
Child Abuse Prevention, Identification and Reporting



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California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
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California Childcare Health Program

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

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LEARNING OBJECTIVES

To recognize signs and symptoms of child abuse and neglect.

To describe the implications of being a mandated reporter.

To clarify child abuse reporting requirements.

To list three ways a Child Care Health Advocate (CCHA) can assist early care and education (ECE) programs in meeting their child abuse prevention, identification and reporting needs.

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

RATIONALE

An estimated 896,000 children were victims of child abuse or neglect in 2002 (National Clearinghouse on Child Abuse and Neglect Information, 2002). The highest rates of abuse and neglect were towards children from birth to 3 years old. There is no single cause of abuse, but there are risk factors, early warning signs and symptoms that can be identified. Child abuse happens in all socioeconomic, ethnic, cultural, occupational, religious and age groups (California Department of Social Services, 2004). Helping ECE programs prevent, identify and report cases of child abuse and neglect is very important. Because ECE providers see young children day after day, they may be the first persons to suspect and report abuse or neglect, as well as the best source of support and information for the families they serve.

INTRODUCTION

Every day thousands of children fall victim to child abuse or neglect. Children are at risk for abuse because they are small, vulnerable and depend on adults to meet their needs. Preverbal children have no way to defend themselves and cannot verbally tell others they are being abused.

Under California law, child abuse is a crime. The California Child Abuse Reporting Law (Welfare and Institutions Code, Penal Code Sections 11165-11174.3), along with other state laws, allows public agencies to step in to protect children if they are being neglected or mistreated. All suspected abuse must also be reported to the Department of Social Services, Community Care Licensing. See *Handout: Health and Safety Notes: Child Abuse Prevention* and *Handout: First 5 California: Child Abuse Prevention Tips*.

It is recommended that all ECE staff members in ECE programs, including family child care homes and child care centers, be trained in child abuse identification, prevention and reporting. This information may be included in their initial 15 hours of health and safety training, according to Community Care Licensing regulations, Division 12, Chapter 1, Article 3, Section 101182 (State of California, 2002), and *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002, Standard 1.032).

CFOC states (Standard 1.032):

“Caregivers shall use child abuse prevention education materials provided by the licensing agency, state and national organizations, or from other community agencies such as local branches of the National Committee to Prevent Child Abuse, to educate and establish child abuse prevention and recognition measures for the children, caregivers, and parents.”

WHAT A CCHA NEEDS TO KNOW

What Is Child Abuse?

Child abuse is defined as nonaccidental physical or emotional injury caused by the acts, or failures to act, of parents or individuals responsible for the child’s care (Health and Safety Code Section 1596.871[e], Section 243.4). Child abuse is often detected based on a group of clues, as opposed to one specific injury or bruise (Koralek, 1992). The federal government and most states define four types of abuse: physical abuse, sexual abuse, emotional abuse and neglect. Table 1 lists the common physical and behavioral signs or clues of child abuse (Young-Marquardt & National Training Institute for Child Care Health Consultants, 2004).

The four types of abuse are defined as follows:

Physical Abuse

Physical abuse may be defined as any act which, regardless of intent, results in a nonaccidental physical injury. This might happen when a frustrated or angry parent strikes, shakes or throws a child. Intentional assaults, such as burning, biting, cutting, and twisting limbs, are also included in this category.

Neglect

Neglect is the failure to provide for a child’s physical needs to such a degree that the child’s health or safety is harmed or at risk of being harmed.

Emotional Abuse

Emotional abuse involves a pattern of behavior that harms the child’s emotional development and sense of self. Emotional abuse damages a child in psychological ways, but does not fall into the other categories of abuse (AAP et al., 2002). Emotional abuse includes blaming, belittling or rejecting a child; constantly treating siblings unequally; or being repeatedly unconcerned about a child’s welfare. It also includes bizarre or cruel forms of punishment. This type of abuse is the most difficult to notice because the signs are rarely physical (Koralek, 1992).

Sexual Abuse

Sexual abuse is defined as the sexual assault or exploitation of minors. Sexual abuse covers a broad range of behavior and may consist of many acts over a long period of time or of a single incident.

Table 1: Common Physical and Behavioral Signs of Child Abuse and Neglect

Type of Abuse	Physical Signs	Behavioral Signs
<p>Physical Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley et al. (1997)</p>	<ul style="list-style-type: none"> • Bruises and marks on the face, neck, back, buttocks, arms, thighs, ankles, abdomen, genitals or back of legs • Burns or injuries in the shape of the object that caused the injury such as: bite marks, hand prints, cigarette burns, belt buckle markings or burns from scalding liquids • Unexplained or several broken bones, especially a broken rib, severe skull fracture or other major head injury 	<ul style="list-style-type: none"> • Explanation for a physical injury that is not consistent with the injury or the child’s developmental age • Avoidance of adult contact • Behavioral extremes—passive or aggressive • Inappropriate or advanced maturity • Empty or frozen stare • Fear when other children cry • Seeking affection from all adults (does not favor parents or other close relatives) • Wearing clothes that cover the body and is not appropriate for the weather
<p>Neglect</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley et al. (1997)</p>	<ul style="list-style-type: none"> • Inappropriate clothes • Poor hygiene • Consistent hunger • Medical needs that are not addressed • Repeated cases of head lice • Parent or caregiver who is impaired because of substance abuse, or physical or mental illness 	<ul style="list-style-type: none"> • Tiredness or lack of energy • Whispering speech • Empty facial expressions • Frequent absences or lateness • Begging for or hoarding food • Reporting by child that no caretaker is at home • Lack of adult supervision for long periods of time
<p>Emotional Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002) and Wesley, Dennis & Tyndall (1997)</p>	<ul style="list-style-type: none"> • Delayed physical, emotional or intellectual development • Habits such as rocking, or sucking on fingers, that are not developmentally appropriate, given the child’s age 	<ul style="list-style-type: none"> • Withdrawal • Lack of energy • Decreased social contact • Fear of parent/caregiver • Behavioral extremes—passive or aggressive • Empty facial expressions • General fear
<p>Sexual Abuse</p> <p>From CFOC, Appendix K and Glossary (AAP et al., 2002), Wesley et al. (1997) and Smith (2000)</p>	<ul style="list-style-type: none"> • Pain, itching, bruises, swelling or bleeding around the genital area • Stained or bloody underwear • Difficulty in sitting or walking • A sexually transmitted disease (STD) 	<ul style="list-style-type: none"> • Reporting by child of sexual abuse by parent or adult • Frequent touching/fondling of genitals or masturbation • Inappropriate sexual expression with trusted adults • “Clinginess,” fear of separation • Excessive bathing • Acting out the abuse using dolls, drawings or friends • Neglected appearance • Avoidance of certain staff, relatives or friends • Lack of involvement with peers

Adapted from Young-Marquardt and National Training Institute for Child Care Health Consultants, UNC-CH, 2004.

Factors Linked to Child Abuse and Neglect

The CFOC standards state that ECE providers with 1 year of ECE experience and all small family home care providers should know the long-term factors that lead to abuse, as well as the factors resulting from a specific situation. These signs and symptoms should be listed in written policies (AAP et al., 2002, Standard 3.056). CCHAs also need to be aware of factors that may protect children from abuse.

Research shows that the following may be risk factors for child abuse:

- individual characteristics of the mother and infant
- family and social factors
- parenting beliefs, practices and experiences from different cultures

Table 2 lists the risk factors for child abuse and the factors that may protect a child from abuse, as identified by Prevent Child Abuse North Carolina.

Licensing Requirements for ECE Programs

Community Care Licensing regulations require persons working in out-of-home care to report child abuse if it is reasonably suspected (State of California, 2002). ECE providers, early childhood educators, substitute teachers, staff and even volunteers are required to report suspected child abuse. These people are known as *mandated reporters*. The purpose of mandated reporting is to protect children who may be unable to protect themselves.

In addition, Community Care Licensing regulations require an investigation into the criminal history of all employees, volunteers and persons who are not supervised when they work with children. This investigation is done through a program called “Live Scan” for licensed centers and “Trustline” for unlicensed exempted centers. These programs screen the background of persons working in ECE programs for criminal activity, including a fingerprint check of records at the California Department of Justice. These screening programs help identify persons with a history of child abuse or criminal convictions so they will not be allowed to work with children.

Mandated Reporting of Suspected Child Abuse or Neglect (Adapted from Gill, 2002)

The California Penal Code requires persons working on behalf of children, such as ECE providers and CCHAs, to report any suspicion of child abuse or neglect (Section 11165.7) to their local Child Protective Services agency. Failure to report is a misdemeanor resulting in 6 months in jail, a \$1,000 fine or both. Failure to report could also lead to civil lawsuits for failing to protect a child. The legal duty to report overrides the ethical duty to protect confidentiality.

You have a legal duty to report only if you have a reasonable suspicion of abuse or neglect from your work as a CCHA. You are not required to collect evidence. Child Protective Services will collect the necessary information since they have the authority to investigate child abuse cases. You are not required to report if you are not serving in your professional role as a CCHA or ECE provider. Although you may not know the outcome of your reporting, keep in mind that it will start a “paper trail” so that the appropriate agencies are aware of a potential problem.

Mandated reporters will not have any civil or criminal liability, meaning that they will be protected from lawsuits or arrests if they make a report based on information gained during their work as a CCHA. However, this protection does not prevent lawsuits. As stated in Penal Code 1172c, a mandated reporter may present a claim to the State Board of Control for reasonable attorney’s fees and costs resulting from any action against that person for making the report. For more information, see the following Web site: <http://www.leginfo.ca.gov/calaw.html>. CFOC states that: “Caregivers who report abuse in the settings where they work shall be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious” (AAP et al., 2002, Standard 3.055). This standard refers only to child care centers and does not include family child care homes.

Table 2: Factors Linked to Child Abuse

(Adapted from AAP et al. [2002] Appendix L)

	Risk Factors	Protective Factors
Individual Child	<ul style="list-style-type: none"> • Emotional/behavioral difficulties • Child with special needs • Premature birth • Unwanted child 	<ul style="list-style-type: none"> • Emotionally satisfying relationships with others • Availability of caring family members and siblings • Presence of adult role models
Individual Parent	<ul style="list-style-type: none"> • Poor parenting skills and abilities • Limited knowledge of child development • History of abuse • Substance abuse • Mental illness • Unrealistic expectation of child's behavior • Teenage parent • Depression/low self-esteem 	<ul style="list-style-type: none"> • Supportive person available at birth of child • Emotionally satisfying relationships with others • High level of education in mother • Positive parenting skills and abilities • Accurate knowledge of child development
Family	<ul style="list-style-type: none"> • Child/parent interaction • Stress in parents • Domestic violence • Isolated from extended family • Social isolation • Single parent • Adult in home who is not related to the child • Poverty 	<ul style="list-style-type: none"> • Availability of caring family members and siblings • Presence of adult role models • Harmony in family • Social support from a person important to the child
Community	<ul style="list-style-type: none"> • Unemployment, money problems • Poverty • Housing • Neighborhood crime 	<ul style="list-style-type: none"> • Stable and connected neighborhoods • Access to good health care, education and employment services • Availability of caring friends, teachers and neighbors
Cultural/ Societal	<ul style="list-style-type: none"> • Levels of acceptable violence • Corporal punishment 	<ul style="list-style-type: none"> • Social network of relatives and friends • Respect for children's rights

Steps to Reporting Suspected Child Abuse

1. Report suspicion of child abuse or neglect to Child Protective Services and the police.
2. Telephone immediately or as soon as possible.
3. Write a report within 36 hours (your duty to report is not complete until the written report is submitted).
4. The report will be assessed to see if immediate action is needed.
5. The action taken will result in one or more of the following:
 - Case dismissed as unfounded or inconclusive.
 - Case officially opened.
 - Services offered, but family refuses.
 - Regular in-home supervision is conducted.
 - Child is taken into protective custody.
 - Criminal charges are filed for prosecution.

Barriers to Reporting Child Abuse

Sometimes ECE providers are afraid to report suspected child abuse or neglect for the following reasons (Miller, 1996):

- fear that the child will be taken out of the ECE program
- fear for the ECE provider's personal safety
- fear of causing more problems for the family
- fear of interfering with a family's cultural or religious beliefs
- fear of causing problems for the child care licensing agency because the report came from the child care center or family child care home
- concern that Child Protective Services or the police will not follow up properly

Other Types of Child Abuse

Shaken Baby Syndrome

Shaken baby syndrome occurs when an infant is violently shaken, causing a subdural intracranial hemorrhage (swelling and bleeding of the brain). The symptoms of a subdural hemorrhage are injury to the retina (the part of the eyeball that receives the image),

hemorrhage, coma and seizure. Sometimes, there is no bruising or swelling over the area caused by the shaking. Therefore, it is important to note the signs and symptoms of shaken baby syndrome. This condition is often fatal. See *Handout: Fact Sheets for Families: Never Shake a Baby*.

Shaken baby syndrome happens because parents and caregivers do not recognize the severity of jarring an infant. For example, they may not be aware of the seriousness of jarring an infant carrier seat against doors and walls while walking. A simple thing like tossing an infant up in the air while playing may cause shaken baby syndrome if the neck and head are not supported. To prevent shaken baby syndrome, parents and ECE providers should be given instructions on how to handle infants properly by supporting their shoulders, neck and head. Anger management is also an important part of preventing shaken baby syndrome.

Nonorganic "Failure to Thrive"

A form of neglect that affects children under 3 years of age is nonorganic "failure to thrive" (Koralek, 1992; Wong, Hockenberry, Wilson, Winkelstein, & Schwartz, 2001).

Failure to thrive is a condition in which young children do not gain weight, grow or develop. If a child's height, weight or head circumference is less than the third percentile, the child may be diagnosed with "failure to thrive" (Frank & Drotar, 1994). When this condition is caused by physical factors, it is called organic failure to thrive. Nonorganic failure to thrive is due to environmental factors. This condition can be fatal if others do not step in. Characteristics of failure to thrive include a thin, wasted appearance; pale or yellowish skin color in light-skinned children; swollen stomach; too much crying; sleepiness; quiet; and lack of energy. Parents of failure to thrive children often lack social support systems, may have frequent disruptions in their own lives and may appear emotionally detached from their children.

Domestic Violence

Children who grow up in homes where domestic violence occurs are more likely to become victims of abuse as teenagers or adults (see *Handout: First 5 California: Domestic Violence Tips*). The impact of witnessing domes-

tic violence is harmful to the emotional, developmental and physical well-being of those children (Wallach, 1993). The young child's need for predictability and consistency is threatened by domestic violence. The images and sounds of domestic violence are upsetting to young children. ECE programs can provide a secure, predictable and nurturing place for children exposed to domestic violence. The California Safe from the Start (SFTS) Initiative assists communities in reducing the impact of violence on children. The initiative targets children ages 0 to 18, with an emphasis on children ages 0 to 5, who have been exposed to family, school or community violence. For more information, see the Web site: <http://www.safefromthestart.org>.

ECE staff can support children who have been exposed to domestic violence in the following ways (see *Handout: Health and Safety Notes: Supporting Families Experiencing Domestic Violence*):

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

WHAT A CCHA NEEDS TO DO

Review Policies and Procedures

Find out if the ECE program has policies about child abuse prevention and reporting. If there is no policy, help the ECE provider develop a child abuse reporting policy that all parents will read and sign. If there are policies, review them and update them as needed. Make certain that ECE programs provide instructions about child abuse reporting to all staff and volunteers. These instructions should contain a summary of the state child abuse reporting laws and a statement that staff and volunteers will not be fired solely for making a child abuse report (AAP et al., 2002, Standard 3.056). Make sure that ECE programs have written policies about suspected child abuse and help develop these policies if needed. See *Handout: Sample Policies Related to Child Abuse* for more information.

Educate Staff

Make sure that the ECE provider clearly understands the common behaviors, signs and symptoms of child abuse and neglect. The ECE provider should also be familiar with signs and symptoms that are similar to those of abuse and neglect, but are from other sources (AAP et al., 2002, Standards 3.057, 3.059). Educate ECE providers so that they are able to provide examples of each form of abuse (emotional, physical, sexual and neglect) (AAP et al., 2002, Standard 3.056). Keep informed about trends in child abuse and neglect, research in child abuse prevention strategies and changes in child abuse laws. Teach ECE staff to carefully observe children's behavior for signs of abuse and neglect. It is important to teach staff that the best source of information is not what the child says but how the child behaves (California Department of Social Services, 2004).

Provide Educational Materials

Educate ECE providers, parents, children and the community about child abuse prevention, identification, reporting, risk factors and protective factors. Put up posters about child abuse prevention in the ECE program where staff and parents can easily see them.

Make brochures and books about child abuse available for parents and ECE staff to borrow.

Assist Staff in Educating Children

ECE providers can help young children protect themselves by including information about personal safety and boundaries in the curriculum. ECE programs can also help children learn developmentally appropriate ways of seeking help from caring adults (Koralek, 1992). The CCHA can assist ECE providers with finding developmentally appropriate books on the topic.

Provide Resources for ECE Providers and Families

Be aware of the available community resources. Know who to go to and how to access those resources on behalf of families who may be going through abusive relationships, drug and alcohol abuse, or other forms of stress for which they need help. Keep a list of available community, state and national resources for consultation and referral about child abuse.

Link Programs with Community Services and Health Care Professionals

CCHAs can help ECE providers link with health care professionals (e.g., doctors, child psychiatrists, nurses) and experts in the field of child abuse. These professionals can provide advice and guidance about possible cases of abuse and neglect (AAP et al., 2002, Standard 3.054).

ACTIVITY: DECIDING TO REPORT

In small groups, talk about these situations. Decide whether you would report (or strongly recommend that the ECE provider should report) the following situations:

Case 1

A mother is asked to come to the after-school program of her 5-year-old son. He has been misbehaving, and she is told to take him home. As they leave the program, she whacks the boy across the rear with her hand. You are the ECE director and you observe this.

Case 2

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

Case 3

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

NATIONAL STANDARDS

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

1.032, 2.039, 2.042, 2.043, 3.053, 3.054, 3.055, 3.056, 3.057, 3.058, 3.059, 9.016, 9.022, Appendix K, Appendix L.

CALIFORNIA REGULATIONS

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

Sections 101169, 101170, 101212; and Chapter 3, Article 3, Section 102369–102370.2; California Penal Code Sections 11164–11174.3.

RESOURCES

Organizations and Resources

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

Organization and Contact Information	Description of Resources
Parents Anonymous 675 West Foothill Blvd, suite 220 Claremont, CA 91711-3475 (909) 621-6184 www.parentsanonymous.org	This child abuse prevention organization is committed to strengthening families, building strong communities, achieving meaningful parent leadership, and leading the field of child abuse and neglect.
Prevent Child Abuse America 200 South Michigan Ave., 17th floor Chicago, IL 60604 (312) 663-3520 www.preventchildabuse.org	Prevent Child Abuse America builds awareness, provides education and inspires hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children. Working with chapters in 39 states and the District of Columbia, Prevent Child Abuse America provides leadership to promote and implement prevention efforts at both the national and local levels. Also has publications and tips for parents on how to prevent child abuse.
Prevent Child Abuse – California Child Abuse Prevention Council of Sacramento, Inc. 4700 Roseville Rd. North Highlands, CA 95660 (916) 244-1900 phone (800) CHILDREN toll-free (916) 244-1950 fax www.pca-ca.org/	The mission of Prevent Child Abuse California is to prevent the abuse and neglect of California's children by building community resources, enhancing public awareness, developing and coordinating prevention programs, and facilitating advocacy activities.
Safe From the Start Crime and Violence Prevention Center Office of the Attorney General 1300 I Street, Suite 1150 Sacramento, CA 95814 www.safefromthestart.org	The California Safe from the Start (SFTS) Initiative is a comprehensive strategy to assist communities in reducing the impact of violence on children. The initiative targets children ages 0 to 18, with an emphasis on children ages 0 to 5, who have been exposed to family, school or community violence.
Safe Network www.safenetwork.net/index.cfm	The goal of the Safe Network Web site is to provide crucial web-based resources for domestic violence agencies and prevention programs in California.
Trustline (800) 822-8490 www.trustline.org	Trustline is a database of nannies and baby-sitters that have cleared criminal background checks in California. It is the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI.

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HANDOUTS FOR THE CHILD ABUSE PREVENTION, IDENTIFICATION AND REPORTING MODULE

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

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Fact Sheets for Families

Never Shake a Baby!

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

What is shaken baby syndrome?

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

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

What are the signs and symptoms?

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

Damage from shaking may not be noticeable for years. It

could show up when the child goes to school and is not able to keep up with classmates.

Tips for prevention

Shaken baby syndrome is completely preventable.

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

Address the causes of crying to reduce stress

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

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

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

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


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by Rahman Zamani, MD, MPH



Provided by California Childcare Health Program
For more information, please contact:
Healthline 1-800-333-3212

Distributed by:



Child Abuse Prevention

What is child abuse?

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

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

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

You can protect children from abuse

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

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

What is reasonable suspicion?

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

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

Behaviors suggesting abuse or neglect

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

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

What should you do if you suspect abuse?

You must report it.

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

2. Make a report by phoning the local Child Protective Services agency (CPS) or, in an emergency, call the police. You will also need to fill out a form and send it to CPS within 36 hours. You have the right to get information from CPS about what happens to the family after the report is made.
3. Tell the CPS worker about your relationship with the family and ways you can support the family.
4. After making your report, be sure to call your Community Care Licensing evaluator and tell him or her of the situation. This protects you from possible complaints by the parents and lets the evaluator know you are acting responsibly.

Reporting suspected child abuse can be difficult

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

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

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

Should you talk to the child's parents?

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

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

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

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

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

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

What you can do to prevent child abuse

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

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

Indicators of the three types of child abuse*

Physical Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse

The child:

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

The child:

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

The child:

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

Behavioral Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse

The child:

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

The child:

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

The child:

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

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

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Local Resources on Child Abuse Reporting and Prevention

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

Child Protective Services Agency: _____

Child Abuse Prevention Council: _____

Hot or Warm Line for Counseling: _____

Child Care Healthline: _____ **1-800-333-3212** _____

Domestic Violence/Rape Crisis: _____

Counseling/Mental Health Services: _____

Other Child Abuse Counseling/Parent Support Services: _____

Remember :

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

Be Prepared...

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

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Supporting Families Experiencing Domestic Violence



What is domestic violence?

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

Impacts of domestic violence on children

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

When a child makes a disclosure

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

Meeting with the parent

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

Referral and consultation

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

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

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

Signs that a child may be living with domestic violence

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

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

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

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

Ways to support the child

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

Guidelines for reporting domestic violence to CPS

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

Mandated reporters must report incidents that:

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

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

Violence prevention

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

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

Caring for the caregivers

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

References and Resources

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by Bobbie Rose, RN

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THERE ARE many kinds of abuse.

Abuse can be physical, when someone hurts your body. It can also be verbal or emotional—threats and cruel talk are abuse, too.



NO ONE, not even a family member, has the right to be violent or abusive.



HERE ARE some facts about child abuse and violence that you should know:

- Most child abuse is done by family members.
- Children suffer when anyone in the home is abused.



CHILDREN WHO SEE abuse or violence have a hard time at school.

CHILDREN WHO WITNESS VIOLENCE or abuse are more likely to be depressed and worried.



WATCH FOR these signs. They could be signs of child abuse:

Children who are being abused may sometimes:

- Have bruises or marks that can't be explained.
- Have a hard time sleeping.
- Have pain, swelling, or blood in the mouth or genitals that no one can explain.



CHILDREN WHO ARE abused may also:

- Feel very scared, sad, or withdrawn for no reason.
- Be mean or abusive to others.
- Copy the way adults act sexually.

Children who are abused may have no interest in school or other things they used to like to do.

WHAT TO DO if you suspect child abuse:

- Teach your children to tell you if something bad happens to them.
- Get advice right away.
- You can call the hotline numbers listed on the back of this sheet for help and advice.



FIRST 5 CALIFORNIA
CHILD ABUSE PREVENTION TIPS
PROTECT YOUR FAMILY FROM ABUSE. YOU CAN HAVE A SAFE HOME
If abuse is happening in your home, don't keep it a secret. Talk to someone. Get help.



IF YOU are in an unsafe place, protect yourself and your children:

- Talk to someone you trust. Get help to leave.
- Find a safe place to stay with your children.
- If you are scared, talk to the police now.
- Keep emergency numbers next to your telephone.



WAYS TO LIVE free of abuse:

- Talk with your children and treat them with respect.
- Get to know your neighbors.



MAKE A PLAN in case you need to leave your home in a hurry. Set aside:

- Extra clothes for you and your children.
- Some money.
- Your ID and other important papers.

IF YOU ARE in danger or have been hurt:



- Go to a safe place. It could be a friend's house or a store nearby.
- Call 9-1-1 or ask someone nearby to call.
- Get the medical help you need.
- Call a shelter if you need a place to stay.
- Call 800-656-HOPE for a crisis center near you. You are not alone.



DOMESTIC VIOLENCE TIPS

PROTECT YOUR FAMILY FROM ABUSE. YOU CAN HAVE A SAFE HOME

If abuse is happening in your home, don't keep it a secret. Talk to someone. Get help.



Get the help you need if you are living with abuse now. It is okay to ask for help.

Ask police about crime-watch programs.

WHERE to find help:

California Consortium to Prevent Child Abuse
1-800-Children

Toll-free Child Abuse Hotline
(Voice) 1-800-422-4453 (TTY) 1-800-222-4453

Toll-free National Domestic Violence Hotline
(Voice) 1-800-799-7233 (TTY) 1-800-787-3224

Toll-free Victim Resource Line
1-800-842-8467

National Crime Prevention Council
www.ncpc.org

SAMPLE POLICIES RELATED TO CHILD ABUSE

(from Aronson, S. [2002] *Model Child Care Health Policies, 4th Edition*)

Prohibited Practices (Child Abuse):

ECE providers will not use physical punishment or abusive language.

Suspected Child Abuse:

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The ECE program director will call to report suspected abuse or neglect. The ECE program director will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the ECE program director will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made. Staff who are accused of child abuse may be suspended or given leave pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

