Behavioral Indicators

- Wary of adult contact.
- Apprehensive when others cry.
- Behavioral extremes- aggressiveness or withdrawal.
- Frightened of parents, afraid to go home.
- Chronic ailments, stomachaches, vomiting, headaches.
- Over compliance, consistent irritability.
- Feels deserving of punishment, expects punishment.
- Vacant or frozen stare, listless or detached (infants lie very still).
- Indiscriminately seeks affection, maintains only superficial relationships.
- Poor self-concept.
- Manipulative behavior for attention.
- Parents attempt to hide injuries; child wears excessive layers of clothing.



Sexual Maltreatment

This includes the employment, use, permission, inducement, enticement, or coercion of any child to engage in, or have a child assist any other person to engage in any sexually explicit conduct, rape, molestation, prostitution, or other such forms of sexual exploitation of children; including incest with children. Any sexual activity between an offender and a child when the offender is in a position of power over the child is considered sexual maltreatment.



Sexual Abuse—Physical Indicators

- Difficulty in sitting or walking.
- Torn, stained, or bloody underclothing.
- Pain, swelling, or itching in genital area.
- Bruises or bleeding in external genitalia, vaginal, or anal areas.
- Venereal or sexually transmitted diseases; especially in preteens.
- Pain in urination or defecation.
- Vaginal or penile discharge.
- Unexplained frequent sore throat.

Sexual Abuse—Behavioral Indicators

- Regression (i.e., messing pants, sucking thumb, rocking, and bedwetting).
- Unwilling to change clothes or participate in physical activities.
- Withdrawal, fantasy, or infantile behavior.
- Poor peer relationships (aggressive, passive).
- Sleeping or eating disturbances (sudden or chronic).
- Compulsive masturbation.
- Excessive clinging.
- “Seductive” behavior and lack of sexual or physical boundaries with others.
- Knowledge that is too sophisticated for child’s age (detailed information and language about sex).



Neglect

Neglect includes failing to provide victim with nourishment, clothing, shelter, health care, education, supervision, or contributing to a failure to thrive when able and responsible to do so.



Neglect—Physical Indicators

- Consistent hunger, poor hygiene, or inappropriate dress.
- Consistent lack of supervision; especially in dangerous activities and for long periods of time.
- Unattended physical problems or medical needs.
- Abandonment.
- Underweight, poor growth pattern, or failure to thrive.
- Bald patches on scalp.
- Lacking adequate medical or dental care.

Neglect—Behavioral Indicators

- Begging, stealing food.
- Extended stays at school (early arrivals, late departures).
- Constant fatigue, listlessness.
- Alcohol or drug abuse (school age).
- Delayed speech, talks in whispers or whines, mumbles.
- Assuming adult responsibilities and concerns.
- No range of emotional expression.
- Seeks attention inappropriately.



Emotional Maltreatment

Emotional maltreatment includes behavior on the part of the offender that contributes to low self-esteem, undue fear or anxiety, or other damage to the victim's psychological well-being. The types of emotional maltreatment are:

- **Emotional Abuse:** Active and intentional berating, disparaging, or other abusive behavior toward the victim that adversely affects the psychological well-being of the victim.
- **Emotional Neglect:** Passive or passive-aggressive inattention to a child victim's emotional needs, nurturing, or psychological well-being.



Emotional Abuse—Physical Indicators

- Speech disorders.
- Lags in physical development.
- Failure to thrive.
- Poor hygiene.

Emotional Abuse—Behavioral Indicators

- Habit disorders (sucking, biting, rocking).
- Conduct problems.
- Neurotic traits.
- Abnormal reactions (hysteria, phobia).
- Behavior extremes (compliant, passive, aggressive).
- Age inappropriate (overly adult or infantile).
- Developmental lags.
- Self-destructive, suicidal behavior.



Child Abuse and Neglect Reporting Procedures

All program staff is considered designated reporters and are required by RCW 26.44 to report any and all suspected incidences of child abuse and neglect.

General Responsibility

- Staff is required to complete a Child Abuse/Neglect form and call Child Protective Service (CPS) within 24 hours; preferably sooner, if staff has *any* reason to believe child abuse or neglect may have occurred.
- Whenever possible, the need to report a concern should be discussed with the Direct Service Team (DST) members prior to calling CPS. If staff remains doubtful about the need to report, they are to consult with their Supervisor or place an “information only” call to CPS.
- To help organize information, the reporting staff person should fill out a Child Abuse/Neglect form prior to making a referral call to CPS.
- ***Substitutes are considered mandated reporters; however, it is asked that they discuss reportable incidents with the site’s DST before calling CPS. If a member of the site’s DST is not available, substitutes should consult with a Supervisor at the OESD prior to making a referral call to CPS.***
- When Early Learning Head Start/EHS/ECEAP classrooms are located in a public school, the DST initiates a meeting before the beginning of the school year with school staff to review plans and determine which the best procedure to follow and/or to develop procedures unique to that site. The resulting plan is put in writing and a copy is given to the Supervisor.
- Staff is required to provide their name when reporting, as reporting anonymously does not meet the mandatory reporting obligation of an educator.
- A completed Child Abuse and Neglect form documenting the call and report should be submitted to a Supervisor as soon as possible and no later than 48-hours following the report. In completing a report, follow the steps outlined in the instructions for use of the “Child Abuse and Neglect Reporting Form.” This form will be filed at the OESD to ensure confidentiality and a copy sent to CPS by the Supervisor.



- No documentation of the report (or the reporting form itself) is to be made or kept in the Family File.
- Once a report has been made, staff is not to discuss it with the family until CPS indicates it is okay to do so. Follow-up and support may be offered in accordance with the family's wishes after CPS has made the initial contact.
- The Early Learning Head Start/EHS/ECEAP staff person who made the report contacts CPS 24 hours later to determine the status of the referral.
- The CPS worker may interview Early Learning Head Start/EHS/ECEAP children on the premises of an Early Learning Head Start/EHS/ECEAP center. The CPS worker should carry identification.
- Early Learning Head Start/EHS/ECEAP staff is encouraged to coordinate with the family and CPS to offer support should an existing plan with CPS exist. Appropriate release of confidential information forms should be signed.
- Early Learning Head Start/EHS/ECEAP policies and procedures regarding child abuse and neglect, as well as parents' rights, are reviewed with families and distributed in written form at enrollment and center orientations.



Responding to Families About a Report

If a family confronts staff about a report made to CPS, staff are encouraged to respond directly to the questions being asked unless advised otherwise by CPS. Remind the parent/guardian that staff have an obligation as mandated reporters. Staff should also reassure the family they will remain supportive and respectful of the family's right to confidentiality throughout the family's involvement with CPS.

Staff should designate an appropriate and safe time & place to hold a discussion about issues surrounding a CPS report. Discussions should take place during working hours. Staff are strongly discouraged from taking or returning phone calls from families while at home.

Your safety is a priority! If staff believe the discussion has become potentially dangerous, request the family schedule another time to talk. If this request is unsuccessful in defusing the situation, leave the area immediately and call 911, then contact your supervisor immediately.



Staff Training

Within six months of their hire, each staff person receives training about child abuse and neglect (identification, reporting, documentation, intervention, and follow-up procedures) and participates in an annual review of that training.

The DSHS booklet, *Educator's Guide to Child Protective Services*, is a helpful resource. Staff are expected to be familiar with their role as mandated reporter and with the indicators of child abuse and neglect as outlined in this booklet. A copy of this booklet is available in the Procedures Manual in each classroom.

In addition to the reasons for reporting as outlined in the *Educator's Guide to Child Protective Services*, program staff should make a referral to CPS in these additional instances:

- **Domestic Violence:** CPS should be called any time a child talks about witnessing violence in the home or about being present in the home during violent acts. If the child indicates the Police were at the home, discuss the situation with your Supervisor prior to making a report.
- **Sexual Acting Out:** Any time a child displays sexualized behavior, a referral should be made to CPS. Consult with your Supervisor regarding behaviors that are concerning, but may be age appropriate.
- **Chemical Impairment:** Any time a parent/guardian is obviously under the influence of alcohol or other drugs attempts to transport a child from class, note the car's make and license number and call 911 immediately. Following this call, make a referral to CPS and alert your Supervisor.



Excerpts from the Law

RCW 26.44.020—Definition of Abuse/Neglect

"Abuse or neglect" means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW [9A.16.100](#); or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

RCW 26.44.030—Reporting

When any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, employee of the department of early learning, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, state family and children's ombuds or any volunteer in the ombuds's office, or host home program has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW [26.44.040](#).

When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW [5.60.060](#).

RCW 26.44.080—Penalty

Every person who is required to make, or to cause to be made, a report pursuant to RCW 26.44.030 and 26.44.040, and who knowingly fails to make, or fails to cause to be made, such report, shall be guilty of a gross misdemeanor.



Child Abuse/Neglect Report Form Guidelines

DUE:

As soon as possible and not later than 48 hours upon making a referral or “information only” call to CPS.

GIVE TO:

Your Supervisor.

PURPOSE:

To provide an organizing tool and written documentation for referrals to CPS. CPS will also receive a copy of this form.

INSTRUCTIONS:

A Child Abuse/Neglect Report Form should be prepared with all known information about the incident prior to placing a referral or “information only” call to CPS. The OESD form is set-up to follow the format used by CPS Intakes during an initial report. As you talk with the Intake Worker, take notes on the log sheet and complete the remainder of the Child Abuse/Neglect form; writing legibly and in black ink. The completed form should be submitted to a Supervisor immediately following the call. School District report forms may be substituted for the OESD form at those sites with a written plan specifying the School District form can be used for OESD purposes.

- As the CPS Intake Worker for their name.
- Record the phone number you dialed.
- Write the date and time of your call.
- Ask the Intake Worker if they will be contacting law enforcement. Circle yes or no on the form.
- Check the Family File to obtain information about other household members.
- Describe and write down, in your own words, what led you to place the call and why you think this abuse or neglect may have occurred.
- Write down the people who were made aware of this report.
- While talking with the CPS Intake Worker, ask what response priority will be assigned to the report. Note this.
- As for the name and number of the caseworker that will be assigned to the report. If the Intake Worker cannot provide this information, ask that the caseworker or Unit Supervisor call you back so we can work together to design a coordinated service plan when appropriate. Record this information.



- Ask the CPS Intake Worker if you can respond directly to parent inquiries about the report.
- Print your name and sign and date the Child Abuse/Neglect Report Form. The Report Form is a legal document that may be subpoenaed and used in court proceedings. Be sure to use BLACK INK and to write legibly.
- Turn the form into your Supervisor. The Supervisor will file the form in a confidential file at the OESD Early Learning Department and send a copy to CPS.