Child Abuse Identification and Reporting

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Introduction

Every year in the United States, approximately one in seven children experiences some form of child abuse or neglect. Any individual who regularly interacts with a child holds a vital role in recognizing and reporting known or suspected cases of child abuse. This course is specifically tailored to equip Physical Therapists and Physical Therapist Assistants with the knowledge and skills required to understand and meet the expectations surrounding the identification and reporting of child abuse. Topics covered will include epidemiology, the historical context of identifying and reporting standards, child welfare and protective services, various forms of child abuse, methods for identifying potential perpetrators, recognizing warning signs, addressing human and labor trafficking, understanding exclusionary circumstances, fulfilling reporting duties and procedures, as well as accessing resources pertinent to supporting individuals affected by child abuse.

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Background Information on Child Abuse

Child abuse identification and reporting standards in modern times are based on a history of evolving thoughts on children's place in society and policies surrounding how to treat them. This section will explore the history of child abuse identification and reporting, legislation surrounding child abuse, epidemiology, types of child abuse, what constitutes a perpetrator of child abuse, pertinence to the field of physical therapy, and the consequences of child abuse.

The History of Child Abuse Identification and Reporting

References: 1–3

Healthcare providers should understand a brief overview of the history of child abuse to put modern regulations on identification and reporting into perspective.

This section will describe the history of child abuse identification and reporting, from ancient times to modern times.

Ancient Times (Before 1800s)

In ancient civilizations, children were often viewed as property of their parents or guardians, and the concept of child abuse as we understand it today did not exist. In some societies, children were subjected to physical punishment and exploitation, but this was considered a normal part of discipline. In ancient Rome, children were viewed as property of their fathers. Fathers had the legal right to decide whether a newborn should be kept or abandoned (exposed of) in cases of unwanted births. In some societies, children were very valued. For example, in ancient India, children were considered blessings, and the family played a central role in their upbringing. Education was highly valued, and both boys and girls received instruction in various subjects, including philosophy, mathematics, and literature.

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19th Century

The Child-Saving Movement of the 19th century was a social reform movement that emerged in Europe and the United States with the goal of improving the lives of vulnerable and at-risk children, particularly those living in urban areas during the early stages of industrialization. The movement sought to address issues such as child labor, poverty, neglect, and abuse.

The 19th century saw rapid industrialization, leading to significant urbanization. This period witnessed the growth of cities, with a corresponding increase in social problems, including child exploitation and neglect. The Child-Saving Movement had its roots in philanthropy and humanitarian concerns. It was driven by individuals, organizations, and religious groups who were deeply troubled by the plight of vulnerable children. The movement led to the establishment of various

organizations dedicated to child welfare. Notable organizations include the Society for the Prevention of Cruelty to Animals and Children (SPCC), the New York Society for the Prevention of Cruelty to Children (NYSPCC), and the Children's Aid Society. The movement emphasized preventive measures, early intervention, and rehabilitation rather than punitive approaches. Its proponents believed in the potential for positive change in the lives of children through education, mentorship, and placement in caring environments. The Child-Saving Movement had an international impact, with similar movements emerging in other countries. Efforts were made to share knowledge and best practices across borders. Many of the organizations established during this time period still exist in modern times.

20th Century

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The 20th century brought about significant advancements in the understanding, prevention, and response to child abuse. Many events build upon the foundation of modern child abuse identification and reporting standards.

1930s - 1950s

In the United States, the 1930s saw the establishment of child protection agencies, which were primarily focused on preventing child neglect and abuse. These agencies worked to investigate and intervene in cases of suspected maltreatment. The organizations from the 19th century including the NYSPCC, Children's Aid Society, NSPCC, and others flourished during the 20th century as well.

The medical community continued to recognize and document cases of child abuse. Pediatricians such as C. Henry Kempe and Ray E. Helfer played pivotal roles in identifying and raising awareness about child abuse.

1960s - 1970s

The 1960s and 1970s marked a significant turning point in the history of child abuse identification. In 1962, Kempe and his colleagues published a seminal paper titled "The Battered Child Syndrome," which defined and brought attention to child abuse as a medical and social issue. This led to the introduction of mandatory reporting laws in several U.S. states, making it a legal requirement for healthcare professionals to report suspected cases of child abuse. Kempe's research and advocacy played a significant role in the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in the United States. This legislation provided funding for programs aimed at preventing and treating child abuse. It also established the National Center on Child Abuse and Neglect to promote research, training, and public awareness.

Ray E. Helfer is credited with coining the term "Munchausen Syndrome by Proxy" (now known as Factitious Disorder Imposed on Another or FDIA) in 1977. This term refers to a form of child abuse in which a caregiver fabricates or induces illness in a child to gain attention or sympathy. Helfer's work focused on the clinical diagnosis and assessment of child abuse cases. He emphasized the importance of recognizing physical and behavioral indicators of abuse, as well as understanding the dynamics of abusive relationships. Helfer was a proponent of the Child Advocacy Center (CAC) model, which brings together professionals from various disciplines to provide coordinated and comprehensive services to child abuse victims and their families.

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In addition, by 1974, many U.S. states implemented mandatory reporting laws, which required professionals in certain fields (such as healthcare, education, and social work) to report suspected cases of child abuse or neglect.

1980s - 1990s

During this period, awareness and understanding of child abuse continued to grow. Child protective services were established in many countries, and

multidisciplinary teams were formed to address cases of child abuse. The 1980s saw increased awareness of Shaken Baby Syndrome (SBS) as a specific form of child abuse. Medical professionals and advocates worked to educate caregivers about the dangers of shaking infants. In 1983, the U.S. established the National Child Abuse Hotline (1-800-4-A-CHILD) to provide confidential support and resources for individuals concerned about child abuse or neglect.

In 1990, ASFA was enacted in the U.S., prioritizing the safety and well-being of children in the foster care system. It aimed to expedite permanency planning for children and encouraged timely decision-making regarding adoption. The 1990s also saw the emergence of Child Advocacy Centers (CACs) across the U.S. These centers provide a multidisciplinary approach to child abuse cases, bringing together professionals from various fields to support victims and their families.

In 1996, Megan's Law, named after Megan Kanka, a young girl who was tragically murdered by a convicted sex offender was established. This law required public notification of registered sex offenders living in communities.

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2000s – Present

The 2000s marked a shift towards prevention and early intervention efforts, including educational programs aimed at raising awareness about child abuse and teaching protective strategies to children and caregivers. Advances in research, technology, and medical knowledge have further refined the understanding of child abuse and its effects on children. The focus has expanded beyond physical abuse to include neglect, emotional abuse, sexual abuse, and other forms of maltreatment.

The Child Abuse Prevention and Treatment Reauthorization Act (CAPTA) further strengthened federal efforts to prevent and respond to child abuse and neglect. It

included provisions to improve services for victims and enhance prevention programs.

Epidemiology

References: 4–6

Child abuse has a profound impact on those who have experienced it. In order to understand the gravity of the issue, healthcare professionals should realize how many children are impacted by child abuse and neglect. This section will give an overview of epidemiology statistics for the nation and Pennsylvania in specific detail.

Nationally

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It is estimated that one in seven (or greater) children in the United States endure child abuse or neglect annually. Around 7.2 million children are involved in child abuse reports. This estimate may be greater because many cases are assumed to not be reported. In 2020 alone, in the United States, 1750 children died of abuse and neglect. Just under 450,000 children experience neglect, just under 94,000 experience physical abuse, just under 60,000 experience sexual abuse, and just over 37,000 experience psychological maltreatment. Despite these statistics, only a small fraction of children received support and treatment from healthcare professionals.

Pennsylvania

Pennsylvania Child Protective Services releases a report annually that details the number of sexual, physical, and psychological abuse, along with several socioeconomic factors associated with each child's life. In 2022, there were just under 5,500 reports of child abuse in the state. Of those, just over 2,000 were

sexual abuse, 1,500 were physical abuse, around 50 were serious psychological abuse, and just shy of 700 were physical neglect. The victims in three quarters of cases were either living with a single parent (48 percent) or with two parents (28 percent). There were 60 total child fatalities in the state in 2022 and 138 near fatalities.

Risk Factors for Child Abuse

References: 7

Many factors may increase a child's risk of exposure to child abuse. These factors should be recognized to help physical therapists and assistants identify children who may have a higher chance of experiencing abuse and neglect (as part of a larger clinical picture).

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Poverty is a large risk factor. Families in poverty are under tremendous socioeconomic stress, increasing the risk for both abuse by parents and guardians and neglect. In fact, child abuse and neglect cases increase by fivefold in low socioeconomic status households compared to middle or high socioeconomic households.

Age is also a risk factor for child abuse. The highest rate of abuse occurs in children who are less than one year old. This rate is 25 in 1000. Around one third of child deaths due to abuse or neglect occur in children who are less than three years old.

Race and ethnicity are a risk factor for child abuse. African Americans appear to have the highest risk for child abuse and neglect, even when controlled for poverty and socioeconomic status. Nationally, around 30 percent of child abuse victims were Black children, although they represent 18 percent of the population.

In Pennsylvania, Black children comprise 14 percent of the population but over 20 percent of child abuse and neglect cases.

Parental mental health or substance use is a risk factor for child abuse or neglect. Parents who have a mental health disorder, such as anxiety disorder or major depression, are much more likely to struggle to provide consistent and nurturing care to their children. In addition, substance abuse can impair judgment, increase irritability, and lead to abusive or neglectful behavior from parent to child. Having a parent who experienced abuse as a child increases their children's risk of experiencing abuse and neglect as well.

Types of Child Abuse

References: 1,8

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Child abuse is a serious and complex issue that can manifest in various forms, each having distinct characteristics and consequences. The four main types of child abuse are physical abuse, emotional or psychological abuse, sexual abuse, and neglect.

Physical Abuse

Physical abuse involves the intentional use of force that causes injury or bodily harm to a child. It may include actions such as hitting, punching, slapping, kicking, burning, or any other form of physical aggression. Characteristics include visual injuries, unexplained injuries, and a pattern of injuries. Visible injuries include bruises, welts, fractures, or burns. Unexplained injuries cannot be adequately explained or that are inconsistent with the given explanation may be indicative of physical abuse. A pattern of repeated injuries or a history of multiple injuries over time may suggest ongoing abuse. Physical abuse often follows a cycle of tension building, acute violence, and a honeymoon period. The pattern may repeat unless

intervention occurs. While physical abuse can occur in any socioeconomic group, it may be linked to factors such as substance abuse, mental health issues, or a history of abuse in the perpetrator. Distinguishing between appropriate discipline and physical abuse can be challenging and a gray area. Physical discipline becomes abusive when it causes injury, fear, or distress to the child.

Emotional or Psychological Abuse

Emotional or psychological abuse involves the persistent emotional maltreatment or rejection of a child, causing harm to their emotional well-being and development. This type of abuse can include verbal abuse, humiliation, intimidation, or constant criticism. Characteristics include verbal abuse, isolation, ignoring, and rejecting children. Verbal abuse may include persistent insults, name-calling, or degradation aimed at the child. Isolation is preventing the child from forming relationships outside the family or isolating them socially. Ignoring or rejecting the child's emotional needs, withholding love, or outright rejection are further forms of psychological abuse. Emotional abusers may engage in gaslighting, manipulating the child's perception of reality to make them doubt their own feelings, memories, or sanity. Chronic emotional abuse can impair cognitive development, affecting the child's ability to learn, problem-solve, and interact with others. Emotional abuse is often associated with long-lasting consequences, influencing the child's mental health and relationships throughout their life.

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Sexual Abuse

Sexual abuse involves engaging a child in sexual activities or exposing them to sexual content for the gratification of the perpetrator. It can include rape, molestation, exploitation, or exposure to sexual acts. Characteristics are inappropriate touching, exposing the child to sexual content, and using coercion

to force a child into sexual activities. Perpetrators often employ grooming techniques to build trust with the child and desensitize them to inappropriate behavior before engaging in sexual abuse. Victims of sexual abuse may delay disclosure due to fear, shame, or confusion. Some may never disclose the abuse, making detection challenging. With the rise of the internet, sexual abuse can extend to online platforms, including grooming, exploitation, and distribution of explicit material involving minors.

Neglect

Neglect occurs when a caregiver fails to provide for a child's basic needs, including food, shelter, medical care, supervision, and emotional support, to an extent that it causes harm. Forms of neglect include physical, emotional, and educational neglect. Physical neglect is a failure to provide adequate food, clothing, shelter, or medical care. Emotional neglect is withholding love, affection, or emotional support from the child. Educational neglect is the failure to ensure the child receives proper education. Chronic neglect, especially during critical periods of brain development, can lead to lasting cognitive and emotional deficits. Cultural norms and practices may influence perceptions of what constitutes neglect. Understanding cultural context is crucial when assessing neglect cases.

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It is important to recognize that child abuse often involves a combination of these types, and the impact can be long-lasting. Identifying and addressing child abuse requires a multi-disciplinary approach involving healthcare professionals, social workers, law enforcement, educators, and the community. Early intervention, support services, and preventive measures are essential in protecting children from abuse and promoting their well-being.

Perpetrator Definition and Characteristics

References: 8

A child abuse perpetrator is an individual who engages in actions that cause harm, neglect, or exploitation to a child. Perpetrators can be parents, caregivers, family members, acquaintances, or strangers who inflict physical, emotional, or sexual abuse, or engage in neglectful behavior toward a child. Understanding the characteristics of child abuse perpetrators is crucial for identification, intervention, and prevention efforts. It's important to note that perpetrators can exhibit a range of behaviors, and not all individuals with these characteristics will necessarily become abusers.

Psychological Characteristics

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Perpetrators often have a history of being victims of abuse themselves during childhood. This cycle of abuse can continue across generations. In addition, perpetrators often struggle with substance abuse, including alcohol and drugs. This behavior makes them more prone to engaging in abusive behavior due to impaired judgment and self-control. Perpetrators with untreated mental health conditions, such as depression, anxiety, or personality disorders, may struggle to cope with stressors, leading to abusive behavior. Perpetrators may lack effective coping skills and mechanisms to manage stressors and anger, leading to frustration and aggression directed towards the child.

Social and Financial Characteristics

Perpetrators who are socially isolated or lack a support network may experience increased stress, contributing to the risk of abusive behavior. In addition, perpetrators often have economic hardships, unemployment, or poverty. This financial stress can contribute to increased stress within the family, potentially

leading to abusive behavior. Further, families experiencing conflict or domestic violence may be at a higher risk of child abuse.

Knowledge and Parenting Skills

Perpetrators have a lack of knowledge of child development and appropriate parenting techniques. They may have unrealistic expectations of the child's behavior or developmental milestones, leading to frustration and aggression when those expectations are not met. In addition to this, cultural or societal norms that condone or overlook certain forms of abuse may influence the behavior of perpetrators.

Personal Factors

The majority of child abuse cases involve adult perpetrators. Parents, guardians, caregivers, and other adults in positions of authority or responsibility can be responsible for abuse. In some cases, older children or teenagers may exhibit abusive behavior towards younger siblings or peers. This can include physical, emotional, or sexual abuse.

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There is a common perception that males are more frequently the perpetrators of physical abuse and sexual abuse. This may be influenced by societal stereotypes and traditional gender roles. Females can also be perpetrators of child abuse. They may be involved in all types of abuse, including physical, emotional, and sexual abuse, as well as neglect. Female perpetrators may be less commonly reported due to societal stereotypes.

Many perpetrators have aggressive and/or impulsive personality traits. They also may deny or rationalize their behavior to make their actions less severe. In addition, perpetrators may lack empathy or fail to recognize the impact of their

actions on the child, viewing them as objects rather than individuals with feelings and needs.

Pertinence to Physical Therapy Field

References: 9, 10

The identification and response to child abuse are highly pertinent to the field of physical therapy due to several crucial reasons. First and foremost, physical therapists and physical therapist assistants are important members of healthcare teams for children. Whether children are receiving physical therapy in school, outpatient, home health, early intervention, hospital, or other settings, PTs and PTAs should be well versed in identification and response. Physical therapists and physical therapist assistants have ethical and legal obligations to report suspected cases of child abuse. Understanding the signs and knowing how to respond is crucial to fulfilling these responsibilities and ensuring the safety of the child.

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Physical therapists and assistants are well trained in physical examination and intervention strategies for all patients, including pediatrics. This creates an opportunity to examine children for visible signs of abuse like bruises, fractures, and signs of neglect. This will be discussed in more detail in the identification section. Early identification of child abuse allows for prompt intervention, which is crucial for mitigating the physical and psychological consequences. Physical therapists, through their regular interactions with children, can contribute to early detection and referral for appropriate intervention services. Physical therapists and assistants collaborate with other healthcare professionals, social workers, and law enforcement to address the complex needs of abused children and provide comprehensive care. Children who have experienced physical abuse and injuries or disabilities due to it may need physical therapy services to promote recovery.

Providers must be well versed on how to provide empathetic, patient-centered care to children who have undergone abuse.

Physical therapists and assistants should also strive to play a role in advocacy for prevention and education regarding child abuse and neglect. Physical therapists can advocate for and participate in community-based prevention programs that aim to educate families, schools, and communities about child abuse prevention, promoting a culture of awareness and protection. Physical therapists, when relevant, should educate parents, caregivers, and other healthcare professionals about the signs of child abuse, the importance of prevention, and the available resources for intervention and support.

Consequences of Child Abuse

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References: 1, 4

Unfortunately, victims of child abuse are predisposed to challenging circumstances later in life. Incarcerated individuals have twice the rate of being abused as children as the rest of the population. In addition, people who are abused as children have a nine times higher rate of engaging in criminal activity. Abused children may engage in delinquent behaviors, substance abuse, risky sexual behavior, or criminal activities as a coping mechanism. Teen pregnancy rates are 25 percent higher in those who were abused as children. Individuals who experience child abuse may be at a higher risk of being revictimized in later life. In addition, those who experienced abuse as children may face challenges in their own parenting, perpetuating intergenerational cycles of abuse. In fact, just shy of one third of abused and/or neglected children will go on to either abuse and/or neglect their future children.

As far as mental health goes, eighty percent of young adults who were abused as children will meet the criteria for one or more psychological disorders. Examples

are anxiety, depression, and post-traumatic stress disorder. On a population level, the financial burden of child abuse and neglect at any given time on the healthcare system is around $585 billion in the United States.

As far as physical abuse specifically, immediate consequences include physical injuries like bruises, fractures, cuts, and internal injuries. Long term health issues such as chronic pain, neurological damage, and impaired organ function can occur from experiencing physical abuse as a child. In addition, young children subjected to physical abuse may experience developmental delays and challenges in reaching milestones. This is due to the stress on their bodies and healing times from injuries.

Emotional and psychological abuse can also have prolonged consequences. Children may develop low self-esteem, causing feelings of worthlessness and inadequacy. Victims may develop anxiety and depressive disorders, impacting their emotional well-being. Children exposed to emotional abuse may exhibit behavioral problems, including aggression, withdrawal, or self-harm. Emotional abuse can hinder the development of secure attachments and positive relationships. These problems can occur just after abuse or into adulthood.

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The consequences of sexual abuse can also occur right after the abuse and continue for the remainder of the victim's life. Sexual abuse often leads to trauma, and survivors may experience post-traumatic stress disorder (PTSD). Victims may face difficulties with intimacy and experience sexual dysfunction later in life. Sexual abuse can contribute to self-destructive behaviors, including self-harm and suicidal thoughts.

Child neglect has specific consequences as well. First of all, physical neglect can result in malnutrition, lack of immunizations, and other health problems. Neglected children may experience delays in physical, cognitive, and emotional

development. Neglect can also lead to difficulties forming secure attachments and trusting relationships.

It is important to note that not all children who experience abuse will manifest the same consequences, and some individuals may demonstrate remarkable resilience. Protective factors, such as supportive relationships and access to mental health services, can mitigate the impact of abuse and promote recovery.

Section 1 Key Words

Child-Saving Movement - A social reform movement that emerged in Europe and the United States with the goal of improving the lives of vulnerable and at-risk children, especially those living in urban areas during the early stages of industrialization

Physical Child Abuse – Intentional acts of harm or injury inflicted upon a child by a parent, caregiver, or another person in a position of authority

Emotional Child Abuse – Refers to the pattern of behaviors, actions, or inactions by caregivers or significant adults that cause serious and lasting emotional harm to a child

Sexual Child Abuse – Refers to the involvement of a child in sexual activities for the gratification of another person

Child Neglect - A form of child maltreatment characterized by the failure of a caregiver to provide for the basic needs and well-being of a child under their care

Section 1 Summary

The standards for identifying and reporting child abuse in modern times are rooted in the historical progression of societal perceptions of children and the

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development of policies guiding their treatment. This overview has delved into the historical trajectory of child abuse identification and reporting, examined relevant legislation, explored the epidemiology of child abuse, defined the various types of abuse, revealed the characteristics of child abuse perpetrators, considered the significance within the realm of physical therapy, and highlighted the far-reaching consequences associated with child abuse. Understanding this comprehensive landscape is vital for professionals in various fields, including physical therapy, to play an informed and proactive role in safeguarding the well-being of children.

Identification of Child Abuse and Neglect

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For physical therapists, physical therapist assistants, and all other healthcare workers, the identification of child abuse is a professional, mandatory duty. Healthcare workers, at the forefront of patient care, are uniquely positioned to recognize the signs and symptoms of child abuse, playing a pivotal role in early detection and intervention. Child abuse takes various forms, including physical, emotional, sexual abuse, and neglect, leaving lasting impacts on a child's health and well-being. This section will detail how to detect warning signs, how to identify child abuse, the role of child welfare, the role of child protective services, human and labor trafficking, and exclusionary circumstances when reporting child abuse.

Normal Subjective History and Developmental Milestones

References: 9

Physical therapists and assistants who work with pediatrics should know what is normal in an examination as a basis for possible warning signs of child abuse or

neglect. A good subjective history taking, and knowledge of developmental milestones is imperative in pediatric physical therapy care.

Subjective History

When taking a subjective history from children in physical therapy care, it's important to approach the process with sensitivity, age-appropriate communication, and consideration for the child's developmental stage. Providers should establish rapport with a friendly and reassuring tone and use age-appropriate language throughout. Open-ended communication is crucial to understand a child's true perspective on their condition. An example of this is "Can you tell me what brought you in today?" A close-ended question would be "Is your injury limiting you from playing with your friends?" Open-ended questions will give the child more opportunity to tell their story, which may lead to the detection of child abuse or neglect.

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Developmental Milestones

References: 11

Child development is a dynamic and complex process that encompasses physical, cognitive, social, and emotional growth. It's important to note that individual children may progress at different rates, and there can be considerable variation in what is considered "normal." However, there are general developmental stages and milestones that provide a framework for understanding a child's growth that providers should be aware of to treat pediatric patients comprehensively and to potentially detect child abuse or neglect.

Infancy (0-2 Years)

Physical development in this stage involves progressing from involuntary reflexes to purposeful movements. Infants develop sensory preferences and abilities

including vision, hearing, and touch. They also experience rapid physical growth, including weight gain and lengthening. From 1-3 months infants should lift their head and chest. From 4-6 months they should be able to roll over. From 6-8 months, infants should sit without support. From 8-10 months, infants should crawl. From 10-12 months, infants should walk with support, whether that is cruising on furniture or with support from an adult. Independent walking should occur by 15 months. Running typically is possible between 18 and 24 months.

Cognitive development in this stage involves sensory exploration, object permanence, and early language skills. Infants should explore their environment through senses, develop an understanding that objects exist even when out of sight, and begin to coo, babble, and imitate sounds.

Social and emotional development occurs in this stage as well. Infants should begin to form strong attachments with their caregivers. They should express emotions through facial expressions and simple gestures. They should develop social smiles in response to interactions.

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Early Childhood (2-6 Years)

Physical development in this stage involves gross and fine motor skills, toilet training, and coordination. Children will define coordination and balance for activities like running, jumping, and climbing. They should develop hand-eye coordination for tasks like drawing, cutting, and writing. They should achieve bowel and bladder control at some point in this stage, typically between two to four years old. They should begin to show either right or left-handedness as well. Children should be able to jump from 2 to 3 years old and should be able to skip anywhere from 3 to 5 years old.

Cognitive development involves basic language skills, counting, exploring through play, and an interest in storytelling and books. Children should go through a rapid

expansion of vocabulary and sentence structure. They should develop imagination and creativity through engaging in imaginative play and storytelling. They should begin to understand and use numbers for simple counting and basic math concepts.

Social and emotional development should take place during this stage as well. Children should develop relationships with peers, learn to share and take turns, begin to understand and express emotions, and begin to develop a sense of identity, independence, and self-esteem. They should begin to understand and show empathy towards others.

Middle Childhood (6-12 Years)

During middle childhood, several key physical milestones should occur. First of all, physical endurance should increase for activities of play and exercise. Children will experience gradual growth spurts in this phase and the onset of puberty closer to age 12. They should be running, jumping, and skipping during play.

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Cognitive development includes more advanced language skills, mathematical skills, and writing. They should be able to demonstrate concrete thinking, logical reasoning, and understand cause-and-effect relationships.

Social development includes forming more complex relationships with peers, understanding and navigating social norms, and developing a sense of morality and empathy. By age 12, children should have developed a sense of self-esteem and competence.

Adolescence (12-18 Years)

Physical development includes the onset of puberty (if this did not happen in middle childhood), which involves physical changes like the development of sexual characteristics. In females, the onset of puberty occurs between 8 and 13 years old. The first sign is the development of breast tissue, and menstruation starts

about two years after a female first starts developing breast tissue. Females will also experience a growth spurt typically at the onset of menstruation. Pubic hair will develop, then underarm and body hair. Increase levels of estrogen will contribute to physical and emotional changes. Besides breast development, estrogen impacts widening of the hips, body fat redistribution to hips and thighs, the growth of pubic and axillary hair, sin changes, the regulation of the menstrual cycle, and developing and maintaining bone density. Emotional changes include the further development of self-esteem and body image, attention to social cues and relationships, and the development of sexuality. In males, the onset of puberty is between 9 and 14 years old. The first sign is genital development, followed by a growth spurt. Pubic, facial, underarm and body hair develops. The voice deepens due to growth of the larynx, and voice cracking may occur during this time. The face will grow more angular, and the shoulders should broaden with the development of muscle mass. In addition, males will experience an increased awareness of sexuality, attraction, and self-identity.

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Cognitively, during adolescence, males and females will develop abstract thinking abilities allowing consideration of more complex topics. They will develop decision-making and critical thinking skills as well.

Socially and emotionally, adolescence is marked by exploration of personal identity and values, forming independent relationships, and developing a sense of future goals and aspirations.

The exact age that each child hits these milestones will vary. However, it is imperative that healthcare providers are aware of these milestones to assess normal developmental sequence. Any deviations from this sequence and developmental timeline could be signs of developmental delay, which has many possible causes (including child abuse and neglect).

Warning Signs from Subjective History

References: 12

When obtaining a subjective history from a patient, including a child, healthcare workers should be attentive to verbal and nonverbal cues that may indicate possible child abuse or neglect. While a child's direct disclosure is not always straightforward, there are certain signs in the subjective history that healthcare professionals should be vigilant about.

Inconsistent or Unreliable History

When asked directly about the circumstances surrounding an injury, the child and/or caregiver may tell an inconsistent story. When separated, the child and caregiver's stories may differ even more significantly. If the child is nonverbal or too young to speak, the practitioner should screen for an unreliable story by noting any aspects that do not explain the clinical picture.

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Behavioral Changes

From the very beginning of the appointment, physical therapists should understand a child's normal behavior and note topics of conversation or parts of an examination that result in a change in the child's behavior. Abrupt and unexplained changes in the child's mood, demeanor, and the expression of fear and anxiety when discussing home life are signs of potential child abuse.

Delay in Care and Frequent Medical Issues

Physical therapists should note whether caregivers are bringing children in for care on an appropriate timeline. A delay in care could indicate a history of abuse or neglect, as part of a larger clinical picture. Frequent and recurrent medical issues for the same issues could also indicate abuse. If the issue is not resolved with

appropriate follow-up care and home instructions, it is possible that the child's needs are being neglected. Also, signs of developmental delay and not making educational progress are signs of child neglect.

Parent or Guardian Considerations

Physical therapists should note whether a child's parent or guardian is struggling with alcohol or drug abuse. This can contribute to unsafe and neglectful environments. Also, untreated mental health conditions in caregivers can contribute to abuse and neglect. It could also be a sign of an abusive or neglectful situation if guardians display a lack of interest or concern when discussing the child's health. The disclosure of domestic violence among parents and/or guardians is also a sign that a child could be in an abusive or neglectful home.

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Warning Signs Throughout Care

References: 5, 9, 12

The warning signs of child abuse can vary depending on the type of abuse—physical, emotional, sexual, or neglect. It is important to note that these signs are not definitive proof of abuse, but they may indicate that something is wrong, warranting further investigation. Additionally, some signs may overlap between different types of abuse.

Physical Abuse Warning Signs

Physical child abuse involves the intentional infliction of physical harm or injury to a child. Recognizing the warning signs of physical abuse is crucial for early intervention and protection of the child. There are certain injury patterns, behaviors, and other signs that could cause suspicion for child abuse.

Bruising

Children experiencing physical child abuse may have unexplained injuries. This includes frequent bruises on various parts of the body. It is common for perpetrators to hit children in areas that are covered by clothes, such as the back and buttocks. It is crucial for identification to look for bruises that are not in typical accident-prone areas. Normal bruising in children occurs over bony prominences from instances like falling down while playing. This includes the knees, elbows, forehead, and more. In non-ambulatory children, including those with physical limitations that prevent walking and infants, bruising should always raise suspicion of physical child abuse. The mnemonic device TEN 4 is helpful to recognize concerning bruising in children who are abused. It stands for Torso, Ear, Neck and 4, indicating the torso, ears, and neck are concerning places for bruising. The 4 reminds practitioners that these areas are concerning for children less than four years old, and that any bruising location is concerning for children less than four months of age.

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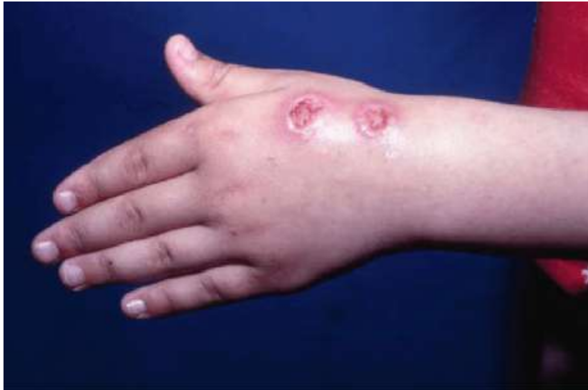
Burns

Identifying burns as a potential sign of child abuse involves considering various factors, including the location, pattern, and characteristics of the burns. While not all burns are indicative of abuse, certain features may raise concerns and warrant further investigation. Burns should always be a concern for child abuse if the child and/or parent/guardian do not have an explanation for them. There should also be concern if there is a significant delay in seeking medical care, especially when the burn is severe. It is also concerning if the shape of the burn is clear or resembles a specific outline of an object used to intentionally harm the child. Examples of this are cigarette burns or outlines of hot utensils.

Cigarette Burn on a Child's Hand



https://www.researchgate.net/figure/Cigarette-burns-on-the-dorsum-on-the-left-hand-of-a-girl-aged-8-years-and-4-months_fig2_43161013

The location of burns should also be considered. Areas of concern for intentional abusive burns are areas not exposed to accidental burns, such as the soles of the feet, palms of the hands, the back, buttocks, or genital area.
In addition, the depth and severity should be considered when suspecting child abuse. Burns that are deep and severe likely were intentional, not accidental. In addition, a child with multiple burns of various healing stages is suggestive of a pattern of abuse.

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A submersion burn, also known as immersion burn or scald burn, occurs when a person is immersed in hot liquids or steam, leading to burns on the skin. Submersion burns can be accidental or, in some cases, may raise concerns about child abuse. Submersion burns often have a distinct pattern and distribution corresponding to the area exposed to the hot liquid or steam. The depth of submersion burns can vary, ranging from superficial to deep, depending on the temperature and duration of exposure. Burns caused by submersion tend to be more uniform in their appearance, with consistent depth and pattern across the affected areas. Common areas for accidental submersion burns in children include the hands, arms, and lower extremities.

Submersion Burn

https://www.google.com/search?q=utensil+burn+child+abuse&tbm=isch&ved=2ahUKEwjX1p6og7-CAxUxN0QIHXjQAYgQ2-cCegQIABAA&oq=utensil+burn+child+abuse&gs_lcp=CgNpbWcQAzoECCMQJ1CzBFipEWCXEmgBcAB4AIABblgBjwaSAQM1LjOYAQCgAQGqAQtnd3Mtd2l6LWltZ8ABAQ&sclient=img&ei=shBRZde1HrHukPIP-KCHwAg&bih=891&biw=1920&client=firefox-b-1-d&hl=en#imgrc=gOkmsUgeRTyqeM

Warning Physical Symptoms and Behavior

Forms of physical abuse may be difficult to see from outward signs like bruising or burns. Abusive head trauma, also known as Shaken Baby Syndrome, has the highest mortality rate of any type of physical child abuse. Symptoms are vomiting, extreme fatigue, seizures, coma, or pauses in breathing (apnea). Physical therapists who note any of these symptoms should refer their patients to immediate emergency testing.

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Fractures, especially in nonambulatory children, are an indicator of abuse. Four out of five fractures from abuse happen to children under one and a half years old. Concerning fractures for physical abuse from rough handling are rib fractures, fractures at the end of long bones, sternal, spinal, and scapular fractures.

Hand prints from forceful grabbing and squeezing are also a sign of abuse. In addition, bite marks that are inconsistent with child play are also indicative of suspected child abuse.

Behavior

Children who have undergone physical abuse may exhibit fear, anxiety, or avoidant behaviors when addressing injuries that they sustained through abuse. They also may have an inconsistent explanation from the adult caregiver regarding the

relevant injury. Children who have been physically abused also may exhibit aggressive and/or violent behavior. This could be a coping mechanism or a learned behavior from their abuser. They also may directly avoid and be fearful of their perpetrator, or other adults.

Subtle Signs

Perpetrators will try to hide visible signs of child abuse in many ways when seeking healthcare for the affected child. This may include dressing the child in long sleeves and pants in warm weather, in order to conceal injuries. In addition, children who have experienced prolonged abuse may fail to thrive. This is marked by a lack of expected physical growth and developmental milestones and should be taken in context with a larger picture of suspected abuse.

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Warning Signs of Emotional Abuse

Identifying emotional abuse in a child can be challenging as it often leaves no physical scars but can have severe and lasting effects on the child's emotional well-being. Healthcare workers should be vigilant for signs that may indicate emotional abuse during their interactions with children and their caregivers.

Behavioral Changes

Children experiencing emotional and psychological abuse may withdraw socially from friends, family, or usual activities. In addition, they may display unexplained aggression, anger, and rebellious attitude. Children also may display excessive compliance to adults, a learned behavior to please abusive caregivers. They may exhibit overly mature behavior beyond their developmental stage, explained by a necessity to behave this way due to expectations by caregivers.

Emotional Response

Children also may display excessive fear or anxiety and have signs of low confidence or self-esteem. In a physical therapy setting, this could be negative self-talk or the belief that they cannot achieve the goal of a task. Children may display signs of excessive guilt or shame and blame themselves inappropriately when a situation goes wrong. Physical therapists and assistants should note whether the child behaves differently in front of caregivers versus when they are alone. Emotionally abused children may display fear, anxiety, maturity beyond their developmental stage, and other behavior around their guardians. If this behavior and emotional response is different when the child is alone with a healthcare provider, it may be suspicious for emotional abuse.

Warning Signs of Sexual Abuse

Identifying child sexual abuse is crucial for early intervention and protection of the child's well-being. Recognizing warning signs is essential, although it's important to note that these signs may not conclusively indicate abuse but warrant further investigation.

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Behavioral Changes

Sudden changes in behavior, mood, or personality are very common for children who have experienced sexual abuse. Children who were abused may also exhibit fear of certain individuals. These may be individuals who remind them of their abuser, specific adults, or adults in general. In addition, they may display fear or anxiety in certain situations, places, or activities. This is likely linked to the circumstances of their abuse in some way. Sexually abused children also may isolate themselves socially from family, friends, and activities they used to enjoy.

Children who are being sexually abused or were in the past may exhibit sexually suggestive behavior. They may engage in sexual play with toys or with other

children. In addition, they may have a knowledge of sexual acts beyond their developmental stage and what is age appropriate.

It is common for children who have been sexually abused to have a sudden decline in school or extracurricular activity performance. Children who have experienced this type of abuse may become excessively secretive and reclusive. They will likely avoid talking about certain topics and specific activities that remind them of the abuse.

Physical Symptoms

Children who are sexually abused may experience developmental delays, especially if the abuse started at a young age. They may not achieve physical, speech, and motor mile stones at a normal rate. In addition, children may have physical symptoms such as pain, itching or discomfort in the genital or anal area. They also may experience bleeding in either of those regions. Children who undergo sexual abuse also may experience frequent nightmares, night terrors, and trouble sleeping.

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Warning Signs of Neglect

Identifying signs of child neglect is crucial for healthcare professionals to ensure the well-being of children. Neglect can have profound and lasting effects on a child's health and development. This section describes warning signs of child neglect that physical therapists and assistants should be aware of.

Physical Signs

Physical signs are crucial to identify and follow up on in cases of child neglect. Children who are neglected may have poor hygiene due to a lack of care. Neglected children also may have untreated or poorly managed medical conditions, injuries, or illnesses. They may have a lack of well child visits and

vaccinations on their medical record. Young children who are neglected may have failure to thrive and/or be underweight for their age and developmental stage. Failure to thrive (FTT) is a term used to describe a condition in which a child's growth or weight gain is significantly below the expected levels for their age and gender. It is not a specific medical diagnosis but rather a descriptive term that indicates a failure to meet typical growth and developmental milestones. Neglected children could have signs of dehydration, including dry skin, cracked lips, and persistent thirst.

Environmental, Social, and Emotional Considerations

Neglected children may have several unexplained absences from school in which the parent or guardian does not provide reasoning or provides inconsistent reasoning. They also may show a lack of progress in school and fall behind their peers. Children may live in an environment with a lack of basic necessities, such as a hazardous living environment or a lack of weather appropriate clothing. Providers should take note of aspects of home life that a child discloses as they build rapport with the child. Neglected children may withdraw socially and emotionally from relationships with peers. They may act fearful, withdrawn, angry, and with other emotions with adults they do not know.

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Healthcare professionals play a crucial role in identifying and reporting signs of child abuse and neglect, and early intervention can significantly impact a child's future health and development. Approaching these discussions with sensitivity and empathy is essential to create a supportive environment for the child and their caregivers.

Identifying Child Abuse

Identifying child abuse involves considering a combination of physical, behavioral, emotional, and environmental factors. It's important to note that no single

warning sign or symptom is conclusive evidence of abuse, but rather a pattern or cluster of indicators should be considered. This section will summarize key criteria to help physical therapists and physical therapist assistants identify child abuse. If one or more of these signs are found in a pediatric patient encounter, PTs and PTAs must report it through the appropriate channels (discussed in the next section).

Summary of Criteria for Suspected Child Abuse and Neglect

References: 12,13

1. Physical Signs

   Unexplained injuries are a major sign of physical child abuse. Frequent or severe injuries, especially with vague or inconsistent explanations, and injuries in various stages of healing suggest a pattern of child abuse. Specific injuries of bruises, burns, fractures, or bite marks are that are not consistent with the child's developmental stage or typical play are all indicative of child abuse.

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2. Behavioral Signs

   Sudden and significant changes in behavior, mood, or personality are suggestive of child abuse or neglect. Specifically, fearfulness, withdrawal, excessive shyness, aggression, and violence should raise concern for child abuse.

3. Developmental Signs

   Delays in achieving developmental milestones, such as speech, motor skills, or social interactions, regression to behaviors of younger children are of concern for child physical or sexual abuse or neglect.

4. Emotional Signs

   Emotional cues of child abuse include low self-esteem, poor self-confidence, emotional withdrawal, self-harming behaviors, suicidal thoughts, and emotional distress.

5. Sexualized Behavior

   A key sign of sexual abuse are displays of sexual knowledge or behavior beyond what is age appropriate.

6. Medical Signs

   Untreated medical conditions, especially those that are chronic or patterns of injuries, are suspect of child abuse and neglect. In addition, frequent visits to the emergency department or urgent care without plausible explanation are key in identifying suspected child abuse or neglect.

7. Educational Signs

   A sudden decline in academic performance or attendance can suggest abuse or neglect. Also, behavioral issues at school, like aggression or withdrawal, especially if it is sudden, are key signs.

8. Parental Factors

   Parents and guardians who abuse drugs or alcohol are more likely to engage in abusive behavior towards children. In addition, domestic violence in the home exponentially raises a child's chances of being abused or neglected. It is estimated that in up to 60 percent of households with domestic violence between spouses or significant others, child maltreatment also takes place.

9. Environmental Signs

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> Children living in unsafe and unsanitary conditions may be neglected or abused. This may include lack of heat in winter months and lack of air conditioning in summer months. It also includes not having adequate age-appropriate supervision leading to poor safety.

Physical therapists and assistants should document all accounts of suspected child abuse or neglect accurately and efficiently as part of the identification process. The likelihood of child abuse or neglect based on these criteria exponentially increases as more signs are happening.

Outcome Measures as Screening Tools

References: 14–16

There is no standard best outcome measure to detect child abuse and neglect in clinical settings. However, systematic reviews have suggested moderate to high levels of evidence for a couple of tools, which are outlined below. More research is needed to expand these measures into all healthcare settings, but they can still be a useful starting point in the identification of child abuse. There are very few outcome measures that detect child neglect and emotional abuse, and mainly detect physical and sexual child abuse.

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Escape

The Escape instrument is used for children for screening for physical child abuse in the emergency department. It is valid for any age under eighteen years old. Sensitivity is 0.80 and specificity is 0.98, making it a great detection tool for children at high risk of child abuse. The screening tool is pictured below, and each item that is marked in the darkened boxes suggests the potential for child abuse. Each dark box that is ticked from a screening should necessitate further investigation for child abuse.

Escape Instrument

1. Is the history consistent?	Yes	No
2. Was seeking medical help unnecessarily delayed?	Yes	No
3. Does the onset of the injury fit with the developmental level of the child?	Yes/N. A.	No
4. Is the behavior of the child, his or her carers and their interaction appropriate?	Yes	No
5. Are findings of the head-to-toe examination in accordance with the history?	Yes	No
6. Are there other signals that make you doubt the safety of the child or other family members? *If Yes describe the signals in the box 'Other comments' below.	Yes*	No
Other comments		

https://www.sciencedirect.com/science/article/pii/S014521341300344X?via%3Dihub

Screening Index for Physical Child Abuse (SIPCA)

The SIPCA is used for children under fourteen years old and is based on a fifteen-point scale. If a child scores three points or higher, their situation is suspicious for child abuse. It is most commonly used in the emergency department.

SIPCA Point Criteria:

a. 1 point for fracture of base or vault of skull

b. 2 points each for each of the following:

    a. Contusion of eye

    b. Rib fracture

    c. Intracranial bleeding

    d. Multiple burns

    e. Age of 1–3 years old

c. 6 points for age of 0–1 year old

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Pediatric Hurt-Insult-Threaten-Scream-Sex (PedHITTS)

PedHITTS is an outcome measure that should be utilized for children under twelve years old and completed by parents and guardians.

PedHITTS includes the following questions:

"During the last year, how often would you estimate that an immediate family member did each of the following to a child:

(1) Physically hurt him/her

(2) Insult him/her or talk down to him/her

(3) Threaten him/her with physical harm

(4) Scream or curse at him/her

(5) Force him/her to have sex?"

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Participants respond to each item using a 5-point Likert scale (0=Never, 1=Rarely, 2=Sometimes, 3=Fairly Often, or 4=Frequently)."[16]

Scores range from 0 to 20 and the higher the score, the higher the likelihood that physical and sexual abuse is occurring.

Child Welfare Role

References: 17

Child welfare plays a crucial role in the identification and prevention of child abuse. Child welfare refers to the well-being of children and encompasses a range of services and interventions aimed at ensuring children grow up in safe, nurturing environments. Child welfare workers are professionals who work in the field of child welfare, dedicated to ensuring the well-being and safety of children. These

individuals play a crucial role in preventing and addressing issues such as child abuse and neglect. Both the types of child welfare workers and their role is explained in this section.

Child Welfare Workers

Child welfare workers are professionals who work in the field of child welfare, dedicated to ensuring the well-being and safety of children. The specific titles and roles of child welfare workers can vary, but they generally fall into several categories, outlined below.

Child Protective Services Workers (CPS)

CPS workers, often employed by government agencies, are responsible for investigating reports of child abuse or neglect. They assess the safety of the child, conduct interviews with family members, and determine whether the child is at risk. CPS workers may recommend and coordinate services to help families address the underlying issues contributing to maltreatment.

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Social Workers

Social workers specializing in child welfare work with families to assess their needs and provide support. They may be involved in cases of abuse or neglect, helping families access resources such as counseling, parenting classes, and substance abuse treatment. Social workers also play a role in the placement of children in foster care if removal from the home is deemed necessary.

Case Managers

These professionals manage the cases of children and families involved with the child welfare system. They coordinate services, monitor progress, and ensure that families are receiving the support they need. Case workers collaborate with

various professionals, including therapists, educators, and healthcare providers, to address the diverse needs of children and families.

Foster Care and Adoption Workers

For children removed from their homes due to abuse or neglect, foster care workers are responsible for coordinating placement in foster homes. They work to ensure the safety and well-being of children in care, facilitate visitation between children and their biological families, and support the foster parents in meeting the needs of the child. In cases where reunification with the biological family is not possible, adoption workers guide families through the adoption process. They help prospective adoptive parents navigate the legal requirements, conduct home studies, and ensure that the best interests of the child are considered throughout the adoption process.

The Role of Child Welfare Workers

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It is important for physical therapists and assistants who report cases of suspected or known child abuse to know the process and roles of the child welfare system. The roles are investigation, assessment, resource management, and decision making on what environment is safe for the child.

Investigation and Reporting

Child welfare agencies receive reports of suspected child abuse from various sources, including from healthcare providers. These agencies are responsible for investigating these reports to determine if abuse or neglect has occurred. Social workers and other professionals within the child welfare system are trained to assess the situation, interview the child and family, and gather relevant information. Once a report has been made by a physical therapist or assistant, the child welfare agency will investigate. There is ongoing collaboration between the person who reported the abuse to the child welfare worker.

Assessment and Evaluation

Child welfare professionals assess the safety and well-being of the child in question. They evaluate the immediate risk of harm, the overall family situation, and the child's physical, emotional, and developmental needs. This assessment helps determine whether intervention is necessary to protect the child.

Support Services

Child welfare agencies provide support services to families at risk of abuse or neglect. These services may include parenting classes, counseling, substance abuse treatment, and other resources aimed at strengthening the family unit. By addressing the underlying issues contributing to abuse, child welfare professionals work to prevent future incidents.

Placement and Removal

In cases where a child's safety is at immediate risk, child welfare agencies have the authority to remove the child from the home and place them in protective custody or foster care. This decision is made with the best interests of the child in mind, and it may be temporary until the family can address and resolve the issues that led to the removal.

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Prevention, Education, and Advocacy

Child welfare agencies engage in community outreach and education programs to raise awareness about child abuse, its signs, and ways to prevent it. They may collaborate with schools, healthcare providers, and community organizations to educate individuals on how to recognize and report suspected abuse. Child welfare professionals often serve as advocates for children, ensuring their voices are heard and their rights are protected. They may be involved in court proceedings, advocating for the child's best interests and a safe, stable living environment.

Child welfare plays a critical role in identifying and addressing child abuse by investigating reports, assessing family situations, providing support services, facilitating removal when necessary, collaborating with health and other professionals, and actively engaging in prevention and education efforts. The goal is to safeguard the well-being of children and promote healthy family environments.

Child versus General Protective Services (GPS)

References: 18

Child and general protective services have aligned goals, but there are a few key differences that healthcare workers should be aware of. First of all, the target population of each type of service differs. GPS works within a broader range of social services provided to individuals and families who may be experiencing challenges or difficulties that do not necessarily involve child abuse or neglect. It may include services aimed at addressing issues such as poverty, housing instability, mental health concerns, or substance abuse problems among adults and adolescents. CPS on the other hand, focuses only on the safety and wellbeing of children. Secondly, the purpose of GPS and CPS differs. The purpose of GPS is to support individuals and families with challenges and to prevent them from occurring. The focus may be on providing resources, counseling, or other forms of assistance to help families overcome difficulties. The mission of CPS is to respond to reports of child abuse and neglect by assessing and intervening on cases of suspected and known child abuse. GPS services, like educational programs, counseling, and community resources are utilized on a voluntary basis. CPS interventions are mandated by law in Pennsylvania and every other state in the United States.

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Human and Labor Trafficking

References: 19

Human and labor trafficking involving children refers to the exploitation and coercion of children for various purposes, often involving forced labor, commercial sexual exploitation, or other forms of abuse. These are serious violations of human rights and are considered criminal offenses in many jurisdictions, including Pennsylvania.

Human trafficking is the recruitment, transportation, transfer, harboring, or receipt of persons through force, fraud, or coercion for the purpose of exploitation. It can include various forms such as forced labor, sexual exploitation, or involuntary servitude. Children are particularly vulnerable to human trafficking. They may be trafficked for purposes such as forced child labor, child soldiering, or commercial sexual exploitation. Commercial sexual exploitation of children involves engaging a child in sexual activities for financial or other forms of compensation. This includes activities such as child prostitution, child pornography, or the use of children in the production of sexual materials.

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Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through force, fraud, or coercion for the purpose of involuntary servitude, debt bondage, or forced labor. Children can be subjected to labor trafficking, where they are forced or coerced into working under exploitative conditions. This could involve industries such as agriculture, domestic work, manufacturing, or other sectors.

Identification of Human and Labor Trafficking in Children

References: 20

Identifying human and labor trafficking in children requires awareness, vigilance, and an understanding of the signs and indicators associated with these forms of exploitation. It's important for physical therapists and assistants to be familiar with the red flags that may indicate trafficking.

Behavioral Signs

Children may exhibit signs of fear, anxiety, or avoidance when discussing their situation or the people they are with. Sudden changes in behavior, such as withdrawal or depression, may be indicators of trauma associated with human or labor trafficking. Victims may be kept isolated from friends, family and community members. They may not attend school or have regular social interactions, which is an effort of controlling the victim through isolation.

Physical Signs

Unexplained injuries, signs of physical abuse, or inconsistent explanations for injuries may be red flags. Children who are victims of trafficking may show signs of malnutrition or dehydration.

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Supervision by a Controlling Adult

Children may be accompanied by an adult who seems overly controlling, restricts their movements, or speaks on their behalf. In addition, traffickers may withhold identification documents to control victims. Inconsistent stories between what the child says and what an accompanying adult says may be cause for concern as well.

Reporting

Any suspected human or labor trafficking in children needs to be reported to the appropriate authorities. In the United States, providers may call the National Human Trafficking Hotline at 1-888-373-7888 or text "HELP" or "INFO" to 233733.

Trafficking Victims Protection Act (TVPA)

References: 21

The Trafficking Victims Protection Act (TVPA) is a comprehensive piece of legislation aimed at combating human trafficking, both domestically and internationally. The TVPA was first enacted in the United States in 2000 and has been reauthorized several times since then, with amendments and updates to strengthen its provisions. The primary objectives of the TVPA include the prevention of human trafficking, the protection of victims, and the prosecution of traffickers. Regarding children specifically, the Trafficking Victims Protection Act (TVPA) includes provisions that address the unique vulnerabilities and needs of child victims of trafficking. These provisions recognize that children may require special attention and protection due to their age and the particular circumstances surrounding their exploitation. The TVPA ensures protection and services for child victims through appropriate care, support, and services tailored to their age and developmental need. The TVPA provides for special immigration status, known as the T visa, for victims of human trafficking, including children. This allows child victims to remain in the United States temporarily and access necessary support services. The TVPA includes measures to prosecute those who exploit children through trafficking. This may include sex trafficking, forced labor, or any form of recruitment for illicit activities. The TVPA encourages training programs for law enforcement personnel specifically focused on recognizing and responding to child trafficking cases. This is crucial for identifying and addressing the unique indicators of child exploitation. The TVPA promotes collaboration between law enforcement, child welfare agencies, and other relevant entities to ensure a coordinated and effective response to cases involving child victims of trafficking. The TVPA supports prevention efforts and education programs aimed at informing children about the risks of trafficking and how to protect themselves. Prevention is seen as a crucial component of addressing the vulnerabilities that can lead to

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child trafficking. The annual Trafficking in Persons (TIP) Report, produced by the Office to Monitor and Combat Trafficking in Persons, assesses the efforts of countries, including the United States, to combat trafficking, with a specific focus on the protection of child victims.

Exclusionary Circumstances

References: 22,23

Exclusionary circumstances refer to situations where certain actions or decisions are taken in the best interest of a child, even though they may appear to be neglectful or restrictive. These circumstances are not considered child abuse because they are made with the child's well-being and safety in mind. It's important to note that the determination of what constitutes abuse or neglect can vary based on local laws and regulations. The following exclusionary circumstances are applicable to Pennsylvania. Providers in other states should check their own state legislation.

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Reasonable Discipline

Reasonable and age-appropriate discipline, such as setting limits and using disciplinary methods that do not cause bodily harm or serious emotional distress, is generally not considered abuse.

Parental Decision-Making

Decisions made by parents regarding the child's upbringing, education, medical care, and religious practices, as long as those decisions are made in the child's best interest and do not cause harm, are typically not considered abuse or neglect.

Supervision

Leaving a child with a responsible caregiver or in the care of a trusted adult while attending to necessary tasks, provided the child is not placed in an unsafe situation, is generally not considered neglect.

Age-Appropriate Independence

Allowing children age-appropriate independence, such as letting them play in a fenced yard, walk to school, or engage in activities suitable for their maturity level, is generally not considered neglect.

Cultural Practices

Engaging in cultural practices that are considered acceptable within the community and are not harmful to the child is typically not considered abuse or neglect.

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Temporary Separation

Temporary separation from a parent or caregiver for legitimate reasons, such as a medical procedure or a short-term placement for the child's protection, is generally not considered neglect.

Poverty or Lack of Resources

The fact that a family may be experiencing poverty or a lack of resources, in and of itself, is not considered neglect. However, if the child is being harmed or is at risk due to inadequate care, intervention may be necessary.

It's important to note that child protective services professionals and legal authorities consider the context and specifics of each situation when assessing whether child abuse or neglect has occurred. If there is any concern about a

child's safety or well-being, providers should contact the appropriate authorities or child protective services in Pennsylvania (or the applicable state) for guidance.

Section 2 Key Words

Submersion Burn - A burn injury that occurs when a person's skin comes into contact with a hot or scalding liquid and in the context of child abuse is purposeful

Child Protective Services - A government agency or a division within a larger social services organization that is responsible for investigating reports of child abuse or neglect and taking appropriate actions to ensure the safety and well-being of children

General Protective Services - A range of social services and interventions provided to individuals and families facing various challenges or difficulties that may not necessarily involve child abuse or neglect

Human Trafficking – The illegal trade or exploitation of people through force, fraud, or coercion for various purposes, including forced labor, sexual exploitation, or other forms of involuntary servitude

Labor Trafficking - Also known as forced labor or labor exploitation, is a form of modern-day slavery in which individuals are coerced, deceived, or forced to work against their will under exploitative conditions

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Section 2 Summary

In conclusion, the identification of child abuse stands as an essential and mandatory responsibility for physical therapists, physical therapist assistants, and all healthcare workers. Healthcare professionals play a crucial role in recognizing the diverse forms of child abuse, such as physical, emotional, and sexual abuse, as

well as neglect. This section has provided insights into the detection of warning signs, methods for identifying child abuse, and the significant roles of child welfare services and child protective services. Additionally, the exploration has detailed pertinent topics like human and labor trafficking, as well as circumstances warranting exclusion when reporting child abuse. Prepared with this knowledge, healthcare workers are better equipped to fulfill their duty in ensuring the well-being of children and intervening early to break the cycle of abuse.

Reporting Child Abuse

When committing to providing patient care, physical therapists and assistants assume a responsibility to protect and advocate for the most vulnerable individuals, especially children. Reporting child abuse is a critical aspect of this commitment and legal obligation, requiring physical therapists and physical therapist assistants to be vigilant, compassionate, and proactive in identifying and responding to signs of potential harm. This section is tailored to equip PTs and PTAs with the necessary knowledge and guidance on reporting child abuse, emphasizing the unique role they play in early detection and intervention. As trusted healthcare professionals, physical therapists are well-positioned to contribute to the safety and welfare of children, ensuring that every child receives the care, protection, and support they deserve.

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Responsibilities for Healthcare Providers

References: 5,12

Being healthcare providers, physical therapists and physical therapist assistants have mandatory reporting responsibilities when it comes to suspected cases of child abuse and neglect. These reporting obligations are in place to ensure the

safety and well-being of children and are typically governed by state laws. While the specifics can vary by jurisdiction, this section provides a general overview of the reporting responsibilities for healthcare providers in cases of suspected child abuse and neglect and specifics for the state of Pennsylvania.

Recognizing Signs of Child Abuse

Healthcare providers should be trained to identify physical, behavioral, and emotional signs of abuse or neglect, as detailed previously in this course. Physical indicators may include unexplained injuries, bruising, fractures, or evidence of malnutrition. Behavioral signs can include changes in mood, aggression, withdrawal, or fearfulness. Emotional signs may manifest as low self-esteem or excessive compliance. It is the healthcare professional's responsibility to recognize the potential signs of abuse and neglect in children.

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Legal Mandates and Penalties

Understanding the specific legal requirements for reporting child abuse is crucial. Legal mandates can vary widely between jurisdictions. The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires that each state in the United States have mandatory reporting regulations by healthcare providers, with varying stipulations and penalties if suspected or known child abuse is not reported. Healthcare providers need to be aware of the penalties for failure to report, which may include fines, professional disciplinary action, or even criminal charges. Other professions that are designated mandatory reporters are educators, healthcare workers (physicians, nurses, mental healthcare workers, etc.), childcare providers, medical examiners, and law enforcement officers.

In Pennsylvania, healthcare providers are mandatory reporters of child abuse and neglect. The Pennsylvania Child Protective Services Law (CPSL) outlines reporting guidelines for healthcare providers. The CPSL defines abuse as physical, sexual,

emotional, or neglect. The CPSL emphasizes that the identity of the person making the report is confidential, and the person's identity is not disclosed to the alleged perpetrator or anyone else. Mandatory reporters are granted immunity from civil and criminal liability if they make a report in good faith. This protection is crucial to encourage reporting without fear of retaliation. Failure to report suspected child abuse as required by the CPSL may result in legal consequences, including fines and potential professional disciplinary actions.

Reporting Timeliness

Another responsibility of healthcare providers is to report suspected child abuse or neglect as soon as possible. Once there is a reasonable suspicion of child abuse, reporting needs to occur. Delays in reporting can hinder the protection of the child and may have legal implications for the healthcare provider.

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Documentation

Healthcare providers should document their observations thoroughly and accurately. This documentation serves as a record of the signs or behaviors that raised suspicions. Providers should include the date, time, and details of the observations in the patient's medical record. Photographs may also be taken, adhering to hospital or clinic policies.

Confidentiality, Privacy, and Culture

While healthcare providers must prioritize the safety and well-being of the child, they should also be mindful of maintaining patient confidentiality to the extent possible. Information about the suspected abuse should be shared only with those directly involved in the child protection process.

Healthcare providers should be culturally sensitive when dealing with suspected cases of child abuse. Cultural factors can influence perceptions of what constitutes

abuse, and healthcare professionals should be aware of these differences to avoid making unfounded assumptions.

Follow-up and Collaboration

After making a report, healthcare providers may be involved in follow-up actions, such as providing additional information or testimony if needed. Collaboration with child protective services, law enforcement, and other involved parties may be necessary.

Education and Training

Healthcare providers should receive ongoing education and training on recognizing and reporting child abuse. This training ensures that they stay informed about changes in laws, regulations, and best practices related to reporting responsibilities. If it is not provided or mandated by employers, physical therapists and assistants should seek out continuing education on the identification and reporting of child abuse or neglect.

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Reporting Process

References: 24

The reporting process of child abuse and neglect is crucial to understand for healthcare providers. This section will detail both the process in the United States and Pennsylvania in specifics, after child abuse and/or neglect is identified.

Standards for Reporting

Mandatory reporters are legally obligated to make a report of child abuse or neglect under a few circumstances. First of all, a report must be made if a provider under their professional determination suspects or has a reason to believe that a

child is experiencing neglect or abuse. In addition, reporting must occur if the reporter suspects, observes, or is told that the child lives or visits places that can cause harm to the child. Reporters do not have to submit proof of child abuse or neglect. They do have to report the reasoning of suspicion, such as facts and circumstances that led to reporting.

Mandatory reporting statutes often define conditions under which communications are deemed privileged. The term "privileged communications" refers to the legal acknowledgment of the right to maintain confidential exchanges between professionals and their clients, patients, or congregants. In order to empower states to safeguard maltreated children, the reporting laws in numerous states and territories limit this privilege specifically for mandated reporters. Many states require reporters to include their name and contact information in the report to facilitate the investigation.

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Method of Reporting

References: 25

Reporting needs to be made to a state or local Child Protective Services agency or to a designated child abuse hotline. This hotline will vary by state. The reporting should occur immediately to facilitate an investigation. If a child is in imminent danger, the provider should call local authorities (police, emergency medicine services) to facilitate immediate safety.

A written report should occur after an oral report to ensure appropriate documentation and follow through with the case. Each state has various methods of this report. Pennsylvania's reporting form for child abuse and neglect cases is found at https://www.compass.state.pa.us/cwis/public/home.

Contents of the Report and Follow-Up

The report includes detailed information such as the child's name, age, and address, a description of the suspected abuse, and any other relevant details. The healthcare provider's contact information is also included. This varies by state, but Pennsylvania law requires the name and contact information of the reporter so the reporter can assist in the investigation.

Healthcare providers may be asked to provide additional information or participate in case conferences with CPS. Cooperation is critical for the successful resolution of the case.

Healthcare providers should maintain a record of the report, including any confirmation or response received from CPS. This documentation is essential for legal and institutional purposes.

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Pennsylvania

In Pennsylvania, mandatory reporters are required to make an immediate oral report to ChildLine, a toll-free hotline operated by the Pennsylvania Department of Human Services (DHS), when they suspect child abuse. ChildLine is the toll-free hotline (1-800-932-0313) operated by the Pennsylvania Department of Human Services for reporting suspected child abuse. It operates 24/7. After making the oral report, mandatory reporters may be required to submit a written report to DHS within 48 hours. This written report provides additional details about the suspected abuse.

Once a report is made, the appropriate CPS agency initiates an investigation. This involves assessing the safety of the child and determining whether intervention or services are necessary. If abuse is substantiated, CPS may provide services to the family or, in severe cases, may recommend out-of-home placement for the child's

safety. Substantiated cases of child abuse may lead to the inclusion of the perpetrator's name in the statewide ChildLine Child Abuse Registry.

Reporting Timeline

References: 22,25,26

The reporting timeline for child abuse and neglect can vary based on state laws, and specific requirements may differ from one jurisdiction to another. In the United States, reporting guidelines are often established at the state level, and each state has its own laws specifying the timeframe within which suspected child abuse or neglect must be reported.

Immediate Reporting

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In many states, professionals who are mandated reporters, such as teachers, healthcare providers, and social workers, are required to report suspected child abuse or neglect immediately. This immediate reporting is crucial to ensure the safety and well-being of the child. Pennsylvania requires immediate reporting, along with the majority of other states, as a delay can cause further harm to children. This reporting should be made orally to the ChildLine and to law enforcement if the child is in immediate danger.

24 to 48 Hours

Some states may require non-mandated reporters or individuals who are not in specific professions to report suspected child abuse or neglect within 24 to 48 hours of becoming aware of the situation. In Pennsylvania, immediate reporting must occur between 24 hours of learning of the suspected abuse and/or neglect. After making the oral report to ChildLine, mandated reporters are also required to submit a written report within 48 hours of the original knowledge of the abuse or

neglect. This written report provides additional details and documentation related to the suspected child abuse. For Pennsylvania, the written report form can be found at https://www.compass.state.pa.us/cwis/public/home.

Protective Custody – 24 to 72 Hours

Only a court official, law enforcement officer, physician, or hospital administrator has the authority to assume protective custody of a child. A caseworker is required to secure a court order for such action, which becomes necessary when immediate intervention is crucial to protect the child from further harm. Once a child is taken into protective custody by an authorized individual (e.g., law enforcement, physician), prompt notification to the county agency is mandatory. The child is not permitted to be held under protective custody for more than 24 hours. However, if deemed necessary, the county agency can seek a court order to extend the duration of protective custody. In the event of a child being taken into emergency custody, the case must be presented before a judge within 72 hours.

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Investigation – Immediate to 30 Days

Once an oral or written report is made, ChildLine transfers the notification of suspected child abuse to the regional county Children & Youth agency. This agency conducts an investigation into the report to determine whether the allegations can be confirmed as instances of child abuse or neglect. Concurrently, essential services are organized or delivered to prevent additional maltreatment of the child and to safeguard the integrity of the family unit.

The county Children & Youth agency is required to initiate an investigation within 24 hours. A comprehensive examination is carried out to establish whether the child experienced abuse and to identify suitable services for both the child and the family. This investigative process must be concluded within 30 days unless the agency provides justified reasons for an extension. Such justifications may include

efforts to obtain medical records or interview individuals mentioned in the report. If the individual accused in the report does not fit the definition of a perpetrator according to the CPSL but indicates a necessity for an inquiry, ChildLine will transmit the details to the district attorney's office in the relevant county.

After making a report, mandated reporters may be contacted by child protection investigators for additional information. They are expected to cooperate fully with the investigative process. This may involve providing more details, documentation, or testifying if necessary.

Follow-Up – After Investigation is Concluded

Mandated reporters will be informed by the department about the ultimate outcome of the report, indicating whether it was determined to be unfounded, indicated, or founded. Additionally, details about the services planned or provided to safeguard the child will be communicated.

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As far as the outcome for the child, the county agency and its collaborators strive to enhance the well-being of the child, aiming to disrupt the cycle of abuse and preserve the family whenever feasible. According to Pennsylvania law, the county Children & Youth agency is in charge of looking into reports of child abuse and neglect or evaluating a family for General Protective Services. Working together with families and community-based agencies, the county Children & Youth agencies aim to offer services that stop any more harm to the child and make sure the child grows up well and healthy. If it is determined that the child is at risk of ongoing harm, the county agency may seek court intervention to remove the child from the home. Continuous court monitoring is then initiated to assess whether the child can be safely reunited with their family.

Penalties and Corrective Action

References: 24,27,28

Penalties and charges for child abuse vary widely depending on the jurisdiction and the specific circumstances of the case. Laws regarding child abuse can be both criminal and civil, and penalties can include fines, imprisonment, probation, and other consequences. This section will explore different corrective actions based on the case and type of abuse, in Pennsylvania.

Child Endangerment

Child endangerment in Pennsylvania generally refers to conduct or actions that place a child in a situation where the child's health or safety is at risk. Examples of such actions are engaging in activities such as drug use in the presence of a child and failing to provide proper care or supervision for a child. Charges may result in fines, probation, or imprisonment depending on the level of risk posed to the child.

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Child Neglect

Child neglect involves the failure to provide adequate care, supervision, or basic needs for a child, leading to a risk of harm to the child's health or well-being. Examples of this are failure to provide proper nutrition or medical care for a child and leaving a young child unsupervised in circumstances that pose a risk to their safety. Child neglect offenses may be graded as misdemeanors or felonies, depending on the severity of the neglect and the resulting harm to the child. Penalties may include fines, probation, and imprisonment. The severity of penalties is often linked to the degree of risk or harm to the child.

Physical Abuse

Charges for physical abuse can lead to fines, probation, and imprisonment. The severity of the penalties is often linked to the extent of the harm inflicted on the child. Simple assault charges may be applicable if the physical abuse does not result in serious injury. One could be charged with recklessly endangering another person, assault, or battery if the abuse poses a risk or does harm a child. If the child abuse results in in death, homicide or manslaughter charges will be applied.

Sexual Abuse

Charges related to sexual abuse typically result in serious consequences, including substantial fines, lengthy imprisonment, and mandatory sex offender registration. Depending on the type of abuse, charges include child sexual abuse, sexual assault of a minor, aggravated sexual assault, child molestation, statutory rape, child enticement, child exploitation, indecent exposure, human trafficking of a minor, and online solicitation of a minor. The penalties for these charges can be severe and may include imprisonment, fines, mandatory registration as a sex offender, and other legal consequences.

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Emotional or Psychological Abuse

Penalties for emotional or psychological abuse may include fines, probation, and requirements for counseling or therapy. Charges may include child endangerment, child maltreatment, mental anguish or emotional distress, and more depending on the state statutes.

Child Abduction

Child abduction generally refers to the unlawful taking, detaining, or concealing of a child from their legal guardian or custodian. The penalties for child abduction may include both criminal and civil consequences. Charges for child abduction can

lead to imprisonment, fines, and loss of custody rights. International abduction may involve extradition and additional legal consequences. Child abduction is often charged as kidnapping. The severity of the charge may depend on factors such as the relationship between the abductor and the child, the use of force or threat, and the duration of the abduction. In cases where the abductor is a parent or guardian, charges of custodial interference may be applied. This charge is often used when one parent unlawfully takes or retains a child in violation of a custody order.

Failure to Report

It is a serious offense to fail to report child abuse or neglect as a mandatory reporter. Criminal charges can range from misdemeanors to felonies, depending on the severity of the failure and the resulting harm to the child. Fines may be imposed as a penalty for failure to report. The amount of the fine can vary and is usually determined by the laws of the specific jurisdiction. Mandatory reporters who fail to fulfill their reporting obligations may face professional consequences. This can include disciplinary actions by their licensing board or employer, up to and including the loss of their professional license or job termination. In some cases, individuals who fail to report may be subject to civil lawsuits. If a child experiences harm as a result of the failure to report, the individual may be held liable in civil court. In addition to or in lieu of imprisonment, a court may impose probation as a penalty for the failure to report. In more serious cases or instances where the failure to report leads to significant harm to the child, imprisonment may be a potential penalty.

Resources

Several community resources at the local and national level exist regarding child abuse and neglect. There are some tailored specifically to healthcare providers in

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training and reporting practices, some for prevention of child abuse, some for the general population, and several resources for families affected by child abuse and neglect. This section will detail each and offer ease of access to the resources to help phsyical therapists and assistants navigate utilizing and referring the resources to those in need.

Healthcare Providers

There are several resources dedicated to healthcare providers in the best prevention, identification, and reporting efforts in cases of child abuse and neglect. This section details a few of these resources as a reference for physical therapists and assistants.

American Academy of Pediatrics (AAP) [29]

Website: https://www.aap.org/

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The American Academy of Pediatrics (AAP) website serves as a comprehensive resource for pediatricians, healthcare professionals, parents, and the general public. The primary purpose of the AAP website is to promote the health and well-being of infants, children, adolescents, and young adults. The AAP provides guidelines, training, and resources for healthcare professionals on recognizing and responding to child abuse and neglect. The AAP is actively involved in advocating for policies that promote the health and safety of children. This includes efforts related to child abuse prevention, nutrition, mental health, and more.

CDC Essentials for Childhood [30]

Website: https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials/index.html

This site offers resources and tools for healthcare providers to promote safe, stable, nurturing relationships and environments. The guide shares details on how

to prevent and manage child abuse and neglect in patient care. Healthcare providers should reference the Essentials for Childhood framework to help facilitate their role in creating a safe environment for their pediatric patients.

National Child Traumatic Stress Network (NCTSN) [31]

Website: https://www.nctsn.org/

This website provides resources and training for healthcare professionals on trauma-informed care, including addressing the impact of child abuse. It defines child trauma, gives strategies to screen for trauma, and offers training options for healthcare providers to provide trauma informed care.

International Society for the Prevention of Child Abuse and Neglect (ISPCAN) [32]

Website: https://ispcan.org/

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The ISPCAN site offers international resources and conferences focused on preventing child abuse and neglect. The organization began in Denver from the vision of Henry Kempe who published "Battered Child Syndrome". The organization recognizes and empowers communities rather than individual families to protect the rights of children. Individuals can become a member of the site where they gain access to webinars and conferences regarding child rights across the world.

American Professional Society on the Abuse of Children (APSAC) [33]

Website: https://www.apsac.org/

APSAC provides resources, training, and research for professionals working in the field of child maltreatment. APSAC brings together professionals from various fields, including medicine, mental health, law, law enforcement, and social work, who work collaboratively to enhance the understanding, prevention, and treatment of child abuse and neglect. APSAC provides education and training

opportunities for professionals working with abused and neglected children. This includes conferences, workshops, and publications that cover the latest research, evidence-based practices, and legal developments in the field. APSAC may be involved in the development and administration of professional certifications for individuals working in child abuse prevention and intervention.

Children's Advocacy Centers (CACs) [34]

Website: https://www.nationalchildrensalliance.org/

CACs provide a multidisciplinary approach to child abuse investigations. Healthcare providers can collaborate with CACs to ensure comprehensive care. CACs serve as a central hub where professionals from different disciplines, such as law enforcement, child protective services, healthcare, and mental health, come together to coordinate their efforts in responding to child abuse cases. CACs often have on-site or affiliated medical professionals who conduct forensic medical examinations. These examinations are crucial for documenting and addressing any physical evidence of abuse. CACs often engage in community outreach and education programs to raise awareness about child abuse prevention, recognizing signs of abuse, and promoting a safe environment for children.

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American Medical Association (AMA) - Child and Adolescent Health [35]

Website: https://www.ama-assn.org/topics/child-teen-population-care

The AMA provides resources and updates on child and adolescent health, including issues related to abuse and neglect. Providers may follow best practices for child and adolescent health to provide comprehensive care and access resources.

Darkness to Light - Stewards of Children Training [36]

Website: https://www.d2l.org/

This site offers evidence-based training for healthcare providers on preventing, recognizing, and responding to child sexual abuse. "Stewards of Children" is designed to educate adults on how to prevent, recognize, and react responsibly to child sexual abuse. Key components of the Darkness to Light Stewards of Children training are understanding child sexual abuse, recognizing the signs, the impact of child sexual abuse, responsibility to prevent child sexual abuse, creating a safe environment, legal and ethical considerations, and resources.

Child Abuse Prevention and Treatment Act (CAPTA) - Health Professionals' Role [37]

Website: https://www.childwelfare.gov/

The CAPTA site provides information on the role of healthcare professionals with respect to child abuse, neglect, and welfare cases. It has up-to-date information on preventing and responding to child abuse and neglect, state resources, adoption, and current news and events regarding the advocacy of child welfare.

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Local Child Protective Services and Reporting Hotline [37]

Healthcare providers should be familiar with local child protective services agencies and reporting hotlines. These resources vary by state and can be found through the Child Welfare Information Gateway.

Healthcare providers should also be aware of their institution's policies, protocols, and reporting mechanisms related to child abuse and neglect. Regular training and staying informed about updates in best practices are essential in fulfilling this critical role.

Community Resources

There are several community resources to help victims and families affected by child abuse and neglect. This section highlights resources that physical therapists

and assistants can connect their patients to in the state of Pennsylvania. Each state and local community will have its own organizations and resources to help community members navigate child abuse and neglect.

Child Protective Services (CPS) [24]

The role of CPS as a government agency is investigating reports of child abuse and neglect. CPS investigates reports, intervenes on, and protects children at risk of abuse or neglect. For substantiated cases, CPS may provide ongoing case management to monitor the family's progress, offer support, and connect them with necessary services. CPS often collaborates with community-based services to provide families with the support they need to create a safe and nurturing environment for their children. CPS may connect families with various services, including mental health counseling, substance abuse treatment, parenting classes, and housing assistance. CPS responds to crises involving child safety promptly, ensuring immediate intervention and protection when necessary.

Pennsylvania Department of Human Services (DHS) [38]

DHS oversees child welfare services in the state, and CPS may collaborate closely with this department for policy guidance, funding, and program implementation. The DHS establishes statewide policies and guidelines for child protective services to ensure consistency and best practices across all counties in Pennsylvania. DHS provides training and certification programs for child welfare professionals, including those working in CPS, to ensure a well-trained and knowledgeable workforce. DHS oversees the county-based Children and Youth Agencies responsible for child protective services. This includes monitoring their adherence to state policies and regulations. DHS supports and oversees services for children in foster care, ensuring their well-being and permanency planning when reunification with the family is not possible.

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County Children and Youth Agencies [26]

Each county in Pennsylvania has a Children and Youth Agency responsible for child protective services. CPS collaborates with these agencies for case management, investigations, and family support services. Reports of suspected child abuse can be made to these local agencies, and they have the legal authority to look into allegations. The agency will offer services to families when parents cannot care for children, children have been physically harmed, physically abused, sexually abused, if children do not receive appropriate supervision or care, and when parents or children need outside intervention for problems. Professionals working in the agency try to keep families together but do intervene and place children elsewhere if necessary. This is typically with relatives or a foster family, and more rarely in a group home or shelter.

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Pennsylvania State Police [24]

Physical therapists and assistants should educate their patients and caregivers on contacting law enforcement if necessary. Law enforcement agencies, including the Pennsylvania State Police, often collaborate with CPS on investigations involving child abuse or neglect. The police should be immediately contacted if there is immediate danger to a child, serious physical injury, sexual abuse, abduction, abuse by a caregiver or family member, threats of harm, and drug use in the proximity of a child.

Pennsylvania Statewide Adoption and Permanency Network (SWAN) [39]

CPS may collaborate with SWAN for permanency planning, adoption services, and support for children in the foster care system. SWAN is primarily focused on achieving permanency for children in foster care. Permanency planning involves finding stable, loving, and permanent homes for children, whether through adoption, reunification with biological families, or other long-term arrangements.

Pennsylvania Network of Child Advocacy Centers (PANCAC) [40]

Pennsylvania CPS may collaborate with CACs for coordinated and child-friendly investigations. PANCAC serves as a coordinating body that connects and collaborates with Children's Advocacy Centers throughout Pennsylvania. This coordination is essential for fostering a collaborative and multidisciplinary approach to child abuse investigations.

Pennsylvania Family Support Alliance (PFSA) [41]

PFSA is a leading organization in child abuse prevention in Pennsylvania. It provides training, resources, and programs for parents, professionals, and communities to prevent child abuse. It has up-to-date articles on parenting, parenting styles, recognizing child abuse signs in children, and more for parents and guardians to help prevent and intervene on child abuse. In addition, healthcare providers are able to take continuing education credits right from the website.

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Website: https://pafsa.org/

County Mental Health and Behavioral Health Agencies [42,43]

Collaborating with these agencies helps CPS address the mental health needs of children and families affected by abuse or neglect. For example, the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) Children's Behavioral Health Services focuses on children's behavioral health needs in the Philadelphia area. The agency provides a range of child and adolescent mental health services, including assessment, therapy, and support for families. Another example is the Bucks County Department of Behavioral Health Children's Behavioral Health Services. This agency specializes in addressing the mental health needs of children and adolescents. They offer child-specific

behavioral health services, including counseling, early intervention, and support for families.

Pennsylvania Legal Aid Network (PLAN) [44]

The Pennsylvania Legal Aid Network (PLAN) is a consortium of legal aid organizations in the state of Pennsylvania. PLAN works to provide legal assistance to individuals and families who may not be able to afford legal representation. While PLAN itself doesn't directly address child abuse issues, the legal aid organizations within the network may offer services related to child abuse cases.

Pennsylvania Office of Child Development and Early Learning (OCDEL) [45]

OCDEL is a state-level agency that plays a central role in coordinating and overseeing early childhood education and development programs in Pennsylvania. OCDEL focuses on providing quality services and resources to support the healthy development of young children.

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Child Care Information Services (CCIS) in Pennsylvania [46]

Child Care Information Services (CCIS) in Pennsylvania is a network of agencies that plays a vital role in supporting families in accessing quality child care services and early childhood education. CCIS agencies are regional organizations that serve as a resource hub for parents, caregivers, and child care providers. CCIS helps administer child care subsidy programs, which provide financial assistance to eligible families to help cover the cost of child care services. These services can take financial stress off of parents and guardians, lowering the risk of abuse and neglect.

Pennsylvania Head Start Association (PHSA) [47]

Head Start is a federally funded program that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-

income children and their families. PHSA provides professional development opportunities for Head Start staff, including teachers, administrators, and support personnel. This may involve training sessions, workshops, and conferences to enhance the skills and knowledge of early childhood professionals. PHSA engages in community outreach and public awareness efforts to highlight the importance of early childhood education and the impact of Head Start programs. This may involve collaborating with community organizations, media, and stakeholders.

Family Centers in Pennsylvania [48]

Family Centers in Pennsylvania play a crucial role in providing a range of support services to families, with a focus on promoting the well-being of children and enhancing family functioning. These centers serve as community-based resources that offer a variety of programs and assistance. Family Centers offer support services for families facing crises or challenges. This could include assistance with basic needs, such as food and housing, and access to social services. Family Centers serve as a hub for information about community resources and services. They connect families with relevant resources, including healthcare, education, and social services. Family Centers may offer crisis intervention and counseling services to families dealing with issues such as domestic violence, substance abuse, or mental health challenges.

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Local Community Health Centers

Community health centers serve a diverse and often underserved patient population, providing essential healthcare services to individuals and families in the community. The patient population at community health centers typically includes people of various backgrounds, demographics, and socioeconomic statuses. Community health center staff are primary care providers, behavioral health providers, dental health providers, and more. Staff are trained to detect

and support families involved in child abuse and neglect, and to refer them to the appropriate providers and agencies.

Big Brothers Big Sisters of America - Pennsylvania Chapters [49]

Big Brothers Big Sisters of America is a nationally recognized nonprofit organization that operates mentorship programs for children and youth across the United States. In Pennsylvania, there are several local chapters affiliated with Big Brothers Big Sisters of America. The mission of Big Brothers Big Sisters is to provide children facing adversity with strong and enduring, professionally supported one-to-one mentoring relationships that can change their lives for the better, forever. The organization operates mentorship programs where adult volunteers ("Bigs") are matched with children or youth ("Littles") in one-to-one relationships. These relationships are designed to provide support, guidance, and positive role modeling. The organization typically serves children and youth facing adversity, which may include factors such as poverty, family challenges, or social and emotional struggles. The organization has several chapters in Pennsylvania including Big Brothers Big Sisters of Southeastern Pennsylvania, which serves the Philadelphia region and surrounding areas, Big Brothers Big Sisters of Greater Pittsburgh, which serves the Pittsburgh and surrounding regions, Big Brothers Big Sisters of the Lehigh Valley, which serves the Lehigh Valley area, Big Brothers Big Sisters of Central Pennsylvania, which serves the central part of the state, and Big Brothers Big Sisters of Northeastern Pennsylvania, which serves the northeastern part of the state.

As evident in this section, there are several resources for both healthcare providers, children, and families regarding child abuse and neglect. National resources are standard for each state, and Pennsylvania has several county and local resources as well. Physical therapists and physical therapist assistants should research their local agencies and support organizations for a comprehensive

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understanding of the help that is available for children and families undergoing child abuse and neglect.

Section 3 Key Words

<u>Federal Child Abuse Prevention and Treatment Act (CAPTA)</u> – A federal law in the United States that addresses the prevention, identification, and treatment of child abuse and neglect

<u>Pennsylvania Child Protective Services Law (CPSL)</u> – A set of laws and regulations in the state of Pennsylvania aimed at protecting children from abuse and neglect by establishing the legal framework for reporting and investigating child abuse, as well as outlining the responsibilities of individuals and entities involved in the care and supervision of children

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<u>ChildLine</u> - A child abuse hotline operated by the Pennsylvania Department of Human Services (DHS). ChildLine serves as a 24/7 reporting system for individuals to report suspicions of child abuse or neglect

<u>County Children and Youth Agencies</u> - Local government entities that are responsible for addressing matters related to child welfare and protection within specific counties

Section 3 Summary

In conclusion, as physical therapists and assistants pledge to provide patient care, they accept the responsibility to advocate and protect the most vulnerable, especially children. Reporting child abuse is not only a critical aspect of this commitment but also a legal obligation as healthcare workers are mandatory reporters of child abuse. This section has prepared PTs and PTAs with knowledge and guidance on reporting child abuse, highlighting their unique role in early

detection and intervention. As trusted healthcare professionals, physical therapists are positioned to promote the safety and well-being of children, ensuring that each child receives the care, protection, and support they need to thrive.

Case Study 1

Jane, a physical therapist, has been working in outpatient pediatrics for several years. She recently began sessions with a 9-year-old boy named Alex who was referred for physical therapy due to knee pain issues. Alex's parents, John and Sarah, are actively involved in his care. During one of the physical therapy sessions, Jane observed some concerning signs in Alex’s behavior. Alex, who was initially friendly and cooperative, started exhibiting signs of extreme anxiety and withdrawal. He became visibly nervous whenever his parents were present. Jane noticed that the explanations provided by John and Sarah about Alex's injuries were inconsistent. They attributed his bruising and other injuries to minor accidents, but the nature and frequency of injuries raised suspicion. During the therapy session, Jane observed several bruises in different stages of healing on Alex's arms and legs. Some of these bruises appeared inconsistent with the explanations given by the parents. While performing routine physical assessments, Jane noticed that Alex displayed an unusual fear of being touched. He flinched even with gentle contact, indicating a possible aversion to physical contact.

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Reflection Questions

1. How did the physical therapist, Jane, utilize her observational skills during the session with Alex?
2. What action should Jane take regarding the safety of her patient, Alex?

3. Why is meticulous documentation important in cases where child abuse is suspected?
4. What might happen if Child Protective Services does find that Alex is a victim of child abuse?

Responses

1. Jane carefully observed Alex's behavior, including signs of anxiety, fear of touch, and inconsistent explanations for injuries.
2. Because there are criteria that meet physical child abuse, Jane should document her observations, contact Child Protective Services (via ChildHelp line), and she should communicate findings to other members of Alex's healthcare team as appropriate. This could be his primary care physician or active mental health professionals he is seeing.
3. Meticulous documentation helps create a detailed record of observations and findings, which is crucial for reporting and subsequent investigations.
4. If Alex is a victim of child abuse, appropriate interventions would be implemented to ensure his safety. Alex would be removed from his home and placed in protective custody. CPS would work to place Alex in a home with relatives or foster care. His parents would be required to undergo counseling and parenting classes at a minimum and could be charged with child endangerment in a court.

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Case Study 2

Amanda, a 10-year-old girl, is admitted to the hospital due to complaints of persistent lower back pain. Her father, Mr. Rodriguez, reports that Amanda has

been experiencing discomfort for several months without any apparent cause and that it is now at severe levels. Amanda appears withdrawn and avoids making eye contact. Mr. Rodriguez is present during all therapy sessions, insisting that he be in the room. During the physical therapy assessment, which is unremarkable besides low back pain, the therapist, Dr. Smith, notes Amanda's reluctance to engage in conversation about the pain and discomfort. Amanda avoids any physical contact with Dr. Smith and appears visibly distressed when asked about her symptoms. Other testing for medical testing is unremarkable.

Reflection Questions

1. What signs or behaviors initially raised concerns about the possibility of child abuse in this case?
2. How should Dr. Smith respond after this initial physical therapy evaluation in the hospital?
3. Based on the symptoms and characteristics of this case, what type of abuse should be investigated, and how?
4. What are possible outcomes for Amanda and family if the CPS investigation reveals sexual abuse?

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Responses

1. The child's withdrawal, avoidance of eye contact, and reluctance to communicate about the symptoms were initial indicators.
2. Dr. Smith should maintain detailed documentation of the assessment, noting Amanda's behavior, verbal cues, and any physical findings. As a mandatory reporter of child abuse, Dr. Smith should follow the hospital

protocol for reporting suspicions of abuse. This will include reporting the suspicions to CPS and facilitating the investigation.

3. Due to the concerns of unexplained back pain, behavioral cues, and overly protective parental involvement, Dr. Smith has reason to suspect child sexual abuse is occurring. This would be investigated through CPS, who may conduct a forensic medical examination, interviews with Amanda, family, and friends, and psychological assessments by mental health professionals.
4. Depending on the severity of the abuse, an appropriate charge will be made to the perpetrator, whether that is statutory rape, child molestation, or other forms of child sexual abuse. Penalties include fines, imprisonment, and mandatory enlisting on the national child sex offender registry. Amanda will be placed in a safe home by CPS, whether that is with relatives or foster care.

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Conclusion

In summary, each year in the United States, around one in seven children undergoes some form of child abuse or neglect. Recognizing the significance of this issue, individuals in regular contact with children play a crucial role in identifying and reporting potential cases of abuse. This course has been meticulously designed to provide physical therapists and physical therapist assistants with the essential knowledge and skills necessary to navigate the complexities of child abuse identification and reporting. Covering topics such as epidemiology, the historical evolution of standards, child welfare services, various abuse forms, identifying potential perpetrators, recognizing warning signs, addressing human and labor trafficking, understanding exclusionary circumstances, fulfilling reporting obligations, and navigating relevant resources,

this course ensures healthcare professionals are well-prepared to fulfill their responsibilities and contribute to the protection and well-being of children.

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