Chapter 1: Child Abuse Recognition and Reporting in Pennsylvania

2 Contact Hours

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Learning Objectives

This course is designed to help you:

- Recognize possible clinical, behavioral, and physical indicators of suspected child abuse and neglect.
- Explain criteria of mandated reporters in accordance with Pennsylvania law.
- Evaluate situations to determine whether there is reasonable cause to suspect child abuse or neglect.
- Apply the updated requirements and protocol for reporting child abuse or neglect.
- Describe the reporting procedure.

Outline:

- Introduction.
- Child Protective Services vs. General Protective Services.
- Recent Changes to the Pennsylvania Child Protective Services Law.
- Definitions related to Child Protective Services.
- Mandated Reporters.
- The Reporting Process.
- Failure to Report.
- Recognizing Signs of Abuse and Neglect.

INTRODUCTION

Child abuse and neglect remains a significant problem for us all in the United States as well as Pennsylvania. Approximately 3.9 million children in the U.S. were the subjects of at least one report (HHS, 2013 Child Maltreatment Report). In Pennsylvania alone, there were 26,944 reports of suspected child and student abuse in 2013, which is an increase of 280 reports from the previous year (Pennsylvania Department of Public Welfare Annual Child Abuse Report 2013).

In Pennsylvania; there were 23 legislative bills signed in 2013 and 2014 and enacted in 2014 to protect the children of our state. These changes to Title 23, Chapter 63 of the Pennsylvania Child Protective Services Law (CPSL) were implemented with the intention to help reduce the recurrence of child abuse and neglect by helping to improve procedures governing child protection and reporting processes, expanding the list of individuals mandated to report, and helping to improve the investigation of child abuse cases via applicable technology and monitoring. The children of our state need to be protected by us all to prevent them from the trauma and associated outcomes incurred as a result of child abuse and neglect.

OVERVIEW OF CHILD WELFARE IN PENNSYLVANIA

To help families achieve positive outcomes, child welfare systems throughout the country, including Pennsylvania, have strengthened their approaches to practice. Practice models guide the work of those involved with the child welfare system, enabling them to work together to improve outcomes for children, youth, and families.

A significant achievement over the course of the past five years has been the development and implementation of the PA Child Welfare Practice Model (practice model) (Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, Title IV-B Child and Family Service Plan, 2014). The practice model consists of the following core elements: outcomes – the areas that need to change in order to achieve improved outcomes; values and principles – the value base that provides guidance about how those in the field of child welfare are to work together; and skills – operationalized standards that provide direction while still allowing for flexibility in how to best meet the child, youth and family’s unique needs.

Improved outcomes are absolutely necessary as noted in Pennsylvania Department of Public Welfare Annual Child Abuse Report 2013. Out of Pennsylvania’s 67 counties, 33 received more reports of child and student abuse in 2013 than in 2012, and sexual abuse was involved in 53% of all substantiated reports.

To put this more into perspective, in 2013 the total number of reports in Pennsylvania was 9.6 reports per 1,000 children with the total number of substantiated reports at 1.3 per 1,000 children. So, for every 1,000 children in our state, 1 child is abused and or neglected.

What is the Child Protective Services Law (CPSL)?

The Pennsylvania Child Protective Services Law (CPSL) was signed into law in 1975. It was enacted to protect children from abuse, allow the opportunity for healthy growth and development, and, whenever possible, preserve and stabilize the family.

The Child Protective Services Law ensures that each county establishes a protective services program to protect our children, locally. County agencies are charged with the responsibility of investigating suspected reports of child abuse. Each county agency submits a annual plan of how they will implement the law, and submits a yearly report on child abuse statistics and analysis within their respective county. Section 6302(b) of the Child Protective Services Law, explains the purpose of this chapter regarding county responsibility:

“to establish in each county protective services for the purpose of investigating the reports swiftly and competently, providing protection for children from further abuse and providing rehabilitative services for children and parents involved so as to ensure the child’s well-being and to preserve, stabilize and protect the integrity of family life wherever appropriate or to provide another alternative permanent family when the unity of the family cannot be maintained.”
Pennsylvania’s substantiation rate (suspected reports of abuse that are verified) remained the same as in 2012 at 13%. Forty counties out of 67 were at or above this average in 2013 (Pennsylvania Department of Public Welfare Annual Child Abuse Report, 2013).

**CHILD PROTECTIVE SERVICES VS. GENERAL PROTECTIVE SERVICES**

It is important for mandated reporters to differentiate between Child Protective Services (CPS) and General Protective Services (GPS). PA law requires agencies to provide both services to youth and children in their respective county.

**General Protective Services**

General Protective Services are defined in section 6303 of the Child Protective Services Law as: “Those services and activities provided by each county agency for cases requiring protective services, as defined by the department in regulations.”

These types of services are provided for case reports of non-serious injury or neglect, such as insufficient shelter, school truancy, and abandonment. These types of conditions threaten a child’s health and well-being. General Protective Services can be provided to families, whose religious beliefs deny medical care to their child, because the health and welfare of the child is now at risk. This may not rise to the level of an abuse report, but does lead to being provided General Protective Services for the child.

GPS also includes services to families that DO NOT meet the criteria for legal adjudication, (the act of making a judicial ruling, such as a judgment or decree). At times, assessments may conclude that while court involvement may not be necessary, the family, child, or both may benefit from additional services. GPS provides referrals for such services.

**Child Protective Services**

Section 6303(a) of the Child Protective Services law defines Child Protective Services “as those services and activities provided by the department and each county agency for child abuse cases”.

Child Protective Services (CPS) has the responsibility of receiving and investigating alleged reports of abuse. They conduct safety assessments and develop a safety plan for the child and intervene when necessary to protect them from harm. CPS is responsible for receiving and evaluating reports of suspected child abuse and neglect, determines if the reported information meets the statutory and agency guidelines for child maltreatment, and judges the urgency with which the agency must respond to the report. CPS provides or arranges services to achieve a secure home environment for the child, whether that is reunification with the family, or some alternative home in order to provide them with the care and safety that every child deserves. Their mission is to achieve safety, wellbeing and permanency for the abused and/or neglected child.

For the cases that do not warrant an abuse report, GPS assesses the need for services and can offer assistance.

**RECENT CHANGES TO THE PENNSYLVANIA CHILD PROTECTIVE SERVICES LAW**

Twenty three pieces of legislation were signed into law in Pennsylvania in 2013 and 2014 which changed how Pennsylvania responds to child abuse. These changes amended the definitions of child abuse and perpetrator, significantly expanded the list of mandated reporters and streamlined the mandatory reporting processes. Please note that the following list does not include all legislative bills but rather highlights some of the recent changes in legislation impacting mandated reporters and the process of recognizing and reporting suspected child abuse.

**Reporting of infants born and identified as being affected by illegal substance abuse**

The new Child Protective Services Law requires a health care provider to immediately make a report or cause a report to be made to the appropriate county agency if the provider is involved in the delivery or care of a child under one year of age who is born and identified as being affected by any of the following:

1. Illegal substance abuse by the child’s mother.
2. Withdrawal symptoms resulting from prenatal drug exposure.
3. A Fetal Alcohol Spectrum Disorder.

*Note: The only change was that the Fetal Alcohol Spectrum Disorder was added.*

**Child abuse education and training**

The Child Protective Services Law requires licensed professionals identified as mandated reporters to receive training on recognizing and reporting child abuse. Professionals applying for a license or certificate with their professional licensing board on or after January 1, 2015, are required to complete at least 3 hours of approved child abuse recognition and reporting training. This training must be approved by the Department of Human Services. Professionals applying for renewal of their license or certificate on or after January 1, 2015, are required to complete at least 2 hours of continuing education per licensure cycle. This training must be approved by the appropriate licensing board in consultation with the Department of Human Services. The state approved provider is required to report these hours to the Pennsylvania Department of State electronically, you are NOT required to submit documentation. This law took effect December 31, 2014.

**Mandated reporters**

The Child Protective Services Law expanded the list of mandated reporters of suspected child abuse. An individual identified as a mandated reporter commits an offense if they fail to report suspected child abuse or neglect immediately. The list of these mandatory reporters will be discussed later in this course.
Whistleblower protection

The Child Protective Services provides persons required to report suspected child abuse protection from employment discrimination.

Governor Corbett signed this act into law April 15. This law took effect December 31, 2014.

DEFINITIONS RELATED TO THE CHILD PROTECTIVE SERVICES LAW

Child
An individual under the age of 18.

Child Abuse
Child abuse in Pennsylvania, according to the CPSL, means intentionally, knowingly or recklessly doing any of the following:
1. Causing bodily injury to a child through any recent act (abuse intentionally, knowingly or recklessly doing any of the following:
2. Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
3. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act. Example: Berating a child verbally in public places in front of others.
4. Causing sexual abuse or exploitation of a child through any act or failure to act. Example: You allow a predator to sexually abuse a child.
5. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act. Example: A parent leaves their small child in the car, with the windows up on a hot day, while in the grocery store for an hour.
6. Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act. Example: Leaving a child alone in the presence of a registered sexual predator.
7. Causing serious physical neglect of a child. Example: Not providing food or water to a child.
8. Engaging in any of the following recent acts:
   i. Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
   ii. Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement. Example: Keeping a child locked in a closet or isolated room as punishment for misbehaving.
   iii. Forcefully shaking a child under one year of age.
   iv. Forcefully slapping or otherwise striking a child under one year of age.
   v. Interfering with the breathing of a child.
   vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
   vii. Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known:
      A. Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
      B. Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
      C. Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
9. Causing the death of the child through any act or failure to act.

Restatement of culpability.
- Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the person acted intentionally, knowingly or recklessly when causing the injury or harm to the child or creating a risk of injury or harm to the child.

“Perpetrator” is defined in section 6303 of the Child Protective Services Law as: A person who has committed child abuse. The following shall apply:
- The term includes only the following:
  o A parent of the child.
  o A spouse or former spouse of the child’s parent.
  o A paramour or former paramour of the child’s parent.
  o A person 14 years of age or older and responsible for the child’s welfare.
  o An individual 14 years of age or older who resides in the same home as the child.
  o An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.

Note: Relations within the third degree of consanguinity include:
1. Child’s parents.
2. Child’s brothers/sisters.
5. Child’s grandparents.
7. Child’s first cousins.
8. Child’s great grandparents.

However, only the following may be considered a perpetrator for failing to act:
- A parent of the child.
- A spouse or former spouse of the child’s parent.
- A paramour or former paramour of the child’s parent.
- A person 18 years of age or older and responsible for the child’s welfare.
- A person 18 years of age or older who resides in the same home as the child.

Note: This excludes a person 14 to 17 years old for failing to act.

Note: This expanded definition of perpetrator now includes school employees. The prior version of the CPSL captured them in a separate category.

“Person Responsible” is defined as a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term includes any such person who has direct or regular contact with a child through any program, activity, or service sponsored by a school, for-profit organization or religious or other not-for-profit organization.

“Recent” is defined as an abusive act within 2 years from the date ChildLine is called. Sexual abuse, serious mental injury, serious physical neglect and deaths have no time limit.
Types of Child Abuse

Child welfare generally recognizes four types of child abuse – Neglect, Physical, Emotional and Sexual. In this section we provide an overview of those types using terminology and definitions found in the CPSL.

Neglect

Child Neglect is a form of child abuse that occurs when someone intentionally does not provide a child with food, water, shelter, clothing, medical care, or other necessities. Child neglect is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as with a serious injury, untreated depression, or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

Serious physical neglect.” Any of the following when committed by a perpetrator that endangers a child’s life or health, threatens a child’s well-being, causes bodily injury or impairs a child’s health, development or functioning:
1. A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child’s developmental age and abilities.
2. The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

Serious physical neglect may be manifested in inadequate nutrition (i.e., malnutrition or starvation), infant failure to thrive syndrome, failure or delay in seeking medical care, prolonged exposure to the elements, or malnutrition. Cases of serious physical neglect is one of the nine categories of child abuse listed in the definition section and will be addressed through Child Protective Services.

Emotional Abuse

“Serious mental injury.” A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:
1. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child’s life or safety is threatened; or
2. Seriously interferes with a child’s ability to accomplish age-appropriate developmental and social tasks.

Some examples of “serious mental injuries” may be:
- Ignoring. Either physically or psychologically, the parent or caregiver is not present to respond to the child. He or she may not look at the child and may not call the child by name.
- Rejecting. This is an active refusal to respond to a child’s needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child).
- Isolating. The parent or caregiver consistently prevents the child from having normal social interactions with peers, family members, and adults. This also may include confining the child or limiting the child’s freedom of movement.
- Exploiting or corrupting. In this kind of abuse, a child is taught, encouraged, or forced to develop inappropriate or illegal behaviors. It may involve self-destructive or antisocial acts of the parent or caregiver, such as teaching a child how to steal or forcing a child into prostitution.
- Verbally assaulting. This involves constantly belittling, shaming, ridiculing, or verbally threatening the child.
- Terrorizing. The parent or caregiver threatens or bullies the child and creates a climate of fear for the child. Terrorizing can include placing the child or the child’s loved one (such as a sibling, pet, or toy) in a dangerous or chaotic situation, or placing rigid or unrealistic expectations on the child with threats of harm if they are not met.
- Neglecting the child. This abuse may include educational neglect, where a parent or caregiver fails or refuses to provide the child with necessary educational services; mental health neglect, where the parent or caregiver denies or ignores a child’s need for treatment for psychological problems; or medical neglect, where a parent or caregiver denies or ignores a child’s need for treatment for medical problems.

Physical Abuse

Physical abuse is redefined as “bodily injury” to the child which requires impairment of a physical condition or substantial pain, rather than severe pain or lasting impairment. It may be the result of a deliberate attempt to hurt the child, but not always. It can also result from severe discipline, such as using a belt on a child, or physical punishment that is inappropriate to the child’s age or physical condition.

Many physically abusive parents and caregivers insist that their actions are simply forms of discipline—ways to make children learn to behave. But there is a big difference between using physical punishment to discipline and physical abuse.

“Serious bodily injury” creates a substantial risk of death or causes serious permanent disfigurement or protracted loss of impairment of function of any bodily, organ or member (i.e., broken bones, second or third degree burns, internal injury, suspected homicide, head injury or hemorrhage, puncture or bullet wounds). The injury may constitute a criminal act in addition to child abuse.

Sexual Abuse

Sexual abuse or exploitation is defined by the Child Protective Services Law as: The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:
- Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

This does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older whose age is within four years of the child’s age.

Any of the following offenses committed against a child:
- Rape as defined in 18 Pa.C.S. § 3121.
- Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1
- Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123
- Sexual assault as defined in 18 Pa.C.S. § 3124.1
- Institutional sexual assault as defined in 18 Pa.C.S. § 3124.2
- Aggravated indecent assault as defined in 18 Pa.C.S. § 3125
- Indecent assault as defined in 18 Pa.C.S. § 3126
- Indecent exposure as defined in 18 Pa.C.S. § 3127
- Incest as defined in 18 Pa.C.S. § 4302
- Prostitution as defined in 18 Pa.C.S. § 5902
- Sexual abuse as defined in 18 Pa.C.S. § 6312
- Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318
- Sexual exploitation as defined in 18 Pa.C.S. § 6320

Sexual abuse includes sexual intercourse or its deviations. Yet all offenses that involve sexually touching a child, as well as non-touching offenses and sexual exploitation, are just as harmful and devastating to a child’s well-being (American Humane Association, 2014).

According to the National Child Abuse and Neglect Data System (NCANDS), an estimated 9.3 percent of confirmed or substantiated
child abuse and neglect cases in 2005 involved sexual abuse (U.S. Department of Health and Human Services, 2007). This figure translates into over 83,800 victims in 2005 alone (USDHHS, 2007). Other studies suggest that even more children suffer abuse and neglect than is ever reported to child protective services agencies. Statistics indicate that girls are more frequently the victims of sexual abuse, but the number of boys is also significant.

Touching sexual offenses include:
- Fondling.
- Making a child touch an adult’s sexual organs.

### Exclusions from child abuse per the CPSL

Pennsylvania has identified scenarios that should not be considered to be child abuse. Pennsylvania statute § 6304 (Exclusions from child abuse) details those scenarios that have been excused from such a determination:

- **Environmental factors.** No child shall be deemed to be physically or mentally abused based on injuries that result solely from environmental factors, such as inadequate housing, furnishings, income, clothing, and medical care, which are beyond the control of the parent or person responsible for the child’s welfare with whom the child resides. This subsection shall not apply to any childcare service as defined in this chapter, excluding an adoptive parent.

  Example: If a family lives at the poverty level through no fault of the parents it is not considered child abuse.

- Practice of religious beliefs. If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of sincerely held religious beliefs of the child’s parents or relative within the third degree of consanguinity and with whom the child resides, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. (This is not applicable to childcare services and not applicable if the failure to provide care results in the death of a child.)

  Example: If one’s religion does not believe in seeking medical attention for their child that has a cold this is not considered child abuse unless it results in the death of a child.

In such cases the following shall apply:

1. The county agency shall closely monitor the child and the child’s family and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child’s life or long-term health.
2. All correspondence with a subject of the report and the records of the department and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child’s condition.
3. The family shall be referred for general protective services, if appropriate.
4. This subsection shall not apply if the failure to provide needed medical or surgical care causes the death of the child.
5. This subsection shall not apply to any childcare service as defined in this chapter, excluding an adoptive parent.

- Use of force for supervision, control, and safety purposes. The use of reasonable force on or against a child by the child’s own parent or person responsible for the child’s welfare shall not be considered child abuse if any of the following conditions apply:
  - The use of reasonable force constitutes incidental, minor, or reasonable physical contact with the child or other actions that are designed to maintain order and control.
  - The use of reasonable force is necessary:
    - To quell a disturbance or remove the child from the scene of a disturbance that threatens bodily injury to persons or damage to property.
    - To prevent the child from self-inflicted physical harm.
    - For self-defense or the defense of another individual.
    - To obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are on the child or within the control of the child.

  Example: In the grocery store, you witness a woman (parent) who is upset with her child for climbing on a half-empty shelf. The parent grabs the child’s arm, pulls the child down, and the child falls to the floor and sprains his or her ankle. This is not child abuse as the parent or caregiver is using “reasonable force” to prevent the child from several actions, including the self-inflicted harm of the child falling. Using reasonable physical contact to maintain order and control of their child is another condition that does not constitute abuse.

  Another example is a parent or caregiver who finds an illegal substance in their child’s room and when trying to remove the substance, the child becomes confrontational and a physical struggle arises between the two. The parent has to restrain the child and begins grabbing the child’s arms and hands. In the process, the child’s arm is cut by some means and the child begins to bleed. The parent or caregiver has not abused the child; they have used “reasonable force” to maintain order, to obtain possession of a controlled substance, and to prevent the child from self-inflicted harm of using the illegal substance. Finally, the physical contact between the two of them constitutes self-defense on the parent or caregiver’s part. It is important to note that only one condition has to be met, not all or more than one when discussing when the use of reasonable force is necessary.

- Rights of parents. Nothing in this chapter shall be construed to restrict the generally recognized existing rights of parents to use reasonable force on or against their children for the purposes of supervision, control, and discipline of their children. Such reasonable force shall not constitute child abuse.

  Example: Spanking a child is a perfect example of parental rights. Many people do not believe in spanking their child or any type physical discipline. It was not long ago, when spanking was a generally accepted method of discipline, there are those parents who believe a little spanking goes a long way in reprimanding your child. Today, not all parents agree on this issue, but in Pennsylvania we believe in the rights of parents to use reasonable force on or against their child in order to maintain control, to supervise, and to discipline.

- Participation in events that involve physical contact with child. An individual participating in a practice or competition in an interscholastic sport, physical education, a recreational activity,
or an extracurricular activity that involves physical contact with a child does not, in itself, constitute contact that is subject to the reporting requirements of this chapter.

Example: A 12 year old plays basketball with his team member at Church. These members are of all ages (adults and children). The 12 year old is hit by an adult and ends up with a broken nose. The individual that hit him is not abusing the 12 year old, he was playing a game that involves expected, physical contact.

- **Child-on-child contact.** Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator.

  Notwithstanding the above, the following shall apply:
  - Acts constituting any of the following crimes against a child shall be subject to the standard reporting requirements outlined in this course:
    - rape as defined in 18 Pa.C.S. § 3121 (relating to rape);
    - involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse);
    - sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault);
    - aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault);
    - indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault);
    - indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).

  Example: One child goes to his house. The two children begin to rough-house and wrestle and as a result one child, whose home it is, hurts the other child considerably. The boy’s mother finally separates the two but only after the visiting child has a fractured rib and bloody nose. The parent of the injured child insists this is a child abuse case because her child was in the care of another parent and their child hurt her child.

  This exclusion is not considered child abuse due to the fact that there is no perpetrator, only one child who hurt another child. In this situation, both of these children were participating in the rough-housing.
  - No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight or scuffle entered into by mutual consent.

  Example: Two boys in a consensual fist fight after school does not deem either one of them a “perpetrator.”

  Example: A couple girls begin to argue over a boy and one of them starts to verbally abuse the other, calling the other girl such terrible names, she begins to cry. Though this may be modeling bad behavior, it is not classified as child abuse –neither girls are perpetrators and both entered into the argument of their own volition.

  - A law enforcement official who receives a report of suspected child abuse is not required to make a report to the department under section 6334(a) (relating to disposition of complaints received), if the person allegedly responsible for the child abuse is a nonperpetrator child.

  First, a law enforcement official in Pennsylvania includes the following:
  1. The Attorney General
  2. A Pennsylvania district attorney
  3. A Pennsylvania State Police Officer
  4. A municipal police officer

  A law enforcement official that receives a report of suspected abuse is required to immediately notify the department of the report. If it is done orally by telephone, the law enforcement official will attempt to collect as much information as possible relating to the reporting procedure and will submit either, a written report or report by electronic means, within 48 hours.

  The exclusion applies if the person allegedly responsible for the child abuse is a nonperpetrator child, then the law enforcement official is not required to submit the report to the department.

  - **Defensive force.** Reasonable force for self-defense or the defense of another individual, consistent with the provisions of 18 Pa.C.S. §§ 505 (relating to use of force in self-protection) and 506 (relating to use of force for the protection of other persons), shall not be considered child abuse.

  Note: These are exclusions to child abuse, not exclusions to reporting child abuse. If you suspect that an identifiable child is the victim of child abuse, please make a report. Trained professionals will determine whether or not child abuse has occurred.

Mandated reporters in Pennsylvania is the category that submits the most reports of suspected child abuse and in 2013 they reported 21,076 reports of suspected abuse, which is 78% of all suspected abuse reports. Of the substantiated reports, 79% came from mandated reporters. Pennsylvania is making a difference and it is beginning to show in the numbers.

While some occupations determined as mandated reporters are listed by name in recent legislative updates (see below), the common factor among mandated reporters is that these are individuals who come into direct contact with children in the course of their employment, occupation, practice of their profession or outside their employment or are persons responsible for the welfare of children.

Example: You volunteer at a church group, you are now considered a mandated reporter because you are in contact with children. You regularly examine children in the course of your employment as a nurse you are a mandated reporter.

Note: How is direct contact with children defined?
Direct contact with children is defined in § 6303 (relating to definitions) as the care, supervision, guidance or control of children or routine interaction with children.

Note: How is person responsible for the child’s welfare defined?
A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term includes any such person who has direct or regular contact with a child through any program, activity or service sponsored by a school, for-profit organization or religious or other not-for-profit organization.

MANDATED REPORTERS
Section 6311 of the Child Protective Services Law. Persons required to report suspected child abuse.

In 2014, Pennsylvania amended and strengthened its child welfare laws by expanding the definition of mandated reporters, streamlined the reporting process, increased penalties for mandated reporters who fail to report abuse or neglect, and provided protections from employment discrimination for filing a report in good faith.

Effective December 31, 2014, the new definition of a mandated reporter includes anyone who comes into contact, or interacts, with a child or is directly responsible for the care, supervision, guidance, or training of a child.

The law now specifically includes volunteers with children’s programs and employees (not just administrators, teachers, and nurses) of elementary, secondary, and postsecondary schools. The entire list of mandated reporters as outlined by section 6311 of Child Protective Services Law include:

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State.
- A medical examiner, coroner or funeral director.
- An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals.
- A school employee.
- An employee of a child-care service who has direct contact with children in the course of employment.
- A clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization.
- An individual paid or unpaid, who, on the basis of the individual’s role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child.
- An employee of a social services agency who has direct contact with children in the course of employment.
- A peace officer or law enforcement official.
- An emergency medical services provider certified by the Department of Health.
- An employee of a public library who has direct contact with children in the course of employment.
- An individual supervised or managed by a person listed above, who has direct contact with children in the course of employment.
- An independent contractor.
- An attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children.
- A foster parent.

If they suspect abuse, mandated reporters are required to immediately report the abuse to ChildLine electronically or by phone. They are not required to conduct an investigation, that is the responsibility of the county agency that the report is assigned to.

Staff members of public or private agencies, institutions, and facilities. Licensees who are staff members of a medical or other public or private institution, school, facility, or agency, and who, in the course of their employment, occupation, or practice of their profession, come into contact with children shall immediately report the suspected abuse or neglect. There is no longer a “chain of command”. Whereas employees of institutions and facilities including school employees were previously directed to report the concern to the ‘person in charge’, such mandated reporters are now required to report the concern immediately to ChildLine and then inform the ‘person in charge’ of their report and concerns.

Please Note: As a mandated reporter, you do not have to determine whether or not the person meets the definition of perpetrator to make the report.

A mandated reporter shall report information if they have reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service. (Information obtained through your professional role).
- The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child. (Information obtained through your professional role).
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse. (Information obtained through professional role or outside of professional role).
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse. (Information obtained through professional role or outside of professional role).

The circumstances above all pertain to abuse information obtained through your professional role but the last two bulleted items can be obtained from information outside your professional role, as well.

Protections for Mandated Reporters

As a mandated reporter, and you make a report of suspected child abuse in good faith, you are protected.

You are protected as a mandated reporter when you:

- Make a report of suspected child abuse or making a referral for general protective services, regardless of whether the report is required to be made.
- Cooperating or consulting with an investigation
- Testify in a proceeding arising out of an instance of suspected child abuse or general protective services.
- Engaging in any action authorized as a result of suspected child abuse such as taking photographs, medical tests and X-rays of child subject to report, taking a child into protective custody, admission to private and public hospitals or mandatory reporting and postmortem investigation of deaths.

An official or employee of the department or county agency who refers a report of suspected child abuse for general protective services to law enforcement authorities or provides services as authorized by this chapter shall have immunity from civil and criminal liability that might otherwise result from the action.
Penalties for failure to report suspected child abuse
Section 6319 of the Child Protective Services Law.
Penalties for Failure to Report or to Refer.

If you are a mandated reporter and you willfully fail to report suspected child abuse, you could be charged with a second degree misdemeanor up to a second degree felony. Failing to report multiple times, increases the level of the penalty. The statute of limitations for reporting generally mirrors that of the crime.

An offense under this section is a felony of the third degree if:
- The person or official willfully fails to report.
- The child abuse constitutes a felony of the first degree or higher.
- The person or official has direct knowledge of the nature of the abuse.

An offense not otherwise specified above is a misdemeanor of the second degree.

A report of suspected child abuse to law enforcement or the appropriate county agency by a mandated reporter, made in lieu of a report to the department, shall not constitute an offense under this subsection, provided the report was made in a good faith effort to comply with the requirements of this chapter.

Continuing course of action: If a person’s willful failure continues while the person knows or has reasonable cause to believe the child is actively being subjected to child abuse, the person commits a misdemeanor of the first degree, unless the child abuse constitutes a felony of the first degree or higher, then the person commits a felony of the third degree.

Multiple offenses: A person who commits a second or subsequent offense under subsection commits a felony of the third degree, unless the child abuse constitutes a felony of the first degree or higher, then the penalty for the second or subsequent offenses is a felony of the second degree.

Statute of limitations: The statute of limitations for an offense of failing to report or refer shall be either the statute of limitations for the crime committed against the minor child or 5 years, whichever is greater.

Privileged and Confidential Communications

Section 6311.1 of the Child Protective Services Law. Privileged communications states that the privileged communications between a mandated reporter and a patient or client of the mandated reporter shall not:

- Apply to a situation involving child abuse.
- Relieve the mandated reporter of the duty to make a report of suspected child abuse.

Attorneys and Other Professionals Involved in Patient or Client Privileged Communication

An attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children is now considered a mandated reporter.

Confidential communication: The following protections shall apply:

- Confidential communications made to a member of the clergy are protected under 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen).

  Example: A priest was told in confessional about child abuse, this is considered confidential communication and is not required to be reported. But in the course of his role he overhears or is told during the course of a conversation about alleged child abuse this is a case that must be reported.

- Confidential communications made to an attorney are protected so long as they are within the scope of 42 Pa.C.S. §§ 5916 (relating to confidential communications to attorney) and 5928 (relating to confidential communications to attorney), the attorney work product doctrine or the rules of professional conduct for attorneys.

  Example: An attorney is employed by an organization (daycare or a school) that is responsible for the care of children is required to report suspected child abuse or neglect. If an attorney is told about suspected child abuse or neglect from a client in confidence outside the above setting they are not required to report the information.

Mandated vs. Permissive Reporting

In Pennsylvania everyone is permitted to report child abuse. Let’s take a closer look at the difference between mandated reporters and permissive reporters.

Mandated reporters are required by the Pennsylvania Child Protective Services Law to immediately report suspected child abuse or neglect. Permissive reporters are encouraged but not required to report child abuse.

Section 6312 of the Child Protective Services Law. Persons encouraged to report suspected child abuse

“Any person may make an oral report of suspected child abuse, to the department, county agency or law enforcement, if that person has reasonable cause to suspect that a child is a victim of child abuse.”

Investigations and types of reports
Confidentiality

In all cases, the county maintains written records of the investigation. Information regarding cases of child abuse is confidential except in certain instances specified by law. In most circumstances, the release of data by the department, county, institution, school, facility or agency or designated agent of the person in charge that would identify the person who made a report of suspected child abuse or who cooperated in a subsequent investigation is prohibited. Law enforcement officials shall treat all reporting sources as confidential informants.
Difference between indicated, founded, and unfounded child abuse reports

- **Indicated report** is a report based on the medical assessment, the child protective service investigation or the admission of acts of abuse by the perpetrator or perpetrators that abuse or neglect has occurred.

  Example: A 3-month-old baby is examined in the emergency room where its determined to have bleeding on the brain, a broken leg and five rib fractures in various stages of healing. There are three individuals in the home who are responsible for the care of the child but evidence does not exist to determine who inflicted this child’s injuries. The investigation clearly substantiates that abuse has occurred so the report is an indicated report of child abuse. A report may be indicated which lists the perpetrator as “unknown” if substantial evidence of abuse by a perpetrator exists, but the department or county agency is unable to identify the specific perpetrator.

  Note: previous law did not allow for indicating child abuse when a perpetrator could not be named.

Perpetrators of indicated reports are recorded in the ChildLine abuse reporting system. They are not considered criminals because the report did not lead to criminal charges.

Indicated reports do not require law enforcement or court involvement.

- **Founded report** is a child abuse or neglect report that was taken to the legal system and went to court. A judicial adjudication (the legal process by which a judge reviews the evidence) takes place that may or may not lead to criminal charges against the perpetrator.

Founded reports take place in the legal system.

- **Unfounded report**: Any report made that does not qualify as a “founded report” or an “indicated report.” The evidence did not support the assertion of child abuse.

THE REPORTING PROCESS

Reports of suspected child abuse are to be made immediately and directly by the person who suspects that an identifiable child is the victim of child abuse.

How do I report suspected abuse or neglect?

ChildLine is the 24-hour reporting system operated by the Department of Human Services to receive reports of suspected child abuse.

ChildLine forwards the report of suspected child abuse to the local county children and youth agency, which investigates the report to determine if the allegations can be substantiated as child abuse/neglect and also arranges for or provides the services that are needed to prevent the further maltreatment of the child and to preserve the family unit.

Reporting procedure

Reports of suspected child abuse shall be made electronically or by telephone.

- Electronic reports are made via the Child Welfare portal at [WWW.COMPASS.STATE.PA.US/CWIS](http://WWW.COMPASS.STATE.PA.US/CWIS). This is the fastest and most efficient way for you as a mandated reporter to file your report.

  There is no need for any follow-up reports when submitting your reports electronically. The state encourages everyone to visit this website now and setup your account so if and when you need to make a child abuse report you can log in and start immediately.

- Oral reports of suspected child abuse shall be made immediately by telephone to ChildLine, 1-800-932-0313.

- Written reports must be made within 48 hours after the oral report is made by telephone. Written reports shall be made on form CY47 available from a county children and youth agency.

Written reports are made on form CY47. The following information is requested and helpful if available:

1. The names and addresses of the child, the child’s parents and any other person responsible for the child’s welfare.
2. Where the suspected abuse occurred.
3. The age and sex of each subject of the report.
4. The name and relationship of each individual responsible for causing the suspected abuse and any evidence of prior abuse by each individual.
5. The nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or any sibling of the child.
6. The name, telephone number and e-mail address of the person making the report.
7. The source of the report.
8. The actions taken by the person making the report, including those actions taken under section 6314 (relating to photographs, medical tests and X-rays of child subject to report), 6315 (relating to taking child into protective custody), 6316 (relating to admission to private and public hospitals) or 6317 (relating to mandatory reporting and postmortem investigation of deaths).
9. Any other information required by Federal law or regulation.
10. Any other information that the department requires by regulation.

What happens when a report of suspected abuse is made to ChildLine?

Childline assesses whether it is CPS or GPS and whether immediate action is required and assigns it to the appropriate county agency.

ChildLine forwards the report of suspected child abuse to the local county children and youth agency, which investigates the report to determine if the allegations can be substantiated as child abuse/neglect and also arranges for or provides the services that are needed to prevent the further maltreatment of the child and to preserve the family unit. If the alleged perpetrator named in the report does not meet the definition of perpetrator under the CPSL, but does suggest the need for investigation, ChildLine will forward the information to the district attorney’s office in the respective county. ChildLine also maintains a statewide central register, which contains the names and vital information about children who have been abused in PA since 1976. This information can be accessed by county children and youth agencies when investigating new reports of suspected child abuse.

If the County receives a call of suspected child abuse from a source other than ChildLine they assess whether there is an immediate need to protect the safety of the child and if there is determine the steps to be taken to protect the child. The safety of the child or children is the number one priority when assessing reports and offering services to the family. After taking the appropriate immediate action they then file a report with ChildLine.
If the county-based children and youth agency determines that no immediate action is required they must initiate an investigation within 24 hours and file a report with ChildLine. A thorough inquiry is conducted to determine if the child was abused and what services are appropriate for the child and family.

This must be completed within 30 days unless the agency provides justification as to why the investigation cannot be completed, including attempts being made to obtain medical records or interview subjects of the report. If the report is not completed in 30 days and justification for extension is provided, the county only has an additional 30 days (a maximum of 60 days) to complete the investigation.

### Additional Actions by Mandated Reporters

There may be specific expectations and actions beyond making the initial report that mandated reporters must adhere to. A mandated reporter may be required to cooperate with the investigation and testify in proceedings that result from the case they filed if legal action is sought.

Only a court official, law enforcement officer, treating physician, or treating hospital administrator can take protective custody of a child. A caseworker must obtain a court order. This action may be taken when it is immediately necessary to protect the child from further harm.

**Please Note:** As a mandated reporter, you do not have to determine whether or not the person meets the definition of perpetrator to make the report.

### Section 6368 of the Child Protective Services Law. Investigation of reports.

**Response to direct reports.**

Upon receipt of a report of suspected child abuse by a perpetrator from an individual, the county agency shall ensure the safety of the child and any other child in the child’s home and immediately contact the department.

**Response to reports referred to county agency by department.**

Upon receipt of a report of suspected child abuse from the department, the county agency shall immediately commence an investigation and see the child either immediately, if emergency protective custody is required, has been or will be taken; or it cannot be determined from the report whether emergency protective custody is needed or within 24 hours of receipt of the report in all other cases.

### Recognizing Signs of Abuse and Neglect

The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

The following signs may signal the presence of child abuse or neglect.

#### The Child:
- Shows sudden changes in behavior or school performance.
- Has not received help for physical or medical problems brought to the parents’ attention.
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Is always watchful, as though preparing for something bad to happen.
- Lacks adult supervision.
- Is overly compliant, passive, or withdrawn.
- Comes to school or other activities early, stays late, and does not want to go home.
- Is reluctant to be around a particular person.
- Discloses maltreatment.

#### The Parent:
- Denies the existence of—or blames the child for—the child’s problems in school or at home.
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves.
- Sees the child as entirely bad, worthless, or burdensome.
- Demands a level of physical or academic performance the child cannot achieve.
- Looks primarily to the child for care, attention, and satisfaction of the parent’s emotional needs.
- Shows little concern for the child.

The Parent and Child:
- Rarely touch or look at each other.
- Consider their relationship entirely negative.
- State that they do not like each other.

The above list may not be all the signs of abuse or neglect. It is important to pay attention to other behaviors that may seem unusual or concerning. In addition to these signs and symptoms, the Child Welfare Information Gateway provides information on the risk factors and perpetrators of child abuse and neglect fatalities: [https://www.childwelfare.gov/can/risk_perpetrators.cfm](https://www.childwelfare.gov/can/risk_perpetrators.cfm).

We defined the nine different types of child abuse in Pennsylvania earlier in this course. We will now list the types of abuse within the signs of abuse and neglect in this section.

### Signs of Physical Abuse

Consider the possibility of physical abuse when the child:
- Has unexplained burns, bites, bruises, broken bones, or black eyes.
- Has fading bruises or other marks noticeable after an absence from school.
Causing or substantially contributing to serious mental injury to

Types of child abuse:
- Causing bodily injury to a child through any recent act or failure
to act.
- Causing or substantially contributing to serious mental injury to
  a child through any act or failure to act or a series of such acts or
  failures to act.
- Creating a reasonable likelihood of bodily injury to a child through
  any recent act or failure to act.
- Engaging in any of the following recent acts:
  - Kicking, biting, throwing, burning, stabbing or cutting a child
    in a manner that endangers the child.
  - Unreasonably restraining or confining a child, based on
    consideration of the method, location or the duration of the
    restraint or confinement.

Consider the possibility of physical abuse when the parent or other
adult caregiver:
- Offers conflicting, unconvincing, or no explanation for the child’s
  injury, or provides an explanation that is not consistent with the
  injury.
- Describes the child as “evil” or in some other very negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.
- Has a history of abusing animals or pets.

**Signs of Neglect**

Consider the possibility of neglect when the child:
- Is frequently absent from school.
- Begs or steals food or money.
- Lacks needed medical or dental care, immunizations, or glasses.
- Is consistently dirty and has severe body odor.
- Lacks sufficient clothing for the weather.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.

Types of child abuse:
- Causing or substantially contributing to serious mental injury to
  a child through any recent act or failure to act.
- Causing or substantially contributing to serious mental injury to
  a child through any act or failure to act or a series of such acts or
  failures to act.
- Has a history of abuse as a child.
- Describes the child as “evil” or in some other very negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.
- Has a history of abusing animals or pets.

Consider the possibility of neglect when the parent or other adult
caregiver:
- Appears to be indifferent to the child.
- Seem apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Is abusing alcohol or other drugs.

**Signs of Sexual Abuse**

Consider the possibility of sexual abuse when the child:
- Has difficulty walking or sitting.
- Suddenly refuses to change for gym or to participate in physical
  activities.
- Reports nightmares or bedwetting.
- Experiences a sudden change in appetite.
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge
  or behavior.
- Becomes pregnant or contracts a venereal disease, particularly if
  under age 14.
- Runs away.
- Reports sexual abuse by a parent or another adult caregiver.
- Attaches very quickly to strangers or new adults in their
  environment.

Types of child abuse:
- Causing sexual abuse or exploitation of a child through any act or
  failure to act.
- Causing or substantially contributing to serious mental injury to
  a child through any act or failure to act or a series of such acts or
  failures to act.
- Has a history of abusing animals or pets.
- Describes the child as “evil” or in some other very negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.
- Has a history of abusing animals or pets.

**Signs of Emotional Maltreatment**

Consider the possibility of emotional maltreatment when the child:
- Shows extremes in behavior, such as overly compliant or
  demanding behavior, extreme passivity, or aggression.
- Is either inappropriately adult (e.g., parenting other children)
or inappropriately infantile (e.g., frequently rocking or head-
hanging).
- Is delayed in physical or emotional development.
- Has attempted suicide.
- Reports a lack of attachment to the parent.

Types of child abuse:
- Causing or substantially contributing to serious mental injury to
  a child through any act or failure to act or a series of such acts or
  failures to act.
- Refuses to change for gym or to participate in physical
  activities.
- Appears to be indifferent to the child.
- Seem apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Is abusing alcohol or other drugs.

Childhood is a time of enormous growth and development. Hagele
(2005) noted that child maltreatment—including physical, sexual,
and emotional abuse; neglect; and exposure to domestic violence—
represents an extreme traumatic insult to the developing child.
Specifically, maltreatment results in disruption of the bond between
child and caregiver, and it causes upregulation of the biological
stress response system. Chronic traumatic exposure may then lead to
persistent changes in brain structure and chemistry.

Research suggests that these biological alterations contribute to
long-term physical, emotional, behavioral, developmental, social,
and cognitive dysfunction seen in adults who have experienced childhood
maltreatment.
### Physical Development

Injuries due to abuse can cause permanent physical disability or even death. One example includes shaking a baby or child, which can result in brain injury equal to that caused by a direct blow to the head and may lead to spinal cord injuries with subsequent paralysis.

Types of child abuse:
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.

### Medical Neglect

Medical neglect, as in withholding treatment for treatable conditions, can lead to permanent physical disabilities such as hearing loss from untreated ear infections, vision problems from untreated strabismus (crossing of the eyes), respiratory damage from pneumonia or chronic bronchitis.

Types of child abuse:
- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing serious physical neglect of a child.

### Neglected Infants and Toddlers

Neglected infants and toddlers often have poor muscle tone and motor control, exhibit delays in gross and fine motor development and coordination, and fail to develop and perfect basic motor skills.

Types of child abuse:
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.

### Cognitive Development

- Absence of stimulation.
- Interferes with the growth and development of the brain and can result in generalized cognitive delay or mental retardation.
- Language and speech delays. Abused and neglected toddlers typically exhibit language and speech delays. They fail to use language to communicate with others. Some do not talk at all. This cognitive delay can also affect social development, including the development of peer relationships.

Types of child abuse:
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.

### Characteristics of Maltreated Infants

Maltreated infants often are apathetic and listless, placid or immobile, do not manipulate objects, or do so in repetitive, and do not explore their environments which restricts opportunities for learning, lack mastery of object permanence and lack development of basic problem-solving skills.

Maltreated infants:
- Fail to form attachments to primary caregivers and do not appear to notice separation from the parent.
- May not develop separation or stranger anxiety.
- May be passive, apathetic, and unresponsive to others.
- May not maintain eye contact with others.
- May not become excited when talked to or approached.
- Cannot often be engaged into reciprocal, interactive play.

Types of child abuse:
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.

Abused or neglected toddlers may not develop play skills, and cannot often be engaged into reciprocal, interactive play.

Maltreated infants often fail to develop basic trust, which can impair the development of healthy relationships. Maltreated infants are often:
- Withdrawn or listless.
- Depressed and withdrawn, aggressive and physically hurt others.
- Passive and immobile, but intently observant.

Abused toddlers may feel that they are “bad children” affecting the development of self-esteem; they may become fearful and anxious, depressed and withdrawn, aggressive and physically hurt others. Punishment (abuse) in response to normal exploratory or autonomous behavior can interfere with the development of a healthy personality, and children may become chronically dependent, subversive, or openly rebellious.
Preschool Children

The following are typical consequences of maltreatment on the development of preschool children:

- **Physical**
  - Small in stature, and show evidence of delayed physical growth.
  - Sickly, and susceptible to frequent illness; particularly upper respiratory illness (colds, flu) and digestive upset.
  - Poor muscle tone, poor motor coordination, gross and fine motor clumsiness, an awkward gait, lack of muscle strength.
  - Delayed or absent gross motor play skills.

- **Cognitive**
  - Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays. Some children do not talk, although they are able.
  - Poor articulation/pronunciation, incomplete formation of sentences, incorrect use of words.
  - Cognitive skills may be at a level of a younger child.
  - Unusually short attention span, lack of interest in objects, and an inability to concentrate.

- **Social**
  - Demonstrate insecure or absent attachment; attachments may be indiscriminate, superficial, or clingy. The child may show little distress, or may overreact, when separated from caregivers.

School-age Children

The following are common outcomes of maltreatment in school-age children:

- **Physical**
  - May show generalized physical developmental delays.
  - Lack the skills and coordination for activities that require perceptual-motor coordination.
  - Sickly or chronically ill.

- **Cognitive**
  - Display thinking patterns that are typical of a younger child, including egocentric perspectives, lack of problem solving ability, and inability to organize and structure his thoughts.
  - Speech and language may be delayed or inappropriate.
  - Unable to concentrate on school work, and may not be able to conform to the structure of the school setting; may not have developed basic problem solving or “attack” skills and have considerable difficulty in academics.

- **Social**
  - May be suspicious and mistrustful of adults; or, overly solicitous, agreeable, and manipulative, and may not turn to adults for comfort and help when in need.
  - Talk in unrealistically glowing terms about her family; may exhibit “role reversal” and assume a “parenting” role.
  - May not respond to positive praise and attention; or, may excessively seek adult approval and attention.

Adolescents

The following are common outcomes of maltreatment in adolescents:

- **Physical**
  - Sickly or have chronic illnesses.
  - Sensory, motor, and perceptual motor skills may be delayed and coordination may be poor.
  - The onset of puberty may be affected by malnutrition and other consequences of serious neglect.

- **Cognitive**
  - May not develop formal operational thinking; may show deficiencies in the ability to think hypothetically or logically, and to systematically problem-solve.
  - Thinking processes may be typical of much younger children; the youth may lack insight and the ability to understand other people’s perspectives.
  - Academically delayed and may have significant problems keeping up with the demands of school. School performance may be poor.
● **Social**
  ○ Difficulty maintaining relationships with peers; they may withdraw from social interactions, display a generalized dependence on peers, adopt group norms or behaviors to gain acceptance, or demonstrate ambivalence about relationships.
  ○ Likely to mistrust adults and may avoid entering into relationships with adults.
  ○ Maltreated youth, particularly those who have been sexually abused, often have considerable difficulty in sexual relationships. Intense guilt, shame, poor body image, lack of self-esteem, and a lack of trust can pose serious barriers to a youth’s ability to enter into mutually satisfying and intimate sexual relationships.
  ○ Limited concern for other people, may not conform to socially acceptable norms, and may otherwise demonstrate delayed moral development.

● **Emotional**
  ○ Emotional and behavioral problems, including anxiety, depression, withdrawal, aggression, impulsive behavior, antisocial behavior, and conduct disorders.
  ○ Lack the internal coping abilities to deal with intense emotions, and may be excessively labile, with frequent and sometimes volatile mood swings.
  ○ Considerable problems in formulating a positive identity. Identity confusion and poor self-image are common; may appear to be without direction and immobilized.
  ○ No trust in the future and may fail to plan for the future; verbalize grandiose and unrealistic goals, but unable to identify steps necessary to achieve goals; often expect failure.

**References**

- Pennsylvania General Assembly (2014). CHAPTER 63 CHILD PROTECTIVE SERVICES.http://www.legis.state.pa.us/WU01/LI/L1/C/HTM/23/00.063.HTM
1. The new ___________ requires a health care provider to immediately make a report to or cause a report to be made to the appropriate county agency if the provider is involved in the delivery or care of a child under one year of age who is born and identified as being affected by any of the following: illegal substance abuse by the child’s mother, exhibits withdrawal symptoms resulting from prenatal exposure, or has developed a fetal alcohol spectrum disorder.
   b. Protective Services Law.
   c. Domestic Violence Law.
   d. General Protections Law.

2. The Child Protective Services Law requires licensed professionals identified as mandated reporters to __________ on recognizing and reporting child abuse.
   a. Provide Training
   b. Receive Training
   c. Ignore the signs
   d. Do Nothing

3. “__________” is defined in section 6303 of the Child Protective Services Law as: A person who has committed child abuse.
   a. Abuser.
   b. Perpetrator.
   c. Offender.
   d. Violator.

4. Effective December 31, 2014, the new definition of a __________ includes anyone who comes into contact, or interacts, with a child or is directly responsible for the care, supervision, guidance, or training of a child.
   a. Permissive reporter.
   b. Child welfare advocate.
   c. Guardian Ad Litem.
   d. Mandated reporter.

5. If they suspect abuse, mandated reporters are required to immediately report the abuse to ChildLine electronically or by telephone. Written reports must be made within __________ after the oral report is made by telephone.
   a. 48 hours
   b. 72 hours
   c. 24 hours
   d. 1 week

6. Section 6311.1. of the Child Protective Services Law states that the __________ between a mandated reporter and a patient or client of the mandated reporter shall not apply to a situation involving child abuse or relieve the mandated reporter of the duty to make a report of suspected child abuse.
   a. Binding contract.
   b. Privileged communications.
   c. Professional interactions.
   d. Historical clinical file.

7. Only certain individuals have the legal authority to take protective custody of a child when they believe it is immediately necessary to protect the child from further harm. These individuals include which of the following?
   a. Attorney.
   b. School official.
   c. Treating physician.
   d. Legislator.

8. If the county-based children and youth agency determines that no immediate action is required they must initiate __________ within 24 hours.
   a. Intake paperwork.
   b. An investigation.
   c. Collateral contacts.
   d. A diligent search for parents and relatives.

9. If you are a mandated reporter and you willfully fail to report suspected child abuse, you could be charged with a __________ up to a second degree felony.
   a. Third-degree misdemeanor.
   b. Second-degree misdemeanor.
   c. First-degree felony.
   d. Third-degree felony.

10. __________ can lead to permanent physical disabilities such as hearing loss from untreated ear infections, vision problems from untreated strabismus (crossing of the eyes), or respiratory damage from pneumonia or chronic bronchitis.
    a. Medical neglect.
    b. Shaken baby syndrome.
    c. Sexual abuse.
    d. Emotional abuse.