

Caring for Children Who are Maltreated
Training Module
version 3
(Last updated 6/4/13)

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NOTE TO TRAINER

This Module presents information about caring for children who are maltreated. Learning activities previously included in the Module can now be found in the Caring for Children Who Are Maltreated Trainer’s Toolkit. The Toolkit contains a Trainer’s Guide to leading training sessions, PowerPoint slides, and materials for participants’ packets.

For more information about using the NTI materials, please read “Guidelines for Using the NTI Curriculum Materials,” available in the “Curriculum” section of the NTI Resources Website (accessed by entering your NTI username and password at <http://sakai.unc.edu>).

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LEARNING OBJECTIVES

After reading this Module, Trainers will be able to:

- Describe the national trends in the incidence of child maltreatment
- Name the four types of child maltreatment and give examples of each
- Describe the common indicators of child maltreatment
- Identify both chronic and situational factors leading to child maltreatment
- Discuss the role of child care staff in reporting child maltreatment
- Identify possible protective factors of child maltreatment
- Be familiar with some ways to assist parents/guardians who are at risk of committing abuse to avoid abusing their children

INTRODUCTION: THE ROLE OF THE CCHC

One of the principal duties of the CCHC is to advocate for the protection of all children, especially those enrolled in out-of-home child care. In order to fulfill this responsibility, the CCHC must keep informed about:

- trends in child maltreatment
- research in child abuse prevention strategies
- changes in child abuse legislation, including mandated reporting laws

The CCHC plays an important role in the education of caregivers/teachers, parents/guardians, and the community on these topics. In particular, the CCHC must be able to teach about the signs and risk factors for child maltreatment and must be able to assist child care staff in their role as mandated reporters of child maltreatment. The CCHC should maintain a list of available community, state, and national resources for consultation and referral about child maltreatment.

Trends in Child Maltreatment

The following is a summary of national trends for the federal fiscal year (FFY) 2006 in child maltreatment based on child populations in all 50 states the District of Columbia, and Puerto Rico. These statistics were taken from the report, *Child Maltreatment 2010* published by the Children's Bureau of the US Department of Health and Human Services (DHHS, 2011). This report is available online at:

<http://archive.acf.hhs.gov/programs/cb/pubs/cm10/index.htm>

- An estimated 676,569 children were victims of maltreatment.
- The rate of victimization was 9.1 per 1,000 children in the population.
- The rate of victimization decreased from 9.3 per 1,000 during 2010, to 9.1 per 1,000 children during FFY 2011, which is a 0.2% decrease.
- Girls were more likely to be victims than boys (51.1% vs. 48.6%).
- The youngest children had the highest rate of victimization. For the age group of birth to 2 years: 27.1 per 1,000 children of the same age group; ages 3–5 years was 19.6 per 1,000 children; ages 6–8 years was 16.4 per 1,000 children.
- African-American children, American Indian or Alaska Native children, and children of multiple races had the highest rates of victimization at 14.3, 11.4, and 10.1 per 1,000 children of the same race or ethnicity, respectively. White children and Hispanic children had rates of approximately 43.9 and 22.1 per 1,000 children of the same race or ethnicity, respectively.
- Nearly 11.2% of victims had a reported disability.
- An estimated 1,545 children (compared to 1,685 children for FFY 2009) died from abuse or neglect—at a rate of 2.10 deaths per 100,000 children.

- More than three-quarters (81.6%) of children who were killed were younger than 4 years of age, 9.5% were 4–7 years of age, 4.6% were 8–11 years of age, and 4.3% were 12–17 years of age.
- Nearly 81.2% of victims were abused by a parent acting alone or with another person. Approximately, 36.8% of child victims were maltreated by their mothers acting alone; another 19% were maltreated by their fathers acting alone; and 18.9% were abused by both parents.
- Victims abused by non-parental perpetrators accounted for 12.8%. A non-parental perpetrator is defined as a caregiver who is not a parent and can include foster parent, child care staff, unmarried partner of parent, legal guardian, and residential facility staff.
- The racial distribution of perpetrators was similar to the race of their victims.

CARING FOR OUR CHILDREN NATIONAL STANDARDS (3rd ed., 2011)

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs (CFOC) is a set of 686 attainable standards that are intended for use by health care professionals, trainers, regulators, caregivers/teachers, academics and researchers, parents/guardians, and others “who work toward the goal of ensuring that all children from day one have the opportunity to grow and develop appropriately, to thrive in healthy and safe environments, and to develop healthy and safe behaviors that will last a lifetime” (*CFOC* 3rd ed., 2011, p. xxi). These standards, supported by the Maternal and Child Health Bureau, were developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

The following is a list of the standards relating to caring for children who are maltreated, along with a short description and the page number in *CFOC* on which the standard can be found. All listed standards are referenced throughout this module.

[1.4.5.2](#) - Child Abuse and Neglect Education, p. 30

States that caregivers/teachers should use child abuse and neglect prevention education to educate and establish prevention and recognition measures for children, caregivers/teachers, and parents/guardians.

[1.6.0.3](#) – Early Childhood Mental Health Consultants, p. 36

States that a facility should engage a qualified early childhood mental health consultant who will assist the program with a range of early childhood social-emotional and behavioral issues and who will visit the program at minimum quarterly and more often as needed.

[1.7.0.5](#) – Stress, p. 41

Delineates what measures should be implemented to lessen stress for staff in order to support their ability to provide quality care.

[3.4.4.1](#) – Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation, p. 123

Designates that each facility should have a written policy for reporting child abuse and neglect. It also urges programs to partner with primary care providers, child care health consultants and/or child protection advocates to provide training and to be available for consultation..

[3.4.4.2](#) - Immunity for Reporters of Child Abuse and Neglect, p. 124

States that caregivers/teachers who report suspected abuse and neglect in settings where they work should be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious

[3.4.4.4](#) - Care for Children Who Have Been Abused/Neglected, p. 125

States that caregivers/teachers should have access to specialized training and expert advice for children with behavioral abnormalities related to abuse or neglect are enrolled.

[3.4.4.5](#) - Facility Layout to Reduce Risk of Child Abuse and Neglect, p. 125

States that the physical layout of facilities should be arranged so that there is a high level of visibility in the inside and outside areas as well as diaper changing and toileting areas used by children.

[Appendix M](#) – Recognizing Child Abuse and Neglect: Sign and Symptoms, p. 445

Includes information on recognizing child abuse, the types of abuse, signs of physical abuse, sexual abuse, neglect, and emotional maltreatment.

[Appendix N](#) - Protective Factors Regarding Child Abuse and Neglect, p. 449

Includes strategies early childhood programs can implement to build protective factors known to reduce child abuse and neglect.

WHAT THE CCHC SHOULD KNOW: DEFINING CHILD MALTREATMENT

Definitions of Child Abuse and Neglect

The Federal *Child Abuse Prevention and Treatment Act* (CAPTA), (42 U.S.C.A. §5106g), as amended by the *Keeping Children and Families Safe Act of 2003*, defines child abuse and neglect as:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

This definition generally applies to a child under the age of 18, or except in the case of sexual abuse, the age specified by the child protection law of the State. The caretaker may be a child care caregiver/teacher or anyone else who is responsible for the child's welfare.

The CCHC should keep in mind that each state may have its own definition of child maltreatment as well. The state definitions may be found in mandated child maltreatment reporting statutes, criminal laws, and juvenile court jurisdiction laws (Office on Child Abuse and Neglect, et al., 2003). To access a summary of state statutes, please visit the Child Welfare Information Gateway State Statutes Index and Search available online at: http://www.childwelfare.gov/systemwide/laws_policies/.

The four main types of child maltreatment are emotional abuse, physical abuse, sexual abuse, and neglect.

Emotional Abuse

Emotional abuse, or psychological maltreatment, includes acts that damage a child in psychological ways but do not fall into other categories of abuse (Iwaniec, 2006). Emotional abuse is "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (Child Welfare Information Gateway, 2008). Emotional abuse may include any of the following:

- Blaming, belittling or rejecting a child
 - Threatening violence toward a child
 - Placing a child in isolation by restricting movement or social interaction
 - Exploiting or corrupting (e.g., modeling antisocial behavior such as criminal activities, encouraging prostitution, permitting substance abuse)
 - Failing to express affection
 - Constantly treating siblings unequally
 - A persistent lack of concern by the caretaker for the child's welfare
- (adapted from Child Welfare Information Gateway, 2008)

Physical Abuse

Physical abuse is any intentional injury to the child causing tangible physical harm (NCTSN, 2009). Physical abuse may result from hitting, pushing, burning, biting, shaking, etc. Physical injuries may also be the result of physical punishment practices, such as spanking.

Sexual Abuse

Sexual abuse refers to the use, persuasion, or coercion of any child to engage in any sexually explicit conduct (or any simulation of such conduct). Sexual abuse can involve touching (fondling, penetration, or any type of inappropriate contact with a child's genitals, buttocks, or breasts), or it may include non-physical acts such as exposure to sexually explicit materials (Child Welfare Information Gateway, 2008).

Neglect

Neglect is the failure of a child's caretaker to provide for the child's basic needs. While abuse tends to be episodic, neglect tends to be chronic (Hussey et al, 2006). There are three main types of neglect (Child Welfare Information Gateway, 2008):

Physical Neglect: includes refusal or delay of health care, abandonment, inadequate or unsafe supervision of children, and the failure to provide for basic physical needs such as shelter, clothing, hygiene, and food.

Educational Neglect: includes failure to abide by state laws regarding children's education by allowing excessive absenteeism, failure to enroll a child in school, or failure to respond to special educational needs.

Emotional Neglect: includes inattention to a child's emotional needs, exposure to domestic violence, permission of drug or alcohol abuse or other illegal/inappropriate behaviors, and refusal or delay of needed psychological care.

Incidence of Types of Maltreatment

In the 2006 DHHS study, the incidence of each type of maltreatment was as follows: 64.1% of victims experienced neglect, 16% were physically abused, 8.8% were sexually abused, and 6.6% were emotionally abused. Just over 2% were medically neglected. Various other types of maltreatment experienced by 15.1% of victims included abandonment, threats of harm to the child, and congenital drug addiction. These percentages total more than 100% because children may be victims of more than one type of maltreatment (DHHS, 2008).

Action Items for the CCHC

The CCHC should:

- Familiarize her/himself with mandated state reporting laws as well as procedures for filing a maltreatment report
- Make certain that child care caregivers/teachers understand and abide by their state definitions of child maltreatment through written materials and in-service training and/or referral for training
- Provide caregivers/teachers and others with initial and ongoing training to assist them in preventing child abuse and neglect and in recognizing signs of child abuse and neglect. [3.4.4.1. Appendix M](#)

WHAT THE CCHC SHOULD KNOW: INDICATORS OF CHILD MALTREATMENT

According to the *CFOC* standards, all caregivers/teachers should be aware of the common behaviors, symptoms, and signs displayed by children who have been abused and/or neglected. [3.4.4.1, Appendix M](#)

Table 1 on the following page presents a brief overview of common physical and behavioral indicators of child maltreatment. Many of the indicators listed can overlap the different types of abuse. Child caregivers/teachers should be aware that recognition of child maltreatment is based on the detection of a cluster of indicators rather than observation of one or two clues (Hussey et al., 2006). The appearance of these indicators does not necessarily mean that abuse has occurred. These indicators may be a result of mental health concerns or developmental disabilities. However, when these indicators are observed, they should be explored to determine the cause(s), and many times a child is a victim of more than one type of maltreatment.

Table 1: Indicators of Maltreatment in the Child

Type of Maltreatment	Physical Indicators	Behavioral Indicators
EMOTIONAL ABUSE	<ul style="list-style-type: none"> ▪ Delayed physical development ▪ Habits inappropriate for the child’s developmental stage, such as rocking, or sucking on fingers ▪ Displays signs of suicide attempts or physical harm to self 	<ul style="list-style-type: none"> ▪ Withdrawal ▪ Apathy ▪ Low social interaction ▪ Fear of parent/guardian ▪ Behavioral extremes-passive or aggressive ▪ Delayed emotional or intellectual development
PHYSICAL ABUSE	<ul style="list-style-type: none"> ▪ Bruises and marks on soft tissues of the face, neck, back, buttocks, arms, thighs, ankles, abdomen, genitals, or backs of legs ▪ Burns or injuries in the shape of an object used to cause injury such as: bite marks, hand prints, cigarette burns, belt buckle markings, or burns from scalding liquids 	<ul style="list-style-type: none"> ▪ Wariness of adult contact/shrinks at the approach of adults ▪ Behavioral extremes-passive or aggressive ▪ Inappropriate or precocious maturity ▪ Vacant or frozen stare ▪ Apprehension when other children cry ▪ Indiscriminant seeking of affection ▪ Wears clothing inappropriate of weather to cover body
SEXUAL ABUSE	<ul style="list-style-type: none"> ▪ Pain, itching, bruises, swelling or bleeding around the genital area ▪ Stained or bloody underclothing ▪ Demonstrated difficulty sitting or walking ▪ A sexually transmitted disease (STD) ▪ Bedwetting or nightmares ▪ Sudden changes in appetite 	<ul style="list-style-type: none"> ▪ The report of sexual abuse ▪ Frequent touching/fondling of genitals or masturbation ▪ Inappropriate sexual expression with trusted adults ▪ “Clinginess”, fear of separation ▪ Excessive bathing ▪ Reenactment of abuse using dolls, drawings or friends ▪ Neglected appearance ▪ Avoidance of certain staff, relatives or friends ▪ Lack of involvement with peers
NEGLECT	<ul style="list-style-type: none"> ▪ Inappropriate dress ▪ Poor hygiene ▪ Consistent hunger ▪ Unattended medical needs ▪ Recurring cases of lice/scabies ▪ Fatigue or listlessness 	<ul style="list-style-type: none"> ▪ Fatigue or listlessness ▪ Whispering speech ▪ Expressionless face ▪ Frequently absent or tardy ▪ Begging for or hoarding food ▪ Reports no caretaker at home

(Adapted from *CFOC*, 2011; Wesley, Dennis, and Tyndall, 1997, and Child Welfare Information Gateway, 2007)

Physical Indicators

Physical Abuse

Physical injuries are the most dramatic indicators of child maltreatment. Subtle physical injuries, however, can be difficult to detect. Young children frequently have accidents that result in bumps, cuts, and bruises (Hussey et al., 2006). Because children explore their environment in a forward motion, these accidental injuries most likely appear on the forehead, nose, chin, elbows, and knees (Stevenson, 2001). On the other hand, intentional injuries often appear on the face, lips, mouth, torso, back, buttocks, and thighs (Stevenson, 2001). Bruises may appear to be at various stages of healing.

Child care staff may also notice abnormal bruising or other injuries on infants who are not yet mobile. The National Institute of Child Health and Human Development has reported that homicide caused by child abuse is the leading cause of death due to injury in infants under the age of one (Johnson, 2007).

Details on the symptoms of Shaken Baby Syndrome can be found online at the National Center on Shaken Baby Syndrome, available here:

<http://www.dontshake.org/sbs.php?topNavID=3&subNavID=22>

Sexual Abuse

Sexually transmitted diseases (STDs) can be an indication of sexual abuse. However, it is unusual for a sexually abused child to have an STD or demonstrate any physical findings of this type of abuse. If a genital exam produces normal results, this does not rule out the possibility of sexual abuse.

If child caregivers/teachers suspect a child may have a STD, they should make sure a health care provider sees the child and notify the parents/guardians. The health care provider should let the child care staff know when the child can return and whether any precautionary measures need to be taken for the other children. If the health care provider determines the child has a STD, it is his/her responsibility to file a child abuse report.

Behavioral Indicators

The Child

Changes in behavior or attitude can be possible signs of abuse, and it is important that child caregivers/teachers be observant of the behavioral changes listed in Table 1 (or any sudden changes in behavior) and attempt to investigate the cause(s). Caregivers should pay particular attention to any reports of maltreatment from the child or fearfulness of parents/guardians and/or fear of going home (Child Welfare Information Gateway, 2007).

The Parent/Guardian

The behavior of the child is not the only indicator of possible maltreatment. The behavior of the parent/guardian should also be assessed. Common behaviors include, but are not limited to:

- Aggressiveness and/or defensiveness when asked about problems concerning their child
- Apathy
- Little or no concern about the child
- Overreaction to child's behavior
- Not forthcoming with events surrounding injury

Hussey et al. (2006) also lists a number of clues to possible child maltreatment that are detectable by listening to the language parents/guardians use about their child. Some of these indicators include:

- Blaming or belittling the child
- Making negative comments about the child
- Labeling the child as "bad" or "evil"

Action Items for the CCHC

The CCHC should:

- Ensure that caregivers/teachers are aware of the common behaviors, symptoms and signs displayed by children who have been abused or neglected [3.4.4.1 Appendix M](#)
- Provide caregivers/teachers with training or training referrals on the topic of maltreatment, including being trained on how to comply with their state's child abuse reporting laws. [1.4.5.2, 3.4.4.1](#)
- Assist programs in establishing partnerships with primary care providers and/or child protection advocates that have expertise with child maltreatment for training and consultation. [1.6.0.3, 3.4.4.1](#)

WHAT THE CCHC SHOULD KNOW: FACTORS ASSOCIATED WITH CHILD MALTREATMENT

Caregivers/teachers should know the chronic and situational factors that lead to maltreatment. [1.4.5.2](#) CCHCs should also be aware of and help to promote factors that have the potential to protect children from maltreatment.

Research indicates that the following factors serve as predisposing risk factors for child maltreatment:

- Individual characteristics of the mother and infant
- Family and social factors
- Culturally-related parenting beliefs, practices, and experiences

Examples of these factors include parental history of maltreatment, child prematurity, marital status (single), poverty, and use of violence in the home among adults (domestic violence) and violence in previous generations (CDC, 2011).

Table 2, on the following page, presents an overview of these risk factors. Included are possible protective factors for child maltreatment as identified by Prevent Child Abuse North Carolina.

Table 2: Overview of Risk and Protective Factors¹

	Risk Factors	Protective Factors
INDIVIDUAL CHILD	<ul style="list-style-type: none"> ▪ Emotional/behavioral difficulties ▪ Child with special needs ▪ Premature birth ▪ Unwanted child 	<ul style="list-style-type: none"> ▪ Planned/wanted child ▪ Attractive personality ▪ Easy-going temperament
INDIVIDUAL PARENT/GUARDIAN	<ul style="list-style-type: none"> ▪ Poor parenting skills and capacities ▪ Limited child development knowledge ▪ History of maltreatment ▪ Substance abuse ▪ Mental illness ▪ Unrealistic expectation of child's behavior ▪ Teenage parent ▪ Depression/low self-esteem 	<ul style="list-style-type: none"> ▪ A supportive person available at birth of child ▪ Emotionally satisfying relationships with others ▪ High maternal educational achievement ▪ Positive parenting skills and capacities ▪ Accurate child development knowledge
FAMILY	<ul style="list-style-type: none"> ▪ Child/parent /guardian? interaction ▪ Parent/guardian stress ▪ Domestic violence ▪ Isolated from extended family ▪ Social isolation ▪ Single parenthood ▪ Unrelated adult figure in home ▪ Poverty 	<ul style="list-style-type: none"> ▪ Availability of caring and emotionally supportive family and siblings ▪ Presence of adult role models ▪ Domestic harmony ▪ Social support from significant other
COMMUNITY	<ul style="list-style-type: none"> ▪ Unemployment/financial problems ▪ Poverty ▪ Housing ▪ Neighborhood crime 	<ul style="list-style-type: none"> ▪ Stable and cohesive neighborhoods ▪ Access to adequate health care, quality education and employment services ▪ Availability of caring and emotionally supportive friends, teachers, and neighbors
CULTURAL/SOCIETAL	<ul style="list-style-type: none"> ▪ Levels of acceptable violence ▪ Corporal punishment ▪ Punitive national/state/local family policies ▪ Over-emphasis on family privacy 	<ul style="list-style-type: none"> ▪ Social network of relatives and friends ▪ Pro-social national/state/local family policies ▪ Respect for children's rights

¹ [Appendix N](#) of CFOC also lists several protective factors regarding child abuse and neglect that can be implemented by child care programs.

Despite myriad investigations over the last three decades, however, no singularly necessary or sufficient cause of maltreatment has emerged, and there is a growing awareness that we must move beyond simplistic, single risk variable predictor models (Belsky, 1980; Cicchetti et al., 2000). This shift toward recognition of the multiple transacting factors important to the etiology of child maltreatment has driven the development of multilevel theoretical models better reflective of this inherent complexity (Appleyard et al, 2005; Sameroff and MacKenzie, 2003).

In a study by Mackenzie et al. (2011), the cumulative level of ecological risk facing a sample of families recruited from local hospitals was found to be associated with several other indicators/predictors of disrupted family functioning. The difficult task of caring for a newborn infant and setting the stage for a well-regulated parent–child relationship is only made more challenging by limited social support and poor physical and emotional health and well-being. Under periods of stress, as new parents face not only external burdens but also the daily hassles and pressures that accompany a new infant, the potential for problematic parent–child interactions, and in extreme cases escalation to child maltreatment, is very real.

Action Items for the CCHC

The CCHC should:

- Ensure that child care programs have written policies regarding risk and protective factors for chronic and acute child maltreatment. [Appendix N](#)
- Assist in developing these policies if necessary
- Assist in training child caregivers/teachers to recognize risk and protective factors for child maltreatment. [Appendix N](#)

WHAT THE CCHC SHOULD KNOW: REPORTING CHILD MALTREATMENT

Anyone can report child maltreatment. A little over half of initial reports come from health care providers, teachers, child care staff, social service providers, and law enforcement officers (DHHS, 2008). After a suspected incident of maltreatment has been reported, Child Protective Services will investigate the report to determine whether maltreatment has actually taken place, which may lead to the child and family receiving treatment and services, and sometimes referral to family or criminal courts.

All states have their own regulations for responding to reports of child maltreatment. The federal role regarding child maltreatment is defined by the Child Abuse Prevention and Treatment Act (CAPTA) which addresses supporting data collection, research, evaluation, and technical assistance programs. More information about CAPTA can be found at the following link: <http://www.childwelfare.gov/pubs/factsheets/about.cfm>

All child care caregivers/teachers have the responsibility to report suspected cases of child maltreatment. According to the *CFOC* standards:

- The facility should report to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. [3.4.4.1](#)
- Caregivers/teachers should be trained in compliance with their state's child abuse reporting laws. [1.4.5.2](#)

Several standards refer only to child care centers, and do not include family child care homes:

- Caregivers/teachers who report suspected abuse and neglect in the settings where they work shall be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious. [3.4.4.2](#)
- Employees and volunteers in centers and large family child care homes should receive an instruction sheet about child abuse and neglect reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged/disciplined solely because they have made a child abuse and neglect report. [3.4.4.1](#)

Action Items for the CCHC

The CCHC should:

- Make certain that, where applicable, child care programs provide required instructions about child abuse reporting to all staff and volunteers. These instructions should contain a summary of the state child abuse reporting statute and a statement that staff and volunteers will not be discharged solely because they have made a child abuse report

- Review the written policies of child care programs regarding the monitoring, confirming, and reporting of child maltreatment and assist with policy development in these areas as needed
- Be aware of state licensing requirements with respect to reporting child maltreatment
- Assist child care staff in understanding their role as a mandated reporter of child maltreatment, including their immunity from punishment for making a report
- Support and work with the child care program when making a report of child maltreatment

WHAT THE CCHC SHOULD KNOW: CHILD MALTREATMENT PREVENTION STRATEGIES AND SUPPORT FOR AT-RISK FAMILIES

Levels of Prevention

The framework for preventing child maltreatment involves three levels: the first, primary, level is aimed at educating the general public; the secondary level is aimed at providing preventive services to high-risk families; and the tertiary level is aimed at preventing recurrence among families in which maltreatment has already occurred. (Child Welfare Information Gateway, 2007b; Peterson and Urquiza, 1993). The CCHC is most likely to be involved with the first level (primary prevention), but may also refer children and families for secondary prevention services or tertiary interventions.

Table 3: Levels of Prevention

Level	Goal	Intervention Examples
Primary Prevention	To prevent problem from ever occurring	Directed at the general public: <ul style="list-style-type: none"> ▪ Public awareness campaigns ▪ Media campaigns ▪ School-based prevention programs ▪ Parent education programs that focus on child development, dealing with stress, and how to access public services
Secondary Prevention	To alleviate conditions associated with problem	Targeted at specific high-risk groups: <ul style="list-style-type: none"> ▪ Home-visitor programs ▪ Programs targeted at teenagers ▪ Substance abuse programs ▪ Family resource centers ▪ Parent support services
Tertiary Intervention	To reduce consequences of maltreatment and prevent recurrence	Directed to children who have been maltreated and to parents who have maltreated their children: <ul style="list-style-type: none"> ▪ Mental health services-crisis intervention, referral, brief or long-term therapy for child, couple, family ▪ Parent education on how to obtain support and resources ▪ Parent mentor programs

(Adapted from Child Welfare Information Gateway, 2007b; Peterson and Urquiza, 1993)

Ecological Framework for Prevention

An additional model for preventing child maltreatment is the ecological framework for prevention, based on the following assumptions:

- Children and families exist as part of an ecological system. This means that prevention strategies must target interventions at multiple levels: the individual, the family, the community, and society.
- Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they raise their children.
- Assuring the well-being of all families is the cornerstone of a healthy society and requires universal access to support programs and services.
(Child Welfare Information Gateway, 2007b)

Preventing Child Maltreatment within Child Care Programs

The *CFOC* standards [1.7.0.5](#), [3.4.4.5](#) list several steps and measures, which should be taken to reduce caregiver/teacher stress and help safeguard children in child care facilities against child abuse and/or neglect by their staff:

- Staff policies should allow for caregivers/teachers to take an immediate break, away from the children, any time they feel like they are about to lose control. (Paid rest breaks of 20 minutes or less are customary in industry.)
- The physical layout of facilities should allow all areas to be viewed by at least one other adult in addition to the caregiver/teacher at all times when children are in care. I recommend removing the last sentence. *CFOC* reads “partially undressed or in the nude”, not isolated; however, I don’t think it is needed.

The Child Welfare Information Gateway has excellent resources on preventing child maltreatment. These include resources on promoting healthy families, tools for developing advocacy materials, and specific details about prevention programs. These may be accessed online here: <http://www.childwelfare.gov/preventing/>

Action Items for the CCHC

The CCHC should:

- Help to develop policies or provide suggestions on how to deal with caregiver/teacher stress
- Engage in public awareness campaigns that promote healthy families and information about child maltreatment
- Develop a list of resources for child care staff on stress management

- Ensure that child care programs have policies in place that ensure staff receive proper supervision, training, and education, as well as consistent breaks

WHERE TO FIND MORE INFORMATION

American Humane Association
Reporting Child Abuse and Neglect

<http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/reporting-child-abuse-and-neglect.html>

Center on the Social and Emotional Foundations for Early Learning

<http://www.vanderbilt.edu/csefel/>

Center for Child and Family Health

<http://www.ccfhnc.org/>

ChildHelp USA National Child Abuse Hotline: 1-800-422-4453

<http://www.childhelp.org/pages/hotline-home>

Child Welfare Information Gateway

<http://www.childwelfare.gov/>

Out-of-Home Care

<http://www.childwelfare.gov/outofhome/>

The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect

<http://www.childwelfare.gov/pubs/usermanuals/childcare/>

Mandatory Reporters of Child Abuse and Neglect -- Summary of State Laws:

http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf

DePanfilis D. Child neglect: A guide for prevention, assessment and intervention. Washington (DC): U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; National Center on Child Abuse and Neglect; 2006

National Center on Shaken Baby Syndrome

<http://www.dontshake.org/>

National Network for Child Care (NNCC)

<http://www.nncc.org>

Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN)
Train the Trainer Curriculum

http://www.zerotothree.org/site/PageServer?pagename=ter_trng_pcan

U.S. Department of Health and Human Services

A Nation's Shame: Fatal Child Abuse and Neglect in the United States

<http://www.ican-n CFR.org/documents/Nations-Shame.pdf>

U.S. Department of Health and Human Services
A Coordinated Response to Child Abuse and Neglect: The Foundation of Practice
<http://www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm>

U.S. Department of Health and Human Services
The role of educators in the prevention and treatment of child abuse and neglect
<http://www.childwelfare.gov/pubs/usermanuals/educator/index.cfm>

REFERENCES

Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

American Academy of Pediatrics. (2000). *Pediatric education for prehospital professionals*. Elk Grove (IL); Mississauga, Ontario; London, England: AAP, PEPP.

Appleyard K, Egeland B, van Dulmen H.M., Stroe L.A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes, *The Journal of Child Psychology and Psychiatry*, 46: 235–245

Belsky J. (1980). Child maltreatment: An ecological integration, *The American Psychologist*, 35: 320–335.

Centers for Disease Control and Prevention. (2011). National Center for Injury Prevention and Control. Child maltreatment: risk and protective factors. Available at: <http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>. Accessed November 21, 2011.

Child Welfare Information Gateway. (2008). *Child Abuse & Neglect: Types*. U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families. Available at: <http://www.childwelfare.gov/can/> Accessed October 19, 2011.

Child Welfare Information Gateway. (2007). *Recognizing Child Abuse: Signs and Symptoms Factsheet*. U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families. Available at: <http://www.childwelfare.gov/pubs/factsheets/signs.cfm>. Accessed October 19, 2011.

Child Welfare Information Gateway. (2007b) *Framework for Prevention of Child Maltreatment*. U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families. Available at: <http://www.childwelfare.gov/preventing/overview/framework.cfm>. Accessed October 19, 2011.

Cicchetti D, Toth S.L., Maughan A. (2000). An ecological–transactional model of child maltreatment. A.J. Sameroff, M. Lewis, S.M. Miller (Eds.), *Handbook of developmental psychopathology*, Vol. 2, Kluwer Academic/Plenum Publishers, New York, NY: 689–722

Goldman J, Salus MK, Wolcott D, Kennedy KY. (2003). Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. Washington (DC):U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. Available at: <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.pdf>. Accessed October 19, 2011.

Hussey JM, Chang JJ and Kotch JB. (2006). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences, *Pediatrics*, 118(3); 933-942.

Iwaniec, D. (2006). Introduction to emotional abuse and neglect. In: Iwaniec, D, editor. *The Emotionally abused and neglected child: Identification, assessment and intervention: A practice handbook* (2nd ed.). Patterson (NJ): Wiley.

Johnson CF. (2007). Abuse and neglect of children. In: Kliegman RM, Behrman RE, Jenson HB, Stanton BF, eds. *Nelson Textbook of Pediatrics*. 18th ed. Philadelphia, Pa: Saunders Elsevier.

Mackenzie M.J., Kotch J.B., Lee L. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment, *Children and Youth Services Review*, 33(9): 1638-1647.

National Child Traumatic Stress Network, Physical Abuse Collaborative Group. (2009). *Child physical abuse fact sheet*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Available at: http://www.nctsn.org/nctsn_assets/pdfs/ChildPhysicalAbuse_Factsheet.pdf. Accessed November 21, 2011. (No longer available online)

Peterson MS & Urquiza AJ. The role of mental health professionals in the prevention and treatment of child abuse and neglect. Washington (DC): U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; National Center on Child Abuse and Neglect; 1993.

Sameroff A.J., MacKenzie M.J. (2003). Capturing transactional models of development: The limits of the possible, *Development and Psychopathology*, 15: 613–640.

Stevenson E. Rossi CN, Marshall E, (ed.) (2001). Recognizing and reporting child abuse and neglect: A training curriculum for child care providers. Prevent Child Abuse North Carolina.

U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau. (2005). National Clearinghouse on Child Abuse and Neglect Information. Frequently asked questions. Washington (DC): U.S. Government Printing Office. Available at: <http://www.childwelfare.gov/faq.cfm>. Accessed October 19, 2011.

U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau. (2011). National Clearinghouse on Child Abuse and Neglect Information. Child maltreatment 2010. Washington (DC). Available at: <http://archive.acf.hhs.gov/programs/cb/pubs/cm10/index.htm>. Accessed February 12, 2013.