

Types of Abuse

Physical abuse - A recent act (within the past two years) or failure to act, which causes a non-accidental serious physical injury that causes the child severe pain or significantly impairs the child's functioning, either temporarily or permanently.

Sexual Abuse - An act or failure to act that results in the employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist any other person to engage in any sexually explicit conduct or any simulation of any explicit conduct for the purpose of producing any visual depiction, including photographing, videotaping, computer depicting or filming, of any sexually explicit conduct or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.

Mental Abuse - An act or failure to act that results in a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that:

- Renders a child chronically and severely anxious, agitated, depressed socially withdrawn, psychotic, or in reasonable fear that the child's life or safety is threatened; or
- Seriously interferes with the child's ability to accomplish age-appropriate developmental and social tasks.

Serious Physical Neglect - A prolonged or repeated lack of supervision or the failure to provide the essentials of life including adequate medical care, which endangers a child's life or development or impairs the child's functioning. Other essentials include food, shelter, clothing, dental care, personal care, protection from physical injury and supervision.

Imminent Risk - An act or recent act or failure to act or series of such which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation to a child.

If you suspect a child has been abused, report your suspicion. Each county has a local children and youth agency that is responsible for investigating reports of suspected child abuse. Even if you have reported the abuse before and you still have concerns, keep reporting. The children and youth agency needs to know if the situation hasn't improved. We all must work together with a common goal -- the safety of the child.

Where can I report the abuse?

ChildLine - 1-800-932-0313 - A toll-free, 24-hour, 7-day-a-week hotline established by Pennsylvania's Department of Public Welfare to receive reports of suspected abuse and neglect of children. The reports are forwarded to the local children and youth agency for investigation.

Children and Youth Agency - Each children and youth agency is responsible for investigating the reports and providing services to abused and neglected children and their families to prevent further abuse. To locate the phone number of your local children and youth agency view the [regional children and youth directory page](#) or the [county children and youth agency directory page](#).

If the child is currently in imminent danger, the abuse is occurring right now or the children are home alone and unable to care for themselves, call 911 immediately.

You are protected.

Anyone who makes a report in good faith is protected under the Child Protective Services Law from criminal and civil immunity. You may choose to make a report anonymously; however, providing your name for the children and youth agency assists the agency if they have any questions about the report or need to verify information.

Mandated Reporters:

People, who through the course of their employment, occupation or practice of their profession come into contact with children, are required to report when they suspect the child coming before them has been abused. Mandated reporters include doctors, nurses, school personnel, therapists, day care staff, dentists, police officers and mental health professionals. Although mandated reporters are required to report suspected abuse to ChildLine, anyone may make a report of suspected abuse.

What information do I need?

When you make a report of suspected abuse, you will be asked for identifying information on the child, the child's family and the alleged perpetrator and for information regarding the suspected abuse. The caseworker taking the report is trying to get accurate and complete information. Information the caseworker will ask you includes:

- Names of the child, parents, siblings and alleged perpetrator;
- Birthdates (if unknown, approximate ages);
- Addresses (if unknown, directions to the home);
- Phone numbers;
- Nature of the incident (what happened, when, where, who was involved);
- How did you become aware of incident (witness, told by someone else); and
- Factors that put the child at risk (continuing contact with the alleged perpetrator, disabilities or limitations, history of domestic violence).

You do not need to have all of the above information to make a report. The more accurate information you can provide, the better equipped the children and youth agency will be to assess the child's risk.

What Happens After a Report is made?

The children and youth agency receives reports in two ways; directly to the agency or through ChildLine. The children and youth agency has 24 hours to begin its investigation and see the child. If they cannot determine from the report that the child is safe they must immediately begin the investigation and immediately see the child.

After the safety of and risk of harm to the child and any other children in the home is assessed, the children and youth agency will determine if the child was abused according to the definitions previously listed. A trained child protective services caseworker will interview the child, parents and perpetrator. Witnesses to the incident also may be interviewed. The person who made the report may be contacted to verify information or to obtain more information. If appropriate, the child could be examined by a doctor.

During the investigation, the children and youth agency identifies factors associated with the alleged incident and other issues that may exist that have an impact on family functioning. The family's need for

services also is assessed. Services are either provided through the children and youth agency or community agencies. The costs for services are either free or based on the family's ability to pay. Services can include counseling, classes to strengthen parenting skills, self-help groups and emergency medical services.

The investigation is completed typically within 30 days and the results are submitted to ChildLine. If the investigation cannot be completed within 30 days, the children and youth agency must document the reasons and complete the investigation within 60 days. The terms used to describe the results of the investigation are listed below:

- **Founded** - There has been a judicial adjudication that the child has been abused.
- **Indicated** - The children and youth agency found that abuse occurred based on medical evidence, the investigation or admission by the perpetrator.
- **Substantiated** - Cases that have been indicated or founded.
- **Unfounded** - Cases where there is a lack of evidence that the child was abused or it was determined that the child was not abused. (An unfounded status does not always mean that the incident did not occur. For example, the child may have received an injury from being struck as alleged, but the injury did not meet the definition of serious physical injury.)

The children and youth agency will work with families where there is a risk of abuse to decrease the risk factors by providing them with counseling, education and other supportive services. Cases where the report is unfounded but a need for services exists are handled in two ways depending upon the risk to the child. Cases where the risk is greater are opened under general protective services and a family service plan that identifies goals and services for the family is developed. Cases where the risk of abuse is low may be closed and the family referred to services within the community for assistance.

At the end of the investigation the risk of harm to the child and other children in the home is again assessed. The resulting information is used to determine whether the case will be opened, closed with referrals for service or closed without referrals.

If the children and youth agency determines that the child is in immediate danger and the only way to assure the child's safety is to remove the child from the home, the agency must seek a court order to remove the child. The first option for placement is with a willing and capable relative. If this is not possible, the child may be placed in an agency-approved foster home or residential facility. The children and youth agency also may petition the court if the family refuses to cooperate with the investigation.
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What is Child Abuse?

Harm to a child under 18 years of age that results from caregiver or family problems or actions.

Child Protective Services

In Pennsylvania, the Child Protective Services Law (CPSL) (23 Pa. C.S., Chapter 63) establishes definitions of child abuse. An incident of child abuse must involve a child, a perpetrator and an act of abuse as defined below:

Child - person who is under the age of 18.

Perpetrator - person who has committed child abuse and is:

- A parent of a child.
- A paramour of a child's parent.
- An individual 14 years of age or older residing in the same home as the child.
- A person responsible for the child's welfare.

General Protective Services

The majority of reports that come to the attention of the county agency involve non-serious injury or neglect. These cases are treated by the agency as general protective services cases. General protective services cases can include inadequate shelter, truancy, inappropriate discipline, hygiene issues, abandonment or other problems that threaten a child's opportunity for healthy growth and development.

Abuse Reporting Disclaimer

Reports of suspected child abuse and neglect should not be forwarded through the Internet due to the delay in response time. In some cases, it may be imperative that the county children and youth see the child immediately. Please contact ChildLine at 800-932-0313 (24 hours, 7 days per week) or your local children and youth agency. Thank you for your cooperation.

Links to other Child Abuse sites:

PA Code Chapter 3490

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CHILD ABUSE

THE MANDATED REPORTER'S RESPONSIBILITY

MONROE COUNTY CHILDREN AND YOUTH SERVICES

What is Child Abuse?

In Pennsylvania, an abused child is one who is under 18 years of age and a victim of serious non-accidental physical or mental injury, sexual abuse or exploitation, or serious physical neglect caused by the parents, a person responsible for the child's welfare, any individual residing in the same home as the child, or a parent's paramour.

Who is Required by Law to Report Suspected Child Abuse?

Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children and have reason to believe that a child coming before them in their professional or official capacity is an Abused Child.

Mandated reporters include but are not limited to the following:

- . School Staff
- . Hospital/Medical Staff
- . Law Enforcement Personnel
- . Day Care Workers
- . Counselors, Psychologists, Psychiatrists
- . Human Service Workers
- . Foster Care Workers
- . Mental Health Professionals

NOTE: The privileged communication between any professional person required to report and his/her patient/client shall not apply to situations involving child abuse and shall not constitute grounds for failure to report as required by Child Protective Services Law.

How Does the Mandated Reporter Report Child Abuse?

You may call the Children and Youth Agency of the county where the abuse took place. In Monroe County, call (717) 420-3590 any time of the day or night.

You must call the 24-hour, toll free Child Abuse Hotline (ChildLine), 1-800-932-0313 and report your suspicions with as much of the following information as is available:

- . Your name, business name, and phone number;
- . Names, addresses, phone number of the child and parents;
- . Age and gender of child;
- . Where incident occurred;
- . Nature of abuse;
- . Name, address, phone number of person doing the abuse;
- . Any additional information.



Remember!! You only need to have reason to suspect abuse to be required to report it, you do not need to know or have proof that abuse took place.

Following your verbal report to ChildLine you should fill out Form CY-47 and mail it to your county children and youth services agency.

NOTE: See sample CY-47 in this pamphlet

What Protection Does the Law Give the Mandated Reporter?

Confidentiality of Referral Source - Although in cases of mandated reporters making a report, the persons concerned may be able to conclude who made the report, however our agency will neither give nor confirm this information.

Immunity from Liability - Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report shall have immunity from any liability, civil or criminal. For the purpose of any proceeding, civil or criminal, the good faith of any person required to make a report shall be assumed.

What Follows Your Report?

ChildLine and the respective county children and youth agency will communicate and begin an abuse investigation. Within hours of the referral, Children and Youth Services will interview the child, assess, with the use of our risk analysis survey, and determine whether or not it would be necessary to take the child into protective custody.

Having assured the safety of the child, we will begin a thorough investigation which may last up to 30 days. These investigations include home visits, office visits and phone calls to the alleged victim, the parents, siblings, and any other collateral contacts that can give a more detailed, accurate picture. In some cases where circumstances make it impossible to complete out investigation in 30 days, we can get an additional 30-day extension.

Upon completion of our investigation, we make one of the following determinations:

Unfounded - When the standards for Founded or Indicated are not met.

Indicated - When the Child Protective Services Unit (C.P.S.) determines there is substantial evidence of abuse based on medical evidence, the CPS investigation or an admission of the act or acts of abuse by the perpetrator.

Founded - When there is judicial adjudication that the child is abused.

What Information is the Mandated Reporter Entitled To?

As well as being concerned for the protection of children, the laws are also concerned for the protection of all parties involved in an abuse investigation. Therefore, unless you are a participant in the Multi-Disciplinary Team when said case is discussed, our agency can give no information relating to what we are doing or what we have learned during our investigation. What we can tell you, upon request, is what your final finding is (Unfounded, Indicated, or Founded) and what services our agency is providing, offering, and/or requiring for the family. If you are interested in this information, please let us know within the 30-day period and the caseworker will make a note to inform you of the status of the case upon completion.

Child Abuse - Steven Shapiro, M.D.

Unexplained bruises and welts:

- on face, lips, mouth
- on torso, back, buttocks, thigh
- in various stages of healing
- reflecting shape of an article (electric cord)
- on several different surface areas
- regular appearance after absence/vacation

Burns:

- burns - cigar, cigarette, especially on soles, palms, and buttocks, back immersion burns (sock like, glove like - doughnut shape on buttocks or genitalia)
- patterned like electric burner, iron, etc.
- rope like burns on arms, legs, neck, or torso (friction burns)

Unexplained fractures:

- to skull, nose, facial structure
- various stages of healing
- multiple or spiral fractures (bone broken by a twist)

Unexplained lacerations or abrasions:

- to mouth, lips, gums
- to external genitalia

Behavioral Indicators of Child Abuse:

- wary of adult contacts
- apprehensive when other children cry
- behavioral extremes - aggressiveness or withdrawal (acts out in mature ways), excessive hitting, hitting with objects)
- frightened of parents
- afraid to go home'
- reports injury by parents

Physical Neglect:

- consistent hunger, poor hygiene, inappropriate dress
- consistent lack of supervision, especially in dangerous activities or for long periods
- unattended physical problems or medical needs (mucous from nose, ear drainage, losing weight)
- abandonment

Behavioral Indicators of Parent Neglect:

- begging, stealing food
- extended stays at school (early arrival, late departure)
- constant fatigue - listlessness or falling sleep in class
- alcohol or drug abuse
- delinquency (thefts)
- states there is no care given

Sexual Abuse:

- difficult in walking, sitting
- torn, stained or bloody underclothes
- pain or itching in genital area
- bruises, bleeding in exterior genitalia, vaginal, anal area
- venereal disease (pre-teen)
- pregnancy
- unwilling to change clothes
- withdrawal, fantasy, infantile behavior
- bizarre, sophisticated or unusual sexual behavior or knowledge
- poor peer relationships
- delinquent - run away
- report from child

Emotional Maltreatment:

- speech disorders
- lags in physical development
- failure to thrive

Behavior from Emotional Maltreatment:

- habit disorders
- conduct disorders
- neurotic traits
- psychosomatic disorders

Steps to Take:

- talk to the child gently
- report orally to person in charge
- seek medical help
- advise parent of your intent to file a report
- follow with written report
- teacher continue to show support to child and parents

Physical Abuse

Physical Signs	Child's Behavior	Parental Characteristics
<p><i>Unexplained Bruises or Welts</i></p> <ul style="list-style-type: none"> • on several different areas • in clusters or unusual patterns • in various stages of healing (bruises of different colors, old and new scars) • in the shape of instrument used to inflict them • swollen, painful joints from pulling, etc. <p><i>Unexplained Burns</i></p> <ul style="list-style-type: none"> • in the shape of instrument used to inflict them (cigarette, rope, iron) • caused by immersion into hot liquid (may be glove-like or sock-like) <p><i>Unexplained Lacerations or Abrasions</i></p> <ul style="list-style-type: none"> • to mouth, lips, gums • to external genitalia • on the backs of arms, legs, torso <p><i>Unexplained Skeletal Injuries</i></p> <ul style="list-style-type: none"> • fractures of skull or face • multiple fractures • stiff, swollen joints • bald spots—from hair pulling • missing or loosened teeth • human-size bite marks (especially if adult size and recurrent) • detached retina (from shaking or hitting) <p><i>School Absence Correlates with Appearance of Injury</i></p> <p><i>Clothing Inappropriate for the Weather (concealing injuries)</i></p>	<p><i>Extremes in Behavior</i></p> <ul style="list-style-type: none"> • very aggressive • very withdrawn • submissive, overly compliant, caters to adults • hyperactive • depressed/apathetic <p><i>Easily Frightened/Fearful</i></p> <ul style="list-style-type: none"> • of parents, adults • of physical contact • of going home • when other children cry <p><i>Destructive to Self/Others</i></p> <p><i>Poor Social Relations</i></p> <ul style="list-style-type: none"> • craves affection • indiscriminate attachment to strangers • relates poorly to peers • manipulates adults to get attention <p><i>Reports:</i></p> <ul style="list-style-type: none"> • fear of parent(s) • injuries inflicted by parents • unbelievable reasons for injuries <p><i>Demonstrates Poor Self-Concept</i></p> <p><i>Learning Problems</i></p> <ul style="list-style-type: none"> • poor academic performance • short attention span • language delayed <p><i>Chronic Runaway</i></p> <p><i>Delinquency</i></p>	<p><i>Conceals the Child's Injury</i></p> <ul style="list-style-type: none"> • gives explanation which doesn't fit the injury or has no explanation • dresses child to cover injury • keeps child home from school <p><i>Does Not Appear to be Concerned About the Child</i></p> <ul style="list-style-type: none"> • cares more about what will happen to him/her than what happens to the child <p><i>Describe the Child as Bad, Different, Evil</i></p> <p><i>Believes in Severe Discipline</i></p> <ul style="list-style-type: none"> • or inappropriate discipline for child's age or size <p><i>Unrealistic Expectations</i></p> <ul style="list-style-type: none"> • regarding development • regarding emotional gratification (expects child to fill emotional void) <p><i>Low Self-Esteem</i></p> <p><i>Abuses Alcohol/Drugs</i></p> <p><i>Immature</i></p> <p><i>Maltreated as a Child</i></p>

Sexual Abuse

Physical Signs	Child's Behavior	Parental Characteristics
<p><i>Difficulty Walking</i></p> <p><i>Torn, Stained or Bloody Underclothing</i></p> <p><i>Abnormalities in Genital/Anal Areas</i></p> <ul style="list-style-type: none"> • itching, pain, swelling • bruises or bleeding • frequent urinary or yeast infections • pain on urination • vaginal/penal discharge • poor sphincter control <p><i>Venereal Disease</i></p> <p><i>Pregnancy</i></p> <p><i>Psychosomatic Illness</i></p> <p><i>States that s/he has been Abused</i></p>	<p><i>Sudden Drop in School Performance</i></p> <p><i>Poor Peer Relationships</i></p> <p><i>Unwillingness to Change Clothing for Gym</i></p> <p><i>Sexual Knowledge Beyond Age</i></p> <ul style="list-style-type: none"> • displays bizarre, sophisticated sexual behavior <p><i>Poor Self-Concept</i></p> <ul style="list-style-type: none"> • depressed/apathetic • suicidal <p><i>Extremes in Behavior</i></p> <ul style="list-style-type: none"> • sexually aggressive • withdrawn/fearful of males <p><i>Regression to Earlier Developmental Stage</i></p> <p><i>Chronic Runaway</i></p> <p><i>Delinquency</i></p>	<p><i>Possessive and Jealous of the Victim</i></p> <ul style="list-style-type: none"> • denies the child normal social contact • accuses the child of sexual promiscuity and seductiveness • is abnormally attentive to the victim <p><i>Low Self-Esteem</i></p> <p><i>Poor Impulse Control</i></p> <p><i>Was Sexually Abused as a Child</i></p> <p><i>Abuses Alcohol/Drugs</i></p> <p><i>Socially Isolated</i></p> <p><i>Poor Relationship with Spouse</i></p> <p><i>Believes Child Enjoys Sexual Contact</i></p> <p><i>Believes Sexual Contact Expresses Familial Love</i></p>

Physical Neglect

Physical Signs	Child's Behavior	Parental Characteristics
<p><i>Poor Growth Pattern</i></p> <ul style="list-style-type: none"> • emaciated • distended stomach <p><i>Consistent Hunger/Malnutrition</i></p> <p><i>Poor Hygiene</i></p> <ul style="list-style-type: none"> • lice • body odor <p><i>Lacks Appropriate/Necessary Clothing</i></p> <p><i>Unattended Physical Problems or Medical Needs</i></p> <ul style="list-style-type: none"> • lack of proper immunization • gross dental problems • needs glasses/hearing aids <p><i>Constant Lack of Supervision</i></p> <ul style="list-style-type: none"> • especially in dangerous activities or circumstances <p><i>Constant Fatigue/Listlessness</i></p> <ul style="list-style-type: none"> • falls asleep in school 	<p><i>Developmental Lags</i></p> <ul style="list-style-type: none"> • physical, emotional, intellectual <p><i>Extremes in Behavior</i></p> <ul style="list-style-type: none"> • hyperactive • aggressive • withdrawn • assumes adult responsibilities • acts in a pseudomature fashion • submissive/overly compliant <p><i>Infantile Behavior</i></p> <p><i>Depressed/Apathetic</i></p> <ul style="list-style-type: none"> • states no one cares <p><i>Begs/Steals Food</i></p> <ul style="list-style-type: none"> • forages through garbage • consistent hunger <p><i>Seeks Attention/Affection</i></p> <ul style="list-style-type: none"> • hypochondria <p><i>Consistent Absence or Tardiness at School</i></p> <p><i>Delinquency</i></p>	<p><i>Apathetic/Passive</i></p> <p><i>Depressed</i></p> <p><i>Unconcerned with the Child</i></p> <ul style="list-style-type: none"> • is not bothered by child's lack of basic necessities nor by child's behavior due to his/her negligence • does not seek child care • no food in house <p><i>Socially Isolated</i></p> <p><i>Low Self-Esteem</i></p> <p><i>Abuses Alcohol/Drugs</i></p> <p><i>Impulsive</i></p> <p><i>Mentally Retarded</i></p> <p><i>Maltreated as a Child</i></p> <p><i>Unsafe Living Conditions</i></p> <ul style="list-style-type: none"> • chaotic home life, overcrowding • drugs/poisons in reach of children • garbage and/or excrement in living areas

Emotional Maltreatment

Physical Signs	Child's Behavior	Parental Characteristics
<p><i>Health Problems</i></p> <ul style="list-style-type: none"> • obesity • skin disorders - acne • speech disorders - stuttering • asthma, allergies, ulcers <p><i>Infantile Behavior</i></p> <ul style="list-style-type: none"> • pants/bedwetting • thumbsucking <p><i>Failure-to-Thrive in Infancy</i></p>	<p><i>Learning Problems</i></p> <p><i>Developmental Lags</i></p> <ul style="list-style-type: none"> • physical, emotional, intellectual <p><i>Extremes in Behavior</i></p> <ul style="list-style-type: none"> • aggressive • withdrawn <p><i>Destructive to Self/Others</i></p> <p><i>Sleep Disorders</i></p> <p><i>Demonstrates Poor Self-Concept</i></p> <ul style="list-style-type: none"> • depressed/apathetic • suicidal 	<p><i>Unrealistic Expectations of Child</i></p> <p><i>Belittles, Rejects, Degrades, Ignores the Child</i></p> <p><i>Threatens the Child</i></p> <ul style="list-style-type: none"> • with severe punishment • with abandonment <p><i>Describes the Child as Bad, Different, Evil</i></p> <p><i>Low Self-Esteem</i></p>