

# Identifying and Reporting Child Abuse and Neglect

## A MANDATED REPORTER HANDBOOK

- **Define Child Abuse, according to NYS Law**
- **Identify Indicators of CA/N**
- **Explain Possible Behavioral and Environmental Characteristics of Abusive Parents or Caretakers**
- **Describe Reportable Situations**
- **Explain Reporting Procedures**
- **Consider Actions That May Be Taken**
- **Describe Legal Protections & Consequences for Failure to Report**



*For More information call:*  
**Prevention Information Resource Center**  
**1-800-342-PIRC**

## PHYSICAL ABUSE of CHILDREN - DEFINING the PROBLEM

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The non-accidental physical injury of a child inflicted by a parent or caretaker, which ranges from superficial bruises and welts to broken bones, burns, serious internal injuries and, in some cases, death.

**Summary of Legal Definition in NYS:** An abused child is one who is under 18 years of age whose parent- or other person legally responsible for his/her care- inflicts or allows to be inflicted upon the child physical injury by other than accidental means, or creates or allows to be created a substantial risk of physical injury by other than accidental means, which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ.

## INDICATORS OF PHYSICAL ABUSE

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Special attention should be paid to injuries that are unexplained or are inconsistent with the parent or caretaker's explanation and/or the child's developmental stage.

**Note:** "Behavioral indicators" of child abuse have a valid place in decision making. Particularly when there is otherwise unexplained change in behavior, these indicators provide important clues for potential reporters to pursue, and crucial corroborative evidence of maltreatment. But, behavioral indicators tend to be misused to report suspected abuse, without physical or other evidence and without statements of the child or others. Any list of behavioral indicators standing on their own and without an accompanying history of past and present behaviors, should not be the basis of a report. There are many other explanations for such behavior. (Besharov, Douglas, Recognizing Child Abuse, A Guide for the Concerned, The Free Press 1990.)

### Physical Indicators

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- Bruises, welts and bite marks
- on face, lips, mouth, neck, wrists or ankles, on torso, back, buttock, thighs
- injuries to both eyes/cheeks (accidents usually injure only one side)
- clustered, forming patterns
- in shape of article (e.g. belt, cord)
- on several different surface areas
- evidence of human bites (compresses rather than tears)
- in various stages of healing
- regularly appearing after absence, weekend, vacation
- Lacerations or abrasions
- to mouth, lips, gums, eyes
- to external genitalia
- on back of arms, legs or torso
- Burns
- cigar, cigarette, esp. on soles, palms, back, buttocks
- scalding water immersion (sock-like, glove-like, doughnut shaped on buttocks or genitalia)
- patterned like electric iron, iron, etc.
- rope burns on arms, legs, neck, and torso

### Behavioral Indicators

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- Wary of contacts with parents or other adults
- Apprehensive when other children cry
- Behavior extremes, such as
- aggressiveness, or
- withdrawal, or
- extreme mood changes
- Afraid to go home, repeated incidents of running away
- Reports injury by parents (sometimes blames self, e.g., "I was bad")
- Habit disorders
- self-injurious behaviors
- psychoneurotic reactions (phobias, compulsions, obsessions, hypochondria)
- May wear long sleeves or other concealing clothing inappropriate for weather, to hide injuries
- Manifestations of low self-esteem
- Suicide attempts

## SEXUAL ABUSE of CHILDREN - DEFINING the PROBLEM

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The sexual exploitation of a child by a parent, relative, caretaker or other person, such as fondling, intercourse or use of child in the production of pornographic materials.

**Summary of Legal Definition in NYS.** A sexually abused child is a child less than eighteen years of age whose parent- or other person legally responsible for his/her care- commits or allows to be committed a sex offense against such child, as defined in the Penal law; commits incest; allows, permits or encourages such child to engage in acts or conduct which constitute prostitution or a sexual performance.

## INDICATORS OF SEXUAL ABUSE

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Because most sexual abuse cases do not present apparent physical evidence or indicators, identification and recognition are often very difficult. And, the many legitimate fears which child victims of sexual abuse experience make it extremely difficult for them to report the abuse even to a very trusted adult or friend. The fact that the vast majority of child molesters are family members or friends of the child or his/her family makes disclosure of the abuse very difficult for the child. There is absolutely no profile of a child molester or of the typical victim. Do not assume that, because an alleged offender has an unparalleled reputation for good works in the community or holds a certain job, he or she could not also be a child molester.

Note: "Behavioral indicators" provide important clues for potential reporters to pursue, particularly when there is otherwise unexplained change in behavior. But, behavioral indicators should not be the basis of a report without physical or other evidence or statements of the child or others.

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### Physical Indicators

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal or anal areas
- Bruises to the hard or soft palate
- Sexually transmitted diseases, especially in preteens; includes venereal oral infections
- Pregnancy, especially in early adolescent
- Painful discharge of urine and/or repeated urinary infections
- Foreign bodies in vagina or rectum

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### Behavioral Indicators

- Unwilling to change for gym or participate in physical education class
- Withdrawal, fantasy or infantile behavior
- Bizarre, sophisticated or unusual sexual behavior or knowledge; seductive or promiscuous behavior
- Poor peer relationships
- Delinquent or runaway; truancy
- Reports sexual assault by caretaker
- Prostitution
- Forcing sexual acts on other children
- Extreme fear of being touched; unwilling to submit to physical examination
- Self-injurious behaviors; suicide attempts
- Manifestations of low self-esteem, general fearfulness

# NEGLECT / MALTREATMENT of CHILDREN - DEFINING the PROBLEM

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## PHYSICAL NEGLECT

The withholding of, or failure to provide a child, adequate food, shelter, clothing, education, hygiene, medical care and/or supervision needed for normal growth and development.

**Summary of Legal Definition in NYS:** A neglected child is a child less than eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of the parent- or other person legally responsible for his/her care- to exercise a minimum degree of care:

1. in supplying the child with food, clothing, shelter or education, or medical, dental optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
2. in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the use of excessive corporal punishment; or
3. by misusing drugs or alcohol to the extent that he or she loses self-control of his/her actions, or
4. by any other acts of similarly serious nature requiring the aid of the court; or
5. who has been abandoned by his/her parents or other person legally responsible for the child's care.

## EMOTIONAL MALTREATMENT (ABUSE and NEGLECT)

Acts or omissions that cause or could cause serious conduct, cognitive, affective or other mental disorders as a result of such parent or caretaker behavior as torture or close confinement or the constant use of verbally abusive language to harshly criticize and denigrate a child; generally a result of the child's inability to meet unrealistic demands made by parents. Also includes emotional neglect -- the withholding of physical and emotional contact to the detriment of the child's normal emotional development, and in extreme cases, physical development.

**Summary of Legal Definition in NYS:** "Impairment of emotional health" and "impairment of mental or emotional condition" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggressive or self-destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the parent or other person legally responsible for the child to exercise a minimum degree of care toward the child.

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## Indicators of Neglect and Maltreatment

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Note: "Behavioral indicators" have a valid place in decision making, particularly when there is otherwise unexplained change in behavior. These indicators provide important clues for potential reporters to pursue. But, behavioral indicators alone should not be the basis of a report. There are many other explanations for such behavior.

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### Physical Indicators

- Failure to thrive (physically or emotionally)
- Positive indicator of toxicology, esp. in newborns; drug withdrawal symptoms, tremors, etc.
- Lags in physical development
- Consistent hunger, poor hygiene (skin, teeth, ears, etc.)
- Inappropriate dress for the season
- Speech disorders
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Unattended physical problems or medical needs
- Chronic truancy
- Abandonment

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### Behavioral Indicators

- Begging, stealing food
- Extended stays at school
- Constant fatigue, listlessness, falling asleep in class
- Alcohol or drug abuse
- Delinquency (i.e., thefts)
- States there is no caretaker
- Runaway behavior
- Habit disorder (e.g., sucking, biting, rocking)
- Conduct disorder (e.g., antisocial, destructive)
- Neurotic traits (sleep disorders, inhibition of play)
- Psychoneurotic reactions (hysteria, obsession)
- Behavior extremes; compliant/passive, aggressive
- Overly adaptive behavior, adult-like or infantile
- Lags in mental/emotional development

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## **POSSIBLE BEHAVIORAL and ENVIRONMENTAL CHARACTERISTICS of ABUSIVE PARENTS or CARETAKERS**

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These indicators are clues, not conclusive proof. Although they are useful to remember when dealing with the parent/caretaker, these characteristics also exist where a child is not abused or neglected. Typically, several clues or indicators will appear, rarely as separate entities. Except for the obvious, single clues should be treated as "flags" which indicate that the professional needs to look further and more carefully.

### **Parent / Caretaker History**

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- Parent abused or neglected as a child
- Lack of friendships or emotional support ie. isolated from supports such as friends, relatives, neighbors, community groups
- lack of self-esteem, feelings of worthlessness
- Marital problems of parents, including spouse abuse
- Physical or mental health problems, irrational behavior
- Life crises: financial debt, unemployment / underemployment, housing problems, etc
- Alcohol / substance abuse
- Adolescent parents

### **Parent - Child History**

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- Parent's unrealistic expectation of child's physical and emotional needs mentally/developmentally disabled children are particularly vulnerable
- Parent's unrealistic expectations of child to meet parent's emotional needs (role reversal), children viewed as "miniature adults"
- Absence of nurturing child-rearing skills ie. violence accepted as unquestioned child-rearing practice or as a normal means of personal interaction
- Delay or failure in seeking health care for child's injury, illness, routine checkups, immunizations, etc.
- Parent views child as bad, evil, different, etc.

### **Environmental**

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- Lack of social support inability to ask for and receive the kind of help and support parents need for themselves and their children
- Homelessness

From "The Identification and Reporting of Child Abuse and Maltreatment: NYS Syllabus," The University of the State of New York, The New York State Education Department, Albany, NY 12234

## **CHILD ABUSE and NEGLECT** **in RESIDENTIAL CARE FACILITIES-DEFINING the PROBLEM**

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Persons legally responsible for a child in residential care- or custodians- include director, operator of, employee or volunteer of a residential care facility or program.

**AN ABUSED CHILD** in residential care is one whose custodian inflicts, or allows to be inflicted upon the child, physical injury by other than accidental means, or creates or allows to be created a substantial risk of physical injury by other than accidental means, which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or commits or permits the commission of a sex offense against the child.

An Abused Child in residential care is also one whose custodian fails to comply with a rule or regulation (of the state agency operating, certifying or supervising the facility) involving care, services or supervision, and such failure to comply results in death, serious or protracted disfigurement or impairment of physical health or loss or impairment of the function of any organ where the result was reasonably foreseeable.

**A NEGLECTED CHILD** in residential care is one whose custodian

- inflicts by act or omission physical injury, excluding minor injury, by other than accidental means
- creates a substantial risk of other than minor injury by other than accidental means
- fails to comply with a rule or regulation involving care, services or supervision of the child, and such failure to comply results in other than minor physical injury or in serious emotional injury, where such result was reasonably foreseeable
- intentionally administers to the child any prescription drug other than in accordance with a physician's, physician's assistant's or nurse practitioner's prescription.

**AN INSTITUTIONALLY NEGLECTED CHILD** in residential care means a child whose health, safety or welfare is harmed or placed in imminent danger of harm as a result of a lack of compliance with applicable standards of the state agency operating, certifying or supervising the facility, including but not limited to, provision of supervision, food, clothing, shelter, education, medical, dental, optometric or surgical care.

**CHILDREN UP TO 21 YEARS** of age, rather than 18 years, may be considered abused or neglected, if they have a handicapping condition and their care is provided in one of the following

- the NY state school for the blind or the NY state school for the deaf
- a private residential school which has been approved by the Commissioner of Education for special education services or programs
- institutions for the instruction of the deaf and the blind which have a residential component and are under the authority of the state commissioner of education
- a special act school district.

## HANDLING DISCLOSURES OF ABUSE

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### Recognizing Disclosures

Very seldom will a child disclose abuse immediately after the first incident has occurred. Victimized children often experience a great sense of helplessness and hopelessness and think that nobody can do anything to help them. Also, victimized children may try to make every attempt to protect an abusive parent. Or, they may be extremely reluctant to report any abuse for fear of what the abuser may do to them. Typically, a child may not report abuse for months and even years, particularly if the abuser is someone close to the child.

Sometimes an outcry may not be verbal but portrayed in a drawing left behind inadvertently for the teacher, the counselor, or a trusted relative to see. Another form of outcry may be seen in a child who will frequently go to the school nurse complaining of vague, somatic symptoms, often without organic basis, hoping that the nurse will guess what has happened. This way, in their minds, they have not betrayed nor will they be punished, since they did not directly report the abuse. Some children, while totally reluctant to report or discuss the abuse, may be more willing to express their apprehensions and anxieties about the perpetrator or the home situation. In some cases, abused children will make an outcry which may take the extreme form of a suicide gesture or attempt.

Children may disclose abuse in a variety of ways. They may blurt it out to you, especially after you have created a warm nurturing environment. They may come privately to talk directly and specifically about what is going on. But more common ways include:

**Indirect Hints:** "My brother wouldn't let me sleep last night." "My babysitter keeps bothering me." A child may talk in these terms because he/she hasn't learned more specific vocabulary, feels too ashamed or embarrassed to talk more directly, has promised not to tell, or for a combination of these reasons.

Appropriate responses would be invitations to tell you more, such as "Is it something you are happy about?" and open-ended questions such as "Can you tell me more?" or "What do you mean?" Gently encourage the child to be more specific. It is important that the child use his/her own language, and that no additional words are given to the child.

**Disguised Disclosure:** "What would happen if a girl told someone her mother beat her?" "I know someone who is being touched in a bad way." Here the child might be talking about a friend or sibling, but is just as likely to be talking about her/himself.

Encourage the child to tell you what he/she knows about the "other child." It is probably that the child will eventually tell you about whom he/she is talking.

**Disclosure with Strings Attached:** "I have a problem, but if I tell you about it, you have to promise not to tell anyone else." Most children are all too aware that some negative consequences will result if they break the secret of abuse. Often the offender uses the threat of these consequences to keep the child silent.

Let the child know you want to help him/her. Tell them, from the beginning, that there are times when you too may need to get help with the problem. In order to help them, it may be necessary to get some special people involved. The fact that the child has chosen this particular moment to disclose is important. Usually they will agree to seek help if you talk about it ahead of time. Assure the child that you will respect his/her need for confidentiality by not discussing the abuse with anyone other than those directly involved in getting help. And, if you can explain the process to them, it may help with their initial fear.

## **RESPONDING TO DISCLOSURES**

In school, if a child discloses during a lesson, acknowledge the child's disclosure and continue the lesson. Afterward, find a place where you can talk with the child alone. It is best to present child abuse curricula before a playtime or recess so that you have a natural opportunity to talk with children privately if they come forward.

Before notifying anyone outside of your school or agency, you or another designated person should sit down in a quiet room without interruptions and speak with the child. If a child has chosen you as the person in whom to confide, you should take the time to speak with the child about the problem. If that is not possible, ask the child if she/he would feel comfortable discussing it with someone else. If the child indicates that he wants to tell you, you must make every effort to listen and support the child. She/he may not trust another enough to tell them.

Multiple interviews should be avoided. The child will have to share the story with many others. When you speak with the child, sit down together, assure him/her that you are concerned and want to know more and that it's alright to tell you. Go slowly, allowing the child to explain as much as he/she can. Do not suggest in any way that any particular person may have done something to him/ her or that the child was touched in any particular way. Let the child talk as much as possible.

Explain, in age appropriate language, that the law requires you to make a report if any child discloses abuse and that the law is there to protect them. Describe for them who will be involved, for example, the social worker, principal and the CPS caseworker.

### **When Talking to the Child, DO**

- Find a private place to talk with the child.
- Sit next to the child, not across a table or desk.
- Use language the child understands; ask the child to clarify words you don't understand.
- Express your belief that the child is telling you the truth.
- Reassure the child that it is not his/her fault, and that he/she is not bad and did nothing to deserve this.
- Determine the child's immediate need for safety.
- Let the child know you will do your best to protect and support him/her.
- Tell the child what you will do, and who will be involved in the process.

### **When Talking to the Child, DON'T**

- Disparage or criticize the child's choice of words or language.
- Suggest answers to the child.
- Probe or press for answers the child is unwilling to give.
- Display shock or disapproval of parent(s), child, or situation.
- Talk to the child with a group of interviewers.
- Make promises to the child, about "not telling" nor about how the situation will work out.

#### **Supporting the Child After the Report Has Been Made**

If it is necessary for Child Protective Services or a Law Enforcement official to interview the child at the school or agency, you should cooperate and assist by providing access for such an interview. Unless there are compelling reasons against it, a staff member the child trusts should be present during the interview to provide support for the child. (This situation may also arise when the report did not originate from your school or agency.)

Adapted from information provided by Orange-Ulster BOCES in New York and Prevent Child Abuse Rhode Island.

## EXAMPLES OF REPORTABLE SITUATIONS

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- ☞ A school principal calls the State Central Register (SCR- the Hotline) and reports that a 10-year-old pupil, Ed, has told him repeatedly for several weeks that he does not get enough to eat at home. The child appears pale and eats excessively at the school lunch program.
- ☞ Mary brings her four-year-old daughter to the emergency room because of a vaginal discharge. The child is diagnosed to have gonorrhea.
- ☞ A five-year-old boy, Jason, is continually brought to the school nurse for an advanced case of head lice.
- ☞ Nancy, a 12 -year-old, comes to school with two bruises. One is on her upper left arm and one is on the lower area of her neck. Nancy states that her mother was upset yesterday and threw her against the refrigerator.
- ☞ Three-year-old Amy is brought to the emergency room and is diagnosed to have second-degree immersion burns.
- ☞ A school counselor calls the SCR and states that Teddy has missed 34 out of a possible 95 days of school. Teddy has submitted an excuse for 10 of his absences. The school has attempted to contact the parents. The parents have not responded to the contacts.
- ☞ A neighbor calls the SCR and states that Kim and Meghan, a three-year-old and four-year-old, sit on the windowsill every day during warm weather. The family live in a fourth floor apartment without any screens.
- ☞ A mother calls the SCR and reports that she is afraid her husband is going to harm her six-month-old baby. He has on more than one occasion violently shaken the baby when the baby doesn't stop crying.
- ☞ A neighbor calls the SCR and states that three young children, who live two trailers down, roam the trailer park all night long vandalizing neighbors' property.
- ☞ A 16-year-old boy, Roger, is repeatedly drinking (two-three times a week) to the point of intoxication. He drinks in front of his mother. The aunt is concerned and calls the SCR

Source: New York State Department of Social Services

From "The Identification and Reporting of Child Abuse and Maltreatment: NYS Syllabus," The University of the State of New York, The New York State Education Department, Albany, NY 12234

## OUTLINE of PROCEDURES for MANDATED REPORTING of CA/N in NYS

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- **WHO:** Mandated reporters are those persons and officials required by law to report suspected child abuse, or cause a report to be made. They include any:

physician	psychologist	child care or foster care worker
physicians assistant	registered nurse	mental health professional
surgeon	hospital personnel engaged in admission, examination, care or treatment	substance abuse counselor
medical examiner	Christian Science practitioner	alcoholism counselor
coroner	school official	peace officer
dentist	social services worker	police officer
dental hygienist	day care center worker	district attorney or assistant district attorney
osteopath	family or group family day care provider	investigator employed in a district attorney's office
optometrist	employee or volunteer in a residential care facility	other law enforcement official
chiropractor		emergency medical technician
podiatrist		
resident		
intern		

- **WHEN:** As a mandated reporter, you must report immediately when you have reasonable cause to suspect that a child who comes before you in your professional role is an abused or neglected child - - or when a parent or caretaker who comes before you in your professional role makes statements from his/her personal knowledge which, if correct, would render their child an abused or neglected child.
- **HOW: Call the NYS Central Register of Child Abuse and Maltreatment, Mandated Reporter number (child abuse reporting hotline): 1-800-635-1522**  
[People who are not mandated reporters call the hotline at 1-800-342-3720]

In schools, hospitals and clinics and other institutions, take your concern to the person, in your institution who is designated to contact the child abuse reporting hotline. They make the phone call to the hotline. That person is the "reporter"; you are the "source of the report." Only one report is required. *If that person refuses to make the report, then you must do so*, unless you receive new information that legitimately removes your suspicion of child maltreatment. (For example, you may learn that what you believed were bruises are actually Mongolian spots.)

- **Include in the oral report**

- Information about the child(ren), parent(s) or caretaker: name & address, age, gender, race
- Other persons in the family/household
- The Allegation and the Basis of Your Suspicion
  - Nature and extent of injuries, abuse, maltreatment
  - Child's condition, behavior
  - Including also evidence of prior abuse or of maltreatment of siblings
- Person you suspect is responsible for injury, abuse, maltreatment
- Source of report and person making report
- Any additional information that may be helpful
- Other actions taken, e.g., photos, X-rays, keeping the child in protective custody

***Essential Elements for a Report to Be Accepted:***

- *Child is under 18*
- *Jurisdiction is within New York State*
- *Demographics- names, address, etc.*
- *Allegations- abuse and/or maltreatment suspected*
- *Person legally responsible, for the child's care*

• **Other Permissible Actions of Mandated Reporters**

May take, or cause to be taken, photographs or X-rays of visible trauma  
Such photographs or X-rays must be attached to the written form sent to CPS.  
The child may be taken into protective custody by certain mandated reporters (law enforcement, hospital administrators, CPS workers).

• **After the Oral Report Is Made, a Written Report Must be Mailed**

Within 48 hours, a written report, form DSS 2221-A, must be sent to Child Protective Services in the county which will handle the case. Generally, that is the county in which the family resides. If the child and the suspected perpetrator (person who abused the child) live in different counties, the written report is sent to the county where the perpetrator resides. If photos or X-rays of the trauma were taken, enclose them with the report. You may obtain the forms from your county Child Protective Services, Department of Social Services.

• **Legal Protections for Mandated Reporters**

**Immunity:** When a report is made in good faith, the reporter is immune from civil or criminal liability. Furthermore, Mandated Reporters' good faith is presumed.

**Confidentiality:** Child Protective Services is required to maintain confidentiality about the source of reports, i.e., they may not release identifying information about the source of the report to the subjects of the report (unless they have the reporter's written permission).

• **Consequences For Failure to Report**

**Criminal Sanction:** It is Class A misdemeanor for a mandated reporter to willfully fail to report a case of suspected child abuse or maltreatment.

**Civil Sanction:** A mandated reporter who knowingly and willfully fails to make a report of suspected child abuse or maltreatment is civilly liable for damages caused by such failure.

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**Recommended Reading:** *Recognizing Child Abuse: A Guide for the Concerned*, Douglas J. Besharov, The Free Press, 1990. Directed at professionals and private citizens, provides comprehensive, enormously practical (e.g., little technical jargon) guidance for deciding whether there is "reasonable suspicion" of CA/N, i.e., a report should be made.

Do you have further questions about reporting child abuse and neglect?  
Contact the Child Abuse Prevention Information Resource Center at **1-800-342-PIRC (7472)**