Child Abuse & Neglect: A Guide for Child Care Professionals

Script

Introduction

Hello, and welcome to “Child Abuse and Neglect: A Guide for Child Care Professionals.” Each year, nearly a million cases of child maltreatment, which includes both abuse and neglect, are confirmed, and many more probably go unreported (Nemours Foundation, 2012). Maltreatment has a long-term impact on the affected child, and also carries heavy costs for families, communities, and society as a whole. This two hour course is designed to give child care professionals, including caregivers and administrators, the tools to prevent, identify, and report child abuse and neglect among the children in your care.

Learning Objectives

When you have completed this course, you will be able to:

- Define the various types of child abuse – physical abuse, sexual abuse, emotional abuse, and neglect,
- Explain long-term impacts of abuse and neglect on victims and society as a whole,
- List factors that are associated with a higher risk of abuse or neglect,
- Implement strategies to decrease the risk of abuse and neglect in your child care program and in children’s homes,
- Identify signs of potential child maltreatment,
- Describe reporting requirements for child care providers who notice signs of abuse and neglect, and
- Make a report if you suspect a child is being abused or neglected.

Defining Child Abuse and Neglect

In order to prevent and identify cases of suspected abuse and neglect, it is important to have a clear understanding of exactly what abuse and neglect are. Child abuse can be broadly defined as an adult causing serious physical or psychological harm to a child (Nemours Foundation, 2012). Chapter 261 of the Texas Family Code, recodified in 1995, provides definitions of child abuse and neglect for the purposes of civil actions, such as the removal of a child from an abusive circumstance, with the primary goal of protecting children from abusers. There are also provisions in the Penal Code which allow for the criminal prosecution of crimes against children (Texas Attorney General, 2010).
Abuse is a broad term, which includes many types of behavior that are harmful to children. There are several major categories of abuse – physical abuse, sexual abuse, emotional or psychological abuse, and neglect or abandonment (Nemours Foundation, 2012). Let’s look at each of these categories in greater detail. The definitions provided are primarily drawn from the Texas Family Code, and are directly applicable for child care providers who live and work in the state of Texas. Providers from other states should contact the local child care regulatory agency for more information about where to find legal definitions that apply in your area.

**Physical Abuse**

The first category of abuse we will discuss is physical abuse. The Texas Family Code defines physical abuse as:

- Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child. This includes an injury that is at variance with the history or explanation given, but excludes accidents or reasonable discipline by a parent, guardian, or conservator that does not expose the child to a substantial risk of harm,
- Failure to make a reasonable effort to prevent an action by another person that results in physical injury or substantial harm to the child,
- The current use by a person of a controlled substance in a manner or to the extent that the use results in physical, mental, or emotional injury to a child, and
- Causing, expressly permitting, or encouraging a child to use a controlled substance.

It is important to note the Family Code specifically excludes “reasonable discipline by a parent that does not expose the child to substantial risk of harm” from this definition of physical abuse. While many experts agree parental spanking is not the optimal form of discipline, it is usually not considered abusive according to Texas law. As a child care provider, you are not allowed to use physical discipline with children. This is based on the Minimum Standards for child care providers in Texas.

Physical abuse can include any act of force that causes a child bodily injury, such as striking, kicking, shaking, burning, pushing, biting, cutting, binding, gagging, scalding, throwing, or choking a child, holding a child under water, or twisting a child’s limbs (Izenberg, et al., 2012; Texas Attorney General, 2010; American Academy of Pediatrics, 2012).

Physical abuse sometimes occurs when a parent or caregiver is frustrated, or is under a great deal of stress and loses control (AAP, 2012). Many times the abuser does not actually intend to injure the child, but the effects on the child can still be deep and long lasting (AAP, 2012).

**Abusive Head Trauma – Shaken Baby Syndrome**
One noteworthy subtype of physical abuse is Abusive Head Trauma, also called Shaken Baby Syndrome. Abusive Head Trauma - Shaken Baby Syndrome deserves further discussion because it is the leading cause of death related to child abuse in the United States (Nemours Foundation, 2011). It is usually caused by someone shaking, dropping, throwing, or striking a very young child, generally less than one year old. Later in this course we will discuss measures to prevent abuse in child care and home settings. Special provisions should be in place for caregivers who work with infants and toddlers to prevent instances of Abusive Head Trauma – Shaken Baby Syndrome.

Sexual Abuse

The next category of abuse we will discuss is sexual abuse. Sexual abuse is defined in the Texas Family Code as:

- Sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of indecency with a child, sexual assault, or aggravated sexual assault,
- Failure to make a reasonable effort to prevent sexual conduct harmful to a child,
- Compelling or encouraging a child to engage in sexual conduct,
- Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of a child if the person knew or should have known the resulting photograph, film, or depiction of the child is obscene or pornographic, and
- Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child.

In short, sexual abuse is any sexual act that is intended to arouse the abuser, and particularly any sexual activity a child cannot understand or consent to (Izenberg, et al., 2012; AAP, 2012). It can affect both boys and girls, and can happen to children in any age group. It can be a one-time event, or can occur over many years. Long-term abuse may escalate over time, especially when the abuser is a member of the child’s family (Texas Attorney General, 2010). Many times the abuser does not use outright force, but instead uses a number of methods, such as threats or bribes, to coerce the child into the abuse (AAP, 2012).

Emotional or Psychological Abuse

Another category is emotional abuse, also known as psychological abuse. Emotional abuse is defined in the Texas Family code as:

- Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning, and
- Causing or permitting a child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.
Emotional abuse can include:

- Ignoring,
- Withholding love or affection,
- Only giving attention for bad behavior,
- Name-calling,
- Screaming,
- Using sarcasm or a disrespectful tone,
- Referring to a child as “it,”
- Describing a child as “bad” or “stupid” or “worthless” or “evil,”
- Constantly blaming, belittling, or criticizing a child,
- Terrorizing, and
- Having unpredictable expectations and reactions that leave the child “guessing” how to behave (Izenberg, et al., 2012; Texas Attorney General, 2010; eXtension, 2009).

In order for these behaviors to be classified as emotional abuse, they must have enough frequency, intensity, and duration to cause psychological damage to the child (Texas Attorney General, 2010). It often occurs in conjunction with other forms of abuse, such as physical abuse or sexual abuse. It can include threatening a child with drastic consequences for behavior, such as telling a child that his parents will stop loving him, leave him, or die if he does not change his behavior. These types of threats can be particularly frightening and psychologically damaging to young children, who are not yet capable of differentiating between fantasy and reality (eXtension, 2009; Izenberg, et al., 2012).

**Neglect**

Neglect is essentially abuse by omission, whereas other forms of abuse – physical, sexual, and emotional – are acts of commission. It is the most common and arguably the most serious form of child maltreatment, because it tends to persist over time, whereas other forms of maltreatment may take the form of one-time events or sporadic episodes of abuse. Neglect is the most common cause of death among maltreated children, who may not receive the food, medical treatment, or supervision they require for basic survival (Karageorge & Kendall, 2008). Neglect is defined in the Texas Family Code as:

- Placing a child in, or failing to remove a child from, a situation in which a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities, and which results in bodily injury or a substantial risk of immediate harm to the child,
- Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury, or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child,
• Failing to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused,
• Placing a child in, or failing to remove the child from, a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child,
• Placing a child in, or failing to remove the child from, a situation in which the child would be exposed to acts or omissions that constitute sexual abuse, and
• The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

Abandonment is a particular type of neglect. In the Texas Family Code, the term 'neglect' also includes leaving a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of intent not to return by a parent, guardian, or conservator of the child.

Neglect is a failure to meet children’s basic needs, such as the need for food, water, clothing, shelter, protection, education, and healthcare (AAP, 2012; Texas Attorney General, 2010). It includes actions like:

• Withholding food,
• Leaving a child unsupervised for an unreasonable amount of time, given the child’s age and capabilities,
• Leaving a child under five years old in a vehicle for more than five minutes without someone at least 14 years old supervising the child,
• Refusing relief services which are necessary in order to provide for the child’s basic needs,
• Failing to address a severe pest infestation in the home that could lead to harm for the child. For example, keeping a child who is allergic to ant bites in a home with a severe infestation of ants, and
• Refusing to take the child to the doctor when the child has a serious medical need (Izenberg, et al., 2012; Texas Attorney General, 2010; AAP, 2012).

The Office on Child Abuse and Neglect (Karageorge & Kendall, 2008) names several specific categories of neglect:

• Physical neglect,
• Medical neglect,
• Inadequate supervision,
• Environmental neglect,
• Emotional neglect,
• Educational neglect, and
• Newborns addicted or exposed to drugs.
The Impact of Child Abuse & Neglect

Most child care professionals are individuals who care about children and their well-being. Abuse and neglect are a big issue because they threaten children’s well-being in both the short- and long-term. In the worst cases, victims of child abuse or neglect may even die as a result of their injuries. Child maltreatment has a deep, lasting impact on the abused individual, and cumulatively, cases of child abuse and neglect have a high cost to society. Let’s take a moment to discuss the potential impacts of child abuse and neglect, and why it is so important to make a report anytime you suspect a child has been abused or neglected.

In addition to the physical injuries suffered by many victims, child abuse also leaves behind emotional and psychological scars which can last throughout the lifespan (AAP, 2012). The stress of being abused can lead to problems in the development of a child’s nervous and immune systems, which can lead to long-term health problems (Centers for Disease Control, 2010).

Victims of child abuse are 40% more likely to engage in criminal behavior as juveniles or adults than children who have never been abused (Texas Attorney General, 2010). Some experts believe as many as 90% of mothers who abuse their children may have been abused themselves as children (Texas Attorney General, 2010). Individuals who have been victims of abuse may experience a wide range of problems, including depression, poor impulse control, suicidal or violent tendencies, substance abuse problems, eating disorders, and difficulty forming healthy relationships throughout life (AAP, 2012; CDC, 2010).

Even with all these risk factors, though, it is important to realize most victims of child abuse grow up to become normal, productive members of society (Texas Attorney General, 2010). Children who are younger at the time of abuse, experience abuse for a longer duration, or have closer relationships with their abusers are at a higher risk for long-term problems (AAP, 2012). Therefore, the sooner an abused child gets help, the greater the likelihood he or she will be able to grow up to be a well-adjusted adult. This is one reason why it is so important that suspicions of abuse are reported in a timely manner.

Later in this course, we will discuss warning signs that a child may have been abused and the reporting processes in place in the state of Texas. Child care providers from states other than Texas should consult their child care licensing agency for more information about reporting requirements and procedures.

Factors That Increase the Risk of Child Maltreatment

According to the Centers for Disease Control, some children are at a higher risk of becoming victims of abuse than others (CDC, 2011). It is important to note, though, that not all children with these risk factors are victims of abuse. In fact, even a child with
multiple risk factors is not necessarily being abused. Later in this course, we will discuss possible signs that a child might be a victim of abuse.

Children in these categories may be at a higher risk of being abused:

- Children under four years, in part because they are often unable to communicate about what has happened to them and may be incapable of fending off an attacker, and are more likely than older children to sustain serious injuries or even die as a result of physical abuse, because their bodies are still developing and are fragile,
- Children with special needs, who also may be unable to protect themselves and might not be able to communicate about abuse,
- Children of parents with limited understanding of child development & parenting skills,
- Children of parents who experienced maltreatment,
- Children of parents who suffer from mental illness, including depression,
- Children of parents who abuse drugs or alcohol,
- Children of young parents,
- Children of parents with low educational attainment,
- Children of single parent families,
- Children of low income families,
- Children of families with a high number of dependent children,
- Children living in households with transient non-biological caregivers (such as a mother’s male partner), and
- Children of families in high stress circumstances (partner violence, economic strain, etc.).

The main idea here is that children living in households under a great deal of stress or dealing with some form of crisis are at greater risk of being abused than other children whose home circumstances are less stressful. Later, we will discuss how child care providers can play an instrumental role in alleviating family stress, and thereby reducing the risk of abuse to children.

Reducing the Risks

As the old adage says “an ounce of prevention is worth a pound of cure.” While reporting suspected instances of abuse is critical, the best way to protect children from abuse and neglect is to have strong preventative systems in place, both in the child care setting and in partnerships with families. Let’s talk about some ideas for reducing the risk of abuse in both child care and home settings. Most of the ideas here are based on the best sound practices in child care that you might be using already. This list is not meant to be all-inclusive. Some strategies to help prevent abuse include careful planning of child care environments, hiring and training well-qualified staff and carefully attending to their emotional needs, writing and implementing policies specifically designed to protect children, and building strong, positive partnerships with families.

In Child Care Settings
The incidence of child abuse in child care settings is relatively small, but it is still important to have measures in place to keep children safe. In addition to reducing the risk of abuse, many of these strategies can contribute to an overall happier, healthier environment for child care providers, like yourself, and the children you care for.

**Environments**

One way to protect children from abuse while they are in child care is to design the environment so that children can be adequately supervised from every angle in the space. In other words, child care spaces, including indoor and outdoor play areas, and any other area used by children, should be designed so that all the children in the area are visible at any given time. Quiet spaces for children who need to relax are an important part of any child care environment, but they should always be visible to the adults who are responsible for supervising the space.

Bathrooms can present special challenges when it comes to supervision. Children should be allowed to have privacy in the bathroom, but adults should closely monitor who enters and exits bathrooms. In many cases, it can be beneficial to implement a policy that only one child may use the bathroom at a time. You may sometimes be called upon to help younger children and children with special needs in the bathroom. In these cases, make sure all the other children are properly supervised and leave the bathroom door at least partially open, rather than being alone in a bathroom with a child.

**Staffing**

Another way to prevent abuse in child care settings is through considerations in staffing. Child care providers are least likely to perpetrate abuse when they have a strong understanding of children’s needs and capabilities. An in-depth understanding of typical, age-appropriate development allows child care providers to have age appropriate expectations for the children in care. With this in mind, child care providers should meet minimum qualifications, including education and experience in child development, and should participate in ongoing professional development related to guidance and behavior management strategies and abuse prevention. And of course, all potential employees of child care programs should undergo criminal background checks and provide several professional and personal references.

Even well-qualified staff can become overwhelmed by challenging situations that sometimes arise in child care. Child care providers should be given short breaks on an as-needed basis, and should rotate responsibilities so that no one staff member is consistently left to handle the most challenging situations (eXtension, 2010; Karageorge & Kendall, 2008; Natrajan & Myers-Walls, 2010). It can also help to give child care providers a chance to share frustrations and collaboratively generate solutions as a part of regular staff meetings. If you are feeling overwhelmed, be sure to let your administrators know that you need a break or a change of scenery.
There is always the possibility, though, that a child care provider might be qualified and trained, and still demonstrate behavior that indicates a risk of abuse. Some warning signs include caregivers who use overly harsh tones, use rough grabbing or jerking of children, are overly controlling of children’s movements and activities, stifle children’s talk, avoid interactions with children, or appear to enjoy “winning” power struggles with children. These behaviors do not always indicate that an individual is going to become an abuser, but they certainly do not fall within best practices for guidance and discipline, either. There should be procedures in place in your program for removing child care providers from contact with children if these issues or other concerning behaviors are present. If you notice someone interacting with children in a way that concerns you, notify your program management immediately.

Caregiving

How you care for children can have an impact on preventing abuse and neglect, and also affect the likelihood that children will confide in you if they are ever abused or neglected.

Child care providers can help children learn about forms of touching that are and are not okay. To help prevent children becoming victims of sexual abuse, especially with young children, it is important to use anatomically correct language when talking with children about body parts (AAP, 2011). It should be made clear to children, both in child care and at home, that a person’s genitals are private and children have the right to tell someone, even a trusted adult, that they do not want their bodies touched in a certain way (AAP, 2011). You can also distinguish between gentle touches and hurtful touches, and help children understand that hurtful touching is not okay no matter where on a person’s body it takes place. There are several commercially available resources you can use to help children learn the skills to protect themselves from abuse and neglect.

Another way you can help protect children from abuse and neglect is to take anecdotal notes based on observations of children’s behavior on an ongoing basis. Many programs use anecdotal notes as a part of a system of developmental assessment. Reviewing and reflecting on these notes can help you notice red flags quickly and respond appropriately (Karageorge & Kendall, 2008).

It is important for anecdotal notes to be written in an objective fashion, so that they state facts about the child’s development, rather than judgments or opinions (Karageorge & Kendall, 2008). For example, it is appropriate to write, “Joey pushed another child near the swing set.” It is probably not appropriate to write, “Joey got really mad because another child was on his favorite swing, and he pushed the other child because he wanted him to move.” Never assume you know what is going on in a child’s head or what a child felt or intended to do in a given situation. This is particularly important when anecdotal notes are used to share developmental information with families. If a child is at risk for abuse and neglect, presenting developmental information in a negative light could cause an abusive parent to harshly punish the child for her behavior in child care. Being honest but objective when talking with families is the best approach.
In the unfortunate event a child is abused or neglected, she may disclose the abuse to an adult. Later in this course, we will discuss in more detail how to handle a conversation in which a child discloses abuse or neglect, but it is important to note that children are more likely to make these disclosures to an adult they trust. Building open, trusting relationships with children, in which they feel like you really care about what they have to say, can help a child feel comfortable enough to talk with you in the event he ever becomes a victim of abuse or neglect.

Policies and Procedures

Lastly, policies and procedures can be a powerful barrier to potential abuse in child care. There are several types of policies a child care program can implement to reduce the risk of abuse. For example, a policy which states, “no adult should ever be alone with a child” could go a long way toward protecting children from potential abusers.

Another policy that should be in place is one dealing with physical punishment and other forms of hitting a child. Physical punishment is a violation of Minimum Standards. Your program should have a written policy that explicitly prohibits any type of physical punishment and makes caregivers aware that physical punishment is never acceptable. It should be abundantly clear to all staff members that no adult is ever allowed to strike a child, even in play.

Policies should also be in place regarding who comes into contact with the children while they are in care. Best practice is to require visitors to sign in and out of child care facilities, so that there is a record of who is in the facility at all times. All visitors should have a clear, logical purpose for being on-site while children are in care. In addition to controlling who comes in and out of the child care program, providers should control who children leave with at the end of each day. Children must only be released to authorized adults with proper identification. In Texas, Child Care Licensing Minimum Standards requires parents to submit a list of persons approved to pick up children from child care, and that anyone picking up a child must show photo identification, such as a driver’s license.

Perhaps most importantly, appropriate staff-to-child ratios that meet or exceed licensing requirements should always be maintained. Having more than one adult in the child care environment at all times provides a measure of accountability, allows providers to supervise children more effectively, and increases the likelihood that unauthorized visitors will be noticed and redirected.

Families should be allowed and encouraged to take on a role as active participants in the child care program. An open door policy for families can both help prevent abuse in the child care setting, and contribute to a positive partnership between caregivers and parents, which can reduce the risk of abuse at home (eXtension, 2010; Natrajan & Myers-Walls, 2010). Next, we will discuss even further the ways in which child care providers can help families create healthy home environments for children, free from abuse and neglect.
At Home

Most parents are not abusers, but when abuse does happen, the abusers are most often parents or other family members. As we discussed earlier, families under stress or in crisis are at a higher risk for abuse (Centers for Disease Control and Prevention, 2010). Strong partnerships between child care providers and families can help reduce family stress, thereby reducing the potential risk of abuse in the home. Some strategies child care providers can use to support families who are experiencing stress include:

- Listening to parents’ concerns and feelings in a nonjudgmental way,
- Fostering open, honest communication,
- Providing information or parenting education opportunities as a part of the child care program,
- Modeling best practices at all times, and
- Referring families to community resources as needed.

Child care providers can also offer other strategies to support parents in protecting their children. Consider coaching parents to use anatomical terms to describe genitalia when talking with their children about their bodies. Let them know that, even if it seems awkward, this can help children (especially young children) understand their “private” parts are normal and can be talked about if the situation calls for it. Also encourage parents to foster open, honest communication with their children, so if a child ever is abused or neglected, she will feel comfortable talking with her parent about the abuse. Especially with sexual abuse, many cases go unreported because perpetrators are individuals close to the child – and thus close to, or even in, the child’s family – and children mistakenly think no one will believe them or that they will cause loved ones to be hurt if they reveal the abuse (AAP, 2011). Let parents know the most important thing they can do to protect their children is to take children’s reports of abuse seriously, and to seek help as quickly as possible if they suspect someone might be harming their child.

Look at the handout called Community Organizations to help you start to explore what resources are available for children and families. Remember that maltreatment happens among all socioeconomic statuses, ethnic groups, and family structures, and you might not always know each family’s specific needs. Providing information about community resources to all families via parent communication boards, newsletters, parent meetings, orientation packets, and other avenues can help you reach families you might not ever have known were in need.

[Handout: Community Organizations]

Red Flags: Signs of Maltreatment

As we discussed earlier, the impacts of abuse tend to get worse the longer a child is subjected to it. The best way to help a child who has been abused or neglected is to identify and report the situation as early as possible. You serve a crucial role in this process, because many children spend a large portion of their day in child care programs.
There are many warning signs which should raise your suspicions when you see them, and they may vary depending on the type of abuse a child is experiencing.

Let’s examine some of these potential signs more closely. First, though, it is important to note that these signs can sometimes indicate circumstances other than abuse or neglect. Many of them could also be the result of medical conditions, emotional stressors, or any number of other causes. If you notice any of these signs, follow the appropriate procedures to report your suspicions, and be a willing participant in an investigation, but do not automatically assume the child has been abused. In Texas, it is the responsibility of Child Protective Services to investigate potential abuse and neglect cases (Prevent Child Abuse Texas; Karageorge & Kendall, 2008).

You have a handout from the Child Welfare Information Gateway (2007) called Recognizing Child Abuse and Neglect: Signs and Symptoms. This handout summarizes the information we are about to discuss.

[Handout: Recognizing Child Abuse and Neglect: Signs and Symptoms]

**Signs That May Indicate Physical Abuse**

Because there are many types of physical abuse, there are many different types of injuries – such as bruises, burns, bite marks, cuts, etc. – a child might sustain when he or she is a victim of physical abuse. Also, the signs of abuse can manifest in both physical and psychological forms. Here are some examples of physical signs that a child might be a victim of physical abuse:

- Extensive bruising, especially on parts of the body that are not normally injured during play. Bony areas, like knees, elbows, or brow bones, are usually more susceptible to injury during play, whereas soft tissue areas, like buttocks, thighs, or cheeks, are less likely to be injured under normal circumstances,
- Bruises appearing to have been inflicted from many different directions,
- Bruises on the back surface of a child’s body,
- Frequent bruising or other injuries, especially when the child is unable to provide a reasonable explanation,
- Bruises or other marks which have a pattern resembling a hand, belt buckle, or even a human bite mark,
- Burn marks from objects like an iron or a rope, immersion burns from scalding hot water, or cigarette burns anywhere on a child’s body,
- Bruises on multiple parts of the body,
- Bruises or marks appearing to be in different stages of healing, indicating possible abuse over time,
- Unexplained, repetitive serious injuries, such as dental injuries (like broken teeth), broken bones, or head trauma,
- Fractures in children younger than four years old,
- Convulsions or loss of consciousness,
- Problems with mobility,
• Black eyes in both eyes at the same time, swelling or tenderness in the abdomen, and unexplained vomiting, all of which can indicate internal bleeding from injuries sustained during abuse,
• Complaints of pain, soreness, swelling, or stiffness without obvious explanations, and
• Extreme sensitivity to pain or a lack of response to pain (American Academy of Pediatrics, 2012; eXtension, 2010; Karageorge & Kendall, 2008; Texas Attorney General, 2010).

Psychological or behavioral symptoms can also be an indicator a child might be a victim of physical abuse. Some psychological signs of physical abuse include:

• Extreme withdrawal or passive behavior,
• Developmental delays,
• Fearfulness, and possibly even cowering near adults, including flinching or withdrawing from physical contact, including affection,
• Destructive, aggressive, or disruptive behavior, also known as “acting out” behavior,
• Being perceived by others as a clumsy or accident-prone child,
• Appearing unusually tired or complaining about having trouble sleeping or having nightmares,
• Being out of child care for a period of time, and then returning with unexplained injuries which may be in the process of healing,
• Appearing to be afraid of going home, or reluctant to go home, showing fear of parents, or even running away. This can also show up as fear of a particular child care provider or fear of coming into the child care program,
• Wearing clothing that is seasonally inappropriate, especially long clothing that might be used to hide marks in unseasonably warm weather, and perhaps most importantly,
• Making comments or statements about being abused (American Academy of Pediatrics, 2012; eXtension, 2010; Karageorge & Kendall, 2008; Texas Attorney General, 2010).

These signs might indicate a child has been a victim of abuse, but there are other causes for many of these symptoms as well. In particular, children who have witnessed others being abused, especially children who live in homes where domestic violence is prevalent, may show some of the same signs as children who are direct victims of abuse. In either case, a report to Child Protective Services can initiate an investigation that can lead to critical assistance for a family in crisis.

People who perpetrate physical abuse against children, including parents or child care providers, may try to give unconvincing or conflicting explanations for the child’s injuries, and may appear anxious when talking about the injuries. Additionally, abusers will sometimes describe the child in extremely negative terms. For example, an abusive parent might describe his or her child as “evil” (eXtension, 2010). An abuser might be preoccupied with his own life, and appear to neglect responsibility for the child or children he is responsible for.
As we mentioned earlier, younger children, especially those five years old and younger, are at the highest risk of serious injury from physical abuse. If you work with infants and toddlers, it is important for you to be able to recognize possible signs of Abusive Head Trauma – Shaken Baby Syndrome, especially because these very young children are almost always incapable of telling adults when someone has hurt them. Some signs that a child may be suffering from Abusive Head Trauma – Shaken Baby Syndrome include:

- Irritability or fussiness,
- Lethargy, trouble staying awake, or excessive sleepiness,
- Vomiting,
- Shaking or tremors,
- Trouble with sucking or swallowing,
- Unusually poor appetite,
- A dramatic decrease in smiling, cooing, babbling or other attempts to communicate,
- Rigidity in the body,
- Seizures,
- Labored breathing,
- Pupils that are not the same size as one another,
- An inability to lift his or her own head,
- Difficulty focusing his or her eyes or tracking movement, and in extreme circumstances,

Infants who have been shaken need prompt medical treatment. Child care providers who notice any signs that could indicate a child has suffered Abusive Head Trauma – Shaken Baby Syndrome should contact authorities and, if necessary, seek emergency medical attention for the child.

The Office on Child Abuse and Neglect (Karageorge & Kendall, 2008) gives child care providers some guidance in the form of questions to ask yourself if you suspect a child may have been physically abused. If a child care provider notices any of the behaviors in this guide, this information should be included in the provider’s report to Child Protective Services. The questions include:

- Does the family member's explanation conflict with the appearance of the child's injury?
- Does the family member give a reason for a suspicious event not consistent with the child's developmental level (e.g., that a two-month-old crawled onto the stove top and was burned)?
- Does the family member's description of the reasons for the injury not match with the child's disclosure?
- Does the family member change the story when giving reasons for the suspected abuse?
- Does the family member make multiple excuses for the child's injury or try to minimize it?
• Does the family member constantly belittle the child or criticize the child's behaviors?
• Does the family member not show concern for the child's injuries?
• Does the family member blame the child's siblings for the injury when they are developmentally incapable of it (e.g., stating -an infant inflicted a bruise on a five year-old)?

If the answer to any of these questions is “yes,” then the child may be the victim of physical abuse, and a report should be made which includes details, such as dates, times, and the information from any conversations with the family member and the child.

**Signs That May Indicate Sexual Abuse**

As with physical abuse, there are both physical and psychological indicators a child care provider might observe in a child who has been sexually abused. In the case of sexual abuse, however, some physical signs may go unnoticed, especially in typically developing children who are school-age and older, because caregivers do not generally need to help these children with diapering or using the bathroom. If a caregiver does need to help a child who is a victim of sexual abuse with diapering or toileting, though, she may notice the following physical signs:

- Torn, stained, or bloody undergarments,
- Bruising, bleeding, redness, swelling, or itching of the genitals or anus,
- Indicators of pain when walking, running, or sitting,
- Frequent urinary tract infections or problems when urinating,
- Frequent yeast infections,
- Unexplained gagging, and
- Pregnancy or sexually transmitted infection, especially in a child under 14 years old (AAP, 2012; eXtension, 2010; Karageorge & Kendall, 2008).

Children who are sexually abused may also report pain when sitting or walking, or may specifically complain of pain or itching in their genital areas (eXtension, 2010).

More common than physical indicators, child care providers may notice psychological markers that raise suspicions a child might be a victim of sexual abuse. Some psychological, or behavioral, signs indicating a child might be a victim of sexual abuse include:

- Developmental regression, such as bedwetting in a child who has previously been fully potty trained,
- Dramatic changes in eating habits or appetite,
- Withdrawing behavior,
- Acting-out behavior, including aggression,
- Declining academic performance,
- Fearful behavior,
• Unusually excessive crying,
• Clinginess,
• Avoiding physical contact or affection, especially with a particular adult,
• Dramatic fear of either men or women,
• Unexplained complaints of aches or pains,
• Extreme mood swings,
• Lethargy and a seeming lack of interest in play,
• Sudden avoidance of physical activity,
• Unusually secretive behavior,
• Fear of a particular place, person, or situation,
• Preoccupation with sexual behavior, vocabulary, or body parts, such as a young child touching other people’s genitals or breasts or acting out sexual behavior with dolls,
• Hypersexualization, including trying to get other children to perform sexual acts,
• Depression, possibly even suicidal behavior,
• Self-mutilation,
• Nightmares or trouble sleeping,
• Unusual drawings, such as drawing children without hands or mouths, or drawing images of genitalia or sexual acts,
• Fear or resistance during rest times in child care,
• Difficulty forming or maintaining relationships,
• Drug or alcohol abuse, and
• Sexual promiscuity (AAP, 2012; eXtension, 2010; Izenberg, Lyness, & De Jong, 2012; Karageorge & Kendall, 2008).

Individuals who perpetrate child sexual abuse might be unusually protective of the child, keeping her away from other children, especially children of the opposite sex, whenever possible; may appear jealous; be overly controlling of the child; or appear isolated and secretive.

Any of these signs could indicate a child is a victim of sexual abuse, and though the presence of these signs can also indicate other problems or no problem at all, a child care provider who sees any of these signs may have reason to suspect abuse. Of course, if a child reports having been sexually abused, the child care provider should consider it grounds to report, even if no other signs are present.

**Signs That May Indicate Emotional Abuse**

In cases of emotional abuse, also called psychological abuse or verbal abuse, children will not usually show physical signs because the injuries caused by this type of abuse affect the child’s emotional well-being. Children who suffer emotional abuse may show psychological or behavioral signs such as:

• Eating disorders,
• Ulcers,
- Trouble making friends,
- Withdrawing behavior, including avoiding participation in activities with other children,
- Frequently having blank facial expressions,
- Avoiding giving and receiving affection,
- Fear of a particular parent or caregiver,
- Acting out behavior such as aggression or tantrums,
- Oppositional or defiant behavior,
- Overly compliant or passive behavior,
- Dramatic shifts in behavior or moods,
- Academic or learning problems,
- Developmental delays, such as lags in physical development or speech delays,
- Hyperactivity,
- Fearful behavior,
- Bed wetting or soiling in a child who has been potty trained,
- Sleeping problems, including nightmares,
- Facial tics, rocking motions, and other stress responses such as thumb sucking or biting,
- Being a caregiver or “parental” figure to other children,
- Clinginess or extreme dependence on adults,
- Self-mutilation, such as cutting, or self-injury behaviors like head banging,
- Depression, including excessive crying, or even suicidal behavior,
- Low self-esteem, including frequently saying “I can’t,”
- Running away from home,
- Poor motivation, and
- Drug or alcohol abuse (AAP, 2012; eXtension, 2010; Izenberg, et al., 2012; Karageorge & Kendall, 2008).

Adults who perpetrate emotional abuse might reject, blame, belittle, or berate the child, call the child insulting or disrespectful names, compare the child to siblings in a negative way or give siblings drastically unequal treatment, appear to not care about the child’s feelings, and refuse offers of help for the child’s problems.

Children who show one or more of these signs may be victims of emotional abuse. These signs could also indicate other problems, but child care providers who observe them should consider they may indicate emotional abuse. Also, children who are victims of emotional abuse are often also victims of other forms of abuse, such as physical or sexual abuse, and the signs may overlap.

**Signs That May Indicate Neglect**

Neglect is the most commonly reported form of child maltreatment in the United States. Like other forms of maltreatment, there are both physical and psychological signs that could indicate a child is being neglected. Some physical signs that might indicate a child is a victim of neglect include:
- Malnourishment,
- The appearance of poor hygiene,
- Torn, stained, or dirty clothes,
- Scaly skin or dark circles under the eyes,
- Insufficient clothing for warmth and protection, or other inappropriate clothing for the weather,
- Medical needs, such as a need for glasses, dental work, or medication that go untreated for long periods of time, and
- Failure-to-thrive, or unusually low height or weight for a child’s chronological age (Dowshen, 2011; Karageorge & Kendall, 2008; Texas Attorney General, 2010).

A child’s behaviors may also be powerful indicators of neglect. The types of behaviors child care providers might observe may depend on the type of neglect the child is experiencing. Some psychological warning signs include:

- Stealing, hoarding, or begging for food,
- Constant complaints of being hungry,
- Acting fatigued or complaining of feeling tired,
- Feelings of extreme embarrassment, shame, or guilt,
- Listlessness,
- Talking about not being cared for or being alone,
- Talking about taking care of siblings,
- Talking about having been allowed or instructed to do dangerous things,
- Frequent absences,
- Frequent late arrival,
- Avoiding going home,
- Withdrawing behavior, and
- Acting out behavior (Izenberg, et al., 2012; Karageorge & Kendall, 2008; Texas Attorney General, 2010).

Failure-to-thrive is a condition in which a child’s body does not grow at the expected rate for his age. It can be caused by medical conditions or by a lack of appropriate nutrition. The latter, sometimes called “non-organic failure-to-thrive” or “failure-to-thrive due to social factors,” is a sign of physical neglect. There are other symptoms specifically associated with failure-to-thrive, which, according to the Office on Child Abuse and Neglect, include:

- Being thin and emaciated,
- Having limp, weak muscles,
- Having cold, dull, pale, or splotchy skin,
- Seeming to be tense and miserable or apathetic and withdrawn,
- Appearing to be insensitive to pain or having self-inflicted injuries,
- Wetting the bed at a developmentally inappropriate age,
• Eating or drinking from the garbage can, toilet bowl, or a pet's dish, and
• Experiencing insomnia or disrupted sleep, typically due to hunger (Karageorge & Kendall, 2008).

Take a look at the handout called *What are Child Abuse and Neglect?* This document gives a very brief summary of the definitions of physical, sexual, and emotional abuse and neglect, and some of the signs you might see if a child is being abused.

[Handout: What are Child Abuse & Neglect?]

**Reporting Child Abuse & Neglect in Texas and Beyond**

Reporting suspected child maltreatment is one of the most important ways you can protect the children in your care, but it can also be one of the most emotionally challenging parts of working with children. Remember, the longer abuse or neglect goes on, the more serious the negative consequences for the child’s overall development and well-being tend to be. That is why reporting in a timely fashion when you have reason to believe a child is being victimized is so critical.

In some cases, you might witness an actual incident of abuse, such as a coworker abusing a child in your program. In other cases, you might simply see “red flags” that arouse your suspicions. Keep in mind that a report is not an accusation against any particular individual. It is simply a request for the appropriate agency to conduct an investigation to ensure the child’s safety (Prevent Child Abuse Texas, n.d.; Karageorge & Kendall, 2008). Even if you are close to the suspected abuser, you still have an obligation to report your suspicions.

Now, let’s talk about how you should respond to suspicions of abuse or neglect, and how to access and use the reporting system in the State of Texas.

**Talking with the Child**

You are not responsible for investigating whether abuse or neglect is actually taking place. If you see signs a child might be the victim of maltreatment, your job is to report your suspicions to the proper authorities. In some cases, though, there may be situations in which it is appropriate for you to talk with the child about the suspected abuse and neglect.

How you talk with children in these situations is very important, because asking the wrong questions or intentionally or unintentionally leading a child to say she has been abused can complicate the subsequent investigation.

To help the child feel more comfortable, try to find a location, within sight of other adults, where there is a reasonable amount of privacy and the conversation can go on uninterrupted as long as it needs to (eXtension, 2010).
The key to getting as much information as possible about the suspected abuse or neglect is to actively listen to and observe the child, without asking leading questions or being too invasive. For example, it is probably appropriate for a child care provider to ask, “How did you get that mark on your arm?” but it is probably not appropriate for her to ask, “Did someone twist your arm and leave that mark?” It may be tempting to ask a child who has disclosed abuse “why” questions like, “Why did your daddy do that?” “Why” questions may not yield useful information, though, because children generally do not understand the complexity of the situation leading to their abuse, and may even blame themselves.

When you are following the child’s lead in a conversation about possible abuse, either the child may offer to show you, or you may ask to see the child’s injuries. If the child is comfortable showing injuries associated with the suspected abuse, then allow him to show them. Never force the child to show you their injuries, and certainly never push a child to remove clothing when he is uncomfortable doing so.

Talking about abuse can be scary for children, especially since the abuser is often a member of the child’s family, even his parent. It is critical that you take the child seriously and show her compassion and respect during these conversations, or she may stop talking about the abuse and even deny having ever made the disclosure in the first place. Children need to know that the person they trust enough to tell this secret will believe them. If a child spontaneously chooses to disclose abuse, especially sexual abuse, it is highly unlikely the child is lying, so treat the child’s statements as truthful and make a report (eXtension, 2010).

It is critical you know what kinds of information are most useful in reporting suspected abuse and neglect, and focus the conversation with the child on these pieces of information only (eXtension, 2010). Later in this course, we will discuss the types of information that are important to include in a report of suspected abuse and neglect. Let the child know you are going to report the abuse to someone who can help make the situation better, and never promise to keep the abuse a secret, even if the child requests it.

Occasionally, after a conversation with the child, you may no longer believe that the child is a victim of maltreatment. For example, if a child has a large bruise one time, and the child and the parent give the same plausible explanation for the injury, and the child does not have recurring injuries or other signs of potential abuse, you may feel that the bruise was simply the result of an unusual accident. In this case, you can choose not to make a report, but you should be on heightened alert, watching this particular child for any other physical or behavioral signs. Remember, it is not your job to decide whether abuse is taking place. When in doubt, report and allow the proper authorities to investigate the situation further.

**Mandated Reporters**

In the State of Texas, any person who suspects a child has been the victim of abuse or neglect has a legal responsibility to report their suspicions to the Department of Family
and Protective Services. Laws regarding mandated reporting may vary from state to state and internationally, so it is important to familiarize yourself with the requirements in your area. In most places, though, professionals who work with children, including child care providers, are required to file a report within 48 hours of the events that trigger their suspicions, and must make the report themselves – not delegate it to someone else. In other words, it is a crime to see the signs of abuse and fail to file a report. If a child in your care is seriously injured or dies as the result of abuse, and you were aware of the abuse but did not report it, you can be held criminally liable.

Now let’s talk about the ways the law protects individuals who file reports, and the various ways to access the reporting system in Texas.

**Protections for Reporters**

Throughout the United States, mandated reporters are legally protected from civil and legal penalties associated with reports of suspected abuse and neglect, assuming their reports are made in good faith (Karageorge & Kendall, 2008). This means that a mandated reporter who has a legitimate concern cannot be legally punished for making a report about suspected abuse or neglect. These protections are in place, in part, because mandated reporters are not expected to have absolute proof of abuse or neglect before making a report. In other words, you don’t have to be sure a child is being abused in order to file a report; you only have to have a suspicion. It is okay to make a report even when you are not certain, because waiting for proof could lead to further harm to the child if she or he is actually being abused. You are not protected, though, if you intentionally provide false or misleading information in your report. Most states have penalties for knowingly making a false report of abuse or neglect (Karageorge & Kendall, 2008).

In Texas and many other areas, reports of suspected abuse or neglect are kept confidential, meaning suspected abusers and families will not receive your name when they are contacted by investigators (Association of Texas Professional Educators, 2010). Be sure to notify your program’s management any time you file a report, so that the director or other administrators can take additional steps to monitor and assist the child, as needed.

Next, you will have a chance to explore the reporting requirements, legal obligations and protections, and reporting systems in states other than Texas. If you are a child care professional in a country other than the U.S., please note that you may be subject to requirements at the national, state, province, or territory, and local levels of government. It is important that you seek out all of these requirements so you know what is expected of you before the situation arises.

**Activity: Exploring Legal Requirements in Other States**

**Using the Reporting System**
The systems used for making a report of suspected child maltreatment vary by state and internationally. Let’s take a closer look at the reporting system used in Texas, as an example of how a child care professional might make a report of suspected abuse or neglect. To learn about the reporting system in another state, look to the state agency you identified in the previous activity, or to your national, state, and local governments.

**Information Included in Reports**

As we mentioned earlier, the more information you can include in your report, the better. While almost any information you gather can be useful to investigators, there are a few key pieces of information you should always try to have on hand before making a report. The Texas Department of Family and Protective Services has published a handout called *Reporting Abuse, Neglect, or Exploitation* (2010) which gives a detailed overview of the Texas reporting system, including the types of information a reporter should try to have on hand before making a report.

This includes information about the child, such as:

- The child’s name, age, and home address,
- A description of the child’s situation, to the best of your knowledge, and
- A description of any injuries, conditions, or behaviors that might be associated with abuse or neglect.

This document also recommends providing certain information about other people who might need to be a part of the investigation, if the information is available to you, such as:

- The names of the child’s parents and, if applicable, siblings,
- The names of other relatives in the home or who might have knowledge of the situation, and
- The name of the person who committed the child maltreatment, if you know it.

You should also give an explanation of how you know about the situation as a part of your report. You have access to a copy of the handout *Reporting Abuse, Neglect, or Exploitation* as a part of this course. Use this resource as a quick reference to this and other important elements of the reporting process in Texas. Many of the points on this handout also apply to other state reporting systems.

Don’t hesitate to make a report because you are missing one or more pieces of information from this list. As we’ve already mentioned, waiting to make a report based on incomplete information can put an abused or neglected child at risk of further injury. Also, know that no matter how much information you provide, it is possible (and even likely) that investigators might need to contact you to obtain more information during the course of an investigation. This does not mean you made your report prematurely. It is simply a part of the normal investigative process.

[Handout: Reporting Abuse, Neglect, or Exploitation]
Accessing the System

In Texas there are two ways to access the child maltreatment reporting system, also called the Abuse Hotline. One way to make a report is to use the phone system managed by the Department of Family and Protective Services. To do this, call **1-800-252-5400**. This hotline operates 24-hours a day, 7 days a week. Callers can access the hotline toll-free from anywhere in the United States, but it is dedicated specifically to incidents that take place in the State of Texas. In addition to reporting child abuse, the hotline can also be used to report abuse of elderly individuals and people with disabilities. If you need to report an incident of suspected maltreatment that has taken place in another state, you will need to contact the appropriate agency that handles these types of cases in your area. Reports filed through the phone system can be made anonymously, and are processed more quickly than reports filed through the website.

The second way to access the reporting system is to visit the reporting website at [https://www.txabusehotline.org](https://www.txabusehotline.org). Currently, reports filed through the website may take a substantial amount of time to be processed – up to 24 hours. Certain fields on the online tool are required in order to submit a report, so if you are missing key pieces of information, you might need to use the phone system. Also, reporters using the web-based tool are required to register before making a report, which means the report cannot be made anonymously. Remember, though, all reports in Texas are kept confidential according to state law. Using the online system, reporters can receive an email confirmation that their report has been submitted, and can print a copy of the report. If you want these types of documentation for your records, then consider using the web-based reporting tool.

If you suspect a child is at risk of serious injury or death, then you should always call 911 to report your suspicions to law enforcement first. Then you should follow up by making a report with the Texas Department of Family and Protective Services.

Take a moment to look at the handout called *What Child Care Providers Need to Know about Reporting Abuse and Neglect*. This handout is a quick review of the reporting information we’ve talked about. It might come in handy if you find yourself needing to make a report in the future and don’t remember exactly what to do.

[Handout: What Child Care Providers Need to Know about Reporting Abuse & Neglect]

**Conclusion**

Keeping children safe and healthy is the single most important responsibility of child care professionals at all levels. In order for children to learn, grow, and develop, they need a sense of security and stability in their lives.

In this course, we have reviewed key information related to understanding, identifying, preventing, and responding to various types of child maltreatment. Here are the major
messages we would like you to take with you in your professional interactions with children and families:

- There are four primary types of child maltreatment – physical abuse, sexual abuse, emotional abuse, and neglect. Each type of maltreatment can have variations. For example, consider that Abusive Head Trauma – Shaken Baby Syndrome is a variation of physical abuse.
- Victims of child maltreatment are at risk for poor outcomes in almost every area of development. They are more likely to have relationship problems, poor academic performance, mental health and addiction issues, and to become abusers themselves. These problems have a high cost to society, as well. For all of these reasons, preventing and confronting maltreatment should be a high priority for all of us.
- Families under severe stress are more susceptible to child maltreatment. Giving support to families and helping to connect them to community resources are critical strategies for reducing the likelihood a child will be the victim of abuse or neglect.
- Child care professionals can implement strategies to protect children while they are in child care. These include creating environments that promote accountability and supervision, staffing practices that ensure caregivers are qualified, trained, and supported adequately, caregiving that builds a foundation of trust and involves ongoing assessment of each child to allow for early identification of concerns, and policies and procedures that reduce the risk of harm to children.
- There are many signs that might indicate a child has been the victim of maltreatment. Some signs are specific to a particular type of abuse or neglect, while others are very general and may even indicate problems other than maltreatment (such as medical issues or stressful events in the child’s home life). Knowing the signs is important, and child care professionals should be prepared to report any signs they see pointing to abuse, even if they are not sure.
- In Texas, reports of child maltreatment can be made through the Abuse Hotline phone system or web-based reporting tool, both operated by the Department of Family and Protective Services. Child care professionals are required to report within 48 hours of a suspicious event or observation, and are protected from legal or civil penalties if they make a report in good faith.

Thank you for your attention, and for your commitment to ensuring the well-being of the children in your care.

This course was developed and produced by the Texas A&M AgriLife Extension Service of the Texas A&M University System in cooperation with the Texas Department of Family and Protective Services, Child Care Licensing Division, and using funds provided by the Texas Workforce Commission.