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In Arkansas, child care providers are required by law to report cases of known or suspected child maltreatment.

As a child care provider, you are often in a position to detect child maltreatment and help families get assistance for the problem. You also have a responsibility to make sure that child maltreatment does not occur in your child care setting.

ARKANSAS’ CHILD ABUSE REPORTING STATUTE

*AR Code § 12-18-101 – 12-18-1108 is the code citation for the CHILD MALTREATMENT REPORTING ACT.*

**THE LAW STATES:**

- You are required to report suspected or known maltreatment. It is not your role to have proof of maltreatment or to investigate the situation.
- If you have a reasonable cause to suspect that a child is being maltreated, and you report in good faith, you are immune to suit and to liability both civilly and criminally.
- No privilege or contract relieves anyone required by law to report suspected maltreatment.
- If you willfully fail to report suspected child maltreatment, you will be civilly and criminally liable for damages proximately caused by that failure.
- The identity of the person who made the report is not disclosed unless a court of jurisdiction orders release for good cause shown. Identity of the reporting source can be released to the prosecuting attorney or law enforcement upon request.
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WHERE DO YOU REPORT SUSPECTED CHILD MALTREATMENT?

If you suspect child maltreatment or if you have any questions, call the Arkansas Child Abuse Reporting Hotline at 1-800-482-5964.

Mandated reporters may report nonemergency abuse or neglect by fax to 501-618-8952 using the fax form approved and distributed by the Arkansas State Police.

§ 12-18-402 (Mandated reporters) states:

When any of the following individuals has reasonable cause to suspect that a child has been subjected to child maltreatment or has died as a result of child maltreatment, or who observes a child being subjected to conditions or circumstances that would reasonably result in child maltreatment, he or she shall immediately notify the Child Abuse Hotline:

1) Any child care worker or foster care worker;
2) A coroner;
3) A day care center worker;
4) A dentist or a dental hygienist;
5) A domestic abuse advocate;
6) A domestic violence shelter employee;
7) A domestic violence shelter volunteer;
8) An employee of Department of Human Services;
9) An employee working under the contract for the Division of Youth Services of the Department of Human Services;
10) Any foster parent;
11) A judge;
12) A law enforcement official;
13) A licensed nurse;
14) Any medical personnel who may be engaged in the admission, examination, care or treatment of persons;
15) A mental health professional;
16) An osteopath;
17) A peace officer;
18) A physician;
19) A prosecuting attorney;
20) A resident intern;
21) A school counselor;
22) A school official;
23) A social worker;
24) A surgeon;
25) A teacher;
26) A court-appointed special advocate program staff member or volunteer;
27) A juvenile intake or probation officer;
28) A clergy member, which includes a minister, a priest, a rabbi and an accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him or her, except to the extent the clergy member:
   A) Has acquired knowledge of suspected child maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith; or
   B) Received the knowledge of the suspected child maltreatment from the alleged offender in the context of a statement of admission;
29) An employee of a child advocacy center or a child safety center;
30) An attorney ad litem in the course of his or her duties as an attorney ad litem;
31) A) A sexual abuse advocate or sexual abuse volunteer who works with a victim of sexual abuse as an employee of a community-based victim service or mental health agency such as Safe Places, United Family Services or Centers for Youth and Families;
   B) A sexual abuse advocate or sexual abuse volunteer, including a paid or volunteer sexual abuse advocate who is based with a local law enforcement agency;
32) A) A child abuse advocate or child abuse volunteer, including who works with a child victim of abuse or maltreatment as an employee of a community-based victim service or a mental health agency such as Safe Places, United Family Services or Centers for Youth and Families;
   B) A child abuse advocate or child abuse volunteer including a paid or volunteer sexual abuse advocate who is based with a local law enforcement agency;
33) A rape crisis advocate or rape crisis volunteer;
34) A victim/witness coordinator; or
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35) A victim assistance professional or victim assistance volunteer;
   A) A privilege or contract shall not prevent a person from reporting child maltreatment when he or she is a mandated reporter and required to report under this section.
   B) A school, Head Start program or day care facility shall not prohibit an employee or a volunteer from directly reporting child maltreatment to the Child Abuse Hotline.
   C) A school, Head Start program or day care facility shall not require an employee or a volunteer to obtain permission or notify any person, including an employee or a supervisor, before reporting child maltreatment to the Child Abuse Hotline.


HOW COMMON IS CHILD MALTREATMENT?

- During the fiscal year 2010, an estimated 3.3 million referrals, involving alleged maltreatment of approximately 5.9 million children, were made.*
- In Arkansas in 2010, 73,257 children were the subject of an investigation alleging child maltreatment (involving 45,872 referrals). Of these reports, the allegations related to 12,591 children were found true with a preponderance of evidence of maltreatment.*
- A report of child abuse is made every 10 seconds.**
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.**
- More than five children die every day as a result of child abuse.***
- Younger children are more vulnerable to death as the result of child abuse and neglect.*
- In 2010 a nationally estimated 1,560 children died from abuse and neglect, with 79.4 percent of all child fatalities younger than 4 years of age.*
- It is estimated that between 50 and 60 percent of child fatalities due to maltreatment are not recorded as such on death certificates.****
- The estimated annual cost of child abuse and neglect in the United States for 2008 was $124 billion.*****
- Child sexual abuse is seldom a one-time occurrence. Abusive relationships last an average of one to four years and many last much longer.******

Notes:

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** From Childhelp website: http://www.childhelp.org/pages/about. Childhelp is a leading national nonprofit organization dedicated to helping victims of child abuse and neglect. Childhelp’s approach focuses on prevention, intervention and treatment.


***** The National Committee for the Prevention of Child Abuse

WHAT IS CHILD MALTREATMENT?
The National Committee for Prevention of Child Abuse (NCPCA) defines child maltreatment as a nonaccidental injury or pattern of injury to a child. This may include nonaccidental physical abuse, neglect, sexual abuse and emotional abuse.

PANDA – PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS

Almost three million children are reported as being abused or neglected each year in this country (NCCAN, 2006). By state law, dentists in every state are required to report suspected cases of child abuse and neglect to authorities. However, dentists make less than one percent of the reports (Mouden, 1994). This conflicts with data showing that 65 to 75 percent of cases of physical abuse involve injury to the head, neck and mouth (Becker, 1978; da Fonseca, 1992).

You have a chance to help spread the news about PANDA and to help prevent abuse and neglect. Please take a moment to see how you can become involved in a PANDA coalition in your state. Help dentistry make a difference in a child’s life.

Educational Programs

The PANDA coalition offers a variety of educational opportunities aimed at providing information on the prevention of abuse and neglect of children, adults and the elderly. Although originally designed for dental audiences, the presentations can be tailored for a variety of groups, from lay persons to those with considerable background in health care or family violence.
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The presentations focus on the role everyone has in decreasing the incidence of child abuse and neglect. Many people find family violence a difficult problem to confront. However, PANDA seminars will help them realize that their involvement in recognizing and reporting child abuse and neglect may not only save a child from further abuse, but it may also save a child’s life.

The presentations include specific clinical aspects of child abuse and neglect recognizable in specific settings. State-specific statutory and liability aspects are also addressed. Individual state laws relating to violence reporting are discussed and health professionals are given guidelines to prevent exposure to liability. The seminars also cover preventing domestic violence and elder abuse and neglect.

While portions of the presentation may be uncomfortable for some individuals to view, the lecture is given in a positive light. The outcome is an increased awareness of the positive steps all citizens can take to stop abuse and neglect. The various presentations are suitable for all dentists, dental hygienists, dental assistants, physicians, nurses, child care workers, teachers and anyone who cares about preventing family violence.

For more information, contact the Office of Oral Health, Arkansas Department of Health, Little Rock, (501) 661-2595.

WHAT IS PHYSICAL ABUSE?

Physical abuse is nonaccidental injury inflicted upon a child that may include hitting, burning, biting, choking, etc.

SIGNS OF PHYSICAL ABUSE MAY INCLUDE:

- Child has unexplained or repeated injuries such as welts, bruises or burns.
- Child has injuries that seem to take the shape of an object (bruises look like the shape of a hand, belt buckle, electric cord; burns that are round, shaped like an iron or curling iron).
- Child has injuries that don’t make sense for his/her age such as bruises on the legs or bottom of a child too young to walk or climb.
- Unlikely or different explanations of injury given by parent and/or child.
WHAT IS NEGLECT?
Neglect is failure to provide a child with the basic necessities of life such as supervision, food, clothing, shelter, education and medical care. Neglect also includes the failure or refusal to prevent abuse when it is known a child has been abused.

SIGNS OF NEGLECT MAY INCLUDE:
- Constant hunger
- Poor hygiene
- Inappropriate clothing
- Constant fatigue, listlessness
- Poor school attendance
- Health problems or lack of medical or dental care

WHAT IS EMOTIONAL ABUSE?
Emotional abuse is a pattern of behavior that injures a child’s emotional development and sense of self-worth. Some examples are constant criticizing; insulting; rejecting and providing no love, support or guidance.

SIGNS OF EMOTIONAL ABUSE MAY INCLUDE:
- Regression in habit disorders such as thumb sucking, biting, rocking, bed wetting
- Behavioral extremes
- Poor peer relations
- Compulsiveness
- Obsessiveness
- Hysteria
- Phobias
- Hypochondria
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WHAT IS SEXUAL ABUSE?

Sexual abuse is a sexual act between a child and an adult or older child for the sexual gratification of the adult or older child. It can be a physical or nonphysical act. Physical acts may include such things as touching a child’s private parts, penetration of the child’s vagina or rectum or oral sex. Nonphysical acts may include forcing a child to look at an adult’s genitals, forcing a child to watch adults involved in sex, exposure of a child’s genitals, talking to a child in a sexually explicit manner, exhibitionism or pornography.

SIGNS OF SEXUAL ABUSE MAY INCLUDE:

- Problems walking or sitting
- Bite marks
- Stained or bloody underpants
- Pain or itching in the genital or rectal area
- Bruising caused from restraints
- Soiling or wetting pants/bed
- Starting fires/stealing
- Eating disorders such as binge eating, bulimia or anorexia
- Depression/flat affect
- Withdrawn
- Knowledge of age inappropriate sexual information
- Excessive masturbation
- Child has problems sleeping (afraid to sleep alone, frequent nightmares, afraid to close eyes and afraid of darkness)

WHEN A CHILD DISCLOSSES SEXUAL ABUSE

While children may disclose sexual abuse directly, often their disclosure is subtle or indirect, including:

- Hints or hidden disclosure, such as “My baby-sitter is bothering me,” or “Aunt Sue wouldn’t let me sleep last night,” or “I don’t like riding in the truck with Billy.” The child may not have the vocabulary to specifically describe the abuse, may feel ashamed or may have promised not to tell. Gently encourage the child to tell you as much as he/she can. Remember that to make a report of suspected abuse, you do not need to know exactly what form the abuse has taken.
• Conditional disclosure, such as “You have to promise not to tell anyone.” The child may fear the consequences of disclosure. Often, the perpetrator has used threats to control the child. Assure the child that you want to help so the child and the perpetrator can get help. Tell the child that it was brave of them to tell and that something like that should not be a secret. Do not promise that you won’t report the abuse or promise anything else you cannot follow up on or control.

• Report information to Arkansas Child Abuse Reporting Hotline. Avoid having others question the child further. An Arkansas Department of Human Services – Division of Children and Family Services investigator or an Arkansas State Police – Crimes Against Children Division official should be the one to interview the child extensively in case the incident is referred for legal action and to prevent the child from feeling too much confusion from excessive questioning.

• Never make the child confront the accused adult. Depending on who the alleged perpetrator is, you may want to involve the parents in making the report with you. Other times you may decide to report without informing the parents.

(Note: A promise by another staff member (center director or supervisor) or parent to report does not relieve the child care worker of the duty to report.)

• Support a child that has disclosed sexual abuse by telling them you believe them and it is not their fault.

WHAT CAN YOU DO TO HELP CHILDREN WHO HAVE BEEN ABUSED?

Make them feel safe, loved and worthwhile. You can praise them, teach them how to cope with failure, protect them from violence and spend time with them.

WHO TO CONTACT FOR INFORMATION ABOUT CHILD ABUSE?

• Arkansas Child Abuse Reporting Hotline 1-800-482-5964

• Arkansas Commission for Rape, Domestic Violence and Child Abuse, Little Rock, 501-661-7975

• Arkansas State Police, Crimes Against Children Division, Little Rock, 501-618-8900

• PANDA, Prevent Abuse and Neglect through Dental Awareness, Office of Oral Health, Arkansas Department of Health, Little Rock, 501-661-2595
OTHER INFORMATION FOR CHILD CARE FACILITIES*

- Since child care providers are mandatory reporters of child abuse and neglect, they should be trained in compliance with Arkansas’s child abuse reporting laws.

- Each facility should have a written policy for reporting child abuse and neglect where there is reasonable cause to believe that child maltreatment has occurred.

- The training should address physical, sexual and psychological or emotional abuse and neglect. Special training in child abuse and neglect may be offered related to children with disabilities.

- Training should be held for all staff to educate and establish child abuse and neglect prevention and recognition measures. This training may be extended to the children and parents/guardians with appropriate resources.

- Every staff person should be aware of what it is and how to report child maltreatment.

- Staff who report suspected abuse and neglect in the settings where they work should be immune from discharge, retaliation or other disciplinary action for that reason alone, unless it can be proven that the report was malicious.