



**Continuing Education (CEU) course** for healthcare professionals. View the course online at [wildirismedicaleducation.com](http://wildirismedicaleducation.com) for accreditation/approval information, course availability and other details, and to take the test for CE credit. The information provided in this course is to be used for educational purposes only. It is not intended as a substitute for professional healthcare.

Contact Hours: **2**

## Child Abuse Recognition and Reporting in Pennsylvania - Act 31 (2 Hours) Mandated Reporter Training

COPYRIGHT © 2018, WILD IRIS MEDICAL EDUCATION, INC. ALL RIGHTS RESERVED.

BY Sheree Goldman, MSN, RN, WHNP; Nancy Evans, BS; Adrienne E. Avillion, DEd, MSN, RN

**LEARNING OUTCOME AND OBJECTIVES:** Upon completion of this course, you will be better prepared to recognize and report child abuse, child maltreatment, and child neglect. Specific learning objectives include:

- Describe child welfare in Pennsylvania.
- Differentiate between Child Protective Services and General Protective Services.
- Define child abuse components, categories, and exclusions.
- Recognize indicators of child abuse.
- List provisions and responsibilities for reporting suspected child abuse.
- Identify the reporting process for suspected child abuse, including protections for reporters and penalties for failure to report.
- Explain the mandated reporters' Right-to-Know.

### CHILD WELFARE IN PENNSYLVANIA

---

The goal of the child welfare system in Pennsylvania is to provide for the safety and well-being of children and to protect them from abuse and neglect. Pennsylvania's child welfare system is supervised by the state and administered by the Children and Youth Agencies of each county. The state's Department of Human Services (DHS) oversees the child welfare system and provides technical assistance through the Office of Children, Youth, and Families (OCYF).

## Two-Track Services

Two tracks of child welfare services exist in Pennsylvania: Child Protective Services (CPS) and General Protective Services (GPS). CPS refers to those referrals to the statewide child abuse hotline, ChildLine, that are registered as suspected child abuse.

### CHILDLINE

ChildLine provides information, counseling, and referral services for families and children to ensure safety and well-being of the children of Pennsylvania. The toll-free intake line, 800-932-0313, is available 24 hours a day, seven days a week to receive reports of suspected child abuse (PA Family Support Alliance, 2018b).

To be registered as suspected child abuse, referrals must contain allegations of incidents that meet the definition of child abuse. All other referrals that do not allege suspected child abuse but still present concerns for a child's safety or well-being are considered GPS.

- **Child protective services** are implemented when there is reasonable cause to suspect child abuse and the need for an investigation. Emergency medical services and out-of-home placement are provided when necessary for high-risk situations. CPS is contacted when at least one type of child abuse is suspected: physical, mental, sexual, or neglect. This type of response is often referred to as a *traditional response*.
- **General protective services** are offered when there is concern about something in the home or for nonabuse cases that require support and services to prevent harm to the child. Examples include poor hygiene, inappropriate discipline, inadequate supervision, truancy, and inadequate shelter or clothing. There is no investigation component to this response. GPS protects the welfare and safety of children by offering assistance to parents in fulfilling their parental duties and by helping them to recognize and correct potentially harmful conditions. This type of response may also be called an *alternative response*.

Providing both CPS and GPS is known as a *differential response (DR)*. DR is a more flexible approach to assisting families in response to reports of suspected child abuse. In cases not deemed to be child abuse, interactions between social workers and parents become less adversarial. Social workers' presence is perceived as more supportive, as professionals focus on connecting families to needed services. (Task Force, 2012).

## Determining Type of Response

When a referral for possible child abuse is received by a caseworker, social worker, or supervisor, a decision is made as to whether the case will be assigned to GPS or CPS. The person who chooses the type of response varies according to the protocols of each jurisdiction, but the decision is generally made immediately. The choice of the type of response (GPS or CPS) is dependent on the nature of the allegation as well as other factors using criteria that are determined by the agencies (Task Force, 2012).



<b>DIFFERENTIATING BETWEEN CPS AND GPS</b>	
<b>Child Protective Services (CPS)</b>	<b>General Protective Services (GPS)</b>
For situations that meet the definition of child abuse	For situations that can cause harm to children but do not meet the definition of child abuse
<ul style="list-style-type: none"> <li>• Similar to a law-enforcement investigation</li> <li>• May result in a perpetrator being identified</li> <li>• May involve joint investigations with social services, law enforcement, and medical professionals</li> </ul>	<ul style="list-style-type: none"> <li>• No attempt to identify a perpetrator or determine if abuse occurred</li> </ul>
<ul style="list-style-type: none"> <li>• Urgent time frame</li> </ul>	<ul style="list-style-type: none"> <li>• Time frame determined by the level of risk and imminent danger</li> </ul>
<ul style="list-style-type: none"> <li>• Goal of investigation is to determine if abuse occurred</li> </ul>	<ul style="list-style-type: none"> <li>• Goal of assessment is to determine family needs to promote child safety and well-being and then provide services</li> </ul>
<ul style="list-style-type: none"> <li>• Not reassigned to GPS</li> <li>• If situation is not determined to meet the definition of child abuse, case is classified as unfounded</li> </ul>	<ul style="list-style-type: none"> <li>• Can be reassigned to CPS if situation is found to meet the definition of child abuse</li> </ul>
<ul style="list-style-type: none"> <li>• Investigation must be completed in 30 days</li> <li>• Investigation can be extended to 60 days if necessary in order to collaborate with law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• County agency personnel must respond immediately if the child was placed in emergency protective custody, or if emergency placement is needed or may be needed but cannot be determined by the report</li> <li>• Entire assessment must be completed in 60 days</li> </ul>
<ul style="list-style-type: none"> <li>• Services are involuntary</li> </ul>	<ul style="list-style-type: none"> <li>• Services are voluntary</li> <li>• Services may be court-ordered if the family refuses services and a child's safety is in question</li> </ul>
<ul style="list-style-type: none"> <li>• A perpetrator's name may be listed in the ChildLine registry if indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment will not generate the name of a perpetrator to be listed in the ChildLine registry</li> </ul>
Source: Pennsylvania Partnerships for Children, 2012.	



## WHAT IS CHILD ABUSE?

---

It is imperative that healthcare professionals and other mandated reporters know how the various categories of child abuse are defined.

### Categories of Child Abuse

Child abuse may take many forms. Pennsylvania’s Child Protective Services Law (CPSL) categorizes abuse into the following types:

- Physical
- Mental
- Sexual
- Neglect
- Severe forms of trafficking in persons (human trafficking)

Mandated reporters must learn to recognize the indicators for the various forms of child abuse (PFSA, 2018a). (See also “Recognizing Abuse” later in this course.)

#### **DEFINITIONS OF TERMINOLOGY RELATED TO CHILD ABUSE**

##### **Act**

Something that is done to harm or cause potential harm to a child

##### **Failure to act**

Something that is not done to prevent harm or potential harm to a child

##### **Recent act or failure to act**

Any act or failure to act committed within two years of the date of the report to the department or county agency

##### **Child**

An individual under 18 years of age

##### **Direct contact with children**

Care, supervision, guidance, or control of children or routine interaction with children

##### **Person responsible for the child’s welfare**

A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training, or control of a child in lieu of parental care, supervision, or control

##### **Student**

An individual enrolled in a public or private school, intermediate unit, or area vocational-technical school who is under 18 years of age



**School employee**

An individual employed by a school or who provides a program, activity, or service sponsored by a school (does not apply to administrative or other support personnel unless the administrative or other support personnel have direct contact with the children)

**Bodily injury**

Causing substantial pain or any impairment in physical condition (replaces term *serious physical injury*, which was deleted by amendment from the statute)

**Serious mental injury**

A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:

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

**Serious physical neglect**

Any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury, or impairs a child's health, development, or functioning:

- (1) A repeated, prolonged, or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities
- (2) The failure to provide a child with adequate essentials of life, including food, shelter, or medical care

**Severe forms of trafficking in persons (human trafficking)**

- (1) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not obtained 18 years of age (i.e., sex trafficking does not require there be force, fraud, or coercion if the victim is under 18). Examples include prostitution, pornography, exotic dancing, etc.
- (2) Labor trafficking in which labor is obtained by use of threat or serious harm, physical restraint, or abuse of legal process, including the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage (paying off debt through work), debt bondage (debt slavery, bonded labor or services for a debt or other obligation), or slavery (a condition compared to that of a slave in respect to exhausting labor or restricted freedom). Examples include being forced to work for little or no pay (frequently in factories or on farms) or domestic servitude (providing child care, cooking, cleaning, yardwork, gardening from 10 to 16 hours per day).

Sources: 23 Pa. C.S. § 6303; U.S. Public Law 106-386 § 103.



## Definition of *Child Abuse*

CPSL, 23 Pa. C.S. § 6303, defines “child abuse” as intentionally, knowingly, or recklessly doing any of the following:

- 1) Causing bodily injury to a child through any recent act or failure to act
- 2) Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act
- 3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act
- 4) Causing sexual abuse or exploitation of a child through any act or failure to act (see also “Sexual Abuse or Exploitation” below)
- 5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act
- 6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act
- 7) Causing serious physical neglect of a child
- 8) Engaging in any of the following recent acts:
  - i. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child
  - ii. Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement
  - iii. Forcefully shaking a child under one year of age
  - iv. Forcefully slapping or otherwise striking a child under one year of age
  - v. Interfering with the breathing of a child
  - vi. Causing a child to be present [when the] operation of methamphetamine laboratory is occurring
  - vii. Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known . . . is required to register as a sexual offender . . . has been determined to be a sexually violent predator . . . has been determined to be a sexually violent delinquent child
- 9) Causing the death of the child through any act or failure to act
- 10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000



## Definition of *Sexual Abuse or Exploitation*

CPSL, 23 Pa. C.S. § 6303, further defines “sexual abuse or exploitation” as any of the following:

- 1) The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:
  - i. Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual
  - ii. Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual
  - iii. Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual
  - iv. Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming (This paragraph does **not** include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child’s age.)
- 2) Any of the following offenses committed against a child:
  - i. Rape (as defined in 18 Pa.C.S. § 3121)
  - ii. Statutory sexual assault (as defined in 18 Pa.C.S. § 3122.1)
  - iii. Involuntary deviate sexual intercourse (as defined in 18 Pa.C.S. § 3123)
  - iv. Sexual assault (as defined in 18 Pa.C.S. § 3124.1)
  - v. Institutional sexual assault (as defined in 18 Pa.C.S. § 3124.2)
  - vi. Aggravated indecent assault (as defined in 18 Pa.C.S. § 3125)
  - vii. Indecent assault (as defined in 18 Pa.C.S. § 3126)
  - viii. Indecent exposure (as defined in 18 Pa.C.S. § 3127)
  - ix. Incest (as defined in 18 Pa.C.S. § 4302)
  - x. Prostitution (as defined in 18 Pa.C.S. § 5902)
  - xi. Sexual abuse (as defined in 18 Pa.C.S. § 6312)
  - xii. Unlawful contact with a minor (as defined in 18 Pa.C.S. § 6318)
  - xiii. Sexual exploitation (as defined in 18 Pa.C.S. § 6320)



## Definition of *Perpetrator*

A “perpetrator” is a person who has committed child abuse and who is:

- A parent of the child
- A spouse or former spouse of the child’s parent
- A paramour or former paramour of the child’s parent
- A person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of a child-care service, a school, or through a program, activity, or service
- An individual 14 years of age or older who resides in the same home as the child
- An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child
- An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (23 Pa. C.S. § 6304)

In cases involving “failure to act,” perpetrators include only the following:

- A parent of the child
- A spouse or former spouse of the child’s parent
- A paramour or former paramour of the child’s parent
- A person 18 years of age or older and responsible for the child’s welfare
- A person 18 years of age or older who resides in the same home as the child (23 Pa. C.S. § 6304)

Current Pennsylvania law expanded the previous definition of perpetrators to include relatives who do not live with the child as well as those engaging a child in trafficking. It also now includes those responsible for the child’s welfare, defined as:

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



## Exclusions

There are two types of exclusions described in the law. “Exclusions to reporting” are instances in which a child may suffer harm but for which a mandated reporter is not required to make a report. “Exclusions to child abuse” (sometimes called “exclusions to substantiating a report”) are instances in which harm to a child must be reported but for which the investigating team may determine that no child abuse has occurred.

### EXCLUSIONS TO REPORTING

There are very few situations that do **not** require a mandated report of suspected child abuse when children are harmed. These include:

- Confidential communications made to a member of the clergy within the scope of that privilege.
- Confidential communications made to an attorney under attorney-client privilege and attorney-work product rules, such as a direct confession of child abuse to a family law attorney by a client.

However, the area of privileged communication between any mandated reporter and a client does **not** apply to situations of suspected child abuse. This includes counselors, school psychologists, and social workers. These persons have an absolute duty to report suspected abuse without exception (23 Pa. C.S. § 6311.1).

### EXCLUSIONS TO SUBSTANTIATING A REPORT

Section 6304 of the CPSL explains situations that are considered “exclusions to child abuse.” Such situations must still be reported. At times, however, the CPS investigation may reveal other factors and the report found to be unsubstantiated. That is, the child will not be deemed to be abused.

The following circumstances are exclusions to substantiation of a child abuse report and might result in implementing GPS services rather than CPS services:

- 1) Environmental factors, such as inadequate housing, furnishings, income, clothing, or medical care that are beyond the control of the parent or person with whom the child lives
- 2) Practice of a bona fide religion that upholds beliefs that are maintained by the child’s parents or relatives with whom the child resides that prevent the child from receiving medical or surgical care. In such cases:
  - i. The county agency shall closely monitor the child and the child's family and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child’s life or long-term health.



- ii. All correspondence with a subject of the report and the records of the department and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child's condition.
  - iii. The family shall be referred for general protective services, if appropriate.
  - iv. This subsection shall not apply if the failure to provide needed medical or surgical care causes the death of the child.
  - v. This subsection shall not apply to any childcare service as defined in this chapter, excluding an adoptive parent.
- 3) Use of force for supervision, control, and safety purposes if the force is incidental, reasonable, or minor physical contact designed to maintain order and control, or if it is necessary to control a disturbance or remove the child from a situation where he or she is at risk for physical injury; to prevent the child from self-harm; for self-defense or to defend another person; or to obtain weapons, dangerous objects, controlled substances, or paraphernalia from the child
  - 4) Parental rights to use reasonable force for the purposes of supervision, control, or discipline
  - 5) Participation in events that involve physical contact with a child such as sports, physical education, or recreational activities
  - 6) Child-on-child contact that results in harm or injury when the child who caused the harm or injury may not be defined as a perpetrator
  - 7) Defensive force that is reasonable force for self-defense or the defense of another individual that is used for self-protection or for the protection of another person  
(23 Pa.C.S. § 6304; RCPA, 2014)

## RECOGNIZING ABUSE

---

### Recognizing Physical Abuse

The category of physical abuse involves any recent act or failure to act by a perpetrator that causes bodily injury to a child. Bodily injury is defined in the CPSL as “impairment of physical condition or substantial pain” (23 Pa.C.S. § 6303).

### PHYSICAL INDICATORS OF PHYSICAL ABUSE

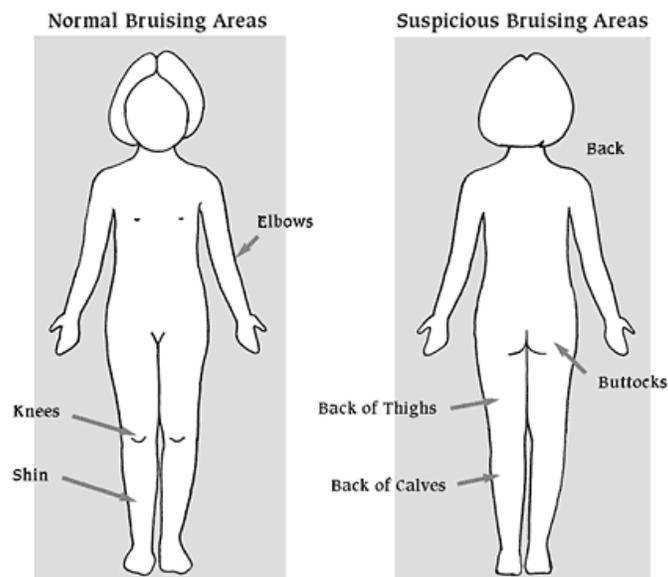
Mandatory and permissive reporters need to be alert for physical injuries that are unexplained or inconsistent with a parent's or other caretaker's explanation and/or the developmental state of the child.



## **Bruising**

It is important to know both normal and suspicious bruising patterns when assessing children's injuries. Some red flags for nonaccidental bruising, if observed, should signal suspicion. In particular, the following injuries are worrisome:

- Bruises in babies who are not yet cruising
- Bruises on the ears, neck, feet, buttocks, or torso (torso includes chest, back, abdomen, genitalia)
- Bruises not on the front of the body and/or overlying bone
- Bruises that are unusually large or numerous
- Bruises that are clustered or patterned (patterns may include handprints, loop or belt marks, bite marks)
- Black eyes
- Bruises around the wrists or ankles (indicating that someone may have tied up the child)
- Bruises that do not fit with the causal mechanism described (Healthy Place, 2016; NSPCC, 2018)



Normal and suspicious bruising areas.  
 (Source: Research Foundation of SUNY, 2011.)





This pattern signals the blow of a hand to the face of a child.  
(Source: Research Foundation of SUNY, 2011.)



Regular patterns reveal that a looped cord was used to inflict injury on this child.  
(Source: Research Foundation of SUNY, 2011.)

### ***Lacerations or Abrasions***

Typical indications of unexplained lacerations and abrasions that are suspicious include:

- To mouth, lips, gums, eyes
- To external genitalia
- On backs of arms, legs, or torso
- Human bite marks (these compress the flesh, in contrast to animal bites, which tear the flesh and leave narrower teeth imprints)  
(Healthy Place, 2016; NSPCC, 2018)

### ***Burns***

Typical indications of unexplained burns include worrisome:

- Cigar or cigarette burns, especially on soles, palms, back, or buttocks
- Immersion burns by scalding water (sock-like, glove-like, doughnut-shaped on buttocks or genitalia; “dunking syndrome”)



- Patterned like an electric burner, iron, curling iron, or other household appliance
- Rope burns on arms, legs, neck, or torso  
 (Healthy Place, 2016; NSPCC, 2018)



A steam iron was used to inflict injury on this child.  
 (Source: Research Foundation of SUNY, 2011.)

### **Fractures**

Typical indications of unexplained fractures include:

- Fractures to the skull, nose, or facial structure
- Fractures to the ribs or the leg bones in babies
- Skeletal trauma with other injuries, such as dislocations
- Multiple fractures (especially bilateral)
- Fractures in various stages of healing
- Swollen or tender limbs  
 (Flaherty et al., 2014; NSPCC, 2018)

### **Head Injuries**

Typical indications of unexplained head injuries include:

- Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling
- Subdural hematoma (a hemorrhage beneath the outer covering of the brain, due to severe hitting or shaking)
- Retinal hemorrhage or detachment, due to shaking
- Whiplash or pediatric abusive head trauma (see box below)



- Eye injury
- Jaw and nasal fractures
- Tooth or frenulum (of the tongue or lips) injury  
(Healthy Place, 2016; NHAC, 2018)

### **PEDIATRIC ABUSIVE HEAD TRAUMA**

Pediatric abusive head trauma (PAHT) (formerly referred to as *shaken baby syndrome*) is the third leading cause of head injury in children and the leading cause of serious head injury in the first year of life in the United States (Brown et al., 2016). The CDC defines pediatric abusive head trauma (AHT) as an injury to the skull or intracranial contents of an infant or young child (<5 years of age) due to inflicted blunt impact and/or violent shaking. Simply defined, AHT is child physical abuse that results in injury to the head or brain (Parks et al., 2012).

The clinical presentation of infants or children with AHT can vary. PAHT diagnosis generally includes subdural hematomas, retinal bleeding, fractures, cerebral edema, and rib or long bone fractures (Brown et al., 2016). Other possible findings associated with AHT may include:

- Lethargy/decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding, or vomiting for no apparent reason
- Absence of smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Seizures
- Head or forehead appears larger than usual
- Fontanel (soft spot) bulging
- Inability to lift head
- Inability of eyes to focus or track movement; unequal size of pupils
- Vomiting
- Apnea

(Brown et al., 2016; KidsHealth.org, 2018)

Long-term effects of PAHT may be serious and include such issues as blindness, hearing loss, learning difficulties, and impaired intellect (KidsHealth.org, 2018).



## BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Careful assessment of a **child's behavior** may also indicate physical abuse, even in the absence of obvious physical injury. Behavioral indicators of physical abuse include the following:

- Shows fear of going home, fear of parents
- Apprehensive when other children cry
- Exhibits aggressive, destructive, or disruptive behavior
- Exhibits passive, withdrawn, or emotionless behavior
- Reports injury by parents
- Displays habit disorders
  - Self-injurious behaviors (e.g., cutting)
  - Psychoneurotic reactions (e.g., obsessions, phobias, compulsiveness, hypochondria)
- Wears long sleeves or other concealing clothing, even in hot weather, to hide physical injuries
- Seeks affection from any adult  
(Mayo Clinic, 2015)

Presence of the following **parent or other persons legally responsible behaviors** may also indicate an abusive relationship:

- Seems unconcerned about the child
- Takes an unusual amount of time to obtain medical care for the child
- Offers inadequate or inappropriate explanation for the child's injury
- Offers conflicting explanations for the same injury
- Misuses alcohol or other drugs
- Disciplines the child too harshly considering the child's age or what he or she did wrong
- Sees the child as bad, evil, etc.
- Has a history of abuse as a child
- Attempts to conceal the child's injury
- Takes the child to a different doctor or hospital for each injury
- Shows poor impulse control or lack of emotional control



- Lacks support network; is isolated from family and friends
- Has poor self-esteem
- Uses the child to meet his/her own physical and/or emotional needs
- Lacks parenting knowledge
- Lacks interpersonal skills
- Has unrealistically high standards and expectations for the child  
(Clermont County CPS, 2018)

### **FACTITIOUS DISORDER IMPOSED ON ANOTHER**

Factitious disorder imposed on another (FDIA), formerly known as *Munchausen syndrome by proxy (MSP)*, is a mental illness as well as a form of child abuse. In FDIA, an adult perpetrator (most often the child's mother) falsifies an illness in the child to gain attention from healthcare professionals, family, friends, and, in some cases, general members of the community. There are not other obvious external rewards such as monetary gain (APA, 2013; Cleveland Clinic, 2014).

It is important to note that the perpetrator, not the child, receives this diagnosis.

**Possible warning signs** of FDIA in children include:

- The child has a history of many hospitalizations often accompanied by an unusual set of symptoms.
- Worsening of the child's symptoms is usually reported by the perpetrator and is not witnessed by healthcare professionals.
- The child's reported condition and symptoms do not agree with results of diagnostic tests.
- There might be a history of more than one unusual illness or death of children in the family.
- The child's condition improves when hospitalized but worsens when the child returns home.
- Blood in lab samples might not match the child's blood (e.g., parent "switches" the child's blood for someone else's blood).
- There might be signs of chemicals in the child's blood, stool, or urine.  
(Cleveland Clinic, 2014)



## Recognizing Mental Abuse

The category of mental abuse includes any act or failure to act by a perpetrator that results in serious mental injury. Serious mental injury is defined by the CPSL as a psychological condition diagnosed by a physician or licensed psychologist that:

- Renders the child chronically and severely anxious, depressed, socially withdrawn, psychotic, or in reasonable fear that his/her safety is threatened
- Seriously interferes with the child's ability to accomplish age-appropriate developmental and social tasks  
(23 Pa. C.S. § 6303)

Examples of **child indicators** of serious mental injury include:

- Depression
- Mental or emotional developmental delays
- Self-injurious behaviors
- Antisocial behaviors
- Delinquent behaviors
- Alcohol or drug abuse
- Neurotic traits
- Habit disorders (sucking, nail biting, rocking, etc.)
- Psychoneurotic reactions (hysteria, obsessive-compulsive behaviors, phobias, hypochondria)
- Extreme behavior (compliant or passive, aggressive or demanding)
- Overly adaptive behavior (inappropriately adult, inappropriately infantile)
- Delays in mental and/or emotional development
- Suicide attempt

A **parent or guardian** exhibiting the following **indicators** may be a perpetrator of mental abuse:

- Treats children in the family unequally
- Seems not to care much about the child's problems
- Blames or belittles the child
- Is cold and rejecting



- Behaves inconsistently toward the child  
(CWIG, 2013)

## Recognizing Sexual Abuse

(See also “Definition of *Sexual Abuse or Exploitation*” earlier in this course.)

Child sexual abuse involves the coercion of a dependent, developmentally immature person to commit a sexual act with someone older. For example, an adult may sexually abuse a child or adolescent, or an older child or adolescent may abuse a younger child. A perpetrator does not have to be an adult in order to sexually abuse a child (RAINN, 2018).

Most perpetrators of child sexual abuse are people who are known to the victim. As many as 93% of children who are sexually abused under the age of 18 know the abuser (RAINN, 2018). Anyone, even a parent, can be a perpetrator, and most are male.

### PHYSICAL INDICATORS OF SEXUAL ABUSE

Physical evidence of sexual abuse may not be present or may be overlooked. Victims of child sexual abuse are seldom injured due to the nature of the acts. Most perpetrators of child sexual abuse go to great lengths to “groom” the children by rewarding them with gifts and attention and try to avoid causing them pain in order to ensure that the relationship will continue.

If physical indicators occur, they may include:

- Symptoms of sexually transmitted diseases, including oral infections, especially in preteens
- Difficulty in walking or sitting
- Torn, stained, or bloody underwear
- Pain, itching, bruising, or bleeding in the genital or anal area
- Bruises to the hard or soft palate
- Pregnancy, especially in early adolescence
- Painful discharge of urine and/or repeated urinary infections
- Foreign bodies in the vagina or rectum
- Painful bowel movements  
(Clermont County CPS, 2018; RAINN, 2018)



## BEHAVIORAL INDICATORS OF SEXUAL ABUSE

**Children's** behavioral indicators of child sexual abuse include:

- Unwillingness to change clothes for or participate in physical education activities
- Withdrawal, fantasy, or regressive behavior, such as returning to bedwetting or thumb-sucking
- Bizarre, suggestive, or promiscuous sexual behavior or knowledge
- Verbal disclosure of sexual assault
- Being commercially sexually exploited (trafficked)
- Forcing sexual acts on other children
- Extreme fear of closeness or physical examination
- Suicide attempts or other self-injurious behaviors
- Inappropriate sexual behavior
- Inappropriate sexual knowledge for age
- Layered or inappropriate clothing
- Hiding clothing
- Lack of interest or involvement in activities  
 (Clermont County CPS, 2018; RAINN, 2018)

Sexually abusive **parents/guardians** or other persons legally responsible may exhibit the following behaviors:

- Very protective or jealous of child
- Encourages child to engage in prostitution or sexual acts in presence of the caretaker
- Misuses alcohol or other drugs
- Is geographically isolated and/or lacking in social and emotional contacts outside the family
- Has low self-esteem  
 (Clermont County CPS, 2018; RAINN, 2018)

## Recognizing Trafficking

Victims of trafficking are abused physically, psychologically, and emotionally. The perpetrator/trafficker controls these victims even when they are not physically restrained or confined.



## INDICATORS OF SEX TRAFFICKING

Sex trafficking involves a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not obtained 18 years of age (i.e., sex trafficking does not require there be force, fraud, or coercion if the victim is under 18). Examples include prostitution, pornography, exotic dancing, etc.

Indicators of child sex trafficking include:

- Signs of current physical abuse and/or sexually transmitted diseases
- History of running away or current status as a runaway
- Inexplicable appearance of expensive gifts, clothing, cell phones, tattoos, or other costly items
- Presence of an older boyfriend or girlfriend
- Drug addiction
- Withdrawal or lack of interest in previous activities
- Gang involvement  
(PFSA, 2018a)

Victims of sex trafficking often suffer from injuries and other physical and mental health issues such as:

- Anogenital trauma
- Bruises, abrasions, lacerations, burns
- Patterned injuries from belts, ligatures, etc.
- Head injuries
- Injuries resulting from being dragged or run over by a car
- Areas of alopecia due to hair being pulled out
- Pregnancy and abortion
- Fractures
- Sexually transmitted infections
- Tuberculosis
- Pelvic inflammatory disease
- Drug and alcohol addiction or withdrawal symptoms
- Urinary tract infections



- Gastrointestinal and respiratory problems
- Asthma, diabetes, and dental problems that are untreated or not diagnosed
- Headache and back problems
- Malnourishment, dehydration
- Poor hygiene
- Depression and suicidal thoughts
- Anxiety, panic attacks, agoraphobia
- Poor self-esteem, shame, guilt
- Fear for the safety of family
- PTSD and memory loss  
(Ark of Hope for Children, 2017)

### **INDICATORS OF LABOR TRAFFICKING**

Labor trafficking involves labor obtained by use of threat or serious harm, physical restraint, or abuse of legal process, including the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage (paying off debt through work), debt bondage (debt slavery, bonded labor or services for a debt or other obligation), or slavery (a condition compared to that of a slave in respect to exhausting labor or restricted freedom).

Examples of labor trafficking include agricultural or domestic service workers who are underpaid or not paid at all, physically abusive traveling sales crews that force children to sell legal items (e.g., magazines) or illegal items (e.g., drugs) or to beg, and workers in restaurants and hair and nail salons who are abused, confined, and/or not paid.

Indicators of child labor trafficking include:

- No freedom to leave or come and go as desired
- No or very little pay, or payment only through tips
- Excessive and/or unusual work hours
- No breaks at work
- A large debt that cannot be paid off
- Recruitment through false promises concerning the nature and conditions of the work
- High security measures in the work and/or living locations
- Lack of knowledge of whereabouts and/or lost sense of time



It is imperative that all healthcare professionals recognize labor trafficking and report its existence to the appropriate authorities.

## Recognizing Physical Neglect

The category of neglect is defined in the CPSL as serious physical neglect by a perpetrator constituting 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 (23 Pa. C.S. § 6303).

A **child** may demonstrate indicators of neglect such as:

- Begging or stealing food
  - Extended stays at school (early arrival or late departure)
  - Constant fatigue, listlessness, or falling asleep in class
  - Alcohol or other substance abuse
  - Delinquency, such as thefts
  - Reports there is no caretaker at home
  - Runaway behavior
  - Habit disorders (sucking, nail biting, rocking, etc.)
  - Conduct disorders (antisocial or destructive behaviors)
  - Neurotic traits (sleep disorders, inhibition of play)
  - Psychoneurotic reactions (hysteria, obsessive-compulsive behaviors, phobias, hypochondria)
  - Extreme behavior (compliant or passive, aggressive or demanding)
  - Overly adaptive behavior (inappropriately adult, inappropriately infantile)
  - Delays in mental and/or emotional development
  - Suicide attempt
- (Clermont County CPS, 2018)

### **ABANDONMENT OF AN INFANT**

Another form of neglect is abandonment of an infant. However Pennsylvania's Safe Haven law allows parents to relinquish newborns up to 28 days old at any hospital or to a police officer at a police station without the fear of criminal prosecution as long as the baby has not been harmed. The purpose of such laws is to decriminalize leaving unharmed infants anonymously in a safe location in order to save the lives of these unwanted infants.



- The baby may be given to a hospital staff member without the parent providing any further information. The baby may also be left at a hospital without giving it to anyone, and some hospitals even have a crib or bassinet available for that purpose.
- If a baby is relinquished to a police station, it must be given to a police officer.  
(PA DHS, 2015c)

Any mandated reporter who learns of abandonment is obligated to fulfill mandated reporter responsibilities (see “Provisions and Responsibilities for Reporting Suspected Child Abuse” later in this course). Failure to report acceptance of newborns is considered to be an offense. A healthcare provider who intentionally or knowingly fails to report the acceptance of a newborn commits a summary offense. A second or subsequent failure to report such acceptance is considered to be a misdemeanor of the third degree, punishable by up to one year of incarceration and no more than \$2,500 in fines (U.S. Legal, 2014).

## RECOGNIZING AND RESPONDING TO VICTIMS’ DISCLOSURES

It is difficult for young children to describe abuse and they may only disclose part of what happened initially. It is important not to rush the child and to listen to his or her concerns. If a child discloses abuse, the following actions will help the child:

- Remain calm and do not allow the child to see any initial response of shock.
- Thank the child for telling you.
- Use age-appropriate language and use terms that the child uses to describe anatomical parts.
- Ask who, what, when, and where so that you will have the information to report to CPS.
- Ask open-ended questions as opposed to leading questions.
- Do not make promises that you cannot keep.
- Explain to the child that he or she may need to repeat this information to someone else.
- Document what the child tells you using the child’s own words. Use quotations whenever possible.

(Botash, 2014a; 2014b)

Victimized children may cry out in a variety of nonverbal or indirect ways, for example, a drawing left behind for a teacher, counselor, or trusted relative to see. Some children report vague somatic symptoms to a school nurse, hoping the nurse will guess what happened. To the child, this indirect approach is not betrayal of the abuser and therefore not grounds for punishment.



Some children may come to a trusted teacher or other professional and talk directly and specifically about their situation if that person has established a safe, nurturing environment and a sense of trust. More commonly, however, abused children use other, less direct approaches, such as:

- **Indirect hints.** “My brother wouldn’t let me sleep last night.” “My babysitter keeps bothering me.” Appropriate responses would be invitations to say more, such as, “Is it something you are happy about?” and open-ended questions such as, “Can you tell me more?” or “What do you mean?” Gently encourage the child to be more specific. Let the child use his or her own language and do not suggest other words to the child.
- **Disguised disclosure.** “What would happen if a girl told someone her mother beat her?” “I know someone who is being touched in a bad way.” An appropriate response would be to encourage the child to state what he or she knows about the “other child.” It is probable that the child will eventually divulge who the abused child really is.
- **Disclosure with strings attached.** “I have a problem, but if I tell you about it, you have to promise not to tell anyone else.” Most children know that negative consequences can result if they break the silence about abuse. Appropriate responses would include letting the child know you want to help him or her and telling the child, from the beginning, that there are times when you too may need to get some other special people involved.

#### FORENSIC INTERVIEWING FOR SEXUAL ASSAULT

Sometimes children and adolescents disclose sexual abuse to a trusted adult or there is cause for the adult to suspect sexual abuse. In those cases, the adult should **not** question the child further. He or she should instead contact Child Protective Services or, if the child is in imminent danger, the police. These professionals have protocols in place to interview the child by a child interview specialist while police, prosecutors, and caseworkers observe. Such forensic interviewers are trained to communicate in an age- and developmentally appropriate manner. Coordination of services with a child forensic interviewer is essential.

This multidisciplinary interview team approach may be utilized for other types of abuse as well. The expectation of this approach is that it will reduce the impact on the child if there is one interview rather than several by different concerned parties.

Source: USDOJ, 2015.

## GATHERING FORENSIC EVIDENCE

---

Whenever there are allegations of suspected child abuse or neglect, the mandated reporter should keep in mind that any records of physical findings may be used as evidence at a trial. Photos, diagrams, and accurate reporting of medical examination findings are invaluable. Photographs and X-rays provide objective visual evidence to substantiate a report of suspected child abuse and are, along with other imaging studies, legally admissible evidence in court proceedings. Photographs are subject to the same guidelines as other medical records. The mandated reporter



should take care to use language that is not open to misinterpretation when documenting findings (Pullido, 2012).

Pennsylvania Code § 21.503 maintains that photographs, medical tests, and X-rays of a suspected victim of child abuse may be taken or requested by an RN, LPN, or CRNP if they are clinically indicated. The medical reports of the images and medical tests are to be sent to the county children and youth social service agency at the time the written report is sent or as soon thereafter as possible, up to 48 hours after the electronic report. This information is to be made available to law enforcement officials in the course of the investigation as well (23 Pa.C.S. § 6314 and 6340).

The goal for photographing evidence is to accurately document the findings that serve as a basis for one's opinion. In Pennsylvania, permission from a parent or guardian is not required prior to taking photographs of suspected child abuse victims (23 Pa. C.S. § 6314).

## PROVISIONS AND RESPONSIBILITIES FOR REPORTING SUSPECTED CHILD ABUSE

---

### Who Can or Must Report Child Abuse?

There are two categories of reporters in Pennsylvania: those who **must report (mandated)** and those who **can report (permissive)**. Mandated reporters have a legal duty to report suspected child abuse and permissive reporters do not. All residents of Pennsylvania are encouraged to report suspected child abuse if they suspect that a child is a victim of abuse or neglect.

Reporters are not expected to validate their suspicions prior to reporting. The basis for making a report should be on one's evaluation of the circumstances, observations, and familiarity with the family or pattern of events (PA Medical Society, 2014).

#### PA MANDATED REPORTERS

All of the following persons are mandated reporters in Pennsylvania if they are at least 18 years of age, and they must make a report directly to ChildLine or the Child Welfare Information System if they suspect abuse. Mandated reporters include:

1. A person who is licensed or certified to practice in any health-related field under the jurisdiction of the Department of State
2. Medical examiner, coroner, or funeral director
3. Employee of a healthcare facility or provider licensed by the Department of Health who is engaged in the admission, examination, care, or treatment of individuals
4. School employee
5. Employee of a childcare service who has direct contact with children in the course of



employment

6. Clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer, or spiritual leader of any regularly established church or other religious organization
7. Individual paid or unpaid who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity, or service, is a person responsible for the child's welfare or has direct contact with children
8. Employee of a social services agency who has direct contact with children in the course of employment
9. Peace officer or law enforcement official
10. Emergency medical services provider certified by the Department of Health
11. Employee of a public library who has direct contact with children in the course of employment
12. Individual supervised or managed by a person listed under paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), and (13), who has direct contact with children in the course of employment
13. An independent contractor
14. Attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization, that is responsible for the care, supervision, guidance, or control of children
15. Foster parent
16. An adult family member who is a person responsible for the child's welfare and provides services to a child in a family living home, community home for individuals with an intellectual disability, or host home for children which are subject to supervision or licensure under the Public Welfare Code  
(23 Pa. C.S. § 6311)

The above list of mandated reporters in Pennsylvania includes youth camp directors, youth athletic coaches, directors and trainers, all Department of Public Health (DPH) employees, and certain employees of the Office of Early Childhood (OEC). School employees formerly reported to their administration and now must report directly to ChildLine.

The reporting requirements affect school employees, staff at child-care and medical facilities, librarians, and volunteers who work in youth sports, church groups, or other organized youth activities.

Concerns about client confidentiality and other issues resulted in limiting the category of attorneys who are mandated to report to those who work for a school, church, or other organization with responsibility for "the care, guidance, control, or supervision of children."



## When Must a Report Be Made?

If any mandated reporter has reason to suspect that a child is or has been abused, they are required to report their suspicions **immediately**. Mandated reporters only need to have a reasonable cause to suspect abuse and do not need to investigate the facts, identify the person responsible for the child abuse, or determine if the alleged abuser can be legally classified as a perpetrator.

The mandated reporter must make a report if he or she:

- Comes into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity or service
- Is directly responsible for the care, supervision, guidance, or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization, or other entity that is directly responsible
- Is the recipient of a specific disclosure that an identifiable child is the victim of child abuse
- Is the recipient of a specific disclosure by an individual 14 years of age or older that the individual has committed child abuse  
(23 Pa. C.S. § 6311)

## How Is a Report Made?

The report can be made verbally by calling ChildLine toll free at 800-932-0313, or it may be filed electronically using the Child Welfare Information Solution (CWIS) online at [compass.state.pa.us/cwis](http://compass.state.pa.us/cwis).

If the immediate report is verbal, it must be followed up with a written report or an electronic report (Form CY-47) within 48 hours. CY-47 forms can be found online at [keepkidssafe.pa.gov/forms](http://keepkidssafe.pa.gov/forms). (See “Resources” at the end of this course.) If the immediate report is electronic, no additional report is needed.

Permissive reporters can call ChildLine’s toll-free number to make a verbal report of suspected abuse but do not have access to the electronic reporting system (PA DHS, 2015b).

## What Is Included in the Report?

When calling ChildLine, and also at the time of submitting an electronic report, the reporter will be asked to provide the following information, if known:

1. Names and addresses of the child, the child’s parents, and any other person responsible for the child’s welfare



2. Where the suspected abuse occurred
3. Age and sex of each subject of the report
4. Nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or any sibling of the child
5. Name and relationship of each individual responsible for causing the suspected abuse and any evidence of prior abuse by each individual
6. Family composition
7. Source of the report
8. Name, telephone number, and email address of the person making the report
9. Actions taken by the person making the report, including those actions taken under sections 6314 (relating to photographs, medical tests, and X-rays of child subject to report), 6315 (relating to taking a child into protective custody), 6316 (relating to admission to private and public hospitals), or 6317 (relating to mandatory reporting and postmortem investigation of deaths)
10. Any other information required by federal law or regulation
11. Any other information that the department requires by regulation (23 Pa. C.S. § 6313b)

#### **REPORTING IMPLICATIONS OF HIPAA**

Mandated reporters often express reluctance to report child abuse because they are concerned they may compromise patient privacy under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA provisions do not, in fact, affect the responsibilities of mandated reporters as they are defined in the CPSL. The CPSL instructs mandated reporters that the obligation to report overrides laws that protect the confidentiality of privileged communications of healthcare professionals. The CPSL also prevails over mental health regulations (Mental Health Procedures Act), although there are some specific limitations to disclosure for releasing information pertaining to drug and alcohol treatment programs (23 Pa. C.S. § 6311.1, § 5100.38).

### **What Happens after a Report Is Made?**

ChildLine receives the report and determines who is to respond to the report, dependent upon the information reported, such as the identity, if known, of the person who allegedly acted to abuse or harm a child.

ChildLine will immediately transmit oral or electronic reports they receive to the appropriate county agency and/or law enforcement officials.



- If a person identified falls under the definition of perpetrator, ChildLine will refer the report to the appropriate county agency for an investigation.
- If the person identified is not a perpetrator and the behavior reported includes a violation of a crime, ChildLine will refer the report to law enforcement officials.
- If a person identified falls under the definition of perpetrator and the behavior reported includes a criminal violation, ChildLine will refer the report to both the appropriate county agency and law enforcement officials.
- If a report indicates that a child may be in need of other protective services, ChildLine will refer the report to the proper county agency to assess the needs of the child and provide services, when appropriate.

In cases of a CPS report, the county Children and Youth Agency must begin an investigation within 24 hours. The investigation is thorough and determines whether or not the child was abused and what services are most appropriate for the child. The investigation must be completed within 30 days unless the agency can justify a delay because of the need for further information, such as medical records or interviews of the subjects of the report.

## **Protections to Reporters**

One of the identifiable factors that deter reporting is fear of retaliation. Reporters are assured immunity from civil or criminal liability if they make a report in good faith. They are also safeguarded against discrimination or termination at work and assured confidentiality that the subject(s) of the report will not receive information about who made the report. These protections are in place to encourage reporting and, more importantly, to help protect children.

## **Penalties for Failure to Report**

Act 88 of 2019 (23 Pa. C.S. § 6319) clarified and increased penalties for failure to report child abuse. A mandated reporter who willfully fails to report suspected child abuse or to make a referral to the appropriate authorities, commits an offense.

### **FAILURE TO REPORT OR REFER**

The offense is a felony of the third degree if:

- The person or official willfully fails to report
- The child abuse constitutes a felony of the first degree or higher, and
- The person or official has direct knowledge of the nature of the abuse

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



If a mandated reporter makes a report to law enforcement or the appropriate county agency in lieu of reporting to ChildLine, this is not an offense for failure to report, as long as the report was made in a good faith effort to comply with the requirements to report.

Failure to report may also result in a misdemeanor or felony charge, fines, and incarceration, but it also leads to broader repercussions. But perhaps the most serious consequence of a mandated reporter's failure to report a case of suspected abuse is leaving a child vulnerable to further harm. Child Welfare cannot act until child abuse is identified and reported—that is, services cannot be offered to the family nor can the child be protected from further suffering.

### **CONTINUING COURSE OF ACTION**

Willful failure to report is also a third-degree felony if the mandated reporter continues to fail to report while they know or have reasonable cause to suspect (1) that a child continues to be abused by the same individual or (2) that the same individual continues to have direct contact with children through their job, program, activity, or service. If the child abuse constitutes a felony of the first degree or higher, then continuing willful failure to report is a felony of the second degree.

### **MULTIPLE OFFENSES**

A person who, at the time of sentencing for an offense under this section, has been convicted of a prior offense under this section commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offenses is a felony of the second degree.

### **STATUTE OF LIMITATIONS**

The statute of limitations for failure to report is either the statute of limitations for the crime committed against the minor child or five years, whichever is greater.

### **Mandated Reporters Right-to-Know**

Mandated reporters of suspected child abuse who make a report of abuse have the right to limited information about the disposition of the case that was reported. DHS must release this information to the reporter upon request within three business days after the department receives the results of the investigation. The right-to-know policy does not apply to permissive reporters.

The right-to-know rule allows the reporter to receive the following information:

- The final status of the report following the investigation: whether it was indicated, founded, or unfounded. (“Founded” refers to a judicial adjudication that the child was abused. “Indicated” refers to a county agency or regional staff finding that abuse has occurred. “Unfounded” indicates there is a lack of evidence that the child was abused.)



- Services provided or arranged by the county agency to protect the child from further child abuse.  
(23 Pa. C.S. § 6311)

## **Mandatory Notification of Substance Exposed Infants**

Under Pennsylvania law (23 Pa. C.S. § 6386), a healthcare provider involved in the delivery or care of a child under one year of age is required to immediately notify the Department of Human Services of the Commonwealth if the provider has determined, based on standards of professional practice, that the child was born affected by:

- Substance use or withdrawal symptoms resulting from prenatal drug exposure, or
- A fetal alcohol spectrum disorder

Notification to the Department can be made to ChildLine, electronically through the Child Welfare Portal, or at 800-932-0313. This notification is for the purpose of assessing a child and the child's family for a plan of safe care and **shall not** constitute a child abuse report.

### **HEALTHCARE PROVIDERS REQUIRED TO REPORT**

Healthcare providers required to submit this notification include licensed hospitals or healthcare facilities or persons who are licensed, certified, or otherwise regulated to provide healthcare services in Pennsylvania, including a physician, podiatrist, optometrist, psychologist, physical therapist, certified nurse practitioner, registered nurse, nurse midwife, physician's assistant, chiropractor, dentist, pharmacist or an individual accredited or certified to provide behavioral health services.

### **PLAN OF SAFE CARE**

After notification of a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder:

- A multidisciplinary team meeting must be held prior to the child's discharge from the healthcare facility.
- The meeting will inform an assessment of the needs of the child and the child's parents and immediate caregivers to determine the most appropriate lead agency for developing, implementing, and monitoring a plan of safe care.
- The child's parents and immediate caregivers must be engaged to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development, and well-being of the child.
- Depending upon the needs of the child and parent(s)/caregiver(s), ongoing involvement of the county agency may not be required.



For the purpose of informing the plan of safe care, the **multidisciplinary team** may include: public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations, private insurers, hospitals, and medical providers.

## CONCLUSION

---

Child maltreatment, abuse, and neglect negatively impact the health and well-being of society. The fundamental goal for prevention of child maltreatment is to stop child abuse and neglect from occurring at all in order to create healthy children who will in turn become healthy adults.

In Pennsylvania, changes to child abuse laws in recent years have strengthened the state's ability to protect children from abuse and neglect. More mandated reporters are now obligated to report suspected abuse using a streamlined reporting process. Increased penalties are in place for those who fail to report, alongside additional protections for those who do report.

Reporting suspected child abuse is not only a duty for many professionals throughout Pennsylvania, but it is also an opportunity to help improve the health and well-being of the state's children and take part in creating a healthier society.



## RESOURCES

### Pennsylvania

Child Protective Services Law  
<http://legis.state.pa.us/WU01/LI/LI/CT/HTM/23/00.063..HTM>

Child Welfare Information Solution (CWIS) (Online reporting)  
<http://www.compass.state.pa.us/cwis>

Child Welfare Services  
<http://dhs.pa.gov/provider/childwelfareservices>

ChildLine Abuse Hotline: 800-932-0313

CY-47 Forms (PA Report of Suspected Child Abuse Form)  
[http://keepkidssafe.pa.gov/groups/webcontent/documents/form/c\\_137044.pdf](http://keepkidssafe.pa.gov/groups/webcontent/documents/form/c_137044.pdf)

Keep Kids Safe PA  
<http://keepkidssafe.pa.gov>



Pennsylvania Coalition Against Domestic Violence  
<http://www.pcadv.org>  
800-799-7233 (SAFE)

Safe Haven for Pennsylvania Newborns  
<http://www.secretssafe.org>  
866-921-7233 (SAFE)

### **National**

American Professional Society on the Abuse of Children  
<https://www.apsac.org>

Child Welfare Information Gateway  
<https://www.childwelfare.gov>

National Center for Missing and Exploited Children  
<http://www.missingkids.org>  
800-THE-LOST (800-843-5678)

### **REFERENCES**

Alliance for Freedom, Restoration, and Justice. (AFRJ). (2018). Human trafficking 101: who are the victims? Retrieved from <https://engagetogether.com/human-trafficking-101-victims/>

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Arlington, VA: American Psychiatric Association.

Ark of Hope for Children. (2017). Child trafficking statistics. Retrieved from <https://arkofhopeforchildren.org/child-trafficking/child-trafficking-statistics>

Bergland C. (2016). Harvard study pegs how parental substance abuse impacts kids. Retrieved from <https://www.psychologytoday.com/us/blog/the-athletes-way/201607/harvard-study-pegs-how-parental-substance-abuse-impacts-kids>

Botash A. (2014a). Child abuse evaluation and treatment for medical providers. History: responding to disclosure of abuse. Retrieved from <http://www.ChildAbuseMD.com/history/history-disclosure.shtml>

Brown J, et al. (2016). Pediatric abusive head trauma: a brief overview. *Forensic Scholars Today*, 1(4). Retrieved from <https://online.csp.edu/blog/forensic-scholars-today/pediatric-abusive-head-trauma>

Centers for Disease Control and Prevention (CDC). (2017). Child abuse and neglect: risk and protective factors. Retrieved from <https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>

Child Welfare Information Gateway. (CWIG). (2013). What is child abuse and neglect? Recognizing the signs and symptoms. Retrieved from <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>

Clermont County Children's Protective Services (CPS). (2018). Detecting child abuse and neglect. Retrieved from <http://cps.clermontcountyohio.gov/identifying-abuse/#2>

Cleveland Clinic. (2014). Factitious disorder imposed on another (FDIA). Retrieved from <https://my.clevelandclinic.org/health/diseases/9834-factitious-disorder-imposed-on-another-fdia>



- Flaherty EG, et al. (2014). Evaluating children with fractures for child physical abuse. Retrieved from <http://pediatrics.aappublications.org/content/133/2/e477>
- Healthy Place. (2016). Signs of child physical abuse. Retrieved from <https://www.healthyplace.com/abuse/child-physical-abuse/signs-of-child-physical-abuse/>
- KidsHealth.org. (2018). Abusive head trauma. Retrieved from <https://kidshealth.org/en/parents/shaken.html>
- Mayo Clinic. (2015). Child abuse overview. Retrieved from <https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864>
- National Society for the Prevention of Cruelty to Children (NSPCC). (2018). Physical abuse. Retrieved from <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/signs-symptoms-effects/>
- Nursing Home Abuse Center (NHAC). (2018). Physical abuse: understanding physical abuse of the elderly. Retrieved from <https://www.nursinghomeabusecenter.com/elder-abuse/types/physical-abuse/>
- Parks SE, Annett JL, Hill HA, Karch DL. (2012). *Pediatric abusive head trauma: recommended definitions for public health surveillance and research*. Atlanta: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/ViolencePrevention/pdf/PedHeadTrauma-a.pdf>
- Pennsylvania Department of Human Services (PA DHS). (2015b). Mandated reporter frequently asked questions. Retrieved from [http://www.keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c\\_137646.pdf](http://www.keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c_137646.pdf)
- Pennsylvania Department of Human Services (PA DHS). (2015c). Fact sheet: Pennsylvania's safe haven law. Retrieved from <http://www.secretssafe.org/FactSheet.asp>
- Pennsylvania Family Support Alliance (PFSA). (2018a). Changes in the child protective services law (CPSL). Retrieved from <https://www.pa-fsa.org/Mandated-Reporters/Resources-for-Mandated-Reporters/Changes-in-the-Child-Protective-Services-Law-CPSL>
- Pennsylvania Family Support Alliance (PFSA). (2018b). What is ChildLine? Retrieved from <https://www.pa-fsa.org/Report-Child-Abuse-ChildLine/What-is-Childline>
- Pennsylvania General Assembly. (2018). Chapter 63. Consolidated statutes, title 23, chapter 63, child protective services law. Retrieved from <http://www.legis.state.pa.us/CFDOCS/LEGIS/LI/consCheck.cfm?txtType=HTM&ttl=23&div=00.&chpt=063.&CFID=246217912&CFTOKEN=44782272>
- Pennsylvania Medical Society. (2014). PAMed Consult: signs and symptoms of child abuse. Retrieved from <http://www.pamedsoc.org/MainMenuCategories/Laws-Politics/Analysis/Laws-Analysis/Child-abuse/Recognizing-responding-to-child-abuse.pdf>
- Pennsylvania Partnerships for Children. (2012). Core components of differential response. Retrieved from <https://www.scribd.com/doc/254835871/2012-05-03-PA-Partnership-for-Children-Core-Components-of-Differential-Response>
- Pullido M. (2012). New York Society for the Prevention of Cruelty to Children professional's handbook identifying and reporting child abuse and neglect. Retrieved from [http://www.nyspcc.org/wp-content/uploads/nspcc\\_handbook.pdf](http://www.nyspcc.org/wp-content/uploads/nspcc_handbook.pdf)



Rape, Abuse & Incest National Network (RAINN). (2018). Child sexual abuse. Retrieved from <https://www.rainn.org/articles/child-sexual-abuse>

Rehabilitation and Community Providers Association (RCPA). (2014). CPSL information and resources. Child protection legislative amendments definitions only. Retrieved from [http://www.paproviders.org/Pages/Childrens\\_Archive/CPSL\\_Definitions.pdf](http://www.paproviders.org/Pages/Childrens_Archive/CPSL_Definitions.pdf)

Research Foundation of SUNY/Center for Development of Human Services. (2011). *Mandated reporter training: identifying and reporting child abuse and maltreatment/neglect*. Buffalo, NY: author. Retrieved from <http://www.ocfs.state.ny.us/ohrd/materials/58451.pdf>

Task Force on Child Protection (Task Force). (2012). How PA's approach compares to core components of differential response (DR). Retrieved from <http://www.childprotection.state.pa.us/Resources/press/2012-05-03%20PA%20Partnership%20for%20Children%20-%20Core%20components%20of%20differential%20response.pdf>

U. S. Department of Justice (USDJO). (2015). Child forensic interviewing: best practices. Retrieved from <https://www.ojjdp.gov/pubs/248749.pdf>

U.S. Legal, Inc. (2014). Pennsylvania safe haven laws. Retrieved from <http://safehavenlaws.uslegal.com/pennsylvania-safe-haven-laws/#sthash.H7clGh3J.dpuf>

U.S. Public Law 106-386 § 103. (2000). Trafficking Victims Protection Act of 2000. Retrieved from <https://www.gpo.gov/fdsys/pkg/GPO-CDOC-106sdoc30/pdf/GPO-CDOC-106sdoc30-2-9-8.pdf>





## DISCLOSURE

Wild Iris Medical Education, Inc., provides educational activities that are free from bias. The information provided in this course is to be used for educational purposes only. It is not intended as a substitute for professional healthcare. Neither the planners of this course nor the author have conflicts of interest to disclose. (A conflict of interest exists when the planners and/or authors have financial relationship with providers of goods or services which could influence their objectivity in presenting educational content.) This course is not co-provided. Wild Iris Medical Education, Inc., has not received commercial support for this course. There is no “off-label” use of medications in this course. All doses and dose ranges are for adults, unless otherwise indicated. Trade names, when used, are intended as an example of a class of medication, not an endorsement of a specific medication or manufacturer by Wild Iris Medical Education, Inc., or ANCC. Product trade names or images, when used, are intended as an example of a class of product, not an endorsement of a specific product or manufacturer by Wild Iris Medical Education, Inc., or ANCC. Accreditation does not imply endorsement by Wild Iris Medical Education, Inc., or ANCC of any commercial products or services mentioned in conjunction with this activity.

## ABOUT THIS COURSE

You must score 70% or better on the test and complete the course evaluation to earn a certificate of completion for this CE activity.

## ABOUT WILD IRIS MEDICAL EDUCATION

Wild Iris Medical Education offers a simple CE process, relevant, evidence-based information, superior customer service, personal accounts, and group account services. We’ve been providing **online accredited continuing education since 1998**.

## ACCREDITATION INFORMATION FOR WILD IRIS MEDICAL EDUCATION



## TEST

---

[ [Take the test online at wildirismedicaleducation.com](https://wildirismedicaleducation.com) ]

1. The goal of the child welfare system in Pennsylvania is to:
  - a. Investigate all reports of alleged child abuse and neglect.
  - b. Provide for the safety and well-being of children and protect them from abuse and neglect.
  - c. Ensure families have the resources they need to care for their children.
  - d. Implement the recommendations of the Centers for Disease Control and Prevention.
  
2. In assessing a report of suspected child abuse made to the state's ChildLine hotline, the ChildLine caseworker will refer the case to:
  - a. General Protective Services to determine whether child abuse by a perpetrator occurred.
  - b. General Protective Services when there is a need for an urgent investigation.
  - c. Child Protective Services to determine whether child abuse by a perpetrator occurred.
  - d. Child Protective Services when there is a need for family services.
  
3. Which is a **correct** statement regarding child sexual abuse in Pennsylvania?
  - a. Simulated sexual activity is not included in the definition of sexual abuse.
  - b. Sexually explicit conversation for the purpose of sexual stimulation or sexual gratification is included in the definition.
  - c. Looking at the sexual parts of a child is considered child abuse even if this occurs during a medical examination.
  - d. There must be physical sexual contact for an occurrence to be considered sexual abuse.
  
4. Which instance of harm to child is considered an "exclusion to reporting"?
  - a. A direct confession of child abuse was made to a family law attorney under attorney-client privilege
  - b. The harm caused to the child was made by another child under the age of 18
  - c. Evidence of abuse was observed by a teacher from a school the child does not attend
  - d. A child asks a school counselor not to report his or her disclosure of abuse out of fear of retaliation by the perpetrator



- 5.** Which circumstance is an “exclusion to substantiating child abuse” under Section 6304 of the CPSL but should still be reported to ChildLine?
- A child living with inadequate shelter that is beyond the control of the parents
  - An injury to a child due to a fall from the playground jungle gym
  - A human bite inflicted on a 4-year-old girl by her 19-year-old sibling
  - Consensual sex between an 18-year-old and a 16-year-old
- 6.** A mother brings her 2-month-old female baby to the infant’s pediatric medical practice. She tells the triage nurse that the baby has been crying since yesterday afternoon after having fallen and “bumped her tummy and legs on some furniture.” The nurse notes a bruise on the baby’s abdomen that is in the shape of a small belt buckle. The area around the bruise is slightly swollen. Which statement validates the nurse’s suspicions that the baby has been abused?
- The abdominal bruising indicates an object may have been used to make the bruise.
  - This type of bruising is normal for a 2-month-old baby.
  - Abdominal bruising is usually accidental.
  - The bruising is probably not abuse because the mother seems to be concerned about her child.
- 7.** The school nurse notices that a 6-year-old female child has a bruise on her right ear and three bruises on her right cheek. The child says that she fell while playing with her brother’s skateboard. She has no other bruises or abrasions on her face, palms, or legs. She lives with her mother and her teenage brother. She is an average student and is occasionally disruptive in the classroom. Which factor might lead the nurse to make a mandated report of suspected abuse?
- The pattern of injuries on the patient’s body is inconsistent with a fall from a skateboard.
  - The patient’s injuries were sustained while engaging in an activity that is not developmentally appropriate.
  - The patient has displayed occasional disruptive behavior in the classroom.
  - The patient was not being supervised at the time of her injury.
- 8.** The mother of a male baby reports that the baby was subdued when she picked him up from the babysitter the previous evening, and his lethargy has worsened over the past eight hours. The triage nurse suspects possible abusive head trauma when observing which other sign or symptom?
- Equal pupil sizes
  - Wheezing
  - Vomiting
  - Sunken fontanel



- 9.** What is an indicator that a female adolescent may be a victim of sex trafficking?
- Being accompanied by a concerned father to a healthcare appointment
  - Getting pulled over by the police for suspected drunk driving
  - Reporting back pain related to a new exercise regimen
  - Appearing consistently dehydrated and malnourished
- 10.** Under Pennsylvania's Safe Haven Law, parents can avoid criminal prosecution when abandoning an infant:
- Who is up to the age of one year.
  - Who is up to 28 days old.
  - On the doorstep of a fire station.
  - Only if they provide their name(s) and address(es).
- 11.** When child sexual abuse has been disclosed, the **best** way to question a child is to:
- Establish trust by assuring the child you will not share his or her disclosure with others.
  - Extensively interview the child yourself to gather all the details that might be needed by the legal system.
  - Use only proper anatomic terms for genitalia instead of the child's own terms.
  - Contact authorities so that a child forensic interviewer can conduct the interview.
- 12.** Mandated reporters in Pennsylvania are required to report suspected child abuse:
- Within 24 hours.
  - Within 7 days.
  - Immediately.
  - After completing report CY-47.
- 13.** A nurse reports a suspected incidence of child abuse after treating a child with unexplained swelling and bruising in the emergency department. Referencing to the Right-to-Know rule, the nurse later contacts the DHS and receives information about the:
- Status of the child's injuries and whether the healing time was normal.
  - Long-term plan for providing the child with a safe home.
  - Confession of the perpetrator regarding previous acts of violence against the child.
  - Final status of the report and what services were provided to protect the child.

