



# Recognizing and Reporting Child Abuse: The Basics

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## ***Definitions and Signs of Abuse***

### **Physical Abuse**

Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including ***an injury that is at variance with the history or explanation given*** and excluding an accident or reasonable discipline by a parent or guardian that does not expose the child to a substantial risk of harm. Physical abuse also includes failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child.

- Frequent injuries such as bruises, cuts, black eyes, fractures, lacerations, abrasions or burns that are unexplained and when the child or parent cannot adequately explain their causes.
- Burns or bruises in an unusual pattern that may indicate the use of an instrument or human bite.
- Lack of reaction to pain.
- Injuries that appear after the child has not been seen for several days.
- Evidence of delayed or inappropriate treatment for injuries.
- The injuries involve the backs of the hands, buttocks, genital area, abdomen, back, or sides of the body (particularly the face).
- Frequent complaints of pain without obvious injury
- Complains of soreness or moves uncomfortably
- Aggressive, disruptive and destructive or self-destructive behavior.
- Passive, withdrawn, emotionless behavior.
- Fear of going home or seeing parents.

### **Sexual Abuse**

Sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of indecency with a child, sexual assault, or aggravated sexual assault; failure to make a reasonable effort to prevent sexual conduct harmful to a child; ***compelling or encouraging the child to engage in sexual conduct***, and causing, permitting, encouraging, engaging in, or allowing the photographing, filming or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene or pornographic.

- Torn, stained or bloody underclothing
- Pain, swelling or itching in genital area.
- Difficulty walking or sitting
- Bruises or bleeding in genital area
- Frequent urinary or yeast infections.
- Physical signs of sexually transmitted diseases.
- Pregnancy in a young girl

- Excessive seductiveness, inappropriate sex play or premature understanding of sex.
- Sexually suggestive, inappropriate or promiscuous behavior
- Role reversal, overly concerned for siblings
- Significant weight change
- Suicide attempts (especially adolescents)
- Threatened by physical contact, closeness
- Extreme fear of being alone with adults especially if of a particular gender
- Child suddenly refuses to change for gym or to participate in physical activities
- Sexual victimization of other children
- **Major change** in normal mood or behavior

## **Mental Abuse**

Inflicting mental or emotional injury to a child, and/or causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.

- Speech Disorders
- Delayed physical development
- Substance abuse
- Ulcers, asthma, severe allergies
- Habit disorder (sucking, rocking, biting)
- Antisocial, destructive
- Neurotic traits (sleep disorders, inhibition of play)
- Passive and aggressive-behavioral extremes
- Delinquent behavior (especially adolescents)
- Developmentally delayed

## **Neglect**

The leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent or guardian of the child.

- Obvious malnourishment or inadequate nutrition
- Lack of personal cleanliness
- Torn and/or dirty clothes
- Need for glasses, dental care or other unattended medical attention
- Consistent hunger, stealing or begging for food
- Distended stomach, emaciated
- A child unattended to for long periods of time
- Frequent absence or tardiness from school
- Regularly displays fatigue or listlessness or falls asleep in class
- Reports that no caretaker is at home or consistent lack of supervision
- Self-destructive behavior
- Extreme loneliness and need for affection

## ***Effects of Abuse***

- Post Traumatic Stress Disorder (PTSD)
- Depression
- Other psychological conditions such as eating disorders, anxiety disorders, dissociation and somatic complaints
- Behavioral disturbances, withdrawal, changes in sleeping and eating patterns, running away and self-destructive behaviors.
- Substance abuse
- Regressive behavior including bed-wetting after this stage has already passed
- Low self-esteem and poor social skills
- Impaired ability to trust
- Distorted body image
- School related problems including learning difficulties
- Truancy and juvenile delinquency
- Blurred boundaries and role confusion
- Guilt and shame
- Fear or anxiety
- Anger and hostility
- Difficulties in interpersonal relationships
- Potential difficulties in parenting
- Vulnerability to further victimization

## ***Why Children Don't Tell About Abuse***

It is important to understand that most children do not tell anyone about their abuse while its going on or even for a long time after.

It is estimated that only **1 in 10 children will tell someone** about their abuse.

Here are some of the reasons why children do not tell about abuse:

- *Children often believe the abuse is their fault* and that they will get into trouble if they tell their parent or any adult.
- Children fear that the abuser will be punished or taken away for what they have done. They don't want the relationship to end, just the abuse.

***90% of the time, children are abused by someone they know, trust and love.***

- Boys who have been abused by an adult male may fear ridicule or embarrassment from peers or family who may think they are homosexual.
- Perpetrators often threaten or manipulate children to keep them from telling anyone. They often tell children that no one would believe them or threaten them with consequences if they do share this "secret".
- They don't realize that it is wrong. Young children may never have been exposed to teaching that tells them that sexual behaviors between adults and children are wrong.

# ***Questions to Ask when You Suspect Child Abuse***

## **Physical Abuse**

- When you get in trouble at home or school, what happens?
- Who disciplines you?
- What do they use?
- Do they ever leave any marks or bruises?
- Do they ever say anything to you about not telling or what will happen if you do?

## **Sexual Abuse**

- Are there any places on your body where it's not ok for someone to touch?
- Where are those places?
- Has anyone ever touched you in a way that makes you feel uncomfortable?
- Who? When? When will you see that person again?

Be sure not to take these questions too far! It is important that we do not interrogate children when we have suspicions of abuse. Use the questions to help you get a better idea of what may be going on with a child or to allow them to talk to you. It may only require one of these questions to allow a child to understand that you are available to hear what they have to say.

## ***How to Handle Disclosures of Abuse***

If you suspect a child is a victim, or if a child has made an outcry of abuse to you, your next steps are critical to that child's safety. By believing the child and reporting the abuse, you affirm the trust this child has in you to protect him/her.

- **ALWAYS BELIEVE THE CHILD.** Children rarely lie about such an intense and painful topic. In fact, statistics indicate that children only lie about abuse 2 – 8% of the time!
- Remain calm - don't overreact! Children will interpret that your anger or disgust is directed at them.
- Ask a few open-ended questions that allow the child to tell his/her story. Let him/her use his/her own words to tell you what happened. If you can't think of any questions to ask, simply use the phrase, "Tell me more about that."
- Reassure the child that he/she has done the right thing by telling you and that what happened is absolutely not his/her fault.
- Don't criticize the child or their abuser.
- **Don't make promises you can't keep!** Don't promise a child that you will make things better. Sometimes, even if justice is served, things may not feel "better" to that child. It is also important to let a child know that you can't keep this a secret. Tell them that your job is to keep them safe.
- **ALWAYS REPORT ABUSE!**

# ***Making the Report***

## **Step One: Gather Information**

- The more information provided, the more effective CPS can be when investigating the case; so provide as much information as you possibly can.
- Locating information
  - Address, where child can best be locate (school, sitter, etc.), phone numbers
- Identifying information
  - Child's age or birth date
  - Child's current condition, including injuries or any emotional or behavioral problems
  - Same information about child's sibling

## **Step Two: Make the Report**

- Call Statewide Intake, 1-800-252-5400
  - This number is answered 24 hours a day, seven days a week
  - A group of caseworkers take all the child abuse reports for the state.  
BE PATIENT!
- Provide details
  - Tell hotline intake worker your suspicions and provide any specific physical evidence that you may have (i.e. physical injury)
  - Identify the suspected abuser, if possible
- CPS asks that you DO NOT tell the child's parent or person responsible that you are reporting
- ***If the child is in immediate danger, call the police (911). They can respond immediately and will inform CPS***
- CPS considers the following factors when determining substantial risk of harm:
  - Extent and severity of the injury
  - Location of the injury on the child's body
  - The child's age (the younger the child, the higher the risk)
  - Frequency and duration of the same behavior or similar incidents
  - Previous history of abuse or neglect
  - How the injury occurred or was inflicted

## **Determining Case Priority**

Once CPS has determined whether or not the statutory definitions of abuse have been met, they proceed to determining the case priority, 1 or 2. Priority 1 (P1) indicates that a child is in immediate danger and that a CPS caseworker needs to visit the family within 24 hours of the intake call. Priority 2 (P2) cases cover all other reports of abuse in which the intake worker has determined the definitions of abuse have been met. In this case, the CPS caseworker has 10 days to visit the families and assess the situation. The following are other things that DFPS in Austin will consider when classifying a case as Priority 1 or 2 (Texas Department of Protective and Regulatory Services, 1996).

- Frequency and duration of the same behavior or similar incidents that have been reported to Child Protective Services
- Previous history of abuse or neglect
- Extent, location and severity of child's injury
- Age of the child

## The Investigation

When a case of reported abuse is assigned to a CPS unit, a worker will receive the information and will then complete a full investigation of the allegations. The worker may interview the family, child and any other collateral source that has information concerning the family. The caseworker must investigate each allegation identified for the investigation and provide a disposition concerning each. The following are the 5 possible dispositions for a case (Texas Department of Protective and Regulatory Services, 1996):

1 – Reason-to-Believe

Staff worker has reason to believe the abuse has occurred and will then choose an intervention option for the case.

2 – Ruled-Out

Staff worker concludes that information provided does not support allegation of abuse

3 – Unable to Complete

Investigation cannot be completed because family is unavailable, cannot be reached or is non-cooperative with the caseworker.

4 – Unable to Determine

Caseworker concludes that none of the above dispositions is appropriate for the case.

5 – Administrative Closure

Information is received after the investigation has begun that indicates there is no longer a need for a CPS investigation.

## Intervention Options

### Low-Risk Casework Services

- Volunteer services such as Family Outreach

### Low to moderate risk casework services

- Caseworker works with the family 10 hours per month
- Provides supportive services such as parenting, counseling, child care, and job support

### High risk Casework Services

- Intensive support services
- Two face-to-face contacts with the family per week
- In-home parenting, counseling, and intense monitoring

### Removal from Home

Child can be removed from the home immediately, if immediate danger exists. This occurs only in the most serious cases. The child is placed in a foster home or possibly with a relative while services are provided to the parents to enable them to care for the child safely, so the child can eventually return home

If you have any questions or concerns about suspicions of child abuse or making a report, please contact the Dallas Children's Advocacy Center at 214-818-2600 or Child Protective Services at their hotline, 1-800-252-5400.