

Chapter 9: Child Abuse

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CHILD ABUSE

What is the law?

Oklahoma statutes define child abuse as harm or threatened harm to a child's health, safety or welfare by a person responsible for the child. This includes non-accidental physical or mental injury, sexual abuse, or neglect (Title 10, Section 7102).

- Neglect is the failure or omission to provide a child adequate food, clothing, shelter, medical care, protection, supervision, or special care made necessary by the physical or mental condition of the child. Abandonment is also a type of neglect.
- Physical abuse is non-accidental physical injury to a child under the age of 18.
- Sexual abuse, which also includes sexual exploitation, means any sexual activity or propositioning between an adult and a child for the purpose of sexually stimulating the adult, the child, or others. This can include rape, sodomy, incest, lewd or indecent acts or proposals, prostitution, obscene photography, and deliberate exposure to adult pornography or adult sex acts.
- Emotional abuse is an injury to a child's psychological growth and development resulting from incessant rejecting, criticizing, terrorizing, isolating, exploiting, corrupting, and denying emotional responsiveness.

Scope of the problem

In Oklahoma, 138,080 children were alleged to be victims of abuse and neglect (in 2014), and 14,172 children were confirmed to be victims. It is generally accepted that this number does not represent the actual incidence of abuse and neglect.

Who must report?

Every person, private citizen or professional who has reason to believe that a child under the age of 18 is being abused or neglected is **mandated by law** to promptly report suspected abuse to the Oklahoma Department of Human Services (DHS). Failure to do so is a misdemeanor. A person making a report, in good faith, is immune from civil or criminal liability. The name of the reporter is kept confidential by DHS.

When to report?

A report should be made **each time** there is reasonable cause to believe that a child under 18 is being abused or neglected, or is in danger of being abused or neglected. If you are worried about a child, a trained professional at the child abuse hotline will discuss these concerns with you.

Myth: If I didn't hear it first hand, I don't have to report it.

Fact: First hand, third hand, written on a bathroom stall, or an anonymous phone call – you have to report the alleged abuse. **Every person “having reason to believe”** a child is being abused must report it, and it is not your right to assess the credibility of the source.

Failure to report

Failure to report is a misdemeanor. Any false reporting is reported by DHS to local law enforcement for criminal investigation and upon conviction, is guilty of a misdemeanor and may be fined up to \$5,000.

How is abuse reported?

If you believe a child is being abused or neglected, you have a legal responsibility to report it to the Statewide 24-hour Child Abuse and Neglect Hotline at 1-800-522-3511.

Be prepared to provide specific information including:

- Name, age, and gender of the child
- The location of the child
- Name, address, place of employment and telephone numbers of the child's parents or guardians
- A description of suspected abuse or neglect
- The current condition of the child

Child welfare workers are responsible for investigating child abuse allegations. Law enforcement officials will also investigate when a crime may have been committed. These people are trained to investigate allegations. Unless you are a professional trained to handle child abuse allegations, try to keep from interviewing the child too much about the situation; remain calm and keep questions to a minimum while still providing a welcoming environment if information is offered.

If DHS become involved in a child abuse/neglect investigation the child may be asked the same questions more than once by more than one person and may get confused on what they think they should say. Remember you are only reporting suspected child abuse and/or neglect. Leave the true interviewing to the professionals.

When a child tells you about abuse

There may be times when children or adolescents tell you, directly or indirectly, about abuse in their family. Remember how difficult it is for children to talk about their abuse, especially as they may think it will get them or their family into trouble. Therefore, it is very important for you to handle their disclosure with sensitivity.

In responding to a child, it will be helpful if you:

- Provide a private time and place to listen.
- Reassure them that they have done the right thing by telling.
- Inform them that you are required by law to report the abuse.
- Do not express shock or criticize their family.
- Use their vocabulary to discuss body parts.
- Reassure the child that the abuse is not their fault, that they are not bad or to blame.
- Determine their immediate need for safety.
- Let the child know what will happen when you report.

Remember

Many children are too young to tell about their abuse. They depend on you to notice and report. As a child care provider, you are in an excellent position to identify suspected child abuse. Often you are with the children every day. You see them and observe their behavior. You are aware when children are behaving differently, may be ill, frightened, or in pain for a variety of reasons. You might see clues that alert you to the possibility of child abuse. The following information will describe the four major forms of abuse and clues that may help you recognize the abuse.

Types of Abuse

Child Neglect

Neglect is the most common form of maltreatment. Neglect is a failure to provide for the child's basic needs such as food, clothing, shelter, medical care, education or proper supervision. In Oklahoma 17,421 substantiated cases of neglect were counted in 2013. It is generally accepted that this number does not represent the actual incidence of abuse and neglect.

Indicators may include:

- Child consistently arrives hungry, begs for food.
- Child has untreated lice, a distended stomach, and is emaciated.
- Child has poor hygiene: matted hair, dirty skin, or severe body odor.
- There is evidence that parents have left the child alone, or have left a child to care for younger siblings when the child is too young to do so.
- Child has unmet medical or dental care needs.
- Child is tired, listless, and continually falling asleep.
- Child is often absent or tardy.
- Child is always watchful, as though waiting for something bad to happen.

Caretaker characteristics may include:

- Evidence of apathy or hopelessness.
- Consistent failure to keep appointments.
- Appears to be suffering from mental illness, development disability, drug or alcohol use so severe that it interferes with ability to provide basic needs.

Emotional Abuse

Emotional abuse is a pattern of behavior that hurts a child's emotional, psychological, and social development and sense of self-worth. This may include constant criticism, belittling, rejecting, threats, withholding affection, constantly treating siblings unequally; or a persistent lack of concern for the child's welfare. It can also include bizarre or cruel forms of punishment. If a child is being physically or sexually abused, he or she may be emotionally abused as well.

Physical & behavioral indicators may include:

- Lags in physical development
- Failure-to-thrive
- Low self-esteem
- Severe depression or anxiety
- Sucking, biting, rocking in older children
- Behavioral extremes such as compliant, passive, demanding, antisocial, destructive, overly needy
- Self-destructive, attempted suicide

Caretaker characteristics may include:

- Seems unconcerned about child's problems.
- Withholds affection or love.
- Has impossible expectations or makes unreasonable demands of child.

Physical Abuse

Physical abuse is intentional injury to a child under the age of eighteen by a parent or caretaker. It may include beatings, shaking, burns, human bites, strangulation or immersion in scalding water with resulting bruises and welts, broken bones, scars or internal injuries.

Physical child abuse is typically a pattern of behavior that is repeated over time but can also be a single physical attack. It occurs when a parent or other person injures or causes a child to be injured, tortured or maimed, or when unreasonable force is used upon a child. Abuse may also result from unnecessarily harsh discipline or from punishment that is too severe.

In Oklahoma, 6,984 substantiated cases of abuse were counted in 2013. It is generally accepted that this number does not represent the actual incidence of abuse and neglect.

Myths

- The majority of parents who abuse their children are mentally ill.
- Physical abuse only occurs in lower socioeconomic families.
- Young children have frequent accidents that result in broken bones.
- A physician's opinion is needed before a report of physical abuse can be made.
- Only children under age sixteen can be reported as physically abused.
- Children who are being abused by their parents will ask someone for help.

Facts

- Fewer than ten percent of abusive parents have a severe mental disorder.
- Reports of physical abuse have been confirmed in all socioeconomic levels.
- Many broken bones in children under age two are the result of intentional injury.
- Proof of injury is not necessary to make a request for investigation.
- Physical abuse to any child under age eighteen should be investigated.
- Children are usually afraid to talk about their injuries or are too young to ask for help.

Physical indicators may include:

- Unexplained bruises and welts are the most frequent evidence found and are often on the face, torso, buttocks, back, or thighs. They can reflect the shape of the object used (electric cord, belt buckles) and may be in various states of healing.
- Unexplained burns are often on palms, soles, buttocks, and back and can reflect the pattern indicative of cigarette, cigar, electrical appliance, hot water, or rope burn.
- Fractures (broken bones) that do not fit the story of how an injury occurred.

Behavioral indicators may include:

- Backing away or ducking when approached by an adult.
- Requests or feels deserving of punishment.

- Afraid to go home and/or request to stay in school, child care, etc.
- Overly shy, tends to avoid physical contacts with adults, especially parents.
- Displays behavioral extremes (withdrawal or aggressiveness).

Caretaker characteristics may include:

- Uses harsh and inappropriate discipline.
- Offers illogical, contradictory, or no explanation for injury.
- States child is bad, stupid, different, etc.
- Attempts to conceal child's injury.
- Has unrealistic expectations beyond child's age or ability.

Sexual Abuse

Child sexual abuse refers to any sexual act with a child by an adult or older child. It includes behaviors such as fondling or rubbing the child's genitals, penetration, rape, sodomy, verbal stimulation, indecent exposure, voyeurism, and involving a child in prostitution or the production of pornography. Incest is sexual abuse that occurs within a family. The abuser may be a parent, stepparent, grandparent, sibling, cousin or other family or household member.

In Oklahoma 831 cases of sexual abuse were counted in 2013. It is generally accepted that this number does not represent the actual incidence of abuse and neglect. Current research indicates that one in four girls and one in seven boys will be sexually abused by the age of eighteen.

Child sexual abuse is more typically an ongoing relationship that can last up to several years. Verbal threats and coercion are frequently used to force children to participate and keep the abuse a secret.

Myths

- Sex offenders can be easily identified, as they are strangers who offer rides or candy to children.
- Most sexual abuse victims are teenagers who can protect themselves from exploitation.
- Children often lie about being sexually abused.
- Incest offenders only molest children in their own families.

- The lack of physical violence in child sexual abuse means children are willing participants.
- Sex offenders are severely mentally disturbed, homosexual, or mentally retarded.

Facts

- Eighty to ninety percent of sex offenders are known to the child; they are family members, friends, neighbors, and babysitters.
- Children of all ages are sexually abused; over 1/3 of the victims are five years old or younger.
- Children typically do not have the experience or vocabulary to accurately describe adult sexual activity.
- Research indicates that many incest offenders also molest children outside their families.
- Verbal threats and coercion are frequently used to force children to participate and keep the abuse secret.
- Many sex offenders appear to be responsible and respectable citizens. They may be married and appear to function well in many areas of life.

How to recognize child sexual abuse

Children are unable to give informed consent to sexual activity. Many children do not report their abuse and rely on adults to be aware of specific behavioral and physical indicators. A child who persistently shows several of the following characteristics may be experiencing sexual abuse. Remember, one of the most reliable indicators of child sexual abuse is the child's verbal disclosure.

Behavior indicators may include:

- Excessive masturbation in young children
- Sexual knowledge or behavior beyond that expected for the child's developmental level
- Depression, suicidal gestures
- Chronic runaway
- Fearfulness, anxiety
- Frequent psychosomatic complaints, such as headaches, backaches, and stomachaches

- Drug or alcohol abuse
- Avoidance of undressing or wearing extra layers of clothes
- Sudden avoidance of certain familiar adults or places
- Decline in school performance
- Sleep disturbance

Physical indicators may include:

- Pain, swelling, or itching in the genital area
- Bruises, bleeding, discharge in the genital area
- Sexually transmitted diseases
- Pregnancy in young adolescents
- Frequent, unexplained sore throats, yeast or urinary infections

Caretaker characteristics may include:

- Extremely protective or jealous of child.
- Encourages child to engage in prostitution or sexual acts.
- Non-abusing caretaker may be frequently absent thereby allowing abuser access to child.

Remember Your Responsibility

As an adult working with children you may see bruises and bumps every day; which is understandable because children, especially young children, play rough and can be uncoordinated at times.

If a parent can't (or won't) explain the injury at the morning health check, and the child is reluctant to explain where the injury came from, it's better to be safe than sorry and make a report. **YOU MAY BE THE ONLY VOICE THE CHILD HAS.**

Oklahoma State Statute requires EVERY person who has reason to believe a child under 18 is being abused or neglected, or is in danger of being abused or neglected, to promptly report the suspicion. Failure to report child abuse is a misdemeanor offense. A person should promptly **contact the statewide toll-free Child Abuse Hot Line at 1-800-522-3511.**

Caring for Children who have been Abused and Neglected

Abused children can be at risk for cognitive delays and emotional difficulties. The lasting effects are massive and can lead into adulthood. Caregivers take on much responsibility when working with children who have been abused or neglected. It is possible to help children find healing after a traumatic experience but there are some issues the children may be dealing with as a result of the abuse:

- Aggression
- Developmental Delays
- Emotional issues (depression or anxiety)
- Inappropriate modeling (overly sexual/playing the parent)
- Odd Eating behaviors
- Odd Soothing behaviors (scratching or rocking themselves)

Providing a calm, safe environment for children and receiving training from professionals is the first step in working with children with a complicated past. Available resources include:

- The National Child Traumatic Stress Network:
<http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts>
- Child Welfare Information Gateway: <https://childwelfare.gov/>
- The National Council for Adoption’s Article “Supporting Maltreated Children: Countering the Effects of Neglect and Abuse”
https://www.adoptioncouncil.org/images/stories/documents/NCF_ADOPTION_ADVOCATE_NO48.pdf
- Child Maltreatment: Past, Present, and Future:
https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf
- Long-Term Consequences of Child Abuse and Neglect:
https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf
- Preventing Child Abuse and Neglect:
<https://www.childwelfare.gov/pubs/factsheets/preventingcan.pdf>
- Understanding the Effects of Maltreatment on Brain Development:
https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

Helpful Tips for Caring for Children Who Have Been Abused and Neglected

- Listen.
- Treat with respect.
- Provide a calm, safe environment.
- Encourage creativity and fun activities.
- Write down and explain rules.
- Be consistent with the consequences of not following the rules.
- Be there! Prove that some adults can be trusted.
- Set an example. Remember every word you say and every action you take – you are modeling behavior for all of the children in your care.

Child Abuse Prevention

When the Baby Won't Stop Crying

Crying is an important means of communication for babies during early infancy. At this stage in their development, infants depend almost entirely on caregivers to meet their needs. As a result, infant crying can assume an important role in ensuring the survival, health and development of the child.

Persistent crying that seems to have no reason can make parents and caregivers feel worried, upset, or even out of control. It's important to remember to not take the baby's crying personally and **NEVER SHAKE THE BABY! Shaking an infant can cause blindness, brain damage or even death!**

The Period of PURPLE Crying is a new way to help parents and caregivers understand the time in a baby's life which is a normal part of every infant's development. It is confusing to be told your baby "has colic" because it sounds like an illness or a condition that is abnormal. When the baby is given medication to treat symptoms of colic, it reinforces the idea that there is something wrong with the baby, when in fact, the baby is going through a very normal developmental phase.

The Period of PURPLE Crying begins at about 2 weeks of age and continues until about 3-4 months of age. There are other common characteristics of this phase, which are described in the PURPLE acronym. *All babies go through this period.* It is during this time that some babies can cry a lot and some far less, but they all go through it. When babies are going through this period they seem to resist soothing. Nothing helps. Even though certain soothing methods may help when they are simply fussy or crying, bouts of inconsolable crying are different. Nothing seems to soothe them.

During this phase of a baby's life they can cry for hours and still be healthy and normal. Parents often think there must be something wrong or they would not be crying like this. However, even after a check-up from the doctor which shows the baby is healthy they still go home and cry for hours, night after night. Often parents say their baby looks like he or she is in pain. They think they must be, or why would they cry so much. Babies who are going through this period can act like they are in pain even when they are not.

The acronym PURPLE is used to describe specific characteristics of an infant's crying during this phase and lets parents and caregivers know that what they are experiencing is normal, and although frustrating, is simply a phase in the child's development and that it will pass. This is only temporary and will come to an end.

Period of PURPLE Crying: <http://www.purplecrying.info/> AAA

THE LETTERS IN PURPLE STAND FOR

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| P | U | R | P | L | E |
| PEAK OF CRYING | UNEXPECTED | RESISTS SOOTHING | PAIN-LIKE FACE | LONG LASTING | EVENING |
| Your baby may cry more each week, the most in month 2, then less in months 3-5 | Crying can come and go and you don't know why. | Your baby may not stop crying no matter what you try. | A crying baby may look like they are in pain, even when they are not. | Crying can last as much as 5 hours a day, or more. | Your baby may cry more in the late afternoon and evening. |

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

Working with Families – the Strengthening Families Protective Factors

The Center for the Study of Social Policy (CSSP), introduced the Strengthening Families Approach and Protective Factors Framework in 2003.

Strengthening Families™ is a research-informed approach to:

- Increase family strengths
- enhance child development
- reduce the likelihood of child abuse and neglect

Rather than identifying risk factors for maltreatment and addressing the problems and deficiencies of the primary caregiver, this framework focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children.

Early childhood programs can help prevent child abuse and neglect by using the following program strategies:

- Facilitate friendships and mutual support
- Strengthen parenting
- Respond to family crises
- Link families to services and opportunities
- Facilitate children’s social and emotional development
- Observe and respond to early warning signs of child abuse and neglect
- Value and support parents

These program strategies build the following **protective factors**, which are known to reduce child abuse and neglect.

- **Parental resilience:** managing stress and functioning well when faced with challenges, adversity, and trauma.
- **Social connections:** having a sense of connectedness with constructive, supportive people and institutions.
- **Knowledge of parenting and child development:** understanding parenting best practices and developmentally appropriate child skills and behaviors.
- **Concrete support in times of need:** identifying, accessing, and receiving needed adult, child, and family services.
- **Social and emotional competence of children:** forming secure adult and peer relationships; experiencing, regulating, and expressing emotions.

For more information about Strengthening Families visit the CSSP website:

<http://www.cssp.org/reform/strengtheningfamilies>

