What You Can Do About Child Abuse

DHS | Oregon Department of Human Services

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Oregon Department of Human Services
Child Welfare

Oregon Child Abuse Hotline:
1-855-503-SAFE (7233)

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Introduction

Why do I need this information?

All children deserve to be nurtured and kept safe by those responsible for their care. Most parents and caregivers can provide adequate care and protection to their children; however, some parents struggle to keep their children well cared for and safe. Many do not have access to support systems. For some families, engaging with Child Welfare can connect them to resources they otherwise wouldn't have.

Mandatory reporters — people required by law to report child abuse — are a crucial link in the child protection system. Nearly three-quarters of all child abuse reports come from mandatory reporters. In many cases, those community members are the only people outside the immediate family who see children. The Oregon Child Abuse Hotline (1-855-503-SAFE) also accepts voluntary reports from individuals other than mandatory reporters. Voluntary reporters are friends, family and others who observe concerns and voluntarily make a report.

Everyone has a responsibility to prevent child abuse and protect children.

An individual can help children in a variety of ways, from simply being a friend to protecting them from abuse. Communities can help provide the resources children and families need, such as safe childcare or treatment services for child abuse victims. Child abuse intervention centers around the state provide forensic interviews, advocacy, medical evaluation and treatment, and therapeutic intervention for child abuse victims. Mandatory reporters of child abuse, along with the Department of Human Services (DHS) and law enforcement officials, have a legal obligation to protect children.

We hope this booklet will help you understand child abuse, what to report, and when and how to report it. It will give you an idea of what happens after you make a report of child abuse.

Here are some **explanations of terms** you will encounter as you read this material.

- **Abuse and neglect** — Abuse is usually an action taken against a child. However, neglect is an action or inaction leading to a lack of care. Oregon law includes neglect as a category of abuse. Throughout this manual, "child abuse" includes neglect and all the types of child abuse.
- **Accidents** — Child Protective Services (CPS) and law enforcement assessing abuse allegations always consider that an accident or illness may have caused a child's injury. It is a fact that children have accidents and get injured.
- **Caregivers** — CPS or law enforcement intervenes when a caregiver abuses or neglects a child. Because a caregiver is generally a parent, the word "parent" has been used throughout this manual to mean any caregiver, although a caregiver could also be someone like a babysitter or guardian.
- **Categories of abuse** — You do not need to define an injury as physical abuse, neglect, etc., when you make a report. This manual separates abuse into various categories to help you understand how the law defines abuse. What we need from you when you call us is simply specific, accurate information about a given child's condition.
- **Child abuse intervention center (CAIC)** — A nonprofit network of centers working together to strengthen and transform Oregon's child abuse prevention and response systems. CAICs provide necessary services such as medical exams, forensic interviews, family advocacy, therapy, and community outreach and prevention education. For a list of centers, click here.
- **Child Protective Services (CPS)** — A specialized social service program that Child Welfare provides on behalf of children or, when applicable, young adults who may be unsafe after a report of abuse is received.
- **Department of Human Services (DHS) Child Welfare and law enforcement** — DHS and law enforcement agencies have a shared legal responsibility for taking and responding to child abuse reports. Much of the information presented here about the CPS process also applies to law enforcement.

- **Erin's Law** — Erin's Law requires that all public schools in each state implement a prevention-oriented child sexual abuse program that teaches students to recognize sexual abuse and tell a trusted adult, school personnel, parents and guardians about it. For more information, go to http://www.erinslaw.org/erins-law/.
- **Karly's Law** — Karly's Law reformed child abuse investigation standards and procedures in Oregon. Karly's Law imposes specific statutory requirements on law enforcement, DHS employees and designated medical providers who have received specialized training to assess injuries that may have been caused by child physical abuse. These requirements concern the handling of cases involving suspicious physical injury.
- **Pronouns** — The pronouns "he," "she" and "they" are used interchangeably throughout this manual to describe children and their gender identification. All genders are subject to all forms of abuse.
- **Third-party abuse** — A person who is not the alleged victim's parent, caregiver or other member of the alleged victim's household, and not a person responsible for the alleged victim's care, custody and control. These individuals could be coaches, neighbors, school employees, clergy and others.

Protecting children is in our community's best interest. Child abuse is a shared concern across all systems and communities. The best way to protect children and strengthen families is through coordination of community services, including law enforcement, medical professionals, child abuse intervention centers, school officials, the district attorney, etc.

What is the most important thing to remember?

You should report any reasonable suspicion of abuse; you do not have to prove it. If you suspect a child has been abused, call the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233) to discuss your concerns.

Who is a “child”?

A “child” is an unmarried person under the age of 18.

“Child” also includes individuals under 21 years of age and residing in or receiving care or services at a child-caring agency (CCA) as that term is defined in ORS 418.205.

A “CCA” refers to a private agency or private organization licensed by DHS. CCAs include psychiatric day treatment for children and adoption placement services. CCAs can also be residential care, including proctor foster care or residential treatment, boarding schools, outdoor youth programs, or other similar care or services for children.

Making a report

What is reporting?

Mandatory reporters make approximately 75% of all child abuse reports. Mandatory reporters are public and private professionals required by law to report suspected child abuse. Most of these professionals interact with children and families on a regular basis. They include full-time and part-time employees as well as volunteers. Some examples of mandatory reporters include medical practitioners, law enforcement personnel, employees of a public or private organization providing child-related services or activities, public and private school employees, and members of the clergy.

For a complete list of all mandatory reporters, refer to Oregon Revised Statute 419B.005.

Under Oregon law, any mandatory reporter must immediately report suspected abuse if that person has reasonable cause to believe a child they come in contact with may have been abused, or a person they come in contact with may have abused a child. Not every person is a mandatory reporter — but everyone is urged to report suspected child abuse to ensure the safety of children in our community.

When does confidentiality override the need to report?

If you are a mandatory reporter, your obligation to make a report applies regardless of whether or not you gained your knowledge of the abuse in your official capacity.

Those people who have the right of privileged communication by ORS 40.225 to 40.295 are not required to report information about abuse if they gain the information where the professional/client relationship is protected. If you have any questions, contact DHS or your licensing board.

How do I make a report?

Reports are made by phone to the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233). The hotline is accessible 24 hours a day, 365 day a year. When DHS receives a report, we are required to share it with the appropriate law enforcement agency and vice versa. You only need to report to one agency. If there is an emergency and you believe a child is in immediate danger, please call 911.

Recognize

The first part of the process of reporting is to recognize. Recognizing is knowing the signs of abuse may have occurred or may be occurring. Remember that children often can't or won't speak up if their parents, caregivers or third-party individuals are abusing them. They rely on you and others in the community to recognize something isn't right and act to help protect them. Any single concern may or may not mean that abuse is occurring. But observing any of these indicators — especially when more than one is present — should prompt you to think about what might be happening.

Consider each potential indicator within the context of what is typical for the child, their family, their culture and their community. As we discuss how to recognize common indicators of child abuse, it is important to also recognize that each of us has our own beliefs about what constitutes good parenting, children's rights within their own families, and how we believe parents and caregivers should react to issues of concern. These beliefs come from our cultural and community norms, our own family experiences and other life experiences.

We may have a concern about a child from a different culture than our own or who belongs to a community that we don't understand well. In that case, we should consider whether our concern relates to parenting practices and personal beliefs that may vary from our own but are not necessarily abuse.

Racial disproportionality

Research suggests that child abuse occurs across racial and ethnic groups at similar rates.

However, when we look at who is reported for abuse, we see that children of color, particularly Native American and African American children, are reported far more often. This is called "racial disproportionality," which is likely connected to personal and systemic bias.

The following explains what is known about racial disproportionality in the child welfare system and how you can help correct this problem in Oregon.

In child welfare, "racial disproportionality" refers to a racial or ethnic group's underrepresentation or overrepresentation to the group's percentage in the total population. In Oregon and across the nation, children of color are overrepresented in the child welfare system at alarming rates.

Child Welfare continues to explore contributors and solutions to racial disproportionality and disparity and to develop policies, practices and workforce tools and strategies to address the issue. African American children experience extraordinary disparities in the Oregon system. However, Native American children have the highest rates of disproportionality when they enter the child welfare system. In short, child welfare is more likely to remove Native children than any other racial or ethnic group, while African American children are more likely to experience delays to permanency and poor outcomes when they transition to adulthood.

As a professional interacting with children on a regular basis, it is critical to understand personal bias and how it may affect you as a reporter. We all have biases, even if we don't realize it. However, lack of awareness of how bias influences our decisions directly affects families in our community.

The first step is to acknowledge this and then work toward broadening your viewpoint, expanding your empathy and identifying your areas of bias. A tool used among many professionals is the Implicit Association Test (IAT). (1) When identifying a negative bias that you may have, make a conscious effort to learn more about that idea, individual or group to understand how and why it makes you uncomfortable. (2) Starting from a place of curiosity while remaining open is a great place to begin.

As we discuss warning signs of abuse, consider your personal beliefs and biases and how they may affect what you see or hear.

Warning signs

What are warning signs of child abuse? We group them into three categories:

- Physical signs present on the child
- Behavioral signs or statements made by the child, or
- Behavioral signs or statements made by the parent or caregiver.

Physical signs present on the child may include:

- Injuries on parts of the body that are not typical
  - Kids bruise their shins, bang their knees and scrape their elbows. These are expected for active children. However, injuries to the back, neck, ears, buttocks or genitals are more likely to be associated with abuse.
  - Concerns include oral injuries in infants, any bruises on a child under 4 months old, or a child being unable to cruise, crawl or walk unless the child had injuries that a reliable adult witnessed.
- Injuries for which the child has no explanation or a reason that isn't logical
- Medical, dental, vision or mental health needs that appear unaddressed
- Poor height or weight growth when there is no identified medical cause, or
- A child who has a sexually transmitted infection.

Behavioral signs or statements made by the child may include:

- Regularly runs away from home
- The appearance of extreme fatigue on a regular basis
- A pattern of stealing food or complaining of hunger
- A child who cries, cowers or otherwise indicates they do not feel safe in the presence of a parent or caregiver
- Losing skills already developed, including incontinence when potty training has been well established
- Attempting suicide or displaying behaviors that self-injure
- Statements about being unsupervised before they can safely care for themselves
- Statements that they fear their parent or caregiver or don't want to go home
- Asking others to supply necessities, or
- Direct statements about experiencing abuse.

Behavioral signs or statements made by parents may include:

- Disregard for the child's feelings, needs or emotions
- Seeing the child as predominantly bad, evil or worthless
- Describing the child in sexual terms or implying that the child may provoke sexual contact from others

- Discipline methods that don't meet the child's developmental level
- Expecting the child to behave in ways unrealistic for their abilities or development
- Seeming to purposely isolate the child, including removing them from school or other activities, or
- Offering conflicting, unconvincing or no explanation for injuries or events.

When you notice one or more signs, you may be unsure whether abuse has occurred and whether you need to report. However, you should think critically about what else you know and what you have observed from that child and family.

Never second guess yourself if you believe a child has been abused. However, if there is a question in your mind and the family involved happens to be a family of color, consider if you have a personal bias.

Listen, observe and report

Always pay close attention when a child tells you about being abused.

If possible, document and report the following:

- Names and addresses of the child and parent
- The child's age
- The type and extent of abuse, as well as any previous evidence of abuse
- The explanation given for the abuse
- Any other information that will help establish the cause of abuse or identify the abuser
- Whether the child has American Indian or Alaska Native heritage
- If there are cultural or language considerations, and
- A description of the child's disability or any special needs.

You should also provide names and contact information for non-custodial parents, siblings and other children and/or adults living in the home.

Additional useful information, if you have it, may include:

- Name of school or childcare

- The family's preferred language and whether an interpreter is needed
- Any concerns regarding the safety of a worker assigned to assess the child's situation
- General functioning of the child including medical diagnosis, disabilities or unique care needs
- Observations or statements made to you or others about the child's functioning
- Information that leads you to suspect domestic violence
- Observations or concerns about substance use
- Indications of mental health impairment in the parent, or
- Anything that seems to affect the parents' ability to adequately and safely respond to the child's needs.

If you or someone else has discussed other concerns with the family, report the reaction and what steps were taken to address the situation with the family.

You do not need to know the name of the abuser before you make a report. Again, this is helpful information if you have it, but you are required to report concerns even when you do not have all the information.

Also, the more quickly you get the information to us, the more likely we can respond effectively. Bruises and other physical marks can fade quickly, and it is important for us to have a complete picture as soon as possible. All reporters must make child abuse reports immediately, without delay.

Indian Child Welfare Act

Federal law and Oregon law require Child Welfare to identify any Native American and/or Alaska Native ancestry related to the child and their biological parents. It is critical to know whether the child or parents are Native American and with which Tribes they affiliate.

- The law states that federally recognized Tribes have a right to intervene in cases involving members or possible members of their Tribe.
- Oregon state law affirms our commitment to work with Tribes to ensure the safety and well-being of their children and families. Child Welfare works closely with Tribes to make sure this occurs.

What information can I get from DHS after I make a report?

When you make a report, the screener must notify you whether the report will be documented and assigned for CPS assessment. Sometimes the screener may not immediately know the decision until consulting with their supervisor. Because the law requires that we keep information about child abuse reports confidential, you might not be told details of the abuse or the assessment.

However, we will try to give you information to the extent the law allows, including information you need to continue helping the child.

The screener that determines a report will be assigned must notify the reporter that the CPS worker will try to inform the reporter:

- If contact with the alleged victim was made
- If abuse occurred, and
- If services will be provided.

When a screener determines a report will be closed at screening, the screener must notify the reporter of the following:

- Contact with the alleged victim will not be made.
- An abuse determination will not be made.
- A decision will be made of whether services will be provided.

If I see a suspicious mark on a child, should I investigate it?

Additional information is valuable. However, it is not your responsibility to investigate the situation. If you have concerns, it is appropriate for you to engage the child in a conversation to seek more information.

- It is essential to only use the child's own words when clarifying.
- Be curious and unassuming. "Tell me more about that …" or "Why did that happen?" are both open-ended questions that can allow a child to share as much information as they are comfortable doing.
- If the explanation does not seem to fit the injury, make a report.

Your questions about the mark should depend on what is appropriate for your job. For example:

- As a doctor or nurse, it is good medical practice to ask about your patient's injuries.
- As a teacher, you might routinely comment on children's injuries (e.g., showing sympathy for Richard's leg that was broken when he went skateboarding). It would then be appropriate to comment on injuries you think might be from abuse and listen to the child's response while using open-ended questions.

Do I have to prove abuse occurred?

No. The law clearly states you must report any reasonable cause to believe a child you came in contact with has been abused. Then, either a CPS-trained worker or a law enforcement officer will conduct an assessment. Even if the assessment leads to the conclusion that the abuse report was unfounded, it still was appropriate for you to make the report.

What if I'm not sure it's abuse?

If you have questions about whether or not to report, please call the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233). A hotline screener will gather information from you and determine the department's response.

Sometimes different people have different information about a child. You might be the second or third person to call about a particular child, giving Child Welfare the critical piece we need to help.

How should I respond to a child who reports being abused or neglected?

Do:

- Remain calm. A child may retract information or stop talking if they sense a strong reaction.
- Find a private and quiet place to talk without interruptions.
- Listen intently and follow up with “then what happened?” to allow the child an opportunity to use their own words to describe the situation.
- Put the child at ease by sitting near them, not behind a desk.
- Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused.
- Reassure the child they are not in trouble.
- Use the child’s vocabulary.
- Let the child know what you will do: “We need to tell someone who knows how to help children and families.” Support the child: “I’m sorry that happened to you.”
- Do what you can to make certain the child is safe from further abuse.

Do not:

- Press for details. You do not need to prove abuse or neglect. It is traumatizing for children to share their story with multiple people. Every effort is made to reduce this trauma by professionals working together so children don’t have to experience multiple interviews.
- Ask “why” questions. These questions require children to explain actions that they may or may not understand.
- Promise that you will not tell anyone about the child’s disclosure of possible abuse or neglect.
- Ask leading or suggestive questions.
- Make angry or critical comments about the alleged perpetrator. The child often knows, loves or likes this person.
- Disclose information indiscriminately. Keep in mind the child’s right to privacy.

- Make the child feel different or singled out.
- Promise you will make sure it never happens again or that they will not have to return to their abuser. You can tell them you will support them in the process.
- Investigate a case yourself. Call the police or CPS.

How will a child react after a report is made?

Even if abuse has occurred, it may be hard for the child to admit he has been abused. It will be even harder for him to keep telling his story to the social workers, police officers, lawyers and others who may be involved in an abuse case.

How his family reacts will greatly affect how he reacts. Sometimes the non-abusing parent will immediately believe his story and support him. Sometimes parents or siblings do not believe him and pressure him to change his story.

Children are usually not placed away from their homes when abuse is found. However, if a placement is necessary, DHS will try to maintain the child's ties to family, friends, schools, etc.

All children react to stress differently. Some may act out or become withdrawn. It is important to realize that the period after an abuse report is made is very difficult for children. They need special attention and care from you.

Importance of reporting abuse

If you witnessed possible abuse, you are the responsible reporter. You cannot ask someone else to make this report for you.

By providing your name, relationship to the child or family and contact information, you have met your responsibility as a mandatory reporter. You have allowed Child Welfare staff to contact you if needed.

Mandatory reporters can be sued for damages in civil court for failing to report. Also, a mandatory reporter's failure to report is a violation of the law and carries a maximum penalty of $2,000.

In Oregon and in most other states, laws keep the names, addresses and other identifying information about the person who makes a child abuse report confidential. A small number of cases may involve criminal or juvenile court action; you may be called as a witness.

After I report, will my name be made public?

A court order is the only way a reporter's name can be released. However, you might have to testify at juvenile court or criminal court proceedings about the child's condition.

Can the parent sue me for making a report?

Anyone who makes a good-faith report based on reasonable grounds cannot be sued.

What if the abuse happened a long time ago?

You should still report it. The abuser may have access to other children, so their earlier history could be important. There is no statute of limitations on reporting child abuse.

Should I make a report to my supervisor?

As a mandatory reporter, you must report to DHS or a law enforcement agency. Telling your supervisor does not fulfill your legal obligation.

Your employer may have internal policies asking you to inform your supervisor or other staff members. That is fine as long as you also make a formal report to DHS or law enforcement. It is important that we talk to the person closest to the original source of information so we can get all relevant details.

How many cases of abuse are reported?

The Child Welfare Data Book is the Department of Human Services' annual report of Oregon child abuse and neglect statistics.

How important is my report?

In some cases, especially for small children, you may be the only person outside their family who sees them. The information you have is vital.

Who decides what child abuse is?

Child abuse is defined in Oregon law.

Can other people report abuse?

Yes. Anyone can report suspected abuse. They will be asked for the same information we need from mandatory reporters.

Voluntary reporters also cannot be prosecuted as long as they make the reports in good faith.

Individuals sometimes want to report anonymously because they don't want family members to know they were involved. A reporter's name can only be released by a court order.

Barriers to reporting abuse

Why don't people report suspected abuse?

Centers for Disease Control and Prevention (CDC) research indicates most people (58 percent) say they are reluctant to call because they fear they would make the situation worse for the child.(3) DHS makes every effort to support families and ensure children's safety through services, resources and safety planning when appropriate.

CDC estimates that at least one in seven children have experienced child abuse and/or neglect in the past year. Other individuals (35%) believe they may be at risk of harm if they intervene. In Oregon, all reporters are protected by law. Reporters who are concerned about their own safety are encouraged to make an anonymous call. (3)

The remaining survey participants believe "it is none of my business." These feelings, though common, do not focus on protecting a child in danger. A late report or one that is not made may place a child's life in jeopardy. (3)

We have a shared role in ensuring Oregon's children are protected.

The Child Protective Services (CPS) process

Screening

Specially trained staff called screeners accept reports of suspected child abuse. Screeners and their supervisor determine if the report meets criteria for documentation. If those criteria are met, the screener determines whether the concern requires assessment. At any time, the screener can consult with their supervisor to ensure consistent decision-making.

Every report that the Oregon Child Abuse Hotline receives will fall into one of five categories:

- Information only
- Referral to other services
- Not a situation of child abuse or neglect
- Family support services needed, or
- Possible child abuse.

Not all reports are assigned for CPS assessment. When the screener determines the information gathered does not meet criteria to assign, the report may be closed at screening. The information is still recorded. If a future report is made about any child or adult in the family, the previously reported information can be reviewed.

When referred for an assessment, a CPS-trained caseworker determines whether abuse occurred. CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams including child abuse intervention centers in each county to assess child abuse reports.

The goal of intervention is the child's safety.

Child Protective Services (CPS)

When the report is assigned for CPS assessment, this means Child Welfare assigns someone called a CPS worker to meet with the child and family. They will determine whether abuse occurred and whether a child is safe or unsafe. CPS is responsible for assessing, investigating and intervening in cases of child abuse. The CPS worker assigned to the child and family may contact you to discuss your concerns.

It is the role of Child Welfare to intervene when a report of alleged abuse is received. If child abuse occurred, our first responsibility is to protect the child from immediate harm. A process for determining the child's safety considers the type of abuse, the vulnerability of the child and the family's ability to protect the child. The child should remain at home with their family when the child can be safe. In most cases, the family is willing and able to protect the child from further abuse and no Child Welfare intervention is necessary.

When a child cannot remain safely in their parent's or caregiver's care, Child Welfare, law enforcement or the courts may determine a child should enter care. The court must authorize the child's entry into care. If the safety of a child cannot be assured in the home, an out-of-home safety plan is developed. When this is necessary, DHS will first consider whether a relative can provide safety. Placement with relatives is a priority for Child Welfare to ensure children maintain essential familial connections.

If foster care is needed, Child Welfare works to ensure it will be family-based, time-limited, culturally responsive and designed to better stabilize families. The agency prioritizes children, youth and young adults being placed in the care of family, friends and neighbors whenever possible. This helps children maintain connections to their cultures, communities and Tribes.

When is a Child Protective Services assessment closed?

Many factors determine the outcome of a CPS assessment. Not all children receiving a safety assessment are found to be unsafe or abused.

A CPS assessment may be closed for several reasons:

- The CPS assessment has determined there are no safety threats and children are safe.
- When children are found to be safe during the CPS assessment, but the family has moderate to high needs, a community referral for services will be made. The family may choose to participate in these services.

- The CPS assessment does not identify information sufficient to request juvenile court intervention, or the juvenile court declines to intervene and the parents or caregivers do not request or agree to voluntarily receive services.
- The CPS assessment was concluded and a child determined to be unsafe. DHS will continue working with the family on a cooperative or court involved basis.

Does DHS prosecute parents who are abusive?

No. Only a district attorney can prosecute a crime. District attorneys receive reports of possible criminal behavior from law enforcement officers and decide whether to pursue prosecution.

Even though you may have concerns about a child, it's not always clear whether abuse is taking place. Let's take a closer look at the definitions of child physical abuse, sexual abuse, neglect, mental injury and threat of harm.

Physical abuse

Oregon law defines physical abuse as any assault of a child and any physical injury to a child caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury. In Oregon, Karly's Law provides direction around what types of injuries lead to suspicion of abuse.

Suspicious physical injuries include, but are not limited to:

- Burns or scalds
- Extensive bruising or abrasions on any part of the body
- Bruising, swelling or abrasions on the head, neck or face
- Fractures of any bone in a child under the age of 3
- Multiple fractures in a child of any age
- Dislocations, soft tissue swelling or moderate to severe cuts
- Loss of the ability to walk or move normally according to the child's developmental ability
- Unconsciousness or difficulty maintaining consciousness
- Multiple injuries of various types
- Injuries causing serious or protracted (long-lasting) disfigurement or loss of impairment of the function of any bodily organ
- Any other injury that threatens the physical well-being of the child.

Bruising

Bruises on bony surfaces such as knees, shins, foreheads or elbows are more likely to be accidental than those occurring on the cheeks, buttocks or stomach.

Most falls produce one bruise on a single surface, while abusive bruises frequently cover many areas of the body.

Any bruising seen on babies who are not yet mobile is suspicious.

Head and facial injuries

Any suspicious head or facial injuries could be the result of abuse. Abusive head trauma (AHT), which includes shaken baby syndrome, is a severe form of abuse that results in injury to a child's brain. (4) AHT is related to one-third of all child maltreatment deaths and is the leading cause of physical child abuse deaths in children under age 5 in the United States. It is caused by violent shaking or being hit with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes. Long-term consequences for child development can be severe and include death.

The mouth is a common target for abuse. Injuries to this area include bruises, burns, split lips, broken teeth, torn frenulum (a fold of skin beneath the tongue, or between the lip and the gum), and even fractures of the jaw.

Broken and fractured bones

A broken or fractured bone that is not explained by the history given in an examination could relate to child abuse. Falls and accidents occur, but noting the severity or type of injury, parental explanation, child explanation and/or witness description will help you understand if the parent or caregiver intentionally or recklessly caused the harm.

Burns and scalds

Children accessing burners, lighters, stoves and fireplaces without appropriate precautions may indicate neglect. An adult may also inflict a burn upon a child, indicating physical abuse.

Internal injuries

The abdomen is the third most injured region of the body, after the head and limbs. Abdominal trauma can be hard to recognize. It is also extremely dangerous with a mortality rate as high at 8.5%. (5) Although there are no absolute guidelines for symptoms of internal injuries, here are some common indicators:

- Pain in stomach, chest or any internal area
- Bruises on the chest or stomach
- Distended, swollen abdomen
- Tense abdominal muscles

- Labored breathing
- Severe chest pain while breathing
- Nausea or vomiting (especially blood).

Is spanking child abuse?

Though controversial, there are numerous studies indicating spanking and other forms of physical discipline create long-term harm for children. (6) These effects include increased risk of negative behavioral, cognitive, psychosocial and emotional outcomes for children. (7)

> Children who see aggression practiced by their role models will imitate the behavior. Indeed, it is an ironic aspect of the prevalence of spanking that the practice, employed most often to reduce child aggression, per the evidence actually increases it. (8)

Many parents today experienced spanking while growing up. However, knowing what we do now about child development, avoiding physical punishment and using other discipline solutions is in the best interests of children.

Sexual abuse and sexual exploitation

As defined in Oregon law, sexual abuse includes:

- Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163
- Sexual abuse, as described in ORS chapter 163
- Sexual exploitation, including but not limited to:
  - Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes, and
  - Sex trafficking, including allowing, permitting, encouraging or hiring a child to engage in a commercial sex act, or to purchase sex with a minor.

Under Erin's Law, school districts are required to teach students personal body safety and how to speak up if they are being abused. Through an approach that includes education for children, school personnel and parents and guardians, we learn the signs of abuse and how to empower children. For more information, go to http://www.erinslaw.org/erins-law/.

Why do children keep quiet about being sexually abused?

Persons who sexually abuse children rely on many methods to coerce children to keep quiet. The abuser may be subtle, telling the child he is doing it for her own good or promising them favors or gifts. Or methods might be more blatant, such as a parent warning their child if they tell anyone, the family will be broken up and everyone will blame the child.

The abuser may convince the child they are an equal partner, that the parent has special affection for them and that the child will be blamed if disclosure is made.

Many abusers use threats: telling the child their pets will be hurt, that siblings will be targeted, or even the child will be killed if they tell.

Children need adults to provide their basic needs: food, a place to live, clothing, access to family and loved ones. Abusers deliberately exploit that dependency to make children submit to them.

Do children lie about being abused?

Research and experience show that children very rarely lie about the details of a sexual act they have not experienced. It is much more common for adults to minimize concerns or misinterpret a situation.

What is sexual abuse of teens?

Oregon law does not make all sexual activity of a teen under the age of 18 illegal.

For teens, evidence of sexual activity may be a potential indicator of sexual abuse. Consenting sexual relationships imply that both partners have the ability and capacity to make an informed choice without fear of harm or pressure. However, many teens do not have a clear understanding of the difference between consensual and abusive relationships.

Factors to consider in determining whether a relationship may be abusive include:

- If force is used
- If there is impaired mental or emotional capacity
- If drugs or alcohol affect the ability to make a reasonable choice
- If there is manipulation, intimidation, implied threats or other forms of coercion
- If there is a distinct power or age difference.

Sexual exploitation

Sexual exploitation is using children in a sexually explicit way for personal gain; to make money, for drugs or for any other good or service. Victims or perpetrators can be any age or gender. Commercial sex trafficking involves violence and control. It can be deadly. It also includes using children to create pornography.

Neglect

What is neglect?

Neglect of a child includes, but is not limited to, the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

Neglect also includes buying or selling a person under the age of 18.

Neglect can be permitting a child under 18 to enter or remain in or upon premises where methamphetamines are being manufactured.

Finally, neglect can mean unlawful exposure of a child to a controlled substance, or to the unlawful manufacturing of a cannabinoid extract that subjects a child to a substantial risk of harm to the child's health or safety.

Neglect is the most prevalent form of abuse in children and has the farthest-reaching impact on all areas of normal development. Adverse brain and cognitive development, attachment, and physical and mental health consequences are all linked to parents' or caregivers' lack of responsiveness to their child's needs. In the United States, neglect accounts for 78% of all child maltreatment cases, far more than physical abuse (17%), sexual abuse (9%) and psychological abuse (8%). (9) Nationally, more than a quarter of victims are younger than 3 years old. (10)

Standards for supervision and protection

Parents must provide adequate supervision, care, guidance and protection to keep children from harm. Parents must also provide appropriate treatment for children's special needs.

Children will have minor injuries during childhood. However, when accidental injuries are frequent, they may be the result of neglect.

Neglect includes exposing a child to illegal activities such as:

- Encouraging a child to participate in drug sales, theft, etc.
- Exposing a child to parental drug abuse, theft, etc.
- Encouraging a child to use drugs or alcohol.

Leaving a child home alone

There are several considerations when determining if a child is physically, mentally, developmentally and emotionally ready to be left alone. Look at every child individually to make sure they are able to handle the given responsibility. The law does not specify the age at which a child can be left alone. However, in Oregon, a child younger than age 10 cannot be left unattended for a period of time that may likely endanger their health or welfare (ORS 163.545).

The Child Welfare Information Gateway resource "Leaving Your Child Home Alone" (11) provides guidance surrounding this decision. Parents and caregivers will want to consider the following:

- Age and maturity — Age alone does not determine readiness. Evaluate the child's maturity. Have they demonstrated responsible behavior in the past? How do they respond to stressful situations? Do they feel comfortable being alone?
- Circumstances — When and how a child is left alone can make a difference. Consider the length of time they will be alone, the time of day, whether food preparation will be required? Also, does the child know how to lock the door, call for help or respond if a visitor comes to the door?
- Safety skills — Knowing what to do and how to respond to emergencies is an essential skill. Is there a plan for emergencies? Do they know their full name, address and phone number? Does the child know how to reach their parent or caregiver?
- Communication — Does the child have access to a phone, computer or tablet? Do they have the skills to call 911?

Standards for shelter

A report is required when a parent provides living conditions that are unsanitary, hazardous or dangerous to the point they have or could compromise a child's health or safety. Utilities such as drinking water, sanitary facilities and space for sleeping contribute to a safe environment. Poverty, unemployment and lack of affordable housing are commonly recognized causes of homelessness. Personal vulnerabilities such as mental and substance use disorders, trauma and violence, domestic violence, justice-system involvement, sudden serious illness, divorce, death of a partner, and disabilities can intensify these risk factors. (12) A family experiencing residential instability or poverty does not require Child Welfare intervention when the parent or caregiver has ensured the child's health and safety needs are being met.

Medical neglect

Children need adequate medical, dental and mental health care services. A medical situation that may result in serious impairment, pain or death of the child may be medical neglect. CPS can intervene.

Religious beliefs about spiritual care are generally honored, except when the child's life is in danger. CPS may intervene if a parent refuses medical attention in a serious or life-threatening situation.

Malnutrition and failure to thrive

Children may experience a failure to thrive when environmental factors impede healthy growth. Poor eating habits (eating in front of television) and economic problems that affect nutrition, living conditions and parental attitudes are contributors. (13)

A child's growth can also be affected by emotional deprivation caused by parent or caregiver rejection, anger or lack of bonding and attachment. Children who experience chronic malnutrition may be globally delayed; some of the long-term consequences may be learning difficulties and delay in language skills.

Mental injury

Mental injury is any mental injury to a child that includes an observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child. Whether intentional or unintentional, cruelty refers to behaviors that communicate rejection or are threatening, intimidating, disparaging or humiliating to the child or young adult.

As a reporter, providing descriptions regarding any changes observed in the child's functioning, or statements the child has made, will help the screener understand the effect on the child. Direct impact, or the cause and effect, may not be known. However, you are still required to report your observation and concerns.

Threat of harm

Threat of harm is subjecting a child to a substantial risk of harm to their health or welfare. Severe harm is defined as significant or acute injury to a child. This includes:

- Physical, sexual, psychological, cognitive or behavioral development or functioning
- Immobilizing impairment, or
- Life-threatening damage.

Threat of harm includes all behaviors, conditions and circumstances that place a child at high risk of being abused.

Some examples of threat of harm are:

- A child living with or cared for by a person who has a past conviction for child abuse or neglect and whose current behavior, condition and circumstances present a substantial threat to the safety of a child
- A newborn whose primary caregiver's current mental or behavioral condition indicates a lack of skills necessary to provide adequate care even though the child has not suffered harm
- A child whose parent or caregiver has caused death or severe harm to another child through physical abuse and whose behaviors, conditions or circumstances have not improved.

Domestic violence and child abuse

Children can also experience threats when domestic violence occurs. Domestic violence means a pattern of coercive behavior, which can include physical, sexual, economic and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship. It is present in all cultures, socioeconomic classes and communities of faith.

It is necessary to report to DHS or law enforcement when there is reasonable cause to believe:

- There is current domestic violence or the alleged abuser has a history of domestic violence, and

- One of the following:
  - The child will intervene or is intervening in a violent situation, placing him at a risk of substantial harm.
  - The child is likely to be harmed during the violence (being held, physically restrained from leaving, etc.).
  - The alleged abuser is not allowing the adult caregiver and child access to basic needs, affecting their health or safety.
  - The alleged abuser has killed or inflicted substantial harm or is making a believable threat to do so to anyone in the family, including extended family members and pets.
  - The child's ability to function on a daily basis is greatly impaired by being in a constant state of fear.

When domestic violence is occurring in the home, some reporters describe the following:

- Children are afraid, withdrawn or anxious, overly compliant or over-achievers, or have behavioral problems.
- The adult survivor:
  - Is rarely seen without their partner
  - Exhibits changes in behavior such as depression or anxiety
  - Has limited access to money or other resources
  - Appears to have injuries or makeup used to cover injuries
  - Is afraid to leave their children alone with their partner, or
  - May be isolated, have little support, and be controlled by their partner's choices.
- The abusive partner is:
  - Jealous, blaming or resentful
  - Entitled or has a sense of superiority
  - Sarcastic or petty, or
  - Deceitful or overly charming.

These individuals may use threats, emotional abuse and physical injuries to control and influence their partner.

Child Welfare's values include the belief that children should be safe and together with the non-offending parent. This is our strongest assurance that children will heal from trauma and receive the ongoing nurturance and stability they need to thrive.

Child selling

The 1997 Oregon Legislature added a category of abuse — child selling. This includes buying, selling or trading for legal or physical custody of a child. It does not apply to legitimate adoptions or domestic relations planning.

Oregon resources

Families often come in contact with DHS Child Welfare because they need help. Here are some helpful resources:

Oregon Child Abuse Solutions

Oregon Child Abuse Solutions has partnered with local communities and their experts for more than 25 years to strengthen solutions for child abuse. Oregon Child Abuse Solutions is Oregon's only statewide 501(c)(3) non-profit agency that fights to end all forms of child abuse by ensuring high-quality prevention, intervention and therapeutic services for children. Call 503-455-8339 or email info@childabuseintervention.org for information about child abuse intervention, healing and prevention.

Safe Families

Safe Families for Children (SFFC) hosts vulnerable children and creates extended family-like support for desperate families with nowhere to turn. Through a community of devoted volunteers motivated by compassion, children are kept in a safe and loving home with the goal of returning to their parents. Call Safe Families at 1-855-240-6607.

211info

211info connects people with health and social service organizations. The Community Information Center, supported by the Resource Database Team, is at 211info's core. 211info has expanded to include enhanced information and referral and assistance programs that target specific services.

Adverse Childhood Experiences

Knowledge of Adverse Childhood Experiences (ACEs) can deepen your understanding of the factors that shape children and families and their lifelong health. You can learn more about preventing ACEs in your community by assuring safe, stable nurturing relationships and environments. For more information, access the CDC site here.

Implicit Association Test

The Implicit Association Test (IAT) is accessible through Project Implicit.

If you think someone is being hurt or is in danger, call 911 immediately.

Report suspected child abuse to the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233) or a law enforcement agency.

Endnotes

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