

# Reporting Child Abuse and Neglect

*What School Personnel Need To Do*

## Module II

# What to look for...

REFER TO HANDOUTS 4-10



# What is Child Abuse and Neglect?

A **child who is under the age of 18** is considered to be abused or neglected when a **parent or caregiver**:

- Inflicts or allows to be inflicted physical injury by other than accidental means that creates substantial harm or risk of substantial harm.
- Fails to provide proper supervision or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.
- Commits or allows to be committed an act of sexual abuse against a child.

*“What about 18 to 21 year-old students?”*



# Students age 18 to 21 years:

- If an 18 to 21 year old student is an “open case” with DCP&P, the Division will assess the needs of the 18 to 21-year-old and provide appropriate services.
- If DCP&P has the 18 to 21 year old student as an open case, they legally cannot open an investigation as statutes prohibit this. However, their involvement may lead to referring to other available support services or having law enforcement apply certain legal charges.



# Students age 18 to 21 years:

- If current or past DCP&P or other agency involvement is unknown, you should still make the call to the Hotline.
- If it is known that there is case management from another Division...call that case manager or contact person.
  - The Division of Developmental Disabilities (Dept of Human Services)
  - The Division of Mental Health Services (Dept of Human Services)
  - The Division of Child Behavioral Health Services (DCF)
- Probation may be contacted if they are involved.
- If there is no current DCP&P or other agency involvement, the person making the report should call the Adult Protective Services office 1-800-792-8820. There is an office in each of the 21 counties.
- In every instance, call law enforcement.



# What are the common signs of abuse?

- **Physical abuse:** unexplained or questionable bruises, welts, burns, lacerations, fractures, abrasions, etc.
- **Sexual abuse:** complaints regarding genital/anal areas, sexually transmitted diseases, unusual knowledge about or preoccupation with sex.
- **Neglect:** consistent hunger, poor hygiene, inappropriate dress, lack of supervision, or willfully failing to provide an education.
- **Emotional abuse:** may include aggressive or withdrawn behavior, unusual fears, running away, sudden change in mood or behavior.



## Additional Indicators:

- A student may **directly report** that he/she has been abused!
- Staff may **directly observe** a sign or act of abuse or neglect.
- Frequent or questionable **absenteeism** of a student is a cause for potential concern.



# Physical Abuse

## Observable Indicators

Unexplained or questionable/inconsistent bruises and welts:

- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various stages of healing
- Clustered, forming regular patterns
- Reflecting shape of article used to inflict (electric cord, belt buckle)
- On several different surface areas
- Regularly appear after absence, weekend or vacation

## Behavioral Indicators:

- Wary of adult contacts
- Appearing uncomfortable with physical contact
- Complaining of soreness or moving uncomfortably
- Apprehensive when other children cry
- Behavioral extremes:
- Aggressiveness or Withdrawal
- Reluctant to change clothes for PE
- Frightened of parents
- Afraid to go home
- Seeking to stay late after school
- Reports injury by parents



# Physical Abuse (continued)

## Observable Indicators

Unexplained or  
questionable/inconsistent  
Burns:

- Cigar, cigarette burns, especially on soles, palms, back or buttocks
- Immersion burns (sock-like, glove-like doughnut shaped on buttocks or genitalia)
- Patterned like electric burner, iron, etc.
- Rope burns on arms, legs, neck or torso

## Observable Indicators

Unexplained or  
questionable/inconsistent  
fractures:

- To skull, nose, facial structure
- In various stages of healing
- Multiple or spiral fractures

Unexplained or  
questionable/inconsistent  
laceration or abrasions:

- To mouth, lips, gums, eyes
- To external genitalia





# Scenarios for discussion:

- You overhear your student Johnny, a 12 year-old, telling some other children about how he was caught shoplifting over the weekend and his father gave him a beating with his belt for it. You take Johnny aside and tell him what you overheard. You ask if the nurse can examine him, and he agrees. The nurse finds no bruises or marks on Johnny. You call Johnny's father and he confirms that he did indeed hit Johnny with a belt, as punishment for shoplifting. Johnny's father picks him up from school as usual, and Johnny seems happy to see his father.
- Susan, a six-year-old girl, has a bruise on her cheek, her upper arm, and her torso. She tells you that over the weekend she fell down the stairs. Susan often has bruises on her upper arms. Her mother confirms that she fell down the stairs—she says Susan is a tomboy and is always falling down.



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# Physical Neglect:

May often involve a COMBINATION of factors...

## Observable Indicators:

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or long periods
- Frequent fatigue or listlessness
- Unattended physical problems or medical needs
- Abandonment

## Behavioral Indicators:

- Begging, stealing food
- Extended stays at school (arrive early & depart late)
- Falling asleep in class
- Noticeably poor hygiene
- Shunned by peers
- Clinging behavior
- Alcohol or drug abuse
- Delinquency (e.g. thefts)
- States there is no caregiver



# Scenarios for discussion:

- A child's parents cannot afford to get her needed prescription glasses.
- 11-year-old Melissa is home alone every day after school until her mother comes home from work.



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# Sexual Abuse:

Often, there are no physical signs, however some observable indicators include:

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal or anal areas
- Venereal disease, especially in pre-teens
- Pregnancy
- Inappropriate “child on child” sexual activity/touching (going beyond age-appropriate curiosity)

Behavioral indicators can be subtle or attributable to other factors but may include:

- Unwilling to change for gym or participate in PE
- Withdrawn, fantasy or infantile behavior
- Sexually explicit drawings
- Bizarre, sophisticated or unusual sexual behavior or knowledge
- Highly sexualized play
- Unexplained fear of a person or place
- Poor peer relationships
- Delinquency or runaway behavior
- Reports sexual assault by caregiver



# Scenarios for discussion:

- You see one of your colleagues at a restaurant with a 14-year old student of yours. The next day, you inadvertently walk into a dark classroom and turn on the lights where you find said colleague and student appearing disheveled and adjusting their clothing. You notice a few days later that the student is absent from your class on the same day that the colleague was scheduled to cover for you to attend a meeting. Your teacher colleague is absent on that day.
- You have known 13 year old Adam and his parents for years. Adam has presented behavioral problems in school and has been known to lie. His father is well known and active in the community, with a good reputation. One day, Adam comes to you in tears and tells you his father has been making him pose for photographs in the nude. You think he is probably lying.



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# Emotional Abuse:

The criteria used by DCP&P...

Emotional abuse and/or neglect is conduct by a child's parent or caregiver toward the child which contributes to, causes, allows or permits:

- Significant and/or persistent emotional pain, harm or impairment; and/or
- Significant vulnerability to or risk of such pain, harm or impairment; and/or
- Significant exacerbation of a child's existing emotional pain or impairment.

There must be injury to the intellectual, emotional or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function within a normal range of performance and behavior.



# Emotional Abuse...

Is often difficult to prove. Conduct by a parent or caregiver may include acts, omissions or patterns of acts/omissions. These may be immediately harmful or cumulatively harmful.

**Some observable indicators in children,  
(with a suggestion to be aware of *sudden* changes in behavior):**

- Suicidal threats or gestures
- Running away episodes
- Behavior extremes: aggressive, demanding, fearful
- Significant sadness, self-denial, depression, low self-esteem, withdrawal
- Inability to form trusting relationships
- Habit disorders (sucking, biting, rocking, etc.)
- Phobias, obsessions, compulsions,
- Conduct disorders (antisocial, defiant, destructive, sociopathic, etc.)
- Neurotic traits (sleep disorders, speech disorders, inhibition of play)
- Inappropriately adult or infant-like
- Compliant/passive/regression

**However, these may be attributable to organic disorders, other mental health/psychiatric disorders.**



# Scenarios for discussion:

- Dave is a sophomore in high school, a good student, and a starter on the basketball team. You go to a game and observe Dave's father criticizing and ridiculing Dave from the sidelines. He is so disruptive that, during half-time, Dave and he get into a heated argument on the sidelines. Dave fouls out during the third quarter, and his father leaves in obvious disgust. Dave seems relieved when his father leaves, and you see him joking with his teammates.
- Lucy is a very shy, sensitive 7-year-old who has trouble getting along with the other children in your class. You ask her mother to come in to talk to you about it. Her mother claims that Lucy is a "prima-donna" and "stuck-up," and it's no wonder the other children don't like her. You overhear her mother ridiculing her in the parking lot, telling her she is worthless and stupid. During the next week, a new girl comes to your class and Lucy begins to taunt her and pinch her at every opportunity.



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# “Educational Neglect”

(Per guidelines from the Division of Child Protection and Permanency)

"Educational neglect" means –

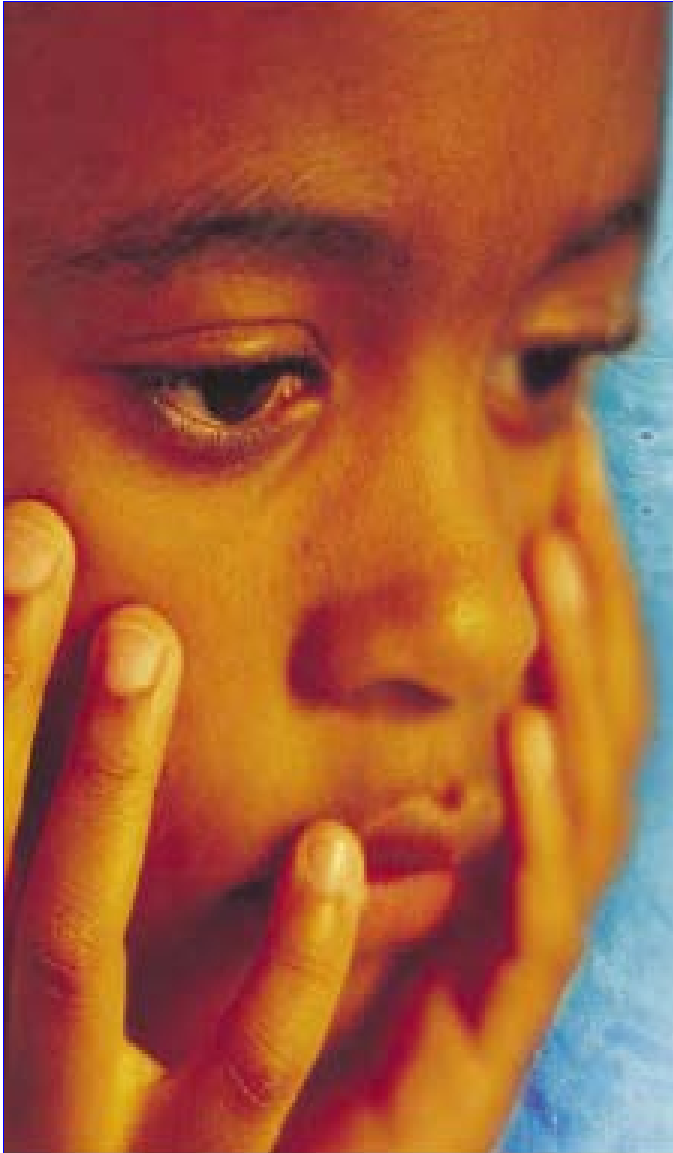
- The parent or caregiver has willfully failed to provide a school-age child (ages 6 to 16) with a regular education, as prescribed by applicable State law.
- A school-age child is enrolled in a school program but is failing to attend on a regular, ongoing basis.
- **NOTE:** The local school system or board of education must exhaust all its remedies, under State education law, administrative code, and local policies and procedures to engage the parent or caregiver and compel the child to attend school, before making a report of "educational neglect" to DCP&P.



# Summary of Module II

- **Physical abuse:** unexplained or questionable bruises, welts, burns, lacerations, fractures, abrasions, etc.
- **Sexual abuse:** complaints regarding genital/anal areas, sexually transmitted diseases, unusual knowledge about or preoccupation with sex.
- **Neglect:** consistent hunger, poor hygiene, inappropriate dress, lack of supervision, or willfully failing to provide an education.
- **Emotional abuse:** child suffers significant and/or persistent emotional pain, harm or impairment; and/or significant vulnerability to or risk of such pain, harm or impairment; and/or significant exacerbation of a child's existing emotional pain or impairment.
- **Educational neglect** means –The parent or caregiver has willfully failed to provide a school-age child (ages 6 to 16) with a regular education, as prescribed by applicable State law. A school-age child is enrolled in a school program but is failing to attend on a regular, ongoing basis.
- DCP&P may investigate some cases of suspected abuse and neglect for 18 to 21 year olds, under certain circumstances. Other agencies and/or law enforcement may also have a role for this age group.
- Refer to your Handouts for descriptions of potential signs of abuse/neglect.





# Child Abuse doesn't report itself.

Make The Call, Help A Child

1-877 NJ **ABUSE**

1-877-652-2873

