

It Shouldn't Hurt to Be a Child



*A Guide for Early Childhood Providers
in Recognizing and Reporting
Child Abuse and Neglect*

Provided by the TEAM for West Virginia Children

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**TO REPORT CHILD ABUSE OR NEGLECT, CALL THE
CENTRALIZED INTAKE DIVISION AT THE
NUMBER BELOW**

Or

**the W.Va. Child Abuse and Neglect Hotline
(24 hours a day):
1-800-352-6513
Voice/TDD Accessible**

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Introduction

Ensuring Children's Rights

While everyone should be concerned about child abuse and neglect, certain groups of people are more likely to have the opportunity to recognize and report abuse and neglect. Some of those people are required by law to do so. As an early childhood provider, you are one of those people. Our definition of early childhood provider includes child care center staff, family child care providers, Head Start workers, and home visitors working with families who have young children.

This book is designed to assist you in the role of mandated reporter. By taking the time to read through this material, you should become more discerning in your observations and have a better understanding of the child abuse and neglect reporting process.

This booklet contains information on:

- * Definitions of child abuse and neglect
- * Key indicators to look for in recognizing cases of possible abuse or neglect
- * Issues and concerns about reporting
- * Procedures for reporting
- * An explanation of what happens after a report is made
- * Ways early childhood providers can help prevent child abuse

**Let's join together in protecting
our community's children.**

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Give a little love to a child and you get a great deal back.

— John Ruskin

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Recognizing Child Abuse and Neglect 1

Causes of Abuse and Neglect

Most people who abuse children are ordinary people who lack coping skills. Abusers come from all socioeconomic classes, races, ethnic heritage, religious faiths, occupations and educational levels. There are certain known factors which, when combined, increase the likelihood of abuse or neglect. A child abuser is often:

- * Isolated from the support of family and friends.
- * Lacking in social skills and parenting skills.
- * Someone who was abused as a child.
- * Under stress, such as marital, employment or financial problems.
- * Lacking in self-confidence and self-esteem.
- * Not getting his/her emotional needs met.
- * A substance abuser (alcohol or other drugs).
- * Ignorant about principles of child development.
- * Overly dependent on the need to control.
- * Impulsive and easily frustrated.

Research has shown that some children are at greater risk for child abuse and neglect. If a child has physical or mental disabilities, they are at greater risk than a child without disabilities. Some children can be more demanding and seen as more difficult. There are also situations where a child does not meet a parent's expectations; for example, the baby was a girl and the parent was determined that this child would be a boy. The existence of these situations in no way implies that the child deserves punishment. It only implies that some children are at higher risk for child abuse and neglect due to their special needs or circumstances.

Legal Definitions

According to West Virginia law [WV Code 49-1-3], an abused or neglected child is any child whose parent, guardian, or custodian (regardless of age) harms or threatens the child's health or welfare by:

- * Knowingly or intentionally inflicting, attempting to inflict or knowingly allowing another person to inflict physical injury or mental or emotional injury.
- * Sexual abuse or sexual exploitation.
- * The sale or attempted sale of the child.
- * Refusal, failure, or inability to supply the child with necessary food, clothing, shelter, supervision, medical care or education.
- * Excessive corporal punishment.

- * Domestic or family violence causing substantial emotional injury which harms or threatens the child's health or welfare.
- * Negligent treatment or maltreatment.
- * Abandonment, defined as a child without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or custodian.

Kinds of Abuse and Neglect

Many people think that "child abuse" is limited to physical harm. In reality, child abuse includes:

- * physical abuse, including Shaken Baby Syndrome.
- * physical neglect.
- * sexual abuse.
- * mental/emotional/verbal maltreatment.

Physical injuries, severe neglect and malnutrition are more readily detectable than the subtle, less visible injuries which result from emotional maltreatment or sexual abuse. However, all categories of abuse endanger or impair a child's physical or emotional health and development and, therefore, demand attention.

The presence of one or more indicators does not mean there is abuse in every instance, but should alert you to the possibility. Trained professionals will help to determine whether abuse occurred.

Most people who abuse children are known to the child. However, there are instances where children are abused by strangers.

We are guilty of many errors , but our worst crime is abandoning the children. Many of the things we need can wait. The child cannot. Right now is the time, bones are being formed, blood is being made, senses are being developed. To the child we cannot answer "Tomorrow." The child's name is "Today."

— Nobel Prize-winning Chilean poet Gabriela Mistral

PHYSICAL ABUSE

A combination or pattern of indicators should alert you to the possibility of physical abuse. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

Questionable bruises and welts:

- * on face, lips, mouth.
- * on torso, back, buttocks, thighs, arms.
- * in various stages of healing. (In the first stage, the bruise is reddish-blue. In the second stage, the bruise is purplish-black. In the third stage, the bruise turns yellowish-green.)
- * clustered, forming regular patterns.
- * reflecting shape of article used to inflict injury (electric cord, belt buckle).
- * on several different surface areas.
- * regularly appearing after absence, weekend, or vacation.
- * human bite mark.
- * bald spots.

Questionable burns:

- * cigar or cigarette burns, especially on soles, palms, back or buttocks.
- * immersion burns (sock-like or glove-like, or doughnut shaped on buttocks or genitalia).
- * patterned like electric burner, iron, cigarette lighter, etc.
- * rope burns on arms, legs, neck, or torso.
- * singed hair.

Questionable fractures:

- * to skull, nose, facial structure.
- * in various stages of healing.
- * multiple or spiral fractures.

Questionable lacerations or abrasions:

- * to mouth, lips, gums, eyes.
- * to external genitalia.

Child Behavioral Indicators

- * uncomfortable with physical contact.
- * wary of adult contacts.
- * apprehensive when other children cry.
- * behavioral extremes (aggressiveness or withdrawal).
- * frightened of parents.
- * afraid to go home.
- * reports injury by parent or caregiver.
- * complains of soreness or moves uncomfortably.
- * wears clothing inappropriate to weather to cover body.
- * reluctance to change or take off clothes (attempt to hide injuries, bruises, etc.).
- * self destructive.

Caregiver Characteristics

- * history of abuse as a child.
- * uses harsh discipline inappropriate to child's age, transgression, and condition.
- * offers illogical, unconvincing, or contradictory explanations of child's injury, or offers no explanation.
- * significantly misperceives child (for example, sees child as "bad", "stupid", "different", etc.).
- * psychotic or psychopathic personality.
- * misuses alcohol or other drugs.
- * attempts to conceal child's injury or to protect identity of person responsible.
- * unrealistic expectations of child, beyond child's age or ability.

Shaken Baby Syndrome/Abusive Head Trauma (AHT)

Shaken Baby Syndrome (SBS)/ Abusive Head Trauma (AHT) can be a fatal form of child abuse. This term refers to the violent shaking of a baby or young child by the shoulders, arms, or legs and the injuries that occur as a result of that violence. There are not always outward signs that a baby has been shaken, but there is injury done inside the body, especially to the brain. One episode of violent shaking can result in whiplash-induced bleeding in and around the brain. The brain is slammed against the hard skull, often causing permanent damage. Other injuries include:

- | | |
|------------------------------|----------------------------------|
| * brain swelling and damage. | * blindness |
| * mental retardation. | * hearing loss |
| * cerebral palsy. | * paralysis |
| * developmental delays. | * trouble in speech and learning |
| * subdural hemorrhage. | * death |

Some of the symptoms of SBS/AHT include:

- * difficulty staying awake
- * irritability
- * vomiting
- * seizures
- * coma

These symptoms can occur immediately after a shaking episode or they can occur hours or weeks later.

Facts about Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT);

- * Boys are more frequent victims of SBS/ AHT than girls.
- * Shaking is more likely to be done by a male than a female. Boyfriends and fathers make up two-thirds of all perpetrators.
- * If the perpetrators is a female, it is more likely to be a baby sitter or other caregiver.
- * 25 to 50% of Americans do not realize that shaking a baby can cause permanent damage or death.
- * Most children are shaken between the ages of 1 month to 4.5 years of age, which is an average of 8.6 months of age.
- * About 70% of the victims are killed and the other 30% normally live with severe, permanent injuries.
- * One in four babies die as a result of Shaken Baby Syndrome /Abusive Head Trauma.

What triggers a person to shake a baby?

- * Constant crying is the Number One trigger.
- * Feeding problems
- * Toilet training issues
- * General frustrations

Children need models more than they need critics.

— Elbert Hubbard

Preventing Shaken Baby Syndrome (SBS) / Abusive Head Trauma (AHT)

As an early childhood provider, you can prevent Shaken Baby Syndrome / Abusive Head Trauma by educating yourself and parents about the dangers of shaking an infant and toddler and steps to take to relieve frustration. It is normal for babies to cry, and even healthy babies can experience long periods of inconsolable crying. A crying baby or child can be very frustrating, but the following tips may help parents and caregivers.

- * Make sure the baby is safe in his crib, on his back
- * Make sure the baby isn't hungry, sick or in need of a diaper change
- * Then step away for a few minutes. Or call someone to help.
- * Have a plan ahead of time to deal with frustration
- * Never, ever, shake a baby.

PHYSICAL NEGLECT

Physical neglect is the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. Physical neglect may include, but is not limited to:

- * abandonment.
- * lack of supervision.
- * lack of adequate bathing and good hygiene.
- * lack of adequate nutrition.
- * lack of adequate shelter.
- * lack of medical or dental care.
- * lack of required school enrollment or attendance.

A child is neglected under West Virginia law [WV Code 49-1-3] when the failure, refusal, or inability to provide for the child is not due primarily to a lack of financial means on the part of the parent, guardian or custodian.

A combination or pattern of indicators should alert you to the possibility of physical neglect. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * consistent hunger, poor hygiene, inappropriate dress.
- * consistent lack of supervision, especially in dangerous activities of long periods.
- * unattended physical problems or medical needs, including vision and hearing difficulties.
- * continuous lice or scabies, distended stomach, emaciated.
- * required immunizations neglected.
- * abandonment.

Child Behavioral Indicators

- * begging, stealing food.
- * constant fatigue, listlessness, or falling asleep.
- * alcohol or drug abuse.
- * states there is no caregiver.
- * frequently absent.
- * shunned by peers.
- * self destructive.

Caregiver Characteristics

- * misuses alcohol or other drugs.
- * maintains chaotic home.
- * evidence of apathy or hopelessness.
- * mentally ill or diminished intelligence.
- * history of neglect as a child.
- * consistent failure to keep appointments.
- * leaving child unattended in vehicle.

SEXUAL ABUSE

Sexual abuse is defined as acts of sexual assault, sexual abuse, and sexual exploitation of minors. Sexual abuse encompasses a broad range of behavior and may consist of many acts over a long period of time or a single incident. **Victims are both boys and girls, and range in age from less than one year through adolescence.** Specifically, sexual abuse includes:

- * incest
- * rape
- * intercourse
- * oral-genital contact
- * fondling
- * sexual propositions or enticement
- * indecent exposure
- * “peeping” into bathroom or bedroom to spy on child
- * child pornography
- * child prostitution

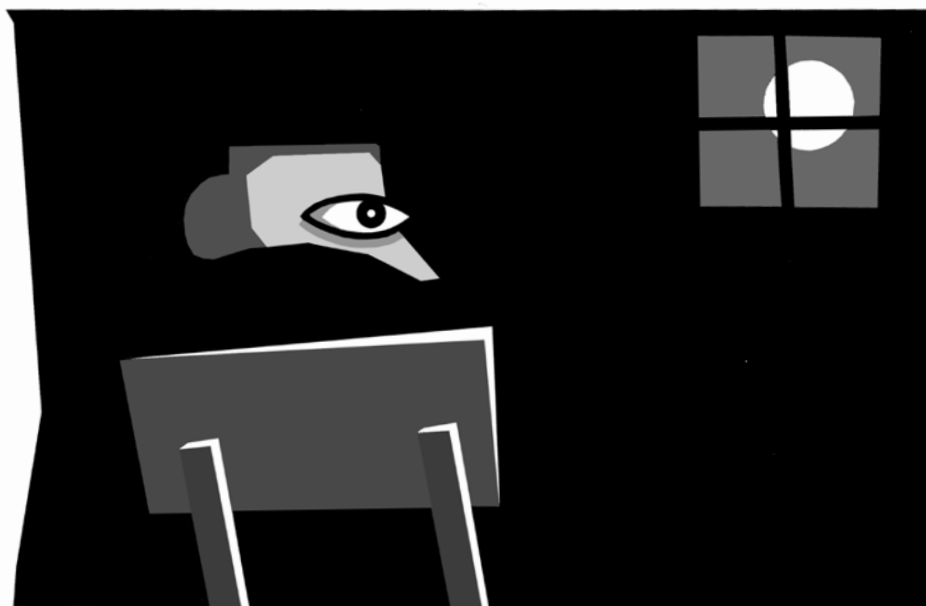
The nature of sexual abuse, the shame of the child victim, and the possible involvement of trusted parents, stepparents, or other persons in a caregiver role make it extremely difficult for children to come forward to report sexual abuse. There are many reasons why children often do not tell anyone about the sexual abuse. Some of these reasons include:

- * The child was threatened or bribed by the abuser to keep quiet.
- * The child was too young to describe what happened.
- * The child was confused by the attention and feelings that accompany the abuse.
- * The child blames him/herself and thinks the abuse is a form of punishment.
- * The child thinks no one will believe him or her.

Sexually abused children feel many different emotions, including fear, anger, isolation, sadness, guilt, shame, and confusion. A combination or pattern of indicators should alert you to the possibility of sexual abuse. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * difficulty in walking or sitting.
- * torn, stained or bloody underclothing or diaper.
- * pain, discomfort, bleeding or itching in genital area.
- * bruises or bleeding in external genitalia, vaginal or anal areas.
- * venereal disease.
- * frequent urinary or yeast infections.
- * encopresis (fecal soiling).
- * massive weight change.



Child Behavioral Indicators

- * unwilling to change or take off clothes.
- * withdrawal, chronic depression or phobias.
- * overly compliant, passive, undemanding behavior aimed at maintaining a low profile.
- * hostility or aggression.
- * bizarre or unusual sexual behavior or knowledge.
- * detailed and age-inappropriate understanding of sexual behavior.
- * unusually seductive behaviors with peers and adults.
- * excessive masturbation.
- * poor peer relations.
- * reports sexual abuse.
- * threatened by physical contact.
- * suicide attempt.
- * role reversal, overly concerned for siblings.
- * unexplained money or “gifts”.
- * poor self esteem, self devaluation, lack of confidence.
- * regression in developmental milestones, as well as lags in development.
- * sleep disturbances, including severe nightmares.
- * excessive bathing or poor hygiene.
- * drawings with strong, bizarre sexual theme.

Caregiver Characteristics

- * extremely protective or jealous of child.
- * encourages child to engage in prostitution.
- * encourages child to engage in sexual acts in presence of caregiver.
- * sexually abused as a child.
- * misuses alcohol or other drugs.
- * non-abusing caregiver/spouse is frequently absent from the home, permitting access to child by abusing caregiver/spouse.

When will justice come? When those who are not injured become as indignant as those who are.

— Leo Tolstoy

MENTAL/EMOTIONAL MALTREATMENT

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly cripple a child emotionally, behaviorally, and intellectually. Varying degrees of emotional and behavioral problems are common among children who have been emotionally abused. Emotional maltreatment can include patterns of:

- * verbal assaults, including screaming, intimidating, rejecting, ridiculing, threatening, blaming, sarcasm.
- * ignoring and indifference.
- * constant family conflict.

Emotional abuse can be seen as a self-fulfilling prophecy. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caregiver.

Cases of emotional abuse are extremely difficult to prove. A cause and effect relationship between the parent or caregiver's acts and the child's response must be established. These cases should be referred for evaluation and treatment as soon as possible.

A combination or pattern of indicators should alert you to the possibility of emotional maltreatment. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * speech disorders.
- * lags in physical development.
- * failure to thrive.

Child Behavioral Indicators

- * conduct disorders (antisocial, destructive).
- * neurotic traits (sleep disorders, inhibition of play).
- * behavior extremes: compliant, passive, undemanding, aggressive, demanding, rageful.
- * overly adaptive behavior: "Parents" other children inappropriately.
- * inappropriately infantile or emotionally needy.
- * developmental lags (emotional or intellectual).
- * self-destructive, attempted suicide.

Words hit as hard as a fist.

— Prevent Child Abuse America

Caregiver Characteristics

- * blames or belittles child.
- * ignores or rejects.
- * withholds love.
- * treats siblings unequally.
- * seems unconcerned about child's problems.
- * unreasonable demands or impossible expectations without regard to child's developmental capacity.

The Importance of Observation by Early Childhood Providers

Abused and neglected children may be found in any community across our country. Child care centers and family child care homes are often the only place where children are seen daily over periods of time by providers trained to observe their appearance and behavior. The child care setting offers a continuum of time for observation and an opportunity to compare and contrast behaviors which are normal with those which are abnormal.

Home visitors are also in a unique position to see families on a regular basis over extended periods of time. Home visitors have the opportunity to observe parents' interactions with their children in the families' natural environment. Many families are isolated and not connected to other services such as child care. Early childhood providers, therefore, may be aware that something is not right with a child long before anyone else notices.

Parental Attitudes as Indicators

A good deal of important information can be gathered from routine conversation with parents and children. Parents and children will often reveal details of family life, discuss methods of discipline, and even request help with a problem in talking to teachers or home visitors. Conversations with parents can also reveal how they feel about their child. The abusive or neglectful parent may:

- * Appear disinterested in the child's problems.
- * Fail to keep appointments or return calls.
- * Become excessively angry at the child's performance.
- * Refuse to discuss the child's problems.
- * Seem overly protective or unwilling to "share" the child with anyone else.
- * Refer to the child as "different," "bad," "stupid," etc.
- * Show a lack of maturity.
- * Appear to perceive of him/herself as worthless or unable to cope with the child.

Be sure to see other indicators in the sections on physical abuse, physical neglect, sexual abuse and emotional maltreatment.

A Fine Line Between Abuse and Discipline

In order for children to grow up and become productive members of society, subject to society's norms, values and rules, all children need discipline. Discipline is a learning process designed to teach appropriate behaviors.

Unlike discipline, abuse is not a learning process. It is designed to stop behavior through inflicting pain. It does not teach alternative, corrective behavior. Therefore, abused children do not learn correct behavior. They learn to avoid punishment.

The intent of the reporting law is not to interfere with appropriate discipline but to respond to extreme or inappropriate parental or caregiver actions. Actions which are excessive or forceful enough to leave injuries are considered abusive.

Distinguishing Abuse From Accident

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace cognitive skills, which means the child can approach danger without recognizing it. The following is a guide to help you distinguish between accidental and non-accidental injuries. When observing an injury you suspect might be the result of abuse, consider:

- * **Location of the injury.** Certain locations on the body are more likely to sustain accidental injury. They include the knees, elbows, shins and forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of the legs, or face are less likely to come into contact accidentally with objects which could cause injury.
- * **Number and frequency of injuries.** The greater the number of injuries, the greater the cause for concern. Unless the child is involved in a serious accident, a number of different injuries is unlikely. Also, multiple injuries in different stages of healing may indicate abuse over time.
- * **Size and shape of the injury.** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. Resulting marks bear strong resemblance to the object used. Accidental marks resulting from bumps and falls usually have no defined shape.

- * **Description of how the injury occurred.**
If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the injury are inconsistent, there is cause for concern. For example, it is not likely that a fall from a chair onto a rug would produce bruises all over the body.

- * **Consistency of injury with the child's developmental capability.**
As children grow and gain new skills, their ability to engage in activities which can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head, but less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees. A two-week-old infant does not have the movement capability to self-inflict a bruise.

Remember that accidents do happen. Parents are not perfect. Injuries do occur that might have been avoided. Nevertheless, there is cause for concern when injuries recur and/or the explanation is inconsistent with the injury or the child's developmental abilities.



Latchkey Children

West Virginia law does not set a specific age at which a child can legally stay alone. In fact, age alone is not a very good indicator of a child's maturity level. Some very mature 10-year-olds may be ready to take care of themselves, while some 15-year-olds may not be ready due to emotional problems or behavioral difficulties. For children six years and under, being left alone or to care for younger siblings is never acceptable for extended periods of time.

In determining whether a child is capable of being left alone and whether a parent is providing adequate supervision in latchkey situations, Child Protective Services (CPS) will assess several areas. These areas include:

- * child's level of maturity. CPS will want to assess whether the child is physically capable of taking care of her/himself.
- * child's mental capability of recognizing and avoiding danger and making sound decisions.
- * child's emotional readiness to be alone.
- * child's knowledge of what to do and whom to call if an emergency arises.
- * child has no physical, emotional, or behavioral problems that make it unwise to be left alone.

It is important to note that a child who can care for him/herself may not be ready to care for younger children. Note these factors:

- * **Accessibility of those responsible for the child.** CPS will want to determine the location and proximity of the parents; whether they can be reached by phone and can get home quickly if needed; and whether the child knows the parents' location and how to reach them.
- * **The situation.** CPS will want to assess: the time of day and length of time the child is left alone; the safety of the home or neighborhood; whether the parents have arranged for nearby adults to be available in case a problem arises; and whether there is a family history of child abuse and neglect.

Home is the sacred refuge of our life.

— John Dryden

Reporting Child Abuse and Neglect 3

Why Should I Report?

The purpose of required reporting is to identify suspected abused and neglected children as soon as possible so that they may be protected from further harm. Child Protective Services cannot act until a report is made. Consequently, as early childhood providers, you play a critical role in preventing any future harm to children.

Brain development in young children is heavily influenced by environmental conditions. If movement, emotion, language, logic, and music are not a part of an infant or toddler's experiences, critical pathways between brain cells will not be developed, thereby creating the likelihood of future difficulties in functioning. Research shows that the first two years of life are critical for the formation of connections between brain cells. These "maps" in the brain allow learning to take place and are the foundation of school readiness. Intervention in cases of child abuse and neglect in young children becomes urgent to alleviate possible damage to the brain.

Without detection, reporting, and intervention, these children may remain victims for the rest of their lives. Abused children don't just grow up and forget their childhood. They carry physical and emotional scars throughout their lives, often repeating the pattern of abuse or neglect with their own children.

Early childhood providers can help stop the cycle of abuse and neglect.

Who Must Report?

Anyone may report suspected abuse or neglect; however, under West Virginia law [WV Code 49-6A-2], certain persons are **required** to report. These persons include:

- * medical, dental or mental health professionals
- * Christian Science practitioners
- * religious healers
- * school teachers and other school personnel
- * **social service workers**
- * **child care or foster care workers**
- * emergency medical services personnel
- * peace officers or law enforcement officials
- * members of the clergy
- * circuit court judges, family court judges, magistrates or employees of the Division of Juvenile Services
- * humane officers
- * youth camp administrators or counselors
- * employees, coaches, or volunteers at an entity that provides organized activities for children
- * commercial, film, or photographic print processors

As a result of Senate Bill 161 (effective June 8, 2012) ANY person over 18 who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child shall report to Child Protective Services or the State Police or other law enforcement agency having jurisdiction.

Am I Protected if I Report?

West Virginia law provides immunity from civil or criminal liability for persons reporting abuse in good faith [WV Code 49-6A-6].

When Should I Report?

Any time you suspect that a child is being abused or neglected or observe a child being subjected to conditions likely to result in abuse or neglect, you are required by law [K J 7cXY(- !&, \$'] to report your concerns to the 7YbfU]nYX=bfU_Y Xj] jgcb, immediately, and not more than & hours later.

Furthermore, if you believe a child has suffered serious physical abuse or has been sexually abused or sexually assaulted, you must also immediately report your concerns to the State Police AND any local law enforcement agency having jurisdiction to investigate the complaint [WV Code 49-6A-2], as well as Child Protective Services.

You need not prove that abuse or neglect has taken place; personnel from local CPS are responsible for making this determination. Your responsibility is to alert them to your suspicions.

What If I Don't Report?

Under West Virginia law, any mandated reporter of suspected abuse or neglect who knowingly fails to report shall be guilty of a misdemeanor. Penalties include up to 30 days in jail and/or a \$1,000.00 fine [WV Code 49-6A-8].

Besides the legal consequences of failing to report, consider the emotional consequences. Will you be able to live with yourself if you know you didn't do everything possible to protect a child from harm?

.....*Praise the children and they will blossom.*

.....— *Irish proverb*

How Do I Report?

When you suspect that a child is being abused or neglected, you should report your concerns to the **CYbhfU`bHJ_Y** division of the state Department of Health and Human Resources (DHHR) in the community where the abuse occurred [WV Code 49-6A-5]. Local offices are open during daytime business hours and their telephone numbers are located on page 36.

Reports can also be made to the **CYbhfU`bHJ_YHotline (1-800-352-6513) 7 days a week, 24 hours a day.**

When making a report, it is helpful to provide as much information as possible, if known. Information you may be able to provide includes:

- * the name, address, and telephone number of the child and parents or other person(s) responsible for the child's care.
- * the child's birthdate or age, sex, and race.
- * the names and ages of other persons who live with the child and their relationship to the child.
- * whether or not there is a family member who can protect the child.
- * the name, address, and telephone number of the suspected abuser and his/her relationship to the child.
- * the nature and extent of the abuse/neglect, including any knowledge of prior maltreatment of the child or siblings.
- * information about the disciplinary practices of the parents and how the family functions.
- * information about the child's current condition and functioning.
- * whether the child is fearful about going home.
- * your name, address and phone number.
- * any other pertinent information.

See the Appendix for a Form to guide your report.

You may report anonymously if you choose, but you are encouraged to give your name. This makes it possible for the CPS worker to contact you later if additional information is needed. Providing your name will also enable the CPS worker to inform you of the outcome of the investigation. The identity of all reporters is kept confidential.

What If Policy Requires Me to Report to my Supervisor?

The law is clear. As an early childhood provider, you are required to report suspected cases of child abuse and neglect to the 7YbU]nYX=bHJ_Y < ch]bYU%,\$\$!') &*) % and to area law YbZfWw Yblž Q J '7cXY(-!*5!&'(-!*5!) Q

Simply reporting it to your supervisor or director is not enough. Your supervisor may supplement the report, or cause an additional report to be made.

All early childhood providers fall under the same reporting law. All must report their suspicions of child abuse and neglect.

Should I Inform the Parents of the Report?

As early childhood providers you have a relationship with the child and/or parents. However, be cautious about discussing the report to Child Protective Services (CPS) with the parents, so that you do not place the child at further risk or interfere with the CPS and law enforcement investigation.

Filing a report of suspected child abuse or neglect can be described as “making a referral to request help and services for the child and family.”

Parents need to know that their problems are not unique, that they are not inherently “bad” parents, and that there is help available. The intent of a report is to protect the child from further harm and to improve family relationships. Once the family reveals Child Protective Services involvement, let the parents know that you want to continue your relationship with the family and that you believe that this is a problem which can be solved.

Try to be objective and supportive of the family. Be professional and do not make judgments about the family or play the “blame game.” Only talk to the parents about the activities with which you are involved. You are not the investigator. When appropriate, encourage the family to make use of community resources. The family is most likely experiencing a great amount of stress.

Our children are likely to live up to what we believe of them.

— Lady Bird Johnson

What if I'm Not Sure?

You may consult with the Centralized Intake Hotline staff.

Be aware how your own biases may affect your decision about whether a particular injury or behavior is reportable. For example, will you be more likely to report a suspicious bruise on a child who lives in poverty than on a child from an upstanding family of the community?

If a child has shared information with you about abuse or neglect, this is enough for you to make a report. It is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected.

What if the Abuse Occurred in the Past?

Any case of suspected child abuse or neglect where the victim is under 18 must be reported even if the abuse or neglect occurred in the past. The Child Protective Services worker will evaluate the situation to determine whether an investigation is warranted at the time of your report.



What if a Report Isn't Accepted by Child Protective Services?

Not all reports of suspected child abuse or neglect are accepted for investigation by Child Protective Services (CPS). When CPS decides not to investigate a report, it is usually because the report does not meet the legal definition of abuse/neglect; law enforcement has the responsibility to investigate; or the family's problems can be more effectively addressed by a different type of service.

CPS will notify any mandated reporter of whether an investigation has been initiated and when the investigation is completed. [WV Code 49-6A-2a] If a decision is made not to investigate, and you disagree, you may further discuss your concerns with the CPS supervisor. When a case is not appropriate for CPS, you may ask for suggestions or guidance in dealing with the family.

Issues and Concerns About Reporting

A report of suspected maltreatment is not an accusation. It is a request for the helping process to begin. The reporting process, however, may not always go smoothly. Difficulties may be encountered which can act as a barrier to reporting or can discourage continued involvement in situations of child abuse and neglect. Some of these difficulties are discussed below.

Previous Bad Experiences

Professionals who have had an unsatisfactory experience when reporting suspected child abuse or neglect may be reluctant to report again. These professionals may have been discouraged from reporting, or may have developed a distrust of Child Protective Services (CPS), feeling that a previous case was not handled to their satisfaction. These concerns are real. Things may not have gone as well as they could have. A previous bad experience, however, does not mean that the next time things will be handled poorly. If you have an unfortunate experience with a CPS response, you should consider requesting intervention by a supervisor in the handling of the case.

Early childhood providers must report regardless of their concerns or previous experiences. The law requires it, and no exemptions are made for those who have had a bad experience. In addition, while reporting does not guarantee that the situation will improve, not reporting guarantees that if abuse or neglect exists, the child will continue to be at risk.

The Belief That Nothing Will Be Done

Sometimes potential reporters are convinced that nothing will be done if they report, so they don't report. Aside from the legal considerations (failure to report is against the law in West Virginia) [WV Code 49-6A-8], such reasoning is faulty. If an incident of suspected child abuse or neglect is reported, some action will occur. At the very least, a record of the report will be made and your legal obligation will be fulfilled. On the other hand, if the incident is not reported, nothing will be done. **Abused and neglected children cannot be protected unless they are first identified, and the key to identification is reporting.**

Confidentiality

Identity of Reporters

The identity of all persons who report suspected child abuse or neglect is confidential; however, in some instances, despite the Child Protective Services worker's efforts to maintain confidentiality, families may be able to deduce the identity of the reporter. However, the reporter is protected from suit by the immunity clause if the report was made in good faith [WV Code 49-6A-6].

Parental Rights to Access Child Abuse or Neglect Records

Parents, the child(ren), and legal counsel may exercise their right to see all personal information, relating to him/herself, contained in the Child Protective Services case record [WV Code 49-7-1].

However, the individual requesting information is only given access to that portion of the record concerning him/herself, with safeguards taken to ensure the privacy rights of the other persons mentioned in the CPS case record, including keeping confidential the identity of the reporter.

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

— Margaret Mead

How to Respond to the Child Who Reports Being Abused or Neglected

When a child tells you, openly or indirectly, about abuse or neglect, it is important to recognize the strength which this child has demonstrated by sharing the secret, as well as the trust the child has shown you by choosing you as a confidante.

Although it may be a difficult subject for you to discuss, it is important that you handle the disclosure with sensitivity. These general guidelines can help:

- * **Listen to what is being told to you.** Don't push him/her to share more than he/she is willing. The child needs warmth and acceptance. It isn't necessary at this time that intimate details be revealed.
- * **Do not ask direct questions of the child**—this might compromise the investigation.
- * **Reassure the child that he/she has done the right thing by telling you.** Acknowledge the difficulty of the decision and the personal strength shown in making this decision. Make it clear that the abuse or neglect is not the child's fault and that the child is not bad or to blame.
- * **Be calm. Keep your own feelings under control.** Be calm and non-judgmental. Be careful not to criticize or belittle the child's family or to be hysterical.
- * **Use the child's own vocabulary.**
- * **Do not promise not to tell.** Know your limits. This is not a situation you can handle by yourself. However, do not discuss what the child told you with anyone who is not directly involved in helping the child.
- * **Tell the truth.** Don't make promises you can't keep, particularly relating to secrecy, court involvement, placement and social worker decisions.
- * **Be specific.** Let the child know exactly what is going to happen within the limits of her/his ability to understand. Tell the child that a social worker who helps families with these kinds of problems may be coming to talk with the child.
- * **Assess the child's immediate safety.** Is the child in immediate physical danger? Is it a crisis? Are there others in the home who can protect the child?
- * **Be supportive.** Remember why the child came to you. The child needs your help, support and guidance. Reassure the child that telling about the abuse or neglect was the right thing to do. It is the only way to make it stop.
- * **Respect privacy.** Tell only those who need to know what the child has disclosed to you.

When a child tells you that he or she has been abused, the child may be feeling scared, guilty, ashamed, angry and powerless. You may feel a sense of outrage, disgust, sadness, anger and sometimes disbelief. It is important for you to remain calm and in control of your feelings in order to reassure the child.

Try to help the child regain control. The child is about to become involved in a process in which the primary intent will be to determine the child's best interest. At times, this may seem to sweep the child up in a series of events that are beyond control. Although alternatives may be limited, it can help to let the child make decisions, whenever possible, to allow the child some sense of self-determination. For example, you might ask the child what you can do to help or make the process less difficult.

Techniques for Interaction with the Abused or Neglected Child

The following are tools or techniques that can be used by early childhood providers with children who report abuse or neglect:

- * Never underestimate the power that a positive adult relationship can have in a child's life. Children take their cues from adults.
- * Make the child's surroundings as safe as they can be. Structure and routine can help children regain a sense of personal control.
- * Ask permission before touching, again allowing a child to regain control.
- * Don't speak badly of the abuser. The abuser is often known and liked or loved by the child.
Suggested statements:
*"What he/she did to you was wrong —
I am sorry that it happened to you."
"It was unfair of him/her to do that to you.
I am sorry that it happened."*
- * Try not to act shocked, angry or upset at what a child may say or do. Remain open for more information.
Suggested statements:
*"I'm wondering where you learned that."
"I'm wondering who taught you how to do that."
"I'm sorry that happened to you. We need to tell someone so that (abuser's name) can get help to stop doing that to you."*
- * Do not make a child feel different or singled out. Treat the child just like every other child, but with an extra dose of compassion.
- * Use your colleagues as resource people and for support, keeping in mind the child's right to privacy.

What Happens After I Make a Report?

When a report of suspected child abuse or neglect is made, Child Protective Services (CPS) staff must determine whether the situation described meets the legal definition of child abuse or neglect and whether CPS has the authority and responsibility to investigate. If not, the report is screened out. If so, the report is assigned.

CPS has two categories of workers: initial assessment and treatment. Initial Assessment CPS workers receive and investigate reports of abuse and neglect and make a finding as to whether (1) maltreatment occurred; (2) there is risk of maltreatment; and (3) the child is safe. Treatment CPS workers work with families whose cases are opened for further services and cases which go to court.

The Investigation

West Virginia law requires that in a report of imminent danger, a face-to-face interview with the child and the development of a protection plan must be made within 72 hours. In all other reports, a face-to-face interview with the child and the development of a protection plan must occur within 14 days. [WV Code 49-6A-9]

The CPS worker will interview the child, siblings (if necessary), the parents or caregivers, the alleged abuser, and any other people having information about the incident. The worker may come to the provider to interview or observe the child. It's important to note that CPS workers do NOT need the parents' consent to see the child. [WV Code 49-6A-9(b)(3)]

Through interviews, observation, and information gathering, the CPS worker will, within 30 days, make a finding about:

- (1) whether or not maltreatment occurred;
- (2) the degree of risk of maltreatment; and
- (3) whether the child is safe.

Right to Appeal Investigation Findings

Clients have the right to file a grievance. They may obtain forms from their local Department of Health and Human Resources office.

***All humanity is one undivided and indivisible family,
and each one of us is responsible for the misdeeds
of all the others.***

— Gandhi

Services Provided to the Family

While the immediate objectives of an investigation are to gather the facts and protect the child from immediate harm, these are not the only objectives. The CPS worker is also responsible for helping the parents identify and solve the problems that may have caused maltreatment. The CPS worker helps the parents acquire the knowledge and skills needed to provide adequate care for their children.

Services are provided to the family by the CPS worker and/or community agencies. These services may include: individual and/or family counseling; parenting groups or classes; homemaker services; respite day care; or family supervision, provided through home visits by the CPS worker or another agency. The length of time that CPS provides services to a family varies from case to case and is dependent on the continued risk of harm to the child.

Interviewing Children in Early Care Settings

During an investigation, the Child Protective Services (CPS) worker may request to interview or observe the child victim and/or siblings in his/her early childhood setting. You may request identification from the CPS worker, such as a photo identification badge.

The early childhood setting provides a safe environment, away from the alleged abuser and site of the abuse. The neutral setting may lessen the child's anxiety, making it easier to talk about what has happened.

Consent of the parent or guardian to interview or observe the child in his early childhood setting is not required under West Virginia law. [WV Code 49-6A-9(b)(3)] The interview is conducted in private, without the presence of staff, in order to respect and preserve the child's and family's rights to privacy. If the CPS worker determines that it is in the child's best interest for the provider to be present during the interview, the worker may request the presence of a specific individual.

Release of Child's Records to Child Protective Services

During the course of a child abuse or neglect investigation, the Child Protective Services (CPS) worker may request the release of records. West Virginia law requires providers to provide CPS with assistance and information to enable it to fulfill its responsibilities for investigating allegations of child abuse or neglect and providing services in the best interests of the child. [WV Code 49-6A-9(e)] Once provider records are obtained by CPS, they become a part of the CPS case file. Therefore, all documents in possession of CPS may be made available to the parent or attorney through a subpoena or court order.

Photographs and X-rays

A CPS worker, in the course of an investigation of reported child abuse, may take photos of the child, yard, home and car without the permission of the parent or guardian. [WV Code 49-6A-4]

Feedback from Child Protective Services

Intrusion into family life to protect a child is a highly sensitive matter necessitating confidentiality. Due to strict Federal and state laws concerning the release of Child Protective Services information, the CPS worker is restricted in the information that can be discussed with individuals outside of the family. [WV Code 49-7-1]

The CPS worker is permitted to give early childhood providers information that is in the best interests of the child. At a minimum, you will be informed that a report has been investigated and determined to be unsubstantiated or that necessary action has been taken.

If you are not contacted by the CPS worker within 45 days of the date of the report and you wish to learn the outcome of the investigation, you may call the worker assigned to the case or the supervisor.

Multi-Disciplinary Teams (MDT)

In 1995, a system for evaluation of and coordinated service delivery for children who may be victims of abuse or neglect and children undergoing delinquency proceedings, known as multi-disciplinary teams (MDT), was established [WV Code 49-5D]. The Investigative MDT, headed by the prosecuting attorney, is responsible for coordinating the initial and ongoing investigation of all civil and criminal allegations pertinent to cases involving child abuse [WV Code 49-5D-2].

If the case goes into court, a Treatment MDT is formed and early childhood providers are an essential part of this team. The Treatment MDT is to assist the court in facilitating permanency planning, to recommend alternatives, and to coordinate evaluations and in-community services. Members may participate by telephone or video conferencing.

Rules of confidentiality do not apply within the MDT, allowing for full and appropriate sharing of information. MDT members are bound by laws of confidentiality not to release information beyond the MDT and, if applicable, the court. [WV Code 49-5D-3]

If you wish to participate in a Treatment MDT for a particular child, notify the CPS worker of your interest.

Civil Court Action and Testimony by Early Childhood Providers

Most cases of child abuse or neglect do not require court involvement. Most families will accept help in correcting the circumstances which caused the maltreatment. However, where there is evidence of abuse or neglect and the family does not do what is necessary to ensure the child's safety, a petition may be filed in circuit court by Child Protective Services or by any responsible adult [WV Code 49-6-1]. The court is a place where the rights of the child and the parents are protected. Ultimately, the court will decide what is in the best interests of the child.

Early childhood providers may be requested to provide written reports or testimony to assist the court in making a decision. In some cases, submitting written reports decreases the likelihood of having to testify. In those rare instances where providers are called to testify, you will be asked questions related to your credentials, what you observed and possibly your conversations with the child and parents.

Legal Procedures

The purpose of West Virginia's child welfare laws is to assure the spiritual, emotional, mental and physical well-being of the child and to preserve and strengthen the child's family ties, where possible. In all cases, the goal is to assure the child a safe and permanent home.

Child Protective Services (CPS) is required to address the safety, permanency and well-being of children who are abused and/or neglected. CPS will try to prevent the removal of the child if the child's safety in the home can be assured and if there are no aggravated circumstances* surrounding the maltreatment of the child under investigation, another child of the abusing parent, or another child in the household. If there are aggravated circumstances, then CPS will remove the child and petition the court for the termination of parental rights.

Removal and placement outside the home is traumatic for the child. The child often feels abandoned by the family and can even feel responsible for the problems in the home that led to removal. Removal can lead to feelings of insecurity as the child wonders if the family will ever be reunited. In addition, when a child is removed, the child must adjust to a new family—and possibly even a new community.

If it becomes necessary to remove the child, the CPS worker will give the parents or guardian an opportunity to place the child with relatives in order to preserve a sense of family identity. When this is not possible, placement in foster care may be necessary. The ultimate goal is to assure that the child is expeditiously placed in a safe, secure and permanent home. If the family can be reunited safely, then this option has priority.

[*Aggravated circumstances include but are not limited to abandonment, torture, chronic abuse, sexual abuse, murder of another child or the child's other parent, voluntary manslaughter, attempted or conspired to commit murder or accessory before or after the fact, felonious assault resulting in serious bodily injury.]

What Happens in Cases of Abuse and Neglect?

The following is a brief description of the legal procedures set forth in West Virginia law for cases of child abuse or neglect [WV Code 49-6].

In certain instances, West Virginia law permits Child Protective Services (CPS) and law enforcement officers to take a child into immediate protective custody for the protection of the child [WV Code 49-6-9]:

- * A CPS worker may take immediate emergency custody of a child in an emergency situation which constitutes imminent danger to the physical well-being of the child if the worker has probable cause to believe that the child will suffer additional abuse or neglect or will be removed from the county before a petition can be filed and temporary custody ordered.
- * A law enforcement officer may take a child into protective custody for up to 96 hours without a court order if the child has been abandoned or requires emergency medical treatment and the parent is absent or refuses to permit the treatment.

Whether protective custody has been taken or not, the next step is a child abuse and/or neglect petition. The petition is usually filed by the CPS worker, and it alleges the specific abusive or neglectful conduct, including time and place, and explains how such conduct comes within the statutory definition of abuse or neglect. The petition details any supportive services provided by CPS to remedy the alleged circumstances, and explains the relief sought. After the petition is filed, the Circuit Court must set a hearing and appoint counsel. (If there is a temporary custody order in effect, this hearing is to be scheduled within 30 days).

The Circuit Court may grant temporary emergency custody to the WV Department of Health and Human Resources (DHHR) or to a responsible relative for not more than 10 days pending a preliminary hearing if the child is in imminent danger and there are no reasonable alternatives to removing the child from the home. (Reasonable alternatives might include medical, psychiatric, psychological, or homemaking services for the family while the child remains in the home but in the state's custody.)

If the alleged abuser is a member of the household, the child may not remain in the home unless the abusing person is removed by court order. Other children in the home are included in the custody issue whether it is alleged they have been abused or not. They may be removed temporarily if the court finds imminent danger and a lack of reasonable alternatives to removal. If one child is in imminent danger, then all children in the home are presumed to be.

The next step is a preliminary hearing. If the court finds that continuation in the home is contrary to the best interests of the child, it may grant custody to the DHHR or a responsible relative or other appropriate agency or person temporarily.

At this time, the court may also grant an improvement period for the parent or custodian for a period of months to try to remedy the circumstances that led to the petition of abuse or neglect, if the parent or custodian proves by clear and convincing evidence that he/she will fully participate in such an improvement period. If allowed, a family case plan is developed by CPS and the multidisciplinary treatment team (MDT), which details services to be provided to the family and lists specific, measurable, realistic goals to be achieved by the parent or custodian.

At the end of the improvement period (if one is granted), there is an adjudicatory hearing. The court makes a determination as to whether the child has been abused or neglected. The parent or custodian may seek a post-adjudicatory improvement period. After adjudication, the child's Case Plan will be developed.

Finally, there is a dispositional hearing [WV Code 49-6-5]. The court may:

- * dismiss the petition.
- * refer the child, abusing parent(s), the battered parent, or other family member(s) to a community agency and dismiss the petition.
- * return the child to the home under supervision of the CPS.
- * order terms of supervision to assist the child and abusing parent(s) or battered parent.
- * upon finding the abusing parent(s) or battered parent unwilling or unable to provide adequately for the child's needs, commit the child to the temporary custody of the state, department, licensed welfare agency, or suitable guardian.
- * in some cases, grant another improvement period of not more than 6 months with a possible 3-month extension.
- * terminate the parental rights of a child who has been in foster care for 15 of the last 22 months unless there are compelling reasons not to do so.

If the court decides there is no reasonable likelihood that the conditions of abuse or neglect can be substantially corrected in the near future, and when necessary for the welfare of the child, the court will terminate parental, custodial and guardianship rights and commit the child to permanent sole custody of the non-abusing parent (including a battered parent), if there is one, or terminate parental rights and commit the child to the guardianship of the DHHR or a licensed child welfare agency. The court will not terminate parental rights if a child, age 14 or older, objects.

At each step in the legal process, the court is concerned with the safety and best interests of the child, and if possible, preserving and reunifying the family.

Cooperation with a Court Appointed Special Advocate (CASA)

Since 1991, judges in West Virginia in communities where there is a CASA program have been able to appoint a Court Appointed Special Advocate (CASA) for a child involved in civil child abuse proceedings. The CASA is a volunteer from the local community who has been trained to advocate for the best interests of a child who has come into the court system as a result of abuse/neglect.

The CASA volunteer, acting under order of the court, reviews records; facilitates prompt, thorough review of the case; and interviews appropriate parties to make recommendations on what would be in the best interests of the child.



The CASA volunteer respects the right to privacy by keeping information confidential that would identify parties involved in CASA cases.

If you are the early childhood provider of a child in DHHR custody, you may be contacted by the CASA volunteer for information. You should request to see the CASA's identification and a copy of the court order appointing the CASA to the case before providing information. The CASA may wish to discuss the child's attendance, social adjustment or other issues relating to the child's day-to-day functioning in the early care setting. The CASA would also appreciate being contacted about any significant developments relating to the child. The better the information gathered by the CASA, the more effective the CASA can be in advocating for the child's best interest in any legal proceedings or during multi-disciplinary team meetings. To check and see if there is a CASA program in your area, contact the West Virginia CASA Association at www.wvcasa.org.

Criminal Prosecution

Child Protective Services is required to report all cases of serious physical abuse and all cases of sexual abuse and sexual assault to the county Prosecuting Attorney's office. Criminal prosecution is at the sole discretion of the Prosecutor.

The Impact of Early Childhood Providers 7

Until now, this book has focused on the treatment children receive from parents and other caregivers. This section deals with the treatment they can expect to receive from another set of adults central to their lives—their early care providers - and what we, as providers, can do to support parents of young children.

Often those providing child care have children with them and the opportunity to observe and influence those children during more waking hours than the children's parents. Often home visitors have built a relationship with parents of young children that enable them to work on very difficult issues as partners.

Staff can develop nurturing relationships with all children:

- * Be a positive role model for the children in your care.
- * Be a patient, approachable listener. Do not be critical of a child.
- * Work on improving a child's self-esteem.
- * Teach creative problem solving and decision making.
- * Emphasize conflict resolution and recognizing feelings.
- * Avoid displaying pity or giving a maltreated child more attention.
- * Encourage children to be responsible for their own things.
- * Provide individual rights education.



You can also develop nurturing relationships with parents of young children by:

- * Emphasizing your concern for their child.
- * Recognizing the family is the constant in a child's life.
- * Recognizing their strengths as individuals and as a family unit and that families handle things in different ways.
- * Honoring the family's racial, ethnic, cultural, and socioeconomic diversity.
- * Providing complete and unbiased information.
- * Encouraging them as a partner in the services they are receiving.
- * Understanding and including the needs of all family members when deciding which services are needed.

Corporal Punishment

"Sticks and stones can break my bones..."

How familiar are you with your program's policy regarding corporal punishment? Is it okay to spank a child if the child's parent approves? Is it okay to encourage parents' use of spanking?

Licensing specifically prohibits any early care provider from administering corporal punishment. Quality early childhood programs strive to educate families on positive discipline techniques. Spanking can be a difficult issue to address because of people's general acceptance of its use. Teaching other strategies of discipline by modeling and offering suggestions can lead to a decrease in spanking as the only discipline method.

Verbal Abuse

...but words can never hurt me."

We all know that words can hurt. Few early childhood providers would intentionally belittle, humiliate or shame a child. But what happens when you're angry and frustrated? Have you ever said something you regret?

Picture this: You've just blown your top and said something hurtful to a child. Like it or not, this happens to most of us at one time or another, and when it does, the important question is: What do you do next? Do you pretend it didn't happen because it would be a sign of weakness to apologize? Or do you stop and use this as a teachable moment? It is okay to tell a child "Your behavior was unacceptable, and we must deal with that, but you don't deserve to be spoken to like that. I'm sorry."

Discipline or punishment?

It has been said that the purpose of punishment is to hurt, but the purpose of discipline is to teach. Which do you employ with the children in your care? Which do you encourage with the families you visit?

Most early childhood providers would agree that their goal is to help children learn to be self-disciplined. What kind of adults do you want the children in your care to grow up to be? When developing a discipline plan, think about the difference between discipline and punishment and consider these questions:

- * Do you want the children to be focused on external or internal rewards?
- * Do you want the children to be operating from fear or from confidence?
- * Do you want the children to believe that “might makes right”?
- * Do you want the children to believe that adults are always right simply because they are adults?

More Issues to Think About

- * You have decided that your discipline plan will include notifying parents on a regular basis of how their child has behaved. How much do you know about how parents will react to a bad report? If you have misgivings about whether or how severely a parent might punish a child, are there other consequences you might use?
- * The teacher across the hall is recognized as having the quietest, most well-behaved class in the center. Have you considered whether the children in the class feel free to be themselves, or whether they’re intimidated and afraid? If you think there’s a problem, what can you do to help change the situation?

Child Abuse Prevention

Caring early childhood providers train themselves to notice signs of abuse and neglect, and follow the law in reporting these signs to the proper authorities. In addition, they take steps to make sure that their own settings are safe places where children are not mistreated. Home visitors ensure families have knowledge of positive techniques to teach young children appropriate behavior.

But they can do more. Early childhood providers can take a proactive stance and work to prevent and eliminate the cycle of abuse through supporting the provision of programs for children, parents and the community.

Services for parents

Many parents are isolated from family and friends and have few places to turn for help. Early childhood settings can be a source of information for these parents. Early childhood settings can be an environment where parents feel comfortable talking and learning about topics that can make a daily difference in their interactions with children:

- * stress management strategies
- * discipline techniques
- * stages of child development (See Appendix)

Concerned parents and providers can join together to:

- * organize support groups
- * bring in speakers
- * distribute information

In addition, early childhood providers can arm themselves with knowledge about local service agencies and programs that can provide help to families in crisis. Consult the Appendix or your local Department of Health & Human Resources office.

Center-based programs can work together with home-based programs to provide services that meet the needs of both children and parents. Parent education and family support programs, such as Birth to Three, Right from the Start, and Healthy Families America should work together with childcare and Head Start settings to provide the necessary support, information, and linkage to community resources that will ensure all children get off to a good start in life. Research has consistently proven that the children at greatest risk for abuse achieve the optimum outcomes when they receive both home-based and center-based services.



Prevention Programs for Children

Early childhood providers can help children learn about child abuse, how they can protect themselves, and to whom they should go for help. There are many books and videos that providers can use with their children, teaching about the difference between safe and unsafe touch. When making use of these materials, it is a good idea to inform parents of your intent and involve them in teaching children basic safety information.

Creating a Positive Climate

Here are some ways to nurture positive feelings among the children you serve:

- * **Face to face greetings help children feel special.**
"Hi, Tommy, new haircut I see," or "Purple looks good on you."
- * **Use "I" messages to be specific about the behaviors you desire.**
"I need all eyes on me and all mouths closed. That's good. Now stay with me while I read a story," instead of "Pay attention!"
- * **Give children permission to make mistakes.**
"Everyone makes mistakes. That's how we learn."
- * **Be specific in praise of each child and mention it frequently.**
"What a beautiful picture, Paul." "You're such a good line leader, Grace." or "You are really good at cleaning up, Lucas."
- * **Give children positive attention by using their names.**
"Look how nicely Stephen and Angie are building blocks together."
- * **Display children's work.**
Put the child's first name on art work. Put it on a bulletin board, wall or refrigerator. These elicit the child's interest and pride.
- * **Create an environment of high expectations and genuine concern.**
"How are today?" "Are you OK?" and "I knew you could do it!"

"The family is the one safe island in an unknown sea."

— Russian Proverb

State and National Resources

National Resources

American Academy of Pediatrics
<http://www.aap.org>

Centers for Disease Control & Prevention, Child Maltreatment Prevention Page
<http://www.cdc.gov/violenceprevention/childmaltreatment/>

Child Find of America Hotline
<http://www.childfindofamerica.org>
 1.800-I.AM.LOST

Child Help National Child Abuse Hotline
<http://www.childhelp.org/hotline>
 1.800.426.5678

Darkness to Light
<http://www.d2l.org>
 1.866.FOR.LIGHT

National Center for Missing and Exploited Children
<http://www.missingkids.org>
 1.800.843.5678

National Alliance of Children's Trust & Prevention Funds
<http://www.ctfalliance.org>

National Court Appointed Special Advocate Association
<http://www.casaforchildren.org>
 1.800.628.3233

National Domestic Violence Hotline
<http://www.thehotline.org>
 1.800.799.SAFE or 1.800.799.7233

Prevent Child Abuse America
<http://www.preventchildabuse.org>
 1.800.CHILDREN or 1.800.244.5373

Runaway Switchboard
<http://www.1800runaway.org>
 1.800.RUNAWAY or 1.800.786.2929

West Virginia Resources

Mountain State Parents, Child, Adolescent Network (CAN)
www.mspscan.org
 1.800.CHILD85 or 1.304.233.5399

Our Babies: Safe and Sound
<http://www.safesoundbabies.com>

Prevent Child Abuse West Virginia
<http://www.preventchildabusewv.org>
 1.866.4KIDSWV

TEAM for West Virginia Children
<http://www.teamwv.org>
 304.523.9587

West Virginia Child Advocacy Network
<http://www.wvcn.org/>
 304.414.4455

West Virginia Advocates
<http://www.wvadvocates.org>
 1.800.950.5250

West Virginia Child and Adult Abuse Hotline
 1.800.352.6513

West Virginia Child Care Association
<http://wvcca.org>
 304.340.3611

West Virginia Children's Trust Fund
<http://www.wvcf.org>
 304.558.4637

West Virginia Coalition Against Domestic Violence
<http://www.wvcadv.org>
 304.965.3552

West Virginia Court Appointed Special Advocate Association
www.wvcasa.org

West Virginia Court Improvement Program
www.wvcip.com

West Virginia Department of Health and Human Resources Bureau for Children and Families
www.wvdhhr.org/bcf

Bureau for Child Support Enforcement
www.wvdhhr.org/bcse

Bureau for Public Health, Office of Maternal, Child and Family Health
www.wvdhhr.org/mcfh

Child Abuse Prevention Page
www.wvdhhr.org/bcf/children_adult/ca-buseprev/default.asp

West Virginia Healthy Kids and Families Coalition
www.wvhealthykids.org

West Virginia Kids Count Fund
www.wvkidscountfund.org
 1.888.KIDSCOUNT

West Virginia Legislature's Office of Reference and Information
www.legis.state.wv.us
 1.877.565.3447

West Virginia Mental Health Consumers Association
<http://www.mhca.org>
 304.345.7312

West Virginia State Bar Legal Information Service
http://www.wvbar.org/public_information/
 1.800.642.3617

WV Department of Health and Human Resources Offices

Barbour	304-457-9030	Mineral	304-788-4150
Berkeley	304-267-0100	Mingo	304-235-4680
Boone	304-369-7802	Monongalia	304-285-3175
Braxton	304-765-7344	Monroe	304-772-3013
Brooke	304-723-3060	Morgan	304-258-1350
Cabell	304-528-5800	Nicholas	304-872-0803
Calhoun	304-354-6118	Ohio	304-232-4411
Clay	304-587-4268	Pendleton	304-358-2305
Doddridge	304-873-2031	Pleasants	304-684-9244
Fayette	304-465-9613	Pocahontas	304-799-2540
Gilmer	304-462-0412	Preston	304-329-4340
Grant	304-257-4211	Putnam	304-586-1520
Greenbrier	304-647-7476	Raleigh	304-256-6930
Hampshire	304-822-6900	Randolph	304-637-5560
Hancock	304-794-3060	Ritchie	304-643-2934
Hardy	304-538-2391	Roane	304-927-0956
Harrison	304-627-2295	Summers	304-466-2807
Jackson	304-373-2560	Taylor	304-265-6103
Jefferson	304-724-2600	Tucker	304-478-3212
Kanawha	304-746-2360	Tyler	304-758-2127
Lewis	304-269-6820	Upshur	304-473-4230
Lincoln	304-824-5811	Wayne	304-272-6311
Logan	304-792-7095	Webster	304-847-2861
McDowell	304-436-8302	Wetzel	304-455-0920
Marion	304-368-4420	Wirt	304-275-6551
Marshall	304-843-4120	Wood	304-420-2560
Mason	304-675-0880	Wyoming	304-732-6900
Mercer	304-425-8738		

Child Protective Services Referral

Mother's Name _____ Birth Date _____

Address _____ Phone _____

Father's Name _____ Birth Date _____

Address _____ Phone _____

Other adults in the home:

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Child(ren) involved:

Name _____ Birthdate _____ Sex _____ Race _____

Name _____ Birthdate _____ Sex _____ Race _____

Name _____ Birthdate _____ Sex _____ Race _____

Please list a family member who can protect the child, if one is available:

Provide a brief but accurate description of the abuse and/or neglect including the abuser's name:

Information about the child(ren)s' current condition:

Mandated Reporter Disclosure Job Aid

What to do when a child or adult discloses suspected child abuse or neglect.

1. Find a private place to talk with the person.
2. Reassure the person making the disclosure ("I believe you.")
3. Listen openly and calmly, with minimal interruptions.
4. Write down the facts and words as the person has stated them. (Exact words are important to investigators.)
5. Do not promise not to tell, but respect the person's confidentiality by not telling others who don't need to know.
6. Tell the truth.
7. Be specific. Let the child know what is going to happen.
8. Assess the child's immediate safety.
9. Be supportive.
10. Report the disclosure immediately and no later than 24 hrs to CPS.

What NOT to say when someone discloses suspected child abuse or neglect.

1. Don't ask "why" questions such as: "Why didn't you stop him or her?" "Why are you telling me this?"
2. Don't say "Are you sure?"
3. Don't ask "Are you telling the truth?"
4. Don't say "Let me know if it happens again."
5. Avoid leading questions ("Did your uncle touch you too?" "Was he wearing a blue jacket?")

WV Child Abuse and Neglect Hotline

1-800-352-6513 (24 hours a day, 7 days a week)

For serious physical abuse or sexual abuse,
also contact the state police & local law enforcement.

Case Histories

(The following stories represent real-life situations in our community. Some identifying features and names have been changed to protect the families' privacy.)

BRITTANY

Brittany is a shy but friendly three-year old. She spends her days at the Sunshine Day Care while her mother works two jobs. Brittany spends every other weekend with her father, and he usually picks Brittany up on Friday afternoon.

One Friday, a paternal aunt comes to pick up Brittany. Brittany screams and cries and refuses to go. Staff members attempt to contact the parents, but they are unsuccessful. While teachers are trying to find the parents, Brittany becomes hysterical and says her daddy's step-dad did bad things to her. The staff called CPS and law enforcement and made a referral.

After an investigation, it was found that Brittany had been sexually abused by the step-grandfather. He was found guilty. Brittany's mother and father were unaware of the abuse that had taken place. Brittany remains in the home with her mother and receives counseling. Her father continues to have visitation every other weekend.

TYLER

Tyler is a friendly four-year old who is shy but very active and plays well with other children. Tyler's behavior begins to change over a 4-week period. The family child care provider notices Tyler hitting other children. When confronted about his aggressive behavior, Tyler cries.

Tyler's mother picks him up one afternoon, and she has a black eye. Tyler's mother smiles and says she ran into a door, but it is obvious that she has been crying. The family provider makes a referral to CPS, concerned about the impact of the domestic violence on Tyler. After an investigation, Tyler's father was court-ordered out of the home because of the violence.

Tyler's mother sought services and support from domestic violence advocates and is now divorced from her husband. He currently has no visitation with his son because he has been unwilling to seek treatment for anger management.

STEPHANIE

Stephanie's mother was homeless when she found out she was pregnant. She accepted the help of a home visitor to assist and support her in her new role as a mother.

During the pregnancy, she considered adoption for the baby several times due to feeling overwhelmed about meeting the needs of a baby. She and the father of the baby continued to have a relationship and both battled with substance abuse problems. The father also had problems controlling his anger and sometimes was abusive to Stephanie's mother.

During one home visit, when Stephanie was six months old, the mother confided in her home visitor that the father had been abusive and out of control the evening before. The home visitor made a CPS referral after discussing it with her supervisor. CPS opened a case on the family.

The father was willing to seek help for his substance abuse problem and received counseling to deal with his issues of anger control, which were a result of the abuse he had suffered as a child. Stephanie remained in the home with her mother and father.

The father accepted responsibility for his actions and received services to improve his interactions with his daughter and his girlfriend. Stephanie's mother has also received counseling and is meeting the needs of her daughter.

	Milestones in Motor Development	Milestones in Intellectual Development
0 to 3 Months	<ul style="list-style-type: none"> • Birth reflexes (sucking, grasping) • Lifts head when held at shoulder • Arm and leg motions 	<ul style="list-style-type: none"> • Growing ability to follow objects and to focus
3 to 6 Months	<ul style="list-style-type: none"> • Rolls over from stomach to back • Lifts up knees • Reaches for objects • Sits with support • Holds hands in front of tummy • Lifts head and chest when on stomach 	<ul style="list-style-type: none"> • Looks at objects in hand • Grasps with both hands • Turns head to voice--follows with eyes • Follows moving object w/eyes • Watches a person's face intently • Is startled at loud sounds
6 to 9 Months	<ul style="list-style-type: none"> • Rolls from back to stomach • Sits alone without assistance • Stands with hands held • Can lift head up while on back • Climbs stairs • Learns to crawl • Eye-hand coordination 	<ul style="list-style-type: none"> • Feeds self • Reaches for a toy with 1 hand • Picks up a toy that is dropped • Curious—puts everything into mouth • Turns to locate source of sound
9 to 12 Months	<ul style="list-style-type: none"> • Crawls well & creeps forward • Can stand when holding on to furniture • Learns to grasp with thumb and finger • Can sit independently & play with object with both hands • Uses both hands equally well 	<ul style="list-style-type: none"> • Puts things in & out of containers • Interest in pictures • Drops objects on purpose
12 to 18 Months	<ul style="list-style-type: none"> • Creeps up stairs • Walks well alone • Can stoop to recover an object • Seats self on chair • Interest in self feeding • Stacks two blocks 	<ul style="list-style-type: none"> • Looks & points at pictures in book • Scribbles spontaneously • Uses spoon & drinks from cup • Can point to one body part • Follows one or two directions • Throws a ball easily • Begins to understand limits
18 to 24 Months	<ul style="list-style-type: none"> • Runs and jumps • Uses fingers with skill • Turns pages of a book • Walks backwards • Enjoys small riding toys 	<ul style="list-style-type: none"> • Turns pages of a book • Can point to 2-3 body parts • Will try to imitate what an adult draws with a pencil
2 to 3 Years	<ul style="list-style-type: none"> • Muscle control sufficient for toilet training / able to hold urine for 3 hours or more • High mobility - skills are more refined • Uses spoon to feed self • Throws and kicks a ball • Takes apart and reassembles simple objects • Can do simple puzzles, string beads, stack 	<ul style="list-style-type: none"> • Capable of thinking before they act • Imitation & fantasy -- they love to pretend and imitate people around them • Creative activities -- art and block play • Understand the physical signals
3 to 4 Years	<ul style="list-style-type: none"> • Can jump in place and walk down stairs • Balances on one foot • Uses toilet consistently • Begins to dress oneself • Builds with blocks and construction toys • Fine muscle development • Boundless energy 	<ul style="list-style-type: none"> • Symbolic play is at a peak – fantasy life is very strong • Understands some number concepts, comparisons, and colors • Interest in letters • Scribbling more controlled – able to draw circles around familiar objects
4 to 6 Years	<ul style="list-style-type: none"> • Muscle development more refined and better coordinated, enabling him or her to learn new skills • Finger dexterity improved -- able to hold and use a pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth • Climbs, hops, skips, and likes to do stunts. • Ties shoelaces / Makes own bed • Shows interest in taking a bath on their own 	<ul style="list-style-type: none"> • Dramatic play expands and is closer to reality, attention to details • Able to draw representative pictures • Knows and can name member of family and friends • Can recall and repeat a sentence of at least eight words

	Milestones in Language Development	Milestones in Social Development
0 to 3 Months	<ul style="list-style-type: none"> • Vocalizes sounds (coos) 	<ul style="list-style-type: none"> • Concerned with satisfying needs • Smiles spontaneously and responsively • Likes movement
3 to 6 Months	<ul style="list-style-type: none"> • Coos/gurgles • Chuckles/squeals • Smiles responsively • Laughs aloud • Has expressive noises 	<ul style="list-style-type: none"> • Recognizes primary caregiver • Anticipates food on sight
6 to 9 Months	<ul style="list-style-type: none"> • Responds to name • Single consonants (da-da, ba-ba) • Imitates sound 	<ul style="list-style-type: none"> • Prefers to be with person they spend the most time with • Separation anxiety is common • May cry when strangers approach • May cry when parent leaves the room
9 to 12 Months	<ul style="list-style-type: none"> • Understands "no" • Uses "mama" or "dada," at first inappropriately and then with meaning • Knows meaning of 1 to 3 words 	<ul style="list-style-type: none"> • Cooperates in games • Play peek-a-boo/pat-a-cake • Waves good-bye • Interacts in play with adults
12 to 18 Months	<ul style="list-style-type: none"> • Has 3 to 5 words • Uses jargon language 	<ul style="list-style-type: none"> • Finger feeds self • Shows or offers a toy • Points or vocalizes to make desires known • Cooperates in dressing • Holds own cups
18 to 24 Months	<ul style="list-style-type: none"> • Has at least 20 words • Combines 2 words into phrase • Jargon is gone • Verbalizes desires with words 	<ul style="list-style-type: none"> • Handles a cup well • Imitates housework • Removes one piece of clothing
2 to 3 Years	<ul style="list-style-type: none"> • 2 to 4 word phrases • Uses plurals • Names at least one picture • Language ability expands, becomes very verbal, 100 to 300 words 	<ul style="list-style-type: none"> • Has great difficulty sharing • Has strong urges & desires but at same time is developing self control • Wants to please parents but sometimes it's hard to contain impulses • Displays affection, especially for caregiver • Occupies self. Interest in peers beginning
3 to 4 Years	<ul style="list-style-type: none"> • Converses and reasons • "Why" questions -- believes there is a purpose for everything and wants to know that purpose • Can answer some questions • Knows rhymes and songs • Has understanding of on, down, under & 	<ul style="list-style-type: none"> • Knows name, sex, age, and sees self as part of a family unit • Has difficulty sharing • Plays alongside other children and begins to interact with them • Helps with small household tasks • Likes to be "big" and achieve new
4 to 6 Years	<ul style="list-style-type: none"> • 90 percent of speech intelligible • Can define words in terms of use • Vocabulary over 1000 words • Language development increasingly more complex and versatile • Expresses ideas, asks questions, and engages in discussion • Speaks clearly • Uses past, present, and future tenses 	<ul style="list-style-type: none"> • Plays cooperatively with peers • Develops capacity to share and take • Displays independence • Protect self and stands up for rights • Identifies with parents. Imitates them • Often has "best friends" • Likes to show adults what he/she can do • Always forming new images of self based on how others view him/her

What Can Be Done to Prevent Child Abuse and Neglect?

Child abuse and neglect is a community problem and should be everyone's concern. Prevention is a community responsibility. You can help to strengthen families who are responsible for the well-being of their children. Every small effort can bring big rewards and will make a difference in the quality of life in your community. You can also:

- * Get involved.
- * Reach out to parents who are under stress. Help a friend, neighbor or relative who may be struggling with their parenting responsibilities.
- * Develop good communication with the children in your life.
- * Help yourself. Recognize the signs that indicate outside help is needed. If you feel overwhelmed, constantly sad, angry and out of control, get some help.
- * Support local abuse prevention efforts.
- * Vote.
- * Educate your legislators and policymakers on issues affecting children.
- * Lend an encouraging word to a child.
- * Be a positive role model for your children and for other parents.
- * Do something today to help a child you may not know.
- * Volunteer your time for a community agency.
- * Report suspected abuse to appropriate local authorities.
- * Advocate for comprehensive services to help families and laws which protect children and promote healthy families.
- * Speak up for non-violent television programming.
- * Increase public awareness about the problem of child abuse.
- * Become a CASA volunteer.
- * Teach non-violent methods of conflict resolution.
- * **Join the TEAM for West Virginia Children.**

(Contributions are tax deductible. West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, W.Va., 25305. Registration does not imply endorsement.)

***Do not follow where the path may lead.
Go instead where there is no path and leave a trail.***

— Anonymous

Ten Reasons to Prevent Child Abuse

1. Child abuse can be fatal.
2. Child abuse stymies a child's normal growth and development. New brain research shows that the development of the brain in the first three years of life is directly affected by the kind of care babies and toddlers receive.
3. Child abuse is costly for many social institutions.
4. Child abuse costs continue to multiply over time.
5. Child abuse victims often repeat violent acts that they experienced on their own children.
6. Treatment services, while critical, are often ineffective in permanently altering parental behaviors.
7. Prevention programs targeted at parents before they become abusive or neglectful reduce the likelihood for future maltreatment.
8. Prevention programs targeted at children can improve a child's awareness of how best to avoid child abuse and other unsafe practices.
9. Child abuse prevention efforts serve as a way to combat other social problems of concern to the public and to policy makers.
10. Child abuse prevention creates a more compassionate society, one which places a high value on the welfare of children.

— *From Prevent Child Abuse America*



About TEAM for West Virginia Children

TEAM stands for “Together Eliminating Abuse and Maltreatment.” TEAM for West Virginia Children, a Huntington-based non-profit agency, formed in 1986, is dedicated to the prevention of child abuse and neglect. A small paid staff is helped by many volunteers to conduct programs including:

Western Regional Court Appointed Special Advocate (CASA) project provides trained community volunteers (CASA), appointed by a Circuit Court judge, to advocate for the best interests of an abused or neglected child who has been placed in state custody. The CASA fully researches the situation and makes recommendations to the judge on services needed and permanent placement for the child. The goal is a safe, permanent, loving home for the child.

Public awareness campaigns: The TEAM provides both speakers and materials to promote child abuse prevention. Specific materials are available to help prevent Shaken Baby Syndrome and promoting safe infant sleep through the Our Babies: Safe & Sound Campaign. The TEAM has developed a Train the Trainer curriculum and a series of booklets on identifying and reporting child abuse for mandated reporters.

Mountain State Healthy Families: This project provides voluntary intensive home visitor services for first-time parents who face many challenges. The goal is to help the family get off to a good start by promoting parent-child interaction, providing child development information, and serving as a link to needed community resources.

Prevent Child Abuse West Virginia (PCA-WV): This project is working to support safe and strong families through education, effective programs, and sound public policy. PCA-WV is a state chapter of Prevent Child Abuse America. Partners in Prevention is a statewide initiative of PCA-WV involving community teams around the state who are working to promote the well-being of children on a community level. PCA-WV is also leading efforts to build a network of Circle of Parents® mutual help support groups in West Virginia.

Partners in Community Outreach: This informal network of community-based In-Home Family Education programs around the state works together to build a statewide system of evidence-based early childhood home visiting programs that assures program quality and accountability - helping programs to improve child health; increase school readiness; enhance parenting skills and reduce child maltreatment.

To contact TEAM for West Virginia Children:

WEBSITES: <http://www.teamwv.org> <http://www.preventchildabusewv.org>
PHONE: (304) 523-9587 • FAX: (304) 523-9595
ADDRESS: P.O. Box 1653, Huntington, West Virginia 25717-1653
EMAIL: team@teamwv.org
Twitter: <http://www.twitter.com/team4wvchildren>