Child Abuse Prevention, Identification and Reporting

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California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
(510) 839-1195 • (800) 333-3212 Healthline
www.ucsfchildcarehealth.org

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We wish to credit the following people for their contributions of time and expertise to the development and review of this curriculum since 2000. The names are listed in alphabetical order:

Main Contributors

Abbey Alkon, RN, PhD
Jane Bernzweig, PhD
Lynda Boyer-Chu, RN, MPH
Judy Calder, RN, MS
Lyn Dailey, RN, PHN
Robert Frank, MS
Lauren Heim Goldstein, PhD
Gail D. Gonzalez, RN
Susan Jensen, RN, MSN, PNP
Judith Kunitz, MA
Mardi Lucich, MA
Cheryl Oku, BA
Pamm Shaw, MS, EdD
Marsha Sherman, MA, MFCC
Eileen Walsh, RN, MPH
Sharon Douglass Ware, RN, EdD
Rahman Zamani, MD, MPH

Additional Contributors

Robert Bates, Vella Black-Roberts, Judy Blanding, Terry Holybee, Karen Sokal-Gutierrez

Outside Reviewers, 2003 Edition

Jan Gross, RN, BSN, Greenbank, WA
Jacqueline Quirk, RN, BSN, Chapel Hill, NC
Angelique M. White, RNc, MA, MN, CNS, New Orleans, LA

CCHP Staff

Ellen Bepp, Robin Calo, Catherine Cao, Sara Evinger, Joanna Farrer, Krishna Gopalan, Maleya Joseph, Cathy Miller, Dara Nelson, Bobbie Rose, Griselda Thomas, Kim To, Mimi Wolff

Graphic Designers

Edi Berton (2006), Eva Guralnick (2001-2005)

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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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LEARNING OBJECTIVES

To describe the unique role early care and education (ECE) providers play in preventing, identifying and responding to child abuse.

To describe child abuse reporting requirements.

To describe how the reporting process impacts Child Care Health Consultants (CCHCs) and ECE providers.

To describe three ways a CCHC can assist ECE programs in meeting their child abuse prevention, identification and reporting needs.

To identify child abuse resources to assist and support ECE providers and families.

WHY IS CHILD ABUSE PREVENTION, IDENTIFICATION AND REPORTING IMPORTANT?

An estimated 896,000 children were determined to be victims of child abuse or neglect in 2002 (National Clearinghouse on Child Abuse and Neglect Information, 2002). The highest rates of abuse and neglect were towards children from birth to three years old. There is no single cause of abuse but there are risk factors, early warning signs and symptoms that can be identified. Child abuse crosses all socioeconomic, ethnic, cultural, occupational, religious, and age groups (California Department of Social Services, 2004). Helping ECE programs prevent, identify, and report cases of child abuse and neglect is of great importance. ECE professionals see young children day after day and may be the first persons to suspect and report abuse or neglect, as well as being the best source of support and information available to the families they serve.

WHAT THE CCHC NEEDS TO KNOW

Under California law, child abuse is a crime. The California Child Abuse Reporting Law (Welfare and Institutions Code, Penal Code Sections 11165-11174.3), along with other state laws, provide the legal basis for action to protect children and to allow intervention by public agencies if a child is neglected or maltreated. All official reports of suspected abuse must also be reported to Community Care Licensing.

Legal Requirements

Licensing Requirements for Child Care

California Community Care Licensing requires persons working in ECE programs to report reasonable suspicions of child abuse (State of California, Health and Human Services, Department of Social Services, 2002). ECE professionals, substitute teachers, auxiliary staff and even volunteers can be required to report suspected child abuse. These people are known as mandated reporters. In addition, Community Care Licensing requires criminal history investigation of all employees, volunteers and persons working in unsupervised relationships to children through a program called "Live Scan" for licensed centers and "Trustline" for unlicensed exempted centers (State of California, 2002). These programs provide background screening for criminal activity of persons who apply to work in ECE programs, including a fingerprint check of records at the California Department of Justice. This screening program helps identify persons with a history of child abuse or criminal convictions so they will be excluded from working with children.

Training Requirements for ECE Professionals

ECE professionals are required to have training related to child abuse intervention, prevention and reporting in their initial 15 hours of health and safety training according to California's Community Care Licensing Division, Division 12, Chapter 1, Article 3, Section 101182.

Mandated Reporting of Suspected Child Abuse or Neglect

The California Penal Code requires persons working on behalf of children, such as ECE providers, Child Care Health Advocates (CCHAs), and other related professions, to report any suspicion of child abuse or neglect (Section 11165.7) to their local child protective services agency. Mandated reporters must report any reasonable suspicion via telephone immediately and in writing within 36 hours. Any person who knowingly and willfully fails to promptly report any incident as provided in this section may be reported by the Department of Social Services to local law enforcement for criminal investigation and, if convicted, could be guilty of a misdemeanor and subject to fines and incarceration.

CCHCs have a legal duty to report only if they have a reasonable suspicion of knowledge about abuse or neglect obtained during the course of work as a CCHC. CCHCs are not required to collect evidence. Child Protective Services will collect the necessary information since they are the authorized agency to investigate child abuse cases. CCHCs are not obligated to report if they were not serving in a professional capacity. CCHCs might not be privy to the outcome of the action; however, keep in mind that reporting establishes a "paper trail" so that the appropriate agencies are aware of a potential problem.

Mandated reporters are immune from civil and criminal liability. Mandated reporters only have absolute immunity when they are making a report that is based upon information they gained during the course of their work as a CCHC. However, this immunity does not prevent lawsuits. Therefore, California has set aside a fund to reimburse legal costs incurred by mandated reporters who need legal defense.

Failure to report is a misdemeanor resulting in six months in jail, $1,000.00 fine or both. Failure to report could also result in civil liabilities for failing to protect a child. Reporting laws override ethical duties to protect privileged communication.

(Adapted from: Shadows to Light: A Training Curriculum for Mandated Reporters on the California Child Abuse Reporting Law, Eliana Gill, funded by Office of Criminal Justice Planning and Office for Child Abuse Prevention.)

Why Young Children Are at Risk

- Children are at risk for abuse because they are small, weak, vulnerable and completely dependent on adults for their needs.
- Pre-verbal children have no defense against abuse or neglect as they cannot verbally communicate that they are being hurt, are lacking something, or are afraid. The younger children are, the more they are at risk for abuse and neglect.
- Stressors on parents, such as substance abuse, poverty, unemployment, domestic violence or financial burdens can be risk factors for neglect or abuse.

Issues that Arise in ECE Programs

- ECE settings are the only places where young children are seen day after day by people trained to observe their appearance, behavior and development. ECE providers may be the first persons to suspect and report abuse or neglect, as well as being the best source of support and information available to the families they serve.
- It can be very difficult for an ECE provider to accept the possibility that a child is being abused; reporting suspected child abuse is even more difficult, especially if the provider and family have formed a bond.
- Unlike most other mandated reporters, self-employed ECE providers who report suspected child abuse or neglect are at risk for losing a substantial portion of income. ECE providers who are employed at a program may fear, despite legal protections, that they will lose their employment if they make a report.
- ECE providers are in an excellent position to assist families by giving them information on child development and appropriate discipline, modeling developmentally appropriate practices, helping families establish positive relationships with their children, and by referring families to community resources and support services.
- If a report is made and a child is removed from the home, it may be ideal if the child can continue attending the same ECE program.
- ECE providers are also in an excellent position to educate young children about their right to say no and to tell others if they are being abused.
- Accusations of abuse against an ECE staff member are occasionally made by parents or guardians of children enrolled in the program. Such reports are motivated by a variety of reasons, and no allegation should be lightly dismissed. This situation is very stressful for an ECE program until an investigation determines guilt or innocence. A CCHC should always advise a program to consult with Community Care Licensing any time an accusation is made, no matter how insignificant it may seem. CCHCs can advise an ECE program director whether to inform other parents and generally manage rumors. Serious allegations will be investigated by Community Care Licensing, Law Enforcement and Child Protective Services. Generally, the accused staff member is assigned administrative duties until the investigation is complete. Significant evidence must be gathered to substantiate an accusation of abuse.

What the Research Tells Us

- More than half of all adult women in the U.S. have experienced some form of abuse during childhood (Tjaden & Thoennes, 1998). There is a strong association between being abused as a child and abusing one's own child (defined as "intergenerational transmission of abuse"). However, the majority of parents who were abused as children do not abuse their own children (Leventhal, 2003). The population of children most at risk for abuse are those in low-income, single-parent families (Sedlak & Broadhurt, 1996). This does not mean that all poor and/or single parents are abusive. However, the demands of raising a family without a second parent add extraordinary stressors, and if the parent has insufficient income to pay for basic needs, it may be difficult for the parent to provide appropriate guidance to the child.

- A child whose behavior is often "out of bounds" and difficult to manage, or one whose temperament is very different from that of the parent, may be at increased risk of abuse.
- The best prevention is parent education and the provision of support for isolated parents who do not have family and/or community support. Some of the more successful prevention programs have been those that use peer educators to establish a rapport with the parent to talk about issues and assist them in accessing community resources, and those that educate parents on child development issues and the needs of the developing child (National Clearinghouse on Child Abuse and Neglect Information, 2003).

Defining Child Abuse

National Definitions of Child Abuse and Neglect

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2002), the National Clearinghouse on Child Abuse and Neglect Information (NCCAN), the federal government (Public Law 104-235), and most states define four types of child abuse: emotional abuse, physical abuse, sexual abuse, and neglect. U. S. federal law (Public Law 104-235) as amended by the Keeping Children and Families Safe Act of 2003 defines child abuse and neglect as:

> "…at a minimum, any recent act or failure to act on the part of the parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Emotional Abuse: acts that damage a child in psychological ways but do not fall into other categories of abuse (AAP et al., 2002, Glossary p. 481). Emotional abuse includes blaming, belittling or rejecting a child; constantly treating siblings unequally; or a persistent lack of concern by the caretaker for the child's welfare. It also includes bizarre or cruel forms of punishment. This type of abuse is the most difficult to detect because the indicators are rarely physical (Koralek, 1992).

Physical Abuse: any intentional injury to the child causing tangible physical harm (AAP et al., 2002, Glossary p. 481).

Sexual Abuse: "any sexual act performed with a child by an adult or by another child who exerts control over the victim" (AAP et al., 2002, Glossary p. 481).

Neglect: failure to provide for the child's basic needs. Koralek (1992) notes that while abuse tends to be episodic, neglect tends to be chronic. Koralek emphasizes four types of neglect:

- **Physical neglect:** inadequate or unsafe supervision of children.
- **Medical neglect:** failure to seek needed medical attention for a child and *withholding of medically indicated treatment* including appropriate nutrition, hydration and medication. Public Law 104-235 includes a special provision regarding the "withholding of medically indicated treatment for disabled infants with life-threatening conditions."
- **Educational neglect:** failure to abide by state laws regarding children's education.
- **Emotional neglect:** ignoring developmental needs of children.

The CFOC standards (AAP et al., 2002, Standard 3.056) state that "all caregivers in all settings and at all levels of employment shall know the definitions of child abuse and neglect and shall be able to give examples."

State Definitions of Child Abuse

Although most state definitions of child abuse are similar to Public Law 104-235, each state has its own laws governing child abuse and neglect. The CFOC standards emphasize that child caregivers should abide by the definitions contained in their state laws (AAP et al., 2002, Glossary p. 481).

The California law defines child abuse as any of the following:

Table 1: Overview of Common Physical and Behavioral Indicators of Child Abuse and Neglect		
Type of Abuse	**Physical Indicators**	**Behavioral Indicators**
Emotional Abuse CFOC Appendix K, Glossary p.481 Wesley, Dennis, and Tyndall (1997)	• Delayed physical, emotional or intellectual development • Habits that exceed the expectation for the child's developmental stage, such as rocking, or sucking on fingers	• Withdrawal • Apathy • Low social interaction • Fear of parent/caregiver • Behavioral extremes— passive or aggressive • Developmentally delayed
Physical Abuse Appendix K, Glossary p.481 Wesley et al. (1997)	• Bruises and marks on soft tissues of the face, neck, back, buttocks, arms, thighs, ankles, abdomen, genitals, or backs of legs • Burns or injuries in the shape of an object used to cause injury such as: bite marks, hand prints, cigarette burns, belt buckle markings, or burns from scalding liquids	• Wariness of adult contact • Behavioral extremes—passive or aggressive • Inappropriate or precocious maturity • Vacant or frozen stare • Apprehension when other children cry • Indiscriminant seeking of affection • Wears clothing inappropriate of weather to cover body
Sexual Abuse Appendix K, Glossary p.481 Wesley et al. (1997) Smith (2000)	• Pain, itching, bruises, swelling or bleeding around the genital area • Stained or bloody underclothing • Demonstrated difficulty sitting or walking • A sexually transmitted disease (STD)	• The report of sexual abuse • Frequent touching/fondling of genitals or masturbation • Inappropriate sexual expression with trusted adults • "Clinginess," fear of separation • Excessive bathing • Reenactment of abuse using dolls, drawings or friends • Neglected appearance • Avoidance of certain staff, relatives or friends • Lack of involvement with peers
Neglect Appendix K, Glossary p.481 Wesley et al. (1997)	• Inappropriate dress • Poor hygiene • Consistent hunger • Unattended medical needs • Recurring cases of head lice • Fatigue or listlessness	• Fatigue or listlessness • Whispering speech • Expressionless face • Frequently absent or tardy • Begging for or hoarding food • Reports no caretaker at home
Adapted from The National Training Institute for Child Care Health Consultants, UNC-CH, 2004		

- A child is physically injured, and that injury is intentional.
- A child is subjected to willful cruelty or unjustifiable punishment.
- A child is abused or exploited sexually.
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

Indicators of Child Abuse and Neglect

According to the CFOC standards, in addition to knowing the definitions of the different types of child abuse, all ECE providers in all settings should be aware of the common behaviors, symptom, and signs displayed by children who have been abused (AAP et al., 2002, Standards 3.057, 3.059). Table 1 provides a brief overview of common physical and behavioral indicators of child abuse (Young-Marquardt, and the National Training Institute for Child Care Health Consultants Staff, 2004). ECE providers should be aware that recognition of child abuse is based on the detection of a cluster of indicators rather than observation of one or two clues (Koralek, 1992).

Physical Indicators

Physical Abuse

Physical injuries are the most dramatic indicators of child abuse. Subtle physical injuries, however, can be difficult to detect. Koralek (1992) notes that young children frequently have accidents that result in bumps, cuts and bruises. Because children explore their environment in a forward motion, these accidental injuries most likely appear on the forehead, nose, chin, elbows, and knees (Stevenson, Rossi, & Marshall, 2001). On the other hand, intentional injuries often appear on the face, lips, mouth, torso, back, buttocks and thighs (Stevenson et al., 2001).

Sexual Abuse

Sexually transmitted diseases (STDs) can also be an indication of sexual abuse. However, it is unusual for a sexually abused child to have an STD or demonstrate any physical findings of this type of abuse. If a genital exam produces normal results, this does not rule out the possibility of sexual abuse.

If ECE providers suspect a child may have a STD, they should make sure a health care provider sees the child and notifies the parents. The health care provider should let the ECE provider know when the child can return and whether any precautionary measures need to be taken for the other children. If the health care provider determines the child has an STD, it is his/her responsibility to file a child abuse report. The CFOC standards also state that ECE providers should receive training on this topic and that the training should be documented (AAP et al., 2002, Standard 1.032).

Behavioral Indicators

The Child

Changes in behavior or attitude can be possible signs of abuse, and it is important that ECE providers be observant of the behavioral changes listed in Table 1 (or any sudden changes in behavior) and attempt to investigate the cause(s). To address the difficulties in behavioral detection of child abuse and neglect, the NCCAN manual defines each type of abuse and also furnishes information and examples to aid providers in detecting and interpreting behavioral indicators of child abuse (DePanfilis & Salus, 1992).

The Parent/Caregiver

The behavior of the child is not the only indicator of possible abuse. The behavior of the parent/caregiver should also be assessed. Common behaviors include, but are not limited to:

- Aggressiveness and/or defensiveness when asked about problems concerning their child
- Apathy
- Little or no concern about the child
- Overreaction to child's behavior
- Not forthcoming with events surrounding injury

Conversational Indicators

Koralek (1992) also lists a number of clues to possible child abuse and neglect that are detectable through

Table 2: Overview of Factors Associated with Child Abuse		
	Risk Factors	**Protective Factors**
Individual Child	• Emotional/behavioral difficulties • Child with special needs • Premature birth • Unwanted child	• Emotionally satisfying relationships with others • Availability of caring and emotionally supportive family and siblings • Presence of adult role models
Individual Parent	• Poor parenting skills and capacities • Limited child development knowledge • History of abuse • Substance abuse • Mental illness • Unrealistic expectation of child's behavior • Teenage parent • Depression/low self-esteem	• A supportive person available at birth of child • Emotionally satisfying relationships with others • High maternal educational achievement • Positive parenting skills and capacities • Accurate child development knowledge
Family	• Child/parent interaction • Parental stress • Domestic violence • Isolated from extended family • Social isolation • Single parenthood • Unrelated adult figure in home • Poverty	• Availability of caring and emotionally supportive family and siblings • Presence of adult role models • Domestic harmony • Social support from significant other
Community	• Unemployment/financial problems • Poverty • Housing • Neighborhood crime	• Stable and cohesive neighborhoods • Access to adequate health care, quality education and employment services • Availability of caring and emotionally supportive friends, teachers, neighbors
Cultural/Societal	• Levels of acceptable violence • Corporal punishment • Punitive national/state/local family policies • Over-emphasis on family privacy	• Social network of relatives and friends • Pro-social national/state/local family policies • Respect for children's rights

conversations with children and their parents. Indicators include:

- Blaming or belittling the child
- Making negative comments about the child
- Labeling the child as "bad" or "evil"

Factors Associated with Child Abuse and Neglect

The CFOC standards state that ECE providers with one year of ECE experience and all small family home care providers shall know the chronic and situational factors that lead to abuse, and these symptoms and indicators should be listed in written policies (AAP et al., 2002, Standard 3.056). CCHCs should also be aware of factors that have the potential to protect children from abuse.

Research indicates that the following factors serve as predisposing risk factors for child abuse:

- individual characteristics of the mother and infant;
- family and social factors; and
- culturally related parenting beliefs, practices and experiences.

Table 2 presents an overview of these risk factors. Included are possible protective factors for child abuse as identified by Prevent Child Abuse North Carolina.

Reporting Child Abuse

The CFOC standards specifically address the responsibility of all ECE providers to report suspected cases of child abuse (AAP, et al., 2002):

- The facility shall report to the state Department of Social Services, local Child Protective Services, or police any instance where there is reasonable cause to believe that child abuse, neglect or exploitation may have occurred (Standard 3.053).
- They [all caregivers in all settings and at all level of employment] shall know the child abuse reporting requirements as they apply to themselves and how to make a report (Standard 3.056).

Several standards refer only to child care centers, and do not include family child care homes:

- Caregivers who report abuse in the settings where they work shall be immune from discharge, retaliation or other disciplinary action for that reason alone, unless it is proven that the report was malicious (Standard 3.055).
- Employees and volunteers in centers shall receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged solely because they have made a child abuse report (Standard 3.056).

Specific Types of Child Abuse

Shaken Baby Syndrome

Powerful or violent acts of shaking may lead to serious brain damage – a condition called Shaken Baby Syndrome (SBS) (Dunhaime, Christian, Rorke, & Zimmerman, 1998). Shaken Baby Syndrome is a form of physical child abuse (see *Handout: Health and Safety Notes: Shaken Baby Syndrome*). The shaking causes a subdural intracranial hermorrage. An intercerebral hemorrhage (bleeding into the brain) or cerebral edema (swelling of the brain) can also occur. This condition can be fatal. Shaken Baby Syndrome often involves children younger than 2 years but may be seen in children up to 5 years of age. To prevent Shaken Baby Syndrome, parents and ECE providers should be instructed on the proper way to handle infants, providing support to the shoulders, neck, and head. Parents and ECE providers should be told never to shake a baby—not in anger, impatience play, or any reason.

Nonorganic Failure to Thrive

A form of neglect that affects children under 3 years of age is nonorganic failure to thrive (Koralek, 1992). Failure to thrive is a condition in which young children do not gain weight, grow or develop. Failure to thrive

is the diagnosis if the child's height, weight, or head circumference is less than the third percentile (Frank & Drotar, 1994). When this condition is caused by physiological dysfunction, it is called organic failure to thrive; nonorganic failure to thrive is due to environmental factors. This condition can be fatal if no intervention takes place. Characteristics of failure to thrive are: thin, wasted appearance, pale or yellowish skin color in light-skinned children, distended stomach, excessive crying, sleepiness, quiet, low responding behavior.

Domestic Violence

Children who grow up in homes where domestic violence occurs are more likely to become victims of abuse as adolescents or adults. The impact of witnessing domestic violence is detrimental to the emotional, developmental, and physical well-being of those children (Wallach, 1993). The young child's need for predictability and consistency is threatened by domestic violence. The images and sounds of domestic violence are distressing to young children. ECE programs can provide a secure, predictable and nurturing place for children exposed to domestic violence. ECE staff can support children who have been exposed to domestic violence in the following ways (see *Handout: Health and Safety Notes: Domestic Violence*):

- Provide predictable routines. Establish simple rules and routines so that the child knows what to expect. If the child has to move to a shelter or out of the home for safety, provide a stable setting that is reassuring.
- Allow for natural expression of anxiety through talk and play.
- Give simple explanations for things that cause worry in the child.
- Teach healthy ways of relating, including nonviolent problem solving and encourage healthy relationships based on equality and fairness.
- Establish policies for pick up. Make sure that you have clear written policies for who can pick up the child and who cannot. Have a plan in place in case an abusive parent arrives to pick up the child without permission.

Table 3: Levels and Types of Prevention of Child Abuse

	Risk Factors	Protective Factors
Primary Prevention	To prevent problem from ever occurring	Directed at the general public: • Public awareness campaigns • Media campaigns • School-based prevention programs • Parent education programs
Secondary Prevention	To alleviate conditions associated with problem	Targeted at specific high-risk groups: • Home-visitor programs • Respite care • Family Resource Centers
Tertiary Intervention	To reduce consequences of abuse and neglect and prevent recurrence	Direct services to children who have been abused and to parents who have abused or neglected their children: • Mental health services crisis intervention, referral, brief or long-term therapy for child, couple, families. • Teaching parents how to obtain support and resources • Parent mentor programs

Adapted from Peterson and Urquiza, 1993

Child Abuse Prevention Strategies and Support for At-Risk Families

Peterson and Urquiza (1993) propose two levels of prevention and a third level of intervention related to child abuse. The CCHC is most likely to be involved with the first level (primary prevention), but may also refer children and families for secondary prevention services or tertiary interventions.

The CFOC standards list two steps which should be taken to help safeguard ECE facilities against child abuse and/or neglect by their staff:

- In large child care centers, providers should be able to take breaks and find relief during stressful times. It is recommended that 15-minute breaks be permitted every four hours and that lunch breaks last at least 30 minutes (AAP et al., 2002, Standard 3.058).
- The physical layout of child care centers should allow all areas to be viewed by at least one other adult besides the ECE provider at all times. This applies especially to areas where children may be isolated, such as dressing and toileting areas (AAP et al., 2002, Standard 3.059).

The NCCAN caregivers' manual (DePanfilis & Salus, 1992) also describes primary prevention strategies to minimize the risk of child abuse in ECE facilities through:

- staff selection procedures
- staff supervision
- staff training
- operational policies

WHAT THE CCHC NEEDS TO DO

Review Policies and Procedures

Determine whether the ECE program has policies regarding child abuse prevention and reporting. If there is no policy, assist the ECE provider in establishing a child abuse reporting policy that all parents will read and sign. Review any written policies regarding the monitoring, confirming and reporting of child abuse and assist with policy development in these areas as needed.

Make certain that, where applicable, ECE programs provide required instructions about child abuse reporting to all staff and volunteers. These instructions should contain a summary of the state child abuse reporting statute and a statement that staff and volunteers will not be discharged solely because they have made a child abuse report. (AAP et al., 2002, Standard 3.056)

Ensure that ECE programs have written policies regarding risk and protective factors for chronic and acute child abuse; assist in developing these policies if necessary.

Educate Staff

Assure that the ECE provider has a clear understanding of the common behaviors, signs and symptoms of child abuse and neglect, and is familiar with signs and symptoms that are similar to those of abuse and neglect, but are from other sources (AAP et al., 2002, Standards 3.057, 3.059). Educate ECE providers to be able to provide examples of each form of abuse (emotional, physical, sexual, and neglect) (AAP et al., 2002, Standard 3.056). Keep informed about trends in child abuse and neglect, research in child abuse prevention strategies, and changes in child abuse legislation.

Provide Educational Materials

Educate ECE providers, parents, children and the community about child abuse prevention, identification, reporting, risk and protective factors.

Train Staff on Reporting Requirements and Risk Factors

Make certain that ECE providers understand their state's definitions of child abuse through written materials and in-service training and/or referral for training. Help ECE providers to train all staff to recognize risk and protective factors for child abuse.

Assist Staff in Educating Children

ECE providers can include personal safety education and information about boundaries in their curriculum to help young children protect themselves. ECE programs can help children learn developmentally appropriate strategies for seeking help from caring adults (Koralek, 1992). The CCHC can help ECE providers locate developmentally appropriate books on the topic.

Provide Resources for ECE Providers and Families

Be aware of the community resources available, know who to go to and how to access those resources for families who may be experiencing abusive relationships, drug and alcohol abuse, or other stressors for which they need help. Maintain a list of available community, state and national resources for consultation and referral about child abuse.

Link Programs with Community and Professional Resources

Assist ECE programs in linking with medical professionals that have expertise in the child abuse field (physicians, child psychiatrists, nurses, nurse practitioners, physicians' assistants) and/or Child Protective Services for consultation and advice.

WAYS TO WORK WITH CCHAs

The CCHC can work with the CCHA to:

- educate staff about reporting laws and what constitutes reasonable suspicion
- assist staff in learning about documentation and reporting
- work with families when a report has been made
- identify child care routines than can help prevent child abuse

ACTIVITY 1: DECIDING TO REPORT

Decide whether you would report (or strongly recommend the ECE provider should report) the following situations:

Case 1

A mother is summoned to the after-school program of her 10-year-old son. He has been misbehaving, and she is required to take him home. As they leave the program, she whacks the boy across the rear with her hand. You are the ECE director and you observe this.

Case 2

A parent in an ECE program tells the ECE director she has evicted her boyfriend from her house immediately after discovering that he has molested her 5-year-old son.

Case 3

You were informed that a 5-month-old child in an ECE program you work with was brought to a hospital by his 17-year-old mother. The infant had some bruises on his left arm and had an ear infection. This was his second admission. Eight days earlier he had been brought in to the ECE program with bruises on both of his cheeks. The mother's explanation for the first injury was that the child had fallen off a bed. She has no explanation for the second injury. If you do not report or recommend a report, what if any action would you take?

ACTIVITY 2: SELF-STUDY ACTIVITY
USING INDICATORS TO IDENTIFY TYPES OF CHILD ABUSE

1. Use the handout or the *California Child Abuse and Neglect Reporting Law: Issues and Answers* manual to provide background information on the scenarios below.

2. Propose the possible type (s) of abuse suggested in each of the following scenarios.

Martina is making her first home visit to the Peterson family which is composed of Mrs. Peterson and her three young children. She rings the doorbell and waits a long time for Mrs. Peterson to come to the door. She can hear lots of noise inside the apartment: loud music, adults arguing, and children crying. She rings the bell again, thinking that perhaps they did not hear her. Finally, the door opens and a man pushes his way past her. She looks inside and sees Mrs. Peterson bent over and holding her stomach. The three children are standing in the kitchen doorway holding onto each other. They look very scared, but they are not crying.
Six month-old Daniel lies quietly in his crib when he wakes up, looking around the room but not crying or attempting to get his caregiver's attention.
Peter (3 1/2 years old) resists his teacher's offers to tuck him in at naptime or sit in her lap to hear a story. In the past he has been a very affectionate child.
The children and caregivers are outside on the playground. Simone (age 4) needs to go inside to the bathroom. Ms. Fox says, "I'll take her." The other caregiver, Ms. Stern, says, "but it's my turn." Ms. Fox insists that she will take the child. Simone says, "I don't have to go any more." Ten minutes later Simone comes up to Ms. Stern and say, "I want you to take me. You don't hurt me."
A teacher is helping Jason (age 4) get to sleep at naptime. For several weeks, Jason has been having a hard time settling down. When he does fall asleep, he sometimes wakes up crying about monsters. Today, he turns to his caregiver and says, "I've got a secret, but I can't tell you what it is."
Five-year-old Andrea tells her teacher she is tired this morning because her 6-month-old brother, Max, woke her up. She says, "My mommy wasn't home yet so I made Max a bottle and gave it to him. Then he finally went back to sleep."
Daniel (2 1/2 years old) is usually picked up by his mother. When his father comes to get him he screams and hides behind the ECE provider's legs. Earlier that day his provider overheard him playing with the dolls. He said, "I told you no wet pants. Now I'll beat your butt."
Geraldine (4 1/2 years old) tells her father that she is very hungry because she didn't have any lunch. When he asks her why she didn't, Geraldine said that her teacher took lunch away from her and her friend because the two girls were playing instead of eating.
David (4 months old) arrives at this family child care home with a severe diaper rash. The family ECE provider, Mrs. Taylor, lets his mother know and asks for permission to use some ointment that will heal David's skin and protect it from further irritation. The mother says, "If you've got the time to put that greasy stuff on, go ahead." Mrs. Taylor uses the ointment all week and the rash goes away. She gives the mother the tube to take home and use over the weekend. On Monday morning David arrives with the rash again. This pattern is repeated over a four-week period.
Jackie (3 years old) runs to her cubby to get her blanket whenever she hears another child crying. She clutches her blanket and rocks back and forth saying, "No hitting. No hitting."

The children in the preschool room are sitting at the table with their caregivers eating lunch. Nancy (3 1/2 years old) is wiggling around in her seat a lot. Her caregiver asks her if she needs to go the bathroom. Nancy says, “No, it’s not that. My bottom hurts where Gary poked me.” Gary is her 15-year-old brother.
When she notices the big bruise on his arm Troy (4 1/2 years old) tells his mother, “Ms. Tracy squeezed my arm real hard, and I cried.”
Each time he comes to pick up Nathan (5 years old), Mrs. Wheeler makes fun of her son’s efforts. Typical comments include: “Can’t you button that coat right? You never get the buttons lined up with the holes. You look like an idiot.” “What’s that a picture of? Is that the only color you know how to use?” “Can’t you climb to the top of the climber yet? All those other kids climbed to the top. What’s the matter with you, are your legs too short?”
Five-year-old Marci displays precocious sexual behavior. Frequently, her teacher sees her off by herself masturbating. One afternoon, her teacher heard her asking one of the boys if he would show her his penis. On another occasion, the teacher saw her laying the dolls on top of each other. Marci whispered to one of the dolls, “I promise not to hurt you.”

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

2.039	Discipline Measures
2.042	Prohibited Caregiver Behaviors
2.043	Using Physical Restraint
3.053	Reporting
3054	Consultants on Child Abuse, Neglect and Exploitation
3055	Immunity
3056	Instruction and Forms
3057	Caring for Abused Children
3058	Caregiver Stress
3.059	Facility Layout
9.016	Training of Personnel About Child Abuse
9.022	Publicity About Reporting Suspected Child Abuse
Appendix K	Clues to Child Abuse and Neglect
Appendix L	Risk Factors for Abuse and/or Neglect

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

101212	Reporting Requirements
102370.2	Child Abuse Central Index

RESOURCES

Organizations and Resources	
Organization and Contact Information	**Description of Resources**
California Alliance Against Domestic Violence 926 J Street Suite 1000 Sacramento, CA 95814 (800) 524 4765 www.caadv.org	The mission of the California Alliance Against Domestic Violence (CAADV) is to eliminate domestic violence and all forms of violence against women and their children and girls by promoting social change through leadership and advocacy in partnership with their communities. The California Alliance Against Domestic Violence (CAADV) is a nonprofit organization and a coalition representing close to one hundred organizations responding to the needs and interests of battered women and their children in California.
California Department of Social Services Office of Child Abuse Prevention (OCAP) 744 P Street, M.S. 19-82 Sacramento, CA 95814 (916) 445-2771	Brochure (2004). Child Abuse reporting and you: What happens when a report is made.
ChildHelp USA National Child Abuse Hotline. (800) 422-4453 www.childhelpusa.org/programs_hotline.htm	Childhelp USA® exists to meet the physical, emotional, educational, and spiritual needs of abused and neglected children. They focus their efforts in the areas of treatment, prevention, and research.
National Clearinghouse on Child Abuse and Neglect Information http://nccanch.acf.hhs.gov/index.cfm	The National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse are services of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The mission of the Clearinghouses is to connect professionals and concerned citizens to practical, timely, and essential information on programs, research, legislation, and statistics to promote the safety, permanency, and well-being of children and families.
National Domestic Violence Hotline (800) 799-SAFE www.ndvh.org	The hotline offers crisis intervention, information about domestic violence and referrals to local service providers to victims of domestic violence and those calling on their behalf.

Organization and Contact Information	Description of Resources
National Network for Child Care www.nncc.org	NNCC unites the expertise of many of the nation's leading universities through the outreach system of Cooperative Extension. Their goal is to share knowledge about children and child care from the vast resources of the landgrant universities with parents, professionals, practitioners, and the general public.
Parents Anonymous 675 West Foothill Blvd, suite 220 Claremont, CA 91711-3475 (909) 621-6184 www.parentsanonymous.org	This child abuse prevention organization is committed to strengthening families, building strong communities, achieving meaningful parent leadership, and leading the field of child abuse and neglect.
Prevent Child Abuse America 200 South Michigan Ave., 17th floor Chicago, IL 60604 (312) 663-3520 www.preventchildabuse.org	Prevent Child Abuse America builds awareness, provides education and inspires hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children. Working with chapters in 39 states and the District of Columbia, Prevent Child Abuse America provides leadership to promote and implement prevention efforts at both the national and local levels. Also has publications and tips for parents on how to prevent child abuse.
Prevent Child Abuse – California Child Abuse Prevention Council of Sacramento, Inc. 4700 Roseville Rd. North Highlands, CA 95660 (916) 244-1900 phone (800) CHILDREN toll-free (916) 244-1950 fax www.pca-ca.org/	The mission of Prevent Child Abuse California is to prevent the abuse and neglect of California's children by building community resources, enhancing public awareness, developing and coordinating prevention programs, and facilitating advocacy activities.
Safe Network www.safenetwork.net/index.cfm	The goal of the Safe Network Web site is to provide crucial web-based resources for domestic violence agencies and prevention programs in California.
Trustline (800) 822-8490 www.trustline.org	Trustline is a database of nannies and baby-sitters that have cleared criminal background checks in California. It is the only authorized screening program of in-home caregivers in the sate with access to fingerprint records at the California Department of Justice and the FBI.

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HANDOUTS FOR CHILD ABUSE PREVENTION, IDENTIFICATION AND REPORTING MODULE

Handouts from California Childcare Health Program (CCHP), Oakland, CA

Page	Handout Title
25	*Health and Safety Notes: Child Abuse Prevention*
29	*Health and Safety Notes: Supporting Families Experiencing Domestic Violence*
31	*Fact Sheets for Families: Never Shake a Baby!*

Child Abuse Prevention

What is child abuse?

Child abuse is a non-accidental injury or pattern of injuries to a child for which there is no reasonable explanation. It is a very sensitive issue that needs to be carefully handled.

There are different types of child abuse. In *physical abuse*, children are slapped, hit, kicked or pushed, or have objects thrown at them, causing wounds, broken bones or other injuries. Severe physical abuse can cause major injury, permanent physical or emotional damage, or even death. *Sexual abuse* includes a wide range of sexual behavior, including fondling, masturbation, intercourse or involving children in pornography. *Emotional abuse* involves humiliation, dishonoring or other acts carried out over time that terrorize or frighten the child. *Neglect* means not feeding or caring for a child's basic needs or not adequately supervising a child.

Child abuse is usually a pattern of behavior, not a single act. Children are most often abused by parents, stepparents or other caregivers.

You can protect children from abuse

Reporting suspected child abuse is difficult, but the children you care for trust you to protect them from people who might hurt them. *Respond to your "gut" feeling and take actions that may save a child from harm!*

All child care providers are required by law (mandated) to make a report to their local Child Protective Services agency if they have a **reasonable suspicion** that a child in their care has been abused or neglected. This includes child care center directors, teachers and aides, family child care providers, and school-age child care providers. The center or agency you work for is not allowed to fire or discipline you for making a report, even if your supervisor disagrees with you.

What is reasonable suspicion?

Reasonable suspicion is the legal term used in California's child abuse reporting law. Reasonable suspicion means the suspicion is based on facts that would cause a reasonable person to suspect child abuse.

Remember, you don't have to be sure that abuse or neglect has occurred, but you must have a reasonable suspicion. You cannot be punished for reporting child abuse, but if you do not report, you can be punished. You can call your Child Protection Services agency anonymously to discuss your concerns or call the Healthline at 1-800-333-3212.

Behaviors suggesting abuse or neglect

The following behaviors could indicate abuse or neglect. **Remember that all children occasionally act in these ways.**

- Mood swings.
- Fear of certain people.
- Grouchiness or irritability.
- Is "too good," does not test boundaries.
- Uses manipulative behavior to get attention.
- Low self-esteem.
- Unexplained developmental delays.
- Inability to get along with other children.
- Is wary of adult contact, rejects affection.
- Has a vacant expression, cannot be drawn out.
- Seeks constant affection from anyone; is very clingy.
- Complains frequently of stomach aches or other pains; vomits.

What should you do if you suspect abuse?

You must report it.

1. It may help to talk to other staff members to see what they think. But even if they disagree with your opinion, *if you have a reasonable suspicion of abuse or neglect, you must report it*. It is your legal responsibility. Remember, you cannot get in legal trouble for making a report, only for not making one when you have reason to suspect abuse.

2. Make a report by phoning the local Child Protective Services agency (CPS) or, in an emergency, call the police. You will also need to fill out a form and send it to CPS within 36 hours. You have the right to get information from CPS about what happens to the family after the report is made.

3. Tell the CPS worker about your relationship with the family and ways you can support the family.

4. After making your report, be sure to call your Community Care Licensing evaluator and tell him or her of the situation. This protects you from possible complaints by the parents and lets the evaluator know you are acting responsibly.

Reporting suspected child abuse can be difficult

Thinking about child abuse can feel bad, and taking action can be difficult. Even though you care very much about the child and know your legal duty, you may still:

- Doubt your own judgment and feel disbelief that this family could commit child abuse.
- Fear that the parents may threaten or harm you or the child.
- Fear that you will lose your job or that the child will be withdrawn from your program.
- Feel nervous about dealing with authorities because of bad past experiences.
- Have strong emotions about child abuse because of your own family experiences.

All of these feelings are normal reactions to a stressful situation. While carrying out your responsibility to report suspected abuse, don't forget your own feelings. Find the emotional support you need.

Should you talk to the child's parents?

Whether you talk to the child's parents will depend on the situation, your relationship with the family, and where the abuse occurred. Think about whether talking to the parents might put the child in danger. If you are unsure, talk it over with the Healthline staff or the social worker at the Child Protective Services agency.

If you do talk to the parents, tell them that you made a report and what you said. Explain that you were required by law to do this. Tell them how the process works and what might happen next. Even though you may feel angry or scared, remember the parents need help and support to find a way out of the abuse cycle. Ask what you can do to help and offer information about local support services.

What should you say to the staff, the other families and the children?

When you make a report, talk to the people at the Child Protective Services agency to find out what will happen next. Remember that the family has a right to privacy. Information about them is confidential unless they give you permission to share it with specific people. You can tell those staff members who work with the child that a report has been made and what to expect.

Other parents may be aware of the problem. You can reassure them that their children are not in danger without telling them any confidential information. You can simply say that you have concerns about the child and are doing whatever you can to help. If the child has left your care, you can just say that he/she has gone on to another program; you don't need to say why.

You may also need to say something to the other children in your program. If the child leaves, you can simply tell the other children that he/she has left, and that you will miss him/her. If the child is receiving extra attention, you can explain to the others that you are helping make sure that he/she is okay, which takes extra time. You should add that you would do the same for them if they needed help.

What you can do to prevent child abuse

Child care settings are the only places where young children are seen day after day by people trained to observe their appearance, behavior and development. You may be the first person to suspect and report abuse and neglect. You also may be the biggest source of support and information available to the parents you serve. You can:

- Give families information on child development and appropriate discipline.
- Model good child care practices.
- Build a trusting relationship with families and discuss concerns.
- Help families establish positive relationships with their children.
- Refer families to community resources and support services.
- Inform parents that you are required to report suspected child abuse.
- Know the signs of parent burnout so you can offer support.
- Have a parent-staff workshop at your center with information about the issues.
- Educate young children about their right to say no.

Indicators of the three types of child abuse*

Physical Signs

Neglect and Emotional Abuse

The child:

- Is underweight or small for age
- Is always hungry
- Is not kept clean
- Is inappropriately dressed for weather
- Has not received needed medical care

Physical Abuse

The child:

- Has unexplained bruises or welts in unusual places
- Has several bruises or welts in different stages of healing, in unusual shapes, or in clusters
- Has unexplained burns
- Has unexplained broken bones or dislocations
- Has unexplained bites or explanation for injury differs from that of a parent or caretaker

Sexual Abuse

The child:

- Has difficulty walking or sitting
- Is wearing torn, stained or bloody underwear
- Has pain, swelling or itching of genitals
- Has bruises, cuts or bleeding on genitals or anal area
- Feels pain when urinating or defecating
- Has a discharge from the vagina or penis, or a sexually transmitted disease

Behavioral Signs

Neglect and Emotional Abuse

The child:

- Begs for or steals food
- Frequently arrives at child care early and leaves later than expected
- Has frequent, unexplained absences
- Is overtired or listless

Physical Abuse

The child:

- Tells you he has been hurt by parents or others
- Becomes frightened when other children cry
- Says the parents or caretakers deserve to be punished
- Is afraid of certain people

Sexual Abuse

The child:

- Acts withdrawn, over-involved in fantasy, or much younger than age
- Displays sophisticated or bizarre sexual knowledge or behavior
- Exhibits excessive or unusual touching of genitals
- Tells you that he/she has a secret he/she is not allowed to tell anyone
- Tries to hurt him/herself

**Many of these indicators also occur with children who have not been abused. Look for clusters of indicators, and do not reach the conclusion that a child has been abused too quickly. Remember, you must report your reasonable suspicion of abuse.*

Produced by the California Childcare Health Program
and the California Consortium to Prevent Child Abuse through a grant from the Pacific Mutual Foundation

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926
Telephone **510-839-1195** • *Fax* **510-839-0339** • *Healthline* **1-800-333-3212** • **www.ucsfchildcarehealth.org**

Local Resources on Child Abuse Reporting and Prevention

(fill in the phone numbers of your local resources and post)

Child Protective Services Agency: ______________________________

Child Abuse Prevention Council: ______________________________

Hot or Warm Line for Counseling: ______________________________

Child Care Healthline: 1-800-333-3212

Domestic Violence/Rape Crisis: ______________________________

Counseling/Mental Health Services: ______________________________

Other Child Abuse Counseling/Parent Support Services: ______________________________

Remember :

- Never hit or physically injure a child, physically restrain a child, belittle a child, or deprive a child of food, sleep or toileting.
- If you feel you may hurt a child—take a break, talk to a co-worker, call your local child abuse prevention program, council or warm line.
- If you are working with families from a different culture, you might consult with a local resource, i.e. Asian Resources, Indian Health Services, etc.
- It is always a good idea to keep very careful notes when you are concerned about a child. Record your observations, the circumstances, time and date. Date and sign all notes.
- Note any significant changes in the child's contacts with others.
- **And above all, remember—if you suspect abuse, you *must* report it.**

Be Prepared...

Before anything happens, complete this resource sheet and put it by your phone. Call your local Child Protective Services (CPS) agency to learn more about their procedures and ask them to send you report forms to keep in your file. Inform parents when they enroll their child that you are a mandated reporter.

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Health & Safety Notes

Supporting Families Experiencing Domestic Violence

What is domestic violence?

Domestic violence is an abusive behavior that occurs within an intimate relationship. It includes different types of abuse including physical assault, psychological abuse, emotional abuse and economic abuse. These behaviors are used to intimidate, humiliate or frighten victims as a way of maintaining power and control over them. It occurs in all age, racial, socioeconomic, educational, occupational and religious groups. It is a criminal offence when actual or threatened physical or sexual force is used.

Impacts of domestic violence on children

Exposure to domestic violence can have a profound impact on the development of young children. Children who live with violence face numerous developmental risks such as behavioral, social and emotional problems, as well as attitudinal and cognitive difficulties. These problems may persist into adulthood. Children living with domestic violence are also at increased risk of experiencing physical injury or child abuse. Children learn the attitudes modeled in the family where the abuse occurs. If a a child thinks that violence is normal, the cycle of violence continues.

When a child makes a disclosure

If a child tells you "Daddy hit Mommy last night," gathering more information is essential. Allow the child to tell the story. Reassure the child. Do not pressure the child to talk. Gently ask if the child is ever hurt when Mommy gets hurt. Children often have confused feelings, so do not criticize or speak negatively about the abusive parent. Follow the child's lead and permit the child to say as much or as little as needed. After hearing the child's story, consult with a supervisor or trusted co-worker.

Meeting with the parent

Once a child has made a disclosure of being exposed to domestic violence you will need to talk to the parent. Find a safe and private place. Show that you are concerned for the well-being of the child. Share what the child has told you. Listen respectfully and without judgment to gain trust. Remind the parent that you are a mandated child abuse reporter but more importantly, that you want to help her and her child. It takes time to make changes that could end a pattern of domestic violence. Offer support over time.

Referral and consultation

The victim of domestic violence may need your help locating community resources. Keep a list of important contact numbers. This list should include:

- National Domestic Violence Hotline: 1-800-799-7233
- shelters for women and children
- family counseling services
- legal aid and advocacy agencies
- Child Protective Services (CPS)
- The local police department

For immediate assistance in a crisis call 9-1-1.

Signs that a child may be living with domestic violence

You might observe behavior changes in a child who is exposed to domestic violence; however, be aware that a young child may show these problems for many other reasons.

- sleep disturbances
- intensified startle reactions
- constant worry about danger
- mixed feelings toward the violent parent; affection with feelings of fear and disappointment
- separation anxiety
- physical complaints like headaches and stomach aches

- aggressive behavior
- withdrawal
- difficulty choosing or completing a task

If a pattern of any of these behaviors appears, monitor the child closely. Share your observations with the child's parents in a safe and supportive way.

Ways to support the child

- Provide predictable routines so that the child knows what to expect.
- Allow for natural expression of anxiety through talk and play.
- Give simple explanations for things that worry him.
- Teach healthy ways of relating such as non-violent problem-solving and encourage healthy relationships based on equality and fairness.
- Establish policies for pick up. Make sure that you have clear written policies for who can pick up the child and who cannot. Have a plan in place in case an abusive parent arrives to pick up the child without permission.

Guidelines for reporting domestic violence to CPS

Early education teachers and childcare providers are mandated child abuse reporters. Under California law, a mandated reporter needs to consider whether the circumstances of domestic violence pose a risk of physical or emotional harm to the child. The fact that a child's parent has been the victim of domestic violence *by itself* is not a reason for reporting suspected child abuse or neglect; *other* evidence should exist before assuming that a child's emotional or physical health is endangered. Each situation must be evaluated to determine whether factors exist that must be reported.

Mandated reporters must report incidents that:

- Cause physical injury; or
- Create a serious risk of physical injury to the child.
- Cause serious emotional damage; or
- Create a serious risk of emotional damage to the child.

A report to CPS does not mean that the child will be removed from the domestic violence victim's home. Also, the CPS screener can advise you whether or not there is reasonable cause to make a report.

Violence prevention

Teaching children how to deal with anger, frustration, and disappointment in non-violent ways can give them the skills they need to stop the cycle of violence. Lessons learned at an early age can have life-long consequences for children in your care.

- teach negotiation skills and conflict resolution
- foster good relationships
- model non-violent behavior
- discourage name-calling
- use praise for positive behavior
- help children develop a sense of responsibility for one another in the group

Caring for the caregivers

It can be upsetting to hear about the abuse of a mother of a child in your care. Feelings of sadness and anger are normal. The responsibility to protect the child as well as the desire to help the family may seem overwhelming to the child care provider. Talk to a supervisor or a trusted coworker to air feelings and concerns in a professional and confidential manner. Practice healthy strategies for coping with the stress; for example, exercise, take regular breaks, eat meals that provide good nutrition and enjoy hobbies.

References and Resources

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by Bobbie Rose, RN

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926
Telephone 510–839-1195 • *Fax* 510–839-0339 • *Healthline* 1-800-333-3212 • www.ucsfchildcarehealth.org

Fact Sheets for Families

Never Shake a Baby!

Each year, more than 1,300 American children are forcefully shaken by their caretakers. Powerful or violent acts of shaking may lead to serious brain damage—a condition called "shaken baby syndrome" (SBS). The American Academy of Pediatrics, an organization of 55,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists, considers shaken baby syndrome to be a clear and serious form of child abuse. Shaken baby syndrome often involves children younger than 2 years but may be seen in children up to 5 years of age.

What is shaken baby syndrome?

The term "shaken baby syndrome" is used for the internal head injuries a baby or young child sustains from being violently shaken. Babies and young children have very weak neck muscles to control their heavy heads. If shaken, their heads wobble rapidly back and forth, which can result in the brain being bruised from banging against the skull wall.

Generally, shaking happens when someone gets frustrated with a baby or small child. Usually the shaker is fed up with constant crying. However, many adults enjoy tossing children in the air, mistaking the child's excitement and anxious response for pleasure. Tossing children, even gently, may be harmful and can cause major health problems later on in life.

What are the signs and symptoms?

Signs of shaken baby syndrome may vary from mild and nonspecific to severe. Although there may be no obvious external signs of injury following shaking, the child may suffer internal injuries. Shaking can cause brain damage, partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and even death.

Damage from shaking may not be noticeable for years. It could show up when the child goes to school and is not able to keep up with classmates.

Tips for prevention

Shaken baby syndrome is completely preventable.

- Never shake a baby—not in anger, impatience, play, or for any reason.
- Avoid tossing small children into the air.

Address the causes of crying to reduce stress

Caregivers and parents can become exhausted and angry when a baby cries incessantly. Some babies cry a lot when they are hungry, wet, tired or just want company. Some infants cry at certain times. Feeding and changing them may help, but sometimes even that does not work.

If a young child in your care cries a lot, try the following:

- Make sure all of the baby's basic needs are met.
- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby against your chest and walk or rock him/her.
- Sing to the baby or play soft music.
- Take the baby for a ride in a stroller or car.
- Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him/her in a safe place to cry it out.
- If the crying continues, the child should be seen by a health care provider.

No matter how impatient or angry you feel, never shake a baby!

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by Rahman Zamani, MD, MPH

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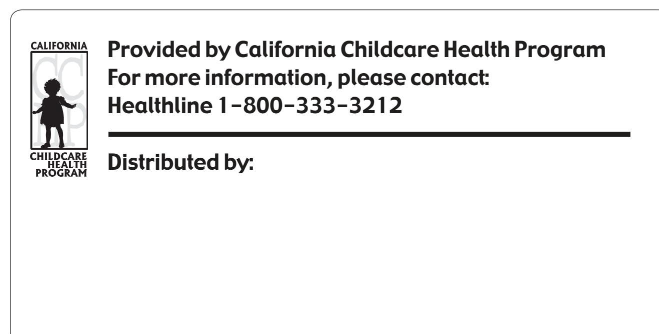

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