

Pennsylvania: Child Abuse Recognition and Reporting Renewal, 2 units

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Contact hours: 2

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Course price: \$29

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This course is approved by Pennsylvania Department of Human Services and the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs. It fulfills the 2-unit renewal requirement for training in child abuse recognition and reporting for mandated reporters under Act 31. PA CE Provider #CACE000044; Program #CAPR000042; CE Course #ATE10002.

Course completions are reported to the PA Department of State within 24 hours.

Course Summary

This course is for healthcare providers and other professionals in Pennsylvania who are mandated to report suspected child abuse. It begins with historical information about child abuse recognition in the United States and continues with a description of child welfare and child protective services in Pennsylvania. Child abuse is defined, along with its components and categories. New regulations related to human trafficking are included. The reporting process is described, as well as responsibilities of mandated reporters, permissive reporters, reasonable cause, and penalties for failing to report. The course describes indicators of child abuse. It concludes with information about the prevention of child abuse.

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- **Pennsylvania Child Abuse, 2 units**

Approved by Pennsylvania Department of Human Services and the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs. PA CE Provider #CACE00044; Program #CAPR000042; CE Course #ATE10002.

Course Objectives

When you finish this course you will be able to:

- Describe two differences between child protective services and general protective services in Pennsylvania.
- State the components of child abuse.
- Describe two types of human trafficking.
- State the categories of child abuse under Pennsylvania law.
- Identify two responsibilities each for mandated and permissive reporters.
- Define reasonable cause as it relates to the reporting of child abuse.
- Relate two indicators each of child abuse.
- Describe five protective factors that have been linked to a lower incidence of child abuse and neglect.

Societal Recognition of Child Abuse

Child abuse and neglect is not a new phenomenon-it has been documented for more than two thousand years. For most of human history children had no rights in the eyes of the law and it was unthinkable that the law would intervene in the domain of the family.

In the 1950s and early 1960s, articles published by several pediatricians drew attention to the occurrence of fractures and brain injuries in children at the hands of caretakers. In 1961 C. Henry Kempe, a physician and president of the American Academy of Pediatrics, convened a conference on "the battered child syndrome," in which he argued that doctors had a "duty" to the child to prevent "repetition of trauma." The Battered Child Syndrome Conference resulted in many states' passing laws to protect children from physical abuse. By 1967 all 50 states had succeeded in passing mandatory child abuse reporting laws.

Child abuse is now recognized as a problem of epidemic proportions, with serious consequences that can cause indelible pain throughout the victim's lifetime. Unfortunately, violent and negligent parents and caretakers serve as a model for children as they grow up. The child victims of today, without protection and treatment, may become the child abusers of tomorrow.

Description of Child Welfare in Pennsylvania

Protecting Pennsylvania's children from abuse and neglect is a shared responsibility. It requires collaboration from the formal child protective services system, community partners, and our citizens to provide local safety nets for children and families who are facing challenges within our communities and neighborhoods.

Bev Mackereth, Formerly of
Pennsylvania Department of Human Services

In 2011 the Pennsylvania General Assembly created the Task Force on Child Protection, the job of which was to conduct a "comprehensive review of the laws and procedures relating to the reporting of child abuse and the protection of the health and safety of children" (KKSP, 2015). More than 20 pieces of legislation were enacted by the Pennsylvania General Assembly as a result.

The new laws, which took effect on December 31, 2014, affect all aspects of child abuse and neglect cases, including reports, investigations, assessments, prosecutions, and related judicial proceedings. Definitions for perpetrator and mandatory reporter have been updated and expanded, a streamlined reporting process has been implemented, and rules for mandatory reporting have been clarified. Revisions to the definition of child abuse and clarification of reporting requirements are seen as the most fundamental and substantive changes.

The new processes are intended to make reporter rules and responsibilities clearer, while the legislation that enabled use of a single shared database has facilitated development of the Child Welfare Information Solution (CWIS), which has sped up the processes for both reporting child abuse and obtaining clearance verifications by those who work with children (KKSP, 2015; Mason, 2015).

The CWIS, launched in January 2015, is a case management system that allows real-time electronic sharing of state and county information critical to administering the commonwealth's child welfare program (KKSP, 2015a). ChildLine is the portal for new reports of suspected child abuse by mandated reporters.

Child Protective Services Law (CPSL)

The Pennsylvania Child Protective Services Law (CPSL) encourages more complete reporting of suspected child abuse. It involves law enforcement agencies in responding to child abuse and establishes protective services in each county for the purpose of:

- Investigating the reports swiftly and competently;
- Providing protection for children from further abuse;
- Providing rehabilitative services for children and parents involved to ensure the child's wellbeing; and
- Preserving, stabilizing, and protecting the integrity of family life wherever appropriate, or to provide another alternative permanent family when the unity of the family cannot be maintained. (PDHS, 2016)

Chapter 63 Child Protective Services Law

Title 23, Domestic Relations, Chapter 63 of the Laws of Pennsylvania is the **Child Protective Services Law (CPSL)**. It provides critical definitions, provisions, and responsibilities for reporting abuse, the powers and duties of the Department of Human Services, the organization and responsibilities of child protective services, and certain miscellaneous provisions (PGA, 2016).

Title 55 Public Welfare, Chapter 3490

Title 55 Public Welfare, Chapter 3490 is currently under review.

Child Protective Services (CPS)

Child protective services are those services and activities provided by the department and each county agency for child abuse cases (PGA, 2016). ChildLine receives all reports of child abuse (calls and electronically) and forwards those appropriate to the respective county children and youth agency for investigation and outcome. They intervene when children are abused or neglected and provide services and activities to children and their families (PGA, 2016). When a child remains in or returns to the home in which the neglect or abuse has occurred, CPS arranges for regular (weekly) visits to assess the situation. Each county is required to provide child protective services to its residents.

General Protective Services (GPS)

General protective services are those services and activities provided for non-abuse cases where intervention and support may help to avoid future abuse. Each county agency is responsible for administering a program of general protective services to children and youth. Services begin with a report or referral or when a parent or a person responsible for a child's welfare requests assistance (PGA, 2016).

General protective services include education in parenting skills; counseling; emergency caretaker services, shelter care, and medical services; part-day services and out-of-home placement services. Therapeutic activities are also available for the child and family directed at alleviating conditions that present a risk to the safety and well-being of a child (PGA, 2016).

23 Pa.C.S. §6303 (a) General protective services

Those services and activities provided by each county agency for cases requiring protective services, as defined by the department in regulations.

General protective services are supports and services provided when protective services are required in non-abuse cases.

55 PA. CODE § 3490.223. General protective services—Services to prevent the potential for harm to a child who meets one of the following conditions:

- (i) Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health, or morals.
- (ii) Has been placed for care or adoption in violation of law.
- (iii) Has been abandoned by his parents, guardian or other custodian.
- (iv) Is without a parent, guardian or legal custodian.
- (v) Is habitually and without justification truant from school while subject to compulsory school attendance.
- (vi) Has committed a specific act of habitual disobedience of the reasonable and lawful commands of his parent, guardian or other custodian and who is ungovernable and found to be in need of care, treatment or supervision.
- (vii) Is under 10 years of age and has committed a delinquent act.
- (viii) Has been formerly adjudicated dependent under section 6341 of the Juvenile Act (relating to adjudication), and is under the jurisdiction of the court, subject to its conditions or placements and who commits an act which is defined as ungovernable in subparagraph (vi).
- (ix) Has been referred under section 6323 of the Juvenile Act (relating to informal adjustment), and who commits an act which is defined as ungovernable in subparagraph (vi).

The Juvenile Act

The first juvenile court act dealing with the treatment of youth who commit criminal acts was established in Pennsylvania in 1901. It has been amended many times in the intervening years, with significant revisions in 1995 (JSGC, 2015), at which time the Act was amended and the mission of Pennsylvania's juvenile justice system was redefined to include the goals of Balanced and Restorative Justice (JCJC, 2017).

The Juvenile Act mandates ". . . balanced attention to the protection of the community, the imposition of accountability for offenses committed, and the development of competencies to enable children to become responsible and productive members of the community." All interventions and all decisions, from intake to aftercare, must be aimed at achieving these fundamental goals-community protection, offender accountability and competency development- consistent with the protection of the public interest (JCJC, 2017).

Reports: GPS vs. CPS

In Pennsylvania a distinction is made between child protective services (CPS) and general protective services (GPS). Reports that involve non-serious injury or neglect are treated by the agency as General Protective Service (GPS) cases and can include inadequate shelter, truancy, inappropriate discipline, hygiene issues, abandonment, lack of appropriate supervision, or other problems that threaten a child's opportunity for healthy growth and development. GPS services are intended to help parents recognize and correct conditions that are harmful to their children.

Child Protective Services (CPS) cases require that the alleged abuse falls under the definition of child abuse as provided in the Child Protective Services law. As a reporter of suspected abuse or neglect, it is not necessary to know if the child and family in question might need CPS or GPS. If you suspect possible abuse or neglect, make the report! Child welfare professionals who staff ChildLine are trained to take the information and make the proper referrals.

Components of Child Abuse

Under Pennsylvania law, child abuse has three components:

- 1.** A child, which is an individual under the age of 18,
- 2.** An act (or failure to act), and
- 3.** A perpetrator.

An **act** is something that is done to harm or cause potential harm to a child. A **failure to act** is when something is **not** done to prevent harm or potential harm to a child. Child abuse can occur from either an act that causes harm **or** a failure to act that causes harm.

In Pennsylvania law, “recent act or failure to act” is any act or failure to act committed within two years of the date of the report to the Department or agency.

By Pennsylvania law, a “perpetrator” is a person who has committed child abuse and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as the child, or a paramour of the child’s parent (PA Code, 2016). The term includes the following:

- The child’s parent.
- A spouse or former spouse of the child’s parent.
- A paramour or former paramour of the parent.
- A person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of a child-care service, a school, or through a program, activity, or service.
- An individual 14 years of age or older who resides in the same home as the child.
- A relative who is 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity* or affinity by birth or adoption to the child. (PDHS, 2015)
- An individual 18 years of age or older who engages a child in severe forms of trafficking or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000.

***Consanguinity**: a blood relation, someone descended from the same ancestor as another person.

A **perpetrator** of child abuse for failing to act can be:

- A parent of the child.
- A spouse or former spouse of the parent.
- A paramour or former paramour of the parent.
- A person 18 years of age or older who is responsible for the child’s welfare or who resides in the same home as the child. (PDHS, 2015)

Pennsylvania law specifies that the term “perpetrator” also includes any person who has direct or regular contact with a child through any program, activity, or service sponsored by a school, for-profit, or religious or other not-for-profit organization such as camps; athletic programs; enrichment programs; or troops, clubs, or similar organizations (PDHS, 2015).

A perpetrator **can** be a stranger, and abuse by a stranger is reportable.

Did You Know . . .

When a healthcare provider makes a report of suspected abuse, he or she should avoid referring to the suspect as a perpetrator—it is a prejudicial term when used in this manner and can be construed in family law court or criminal court as showing that the reporting party was not being objective. It is not the role of a healthcare provider to make a judgement—it crosses the line into an investigatory role, which is the domain of law enforcement and social services.

Inclusion of School Employees

Prior to December 31, 2014, only incidents of sexual abuse or exploitation and serious bodily injury by a school employee were considered child abuse under the CPSL. There was a separate reporting and investigation process in place for other types of abuse. Now the current law allows for school employees to be considered perpetrators under the definition provided for “person responsible for the child’s welfare” or person “having direct contact with children.”

§ 6303. Definitions:

- “School employee.” An individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless the administrative or other support personnel have direct contact with the children.
- “Person responsible for the child’s welfare.” A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision, and control.
- “Direct contact.” The care, supervision, guidance or control of children OR routine interaction with children.

Background Checks

Pennsylvania School Law requires that all applicants for employment in public and private schools, employees of independent contractors seeking business with public and private schools, and student teacher candidates undergo background checks if they will have direct contact with students. The following three background checks are required:

- Department of Human Services Child Abuse History Clearance
- Pennsylvania State Police Request for Criminal Records Check
- Federal Criminal History Record Information (CHRI)

Under Pennsylvania's Child Protective Services Law, school volunteers who are responsible for the child's welfare or who have "direct volunteer contact" with children at a school (i.e., the care, supervision, guidance, or control of children and routine interaction with children) are required to have background checks (PDOE, 2016).

Categories of Child Abuse

Pennsylvania's Child Protective Services Law recognizes different categories of abuse in its definitions. In general, actions that are intentional¹, knowing², or reckless³ are considered child abuse if the victim is under the age of 18. The law also defines and describes the categories of child abuse.

¹**Intentional:** intending to cause the harm that occurred. A person acts intentionally when they consciously engage in conduct of that nature or cause such a result and are aware of such circumstances or believe or hope that they exist (PDHS, 2016)

²**Knowing:** knowing that the result is practically certain. A person acts knowingly when they are aware that their conduct is of that nature or that such circumstances exist and they are aware that it is practically certain that their conduct will cause such a result (PDHS, 2016).

³**Reckless:** deliberately disregarding foreseeable risk. A person acts recklessly when they consciously disregard a substantial and unjustifiable risk that the material element exists or will result from their conduct. The risk must be of such a nature and degree that, considering the nature and intent of the conduct and the circumstances known to them, its disregard involves a gross deviation from the standard of conduct that a reasonable person would observe in the situation (PDHS, 2016).

Child Abuse

Child abuse is intentionally, knowingly or recklessly doing any of the following:

- (1) Causing bodily injury* to a child through any recent act or failure to act.

***Bodily injury:** an injury that impairs a child's physical condition or causes substantial pain (Penn State Hershey Center for the Protection of Children).

- (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.

- (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
 - (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
 - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
 - (iii) Forcefully shaking a child under one year of age.
 - (iv) Forcefully slapping or otherwise striking a child under one year of age.
 - (v) Interfering with the breathing of a child.
 - (vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
 - (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - (B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
 - (C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
- (9) Causing the death of the child through any act or failure to act.
- (10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection

Act of 2000.

Note: The new definition of child abuse applies to schools, school employees, and students, whereas before only allegations of serious bodily injury, sexual abuse, or sexual exploitation were considered. Also, before December 31, 2014, allegations of abuse of students by school employees followed a separate reporting and investigation process. Now all distinctions have been removed and reports go directly to ChildLine.

Sexual Abuse or Exploitation

Sexual abuse or exploitation is any of the following:

- (1) The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:
 - (i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
 - (ii) Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
 - (iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
 - (iv) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

This paragraph does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age.

- (2) Any of the following offenses committed against a child:
 - (i) Rape as defined in 18 Pa.C.S. § 3121.
 - (ii) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1.
 - (iii) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123.
 - (iv) Sexual assault as defined in 18 Pa.C.S. § 3124.1.
 - (v) Institutional sexual assault as defined in 18 Pa.C.S. § 3124.2.
 - (vi) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125.
 - (vii) Indecent assault as defined in 18 Pa.C.S. § 3126.

- (viii) Indecent exposure as defined in 18 Pa.C.S. § 3127.
- (ix) Incest as defined in 18 Pa.C.S. § 4302.
- (x) Prostitution as defined in 18 Pa.C.S. § 5902.
- (xi) Sexual abuse as defined in 18 Pa.C.S. § 6312.
- (xii) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318.
- (xiii) Sexual exploitation as defined in 18 Pa.C.S. § 6320.

Serious Mental Injury

Serious mental injury is a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:

- (1) renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened; or
- (2) seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

Serious Physical Neglect

Serious physical neglect is any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning:

- (1) A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities.
- (2) The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

Exclusions to Child Abuse

Exclusions to child abuse are outlined in § 6304. These situations must still be reported; however, a CPS investigation may deem the report unsubstantiated and determine that the child has not been abused.

(a) Environmental factors

No child shall be deemed to be physically or mentally abused based on injuries that result solely from environmental factors, such as inadequate housing, furnishings, income, clothing and medical care, that are beyond the control of the parent or person responsible for the child's welfare with whom the child resides. This subsection shall not apply to any child-care service as defined in this chapter, excluding an adoptive parent.

(b) Practice of religious beliefs

If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of sincerely held religious beliefs of the child's parents or relative within the third degree of consanguinity and with whom the child resides, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. In such cases the following shall apply:

- (1) The county agency shall closely monitor the child and the child's family and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child's life or long-term health.
- (2) All correspondence with a subject of the report and the records of the department and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child's condition.
- (3) The family shall be referred for general protective services, if appropriate.
- (4) This subsection shall not apply if the failure to provide needed medical or surgical care causes the death of the child.
- (5) This subsection shall not apply to any child-care service as defined in this chapter, excluding an adoptive parent.

(c) Use of force for supervision, control, and safety purposes

Subject to subsection (d), the use of reasonable force on or against a child by the child's own parent or person responsible for the child's welfare shall not be considered child abuse if any of the following conditions apply:

- (1) The use of reasonable force constitutes incidental, minor or reasonable physical contact with the child or other actions that are designed to maintain order and control.
- (2) The use of reasonable force is necessary:
 - (i) to quell a disturbance or remove the child from the scene of a disturbance that threatens physical injury to persons or damage to property;
 - (ii) to prevent the child from self-inflicted physical harm;
 - (iii) for self-defense or the defense of another individual; or
 - (iv) to obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are on the child or within the control of the child.

(d) Rights of parents

Nothing in this chapter shall be construed to restrict the generally recognized existing rights of parents to use reasonable force on or against their children for the purposes of supervision, control and discipline of their children. Such reasonable force shall not constitute child abuse.

(e) Participation in events that involve physical contact with child

An individual participating in a practice or competition in an interscholastic sport, physical education, a recreational activity or an extracurricular activity that involves physical contact with a child does not, in itself, constitute contact that is subject to the reporting requirements of this chapter.

(f) Child-on-child contact

- (1) Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator.
- (2) Notwithstanding paragraph (1), the following shall apply:
 - (i) Acts constituting any of the following crimes against a child shall be subject to the reporting requirements of this chapter:
 - (A) rape as defined in 18 Pa.C.S. § 3121;
 - (B) involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123;
 - (C) sexual assault as defined in 18 Pa.C.S. § 3124.1;
 - (D) aggravated indecent assault as defined in 18 Pa.C.S. § 3125;
 - (E) indecent assault as defined in 18 Pa.C.S. § 3126; and
 - (F) indecent exposure as defined in 18 Pa.C.S. § 3127.
 - (ii) No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight or scuffle entered into by mutual consent.
 - (iii) A law enforcement official who receives a report of suspected child abuse is not required to make a report to the department under section 6334(a) (relating to disposition of complaints received), if the person allegedly responsible for the child abuse is a non-perpetrator child.

(g) Defensive force

Reasonable force for self-defense or the defense of another individual, consistent with the provisions of 18 Pa.C.S. §§ 505 and 506, shall not be considered child abuse.

Exclusions refer to a finding of “substantiated” when the Department evaluates a report, **not** exclusions to the requirement to report. There are no exclusions to reporting. If a mandated reporter has reasonable cause to suspect child abuse then they are required to report.

Human Trafficking (Act 115 of 2016)

In an effort to integrate human trafficking elements into Pennsylvania’s child abuse law, the General Assembly now recognizes human trafficking as a form of child abuse and neglect. *Act 115 of 2016* added “engaging a child in a severe form of trafficking in persons or sex trafficking” as part of the definition of child abuse. This includes both sex trafficking and labor trafficking of children.

Act 115 of 2016:

- Adds a category of child abuse to include:
 - Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000;
- Adds a category of perpetrator to include:
 - an individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000.
- Provides for additional grounds for involuntary termination of parental rights.
- Provides for additional grounds for aggravated circumstances.
- Allows for release of information in confidential reports to law enforcement when investigating cases of severe forms of trafficking in persons of sex trafficking.

What Is Human Trafficking?

The scale of human trafficking is atrocious. The silence that conceals this crime is disgraceful. We have to speak out because the victims are living in fear for their lives. We have to raise our voices for them. That means confronting the social and economic conditions that abet this crime. It means arresting the traffickers. And above all, it means protecting the victims.

Ban Ki-moon

Former U.N. Secretary General

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child or adult for sex, labor, or services through the use of force, fraud, or coercion. It is a widespread problem, affecting about 21 million people worldwide. As with many other countries, the United States is both a source and a destination for U.S. citizens and foreign nationals who are subjected to sex trafficking and forced labor (Hemmings et al., 2016).

Adults and children are exploited in both legal and illegal industries, including in commercial sex, hospitality, traveling sales crews, agriculture, seafood, manufacturing, janitorial services, construction, restaurants, healthcare, care for persons with disabilities, salon services, fairs and carnivals, peddling and begging, drug smuggling and distribution, child care, and domestic work (USDOS, 2017).

In Pennsylvania during 2016, the National Human Trafficking Hotline received 580 phone calls, 96 emails, and 68 online tip reports related to human trafficking in the state. This was the twelfth highest call volume in the country (NHTH, 2017). These calls resulted in 151 reports of human trafficking, of which 72% were related to sex trafficking and 16% were for labor trafficking. A little more than a quarter of the reported cases involved minors.

What Is Child Sex Trafficking?

Any child under the age of 18 who is manipulated or forced to engage in sex acts for money (or for anything of value) is a victim of sex trafficking. Severe forms of human trafficking include sex trafficking in which a commercial sex act* is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

***Commercial sex act:** any sex act in which anything of value is given to or received by any person.

When a child under 18 years of age is recruited, enticed, harbored, transported, provided, obtained, patronized, solicited, or maintained to perform a commercial sex act, proving force, fraud, or coercion is not necessary for the offense to be prosecuted as human trafficking. There are no exceptions to this rule: no cultural or socioeconomic rationalizations alter the fact that children who are exploited in prostitution are trafficking victims (USDOS, 2017).

The use of children in commercial sex is prohibited under U.S. law and by statute in most countries. Sex trafficking has devastating effects on children, causing long-lasting physical and psychological trauma, disease (including HIV/AIDS), drug addiction, unwanted pregnancy, malnutrition, social ostracism, and even death (USDOS, 2017).



Source: Department of Homeland Security. From: <https://www.dhs.gov/blue-campaign/infographic>.

Child Labor Trafficking

Labor trafficking is the use of force, fraud, or coercion to recruit, harbor, transport, or obtain a person for the purpose of subjection in involuntary servitude, peonage¹, debt bondage², or slavery³.

¹**Peonage**: paying off debt through work.

²**Debt bondage**: debt slavery, bonded labor, or services for a debt or other obligation.

³**Slavery**: a condition compared to that of a slave in respect of exhausting labor or restricted freedom.

Labor trafficking includes agricultural, factory, and domestic service workers who are underpaid or not paid at all, physically abusive traveling sales crews that force children to beg, sell legal items (such as magazines), or illegal items (such as drugs). It also includes workers in restaurants, hair, and nail salons who are abused, confined, or not paid (PAFSA, 2017).

Although children may legally engage in certain forms of work, children can also be found in slavery or slavery-like situations. Some indicators of forced labor of a child include situations in which the child appears to be in the custody of a non-family member who requires the child to perform work that financially benefits someone outside the child's family and does not offer the child the option of leaving (USDOS, 2017).



Source: Department of Homeland Security. From: <https://www.dhs.gov/blue-campaign/infographic>.

Who Are the Victims?

Victims of human trafficking come from almost every region of the world. The top three countries of origin of federally identified victims in fiscal year 2016 were the United States, Mexico, and the Philippines (USDOS, 2017). Populations at particular risk for victimization in the United States include:

- Children in the child welfare, foster care, or juvenile justice systems
- Runaway and homeless youth
- Unaccompanied children
- American Indians and Alaska Natives
- Migrant laborers, undocumented workers, and participants in visa programs for temporary workers
- Foreign national domestic workers in diplomatic households

- Persons with limited English proficiency
- Persons with low literacy
- Persons with disabilities
- LGBTI individuals (USDOS, 2017).

Individuals with certain histories—such as sexual abuse, violence, substance abuse, family dysfunction, or untreated mental health disorders—are considered at increased risk for human trafficking. Adults and children who enter the United States with or without legal status have been identified as trafficking victims. There is ongoing concern about the risk of human trafficking in global supply chains, including in federal contracts (USDOS, 2017).



Source: Department of Homeland Security. From: <https://www.dhs.gov/blue-campaign/infographic>.

Recognizing Warning Signs

Human trafficking is associated with high levels of physical and sexual violence prior to and during trafficking as well as a range of health problems in the post-trafficking period. Studies with survivors have identified a high prevalence of depression, anxiety, and post-traumatic stress disorder, and symptoms such as headache, fatigue, dizziness, and back and stomach pain (Hemmings et al., 2016).

Medical and psychological care is urgently needed, although there is little evidence-based guidance available on how to plan, assess, or provide for the health needs of trafficked adults and children. Many healthcare professionals feel they have insufficient knowledge and lack confidence about how to respond appropriately to the needs of trafficked people (Hemmings et al., 2016).

Recognizing warning signs and key indicators for human trafficking of young people is the first step in identifying victims. Healthcare providers must be aware of these warning signs in boys and girls under that age of 18:

- Is involved in the commercial sex industry, or has a prior arrest record for prostitution or related charges.
- Has an explicitly sexual online profile.
- Frequents internet chat rooms or classified sites.
- Depicts sexual exploitation in drawing, poetry, or other modes of creative expression
- Presents with frequent or multiple sexually transmitted diseases or pregnancies.
- Lies about or unaware of his or her true age.
- Has no knowledge of personal data, such as date of birth.
- Has no identification.
- Wears sexually provocative clothing, has new clothes, gets hair and nails done with no financial means.
- Expresses secrecy about whereabouts.
- Keeps late nights or unusual hours.
- Has a tattoo that he or she is reluctant to explain.
- Is in a controlling or dominating relationship.
- Does not have control of own finances.
- Exhibits hyper-vigilance or paranoid behaviors.
- Expresses interest in or is in relationships with adults or much older men or women.

Healthcare Provider Responsibilities

Human trafficking is a criminal form of extreme exploitation and abuse, from which individuals suffer multiple physical, psychological, and sexual and reproductive health problems. Responding to survivors' needs requires that healthcare providers adopt trauma-informed and culturally sensitive approaches, conduct comprehensive health assessments, and participate in a reliable referral network, including law enforcement and voluntary support services (Hemmings et al., 2016).

Training should include information about referral and support options for trafficked people as well as reporting requirements. At the local level, healthcare providers should establish referral pathways, create trustworthy points of contact, and share information with relevant agencies. More research is urgently needed to enable healthcare providers to identify, refer, and care for victims of trafficking (Hemmings et al., 2016).

Reporting Suspected Child Abuse

In Pennsylvania, a **mandated reporter** is required to make a report to ChildLine when he or she has a **reasonable cause** to suspect that a child is the victim of child abuse or neglect. A **permissive reporter** is encouraged to report suspected child abuse but is not required to do so by law.

Mandated Reporters

Pennsylvania enacted its first law mandating certain professionals to report suspected child abuse in 1963. Because some of the definitions within Pennsylvania law were unclear or required a high threshold to be considered child abuse, Pennsylvania's child abuse reporting rates have historically been 9 to 10 times lower than the national average. The new child abuse laws addressed these issues by clarifying the definition of child abuse and lowering the threshold for mandated reporting.

Mandated reporters are certain adults who are required to make a report of suspected child abuse if they have reasonable cause to suspect that a child is a victim of abuse (PDHS, 2016). In general, any individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, is responsible for the child's welfare or has direct contact with children is now considered a mandated reporter. Mandated reporters are **required** to report suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse.

Mandated reporter must familiarize themselves with the following changes and clarifications to Pennsylvania child abuse law:

- The definition of physical abuse has changed from serious injury to bodily injury.
- The threshold for pain inflicted has been changed from severe to substantial.
- Certain acts, such as kicking, throwing, burning, or biting can be considered abuse regardless of whether the act results in injury to the child.
- The definition of abuse now includes exposing children to potentially harmful medical evaluations or treatment.
- A one-time event of neglect that is egregious in nature is considered neglect. Neglect no longer needs to be prolonged or repeated.

Another key change involves school employees—if you are a school employee and you suspect abuse has occurred, you are now required to call or electronically report to ChildLine directly and then notify someone in the school district of the report.

Under Pennsylvania law, the following adults are considered mandated reporters and are **required** to report suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse:

1. A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State
2. Medical examiners, coroners, and funeral directors
3. Employees of a healthcare facility or provider licensed by the Department of Health, who are engaged in the admission, examination, care or treatment of individuals
4. School employees
5. Employees of a child-care service who have direct contact with children in the course of employment
6. Clergymen and women, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization
7. An individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, is responsible for the child's welfare or has direct contact with children
8. Employees of a social services agency who have direct contact with children in the course of employment
9. Peace officers or law enforcement officials
10. Emergency medical services providers certified by the Department of Health
11. Employees of a public library who have direct contact with children in the course of employment
12. An individual supervised or managed by a person listed under paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), and (13), who has direct contact with children in the course of employment
13. Independent contractors
14. Attorneys affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children
15. Foster parents
16. An adult family member who is a person responsible for the child's welfare and provides services to a child in a family living home, community home for

individuals with an intellectual disability or host home for children which are subject to supervision or licensure by the department under Articles IX and X of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code (KKSP, 2015b)

Attorneys as Mandated Reporters

In 2012 the Task Force on Child Protection recommended that attorneys be added to the list of persons required to report child abuse. Disagreement to the recommendation arose, partly related to the feeling that requiring attorneys to report child abuse would encroach on the Supreme Court's authority to regulate the legal profession and affect attorney/client privilege (Thompson, 2014).

Eventually a compromise was reached and now an attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children is a mandated reporter.

Privileged/Confidential Communications

To address the issue of privileged and confidential communications, the following changes were made to statute § 6311.1, which also describes confidential communications with the clergy:

- (a) General rule.—Subject to subsection (b), the privileged communications between a mandated reporter and a patient or client of the mandated reporter shall not:
 - (1) Apply to a situation involving child abuse.
 - (2) Relieve the mandated reporter of the duty to make a report of suspected child abuse.
- (b) Confidential communications.—The following protections shall apply:
 - (1) Confidential communications made to a member of the clergy are protected under 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen).
 - (2) Confidential communications made to an attorney are protected so long as they are within the scope of 42 Pa.C.S. §§ 5916 (relating to confidential communications to attorney) and 5928 (relating to confidential communications to attorney), the attorney work product doctrine or the rules of professional conduct for attorneys (PGA, 2016).

Permissive Reporters

Child Protective Services Law defines permissive reporters—persons **encouraged to report** suspected child abuse—saying that any person may make an oral or written report of suspected child abuse. Although permissive reporters are encouraged to report suspected child abuse, they are not required to do so by law.

Permissive reporters can make a report at any time they suspect a child is the victim of child abuse and, as with mandated reporters, they do not have to determine whether the person meets the definition of perpetrator in order to make the report (KKSP, 2015c).

Permissive reporters can make a report to ChildLine by calling 800 932 0313, and there is nothing more for the reporter to do after making that report. The county children and youth agency must begin an investigation within 24 hours if the report is a Child Protective Services case.

The Reporting Process

ChildLine

ChildLine is the division of the Pennsylvania Department of Human Services mandated by state law to receive, record, and refer reports of suspected child abuse and neglect. ChildLine is available 24 hours a day, 7 days a week to receive child abuse and neglect reports. ChildLine also receives and is responsible for referring General Protective Services reports, which are non-abuse cases that still warrant an assessment of the child's well-being (C4CJ, 2015).

Reasonable Cause to Suspect vs. Conducting an Investigation

If, when reviewing the history, physical examination, and the results of any laboratory and imaging tests, you conclude that abuse reasonably fits in the differential diagnosis, then you must report.

David Turkewitz, MD, FAACP

Pediatric Emergency Medicine, York, PA

Reasonable cause is based upon what you have seen, what you have been told, your training and experience, and whether you feel that a child has been harmed or is in danger of being harmed as a result of an act or omission by the person legally responsible for the child. You do not need **proof** of harm or potential harm; you must make a report when you **suspect** something is wrong. Direct or firsthand observation of abuse is not required nor is the reporter required to identify the person responsible for the child abuse to make a report of suspected child abuse.

Mandated reporters are required to make a report of suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- They come into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity, or service.
- They are directly responsible for the care, supervision, guidance, or training of the child, or are affiliated with an agency, institution, organization, school, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse. (KKSP, 2015b)

The child does not have to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse. Concerns related to the safety of children can be referred to ChildLine or the county children and youth agency for assessment as general protective services cases (KKSP, 2015b).

Mandated reporters should not attempt to conduct an investigation and do not have to determine, and **should not attempt to determine**, whether the person meets the definition of perpetrator in order to make the report. Attempts on the part of the reporting party to conduct an investigation or substantiate allegations may result in the reporter's crossing the line between reporting and investigating. Investigation is the role of the investigating agency and/or law enforcement.

In addition to reasonable cause, there is a second consideration: whether the child who meets criteria for reasonable suspicion is in **imminent danger**. If so, the reporting party is obligated to arrange for immediate protection of the child. Reporters must make it clear when they report suspected abuse that releasing the child to the caretaker is likely to place the child at imminent danger. In that case, an official who has the legal authority to detain a child and place him in protective custody must be present.

The Child Protective Services Law has clarified the former definition of **imminent risk** to include the following recent acts referred to as "per se acts":

- Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child;

- Unreasonably restraining or confining a child based on the method, location, or duration;
- Forcefully shaking, slapping, or otherwise striking a child under 1 year of age;
- Interfering with the breathing of a child;
- Causing the child to be present at a methamphetamine lab, provided there is a law enforcement investigation occurring;
- Knowingly leaving a child unsupervised with an individual, other than the child's parent, who is required to register as a sexual offender, sexually violent predator, or sexually violent delinquent. This also includes individuals whom the parent reasonably should have known is required to register in one of the categories above. (PDHS, 2016)

Reporting without Having to Determine the Relationship of the Perpetrator to the Victim Child

Neither mandated nor permissive reporters have to determine the relationship of the perpetrator to the child or even if the person meets the definition of perpetrator to make a report. **Similarly, they do not have to identify the person responsible for the child abuse to make a report of suspected child abuse.** It is **not** a reporter's responsibility to determine if the person who allegedly committed child abuse or harm to a child is a perpetrator.

- (1) A mandated reporter enumerated in subsection (a) shall make a report of suspected child abuse in accordance with section 6313 (relating to reporting procedure), if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:
 - (i) The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service.
 - (ii) The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.
 - (iii) A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
 - (iv) An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

- (2) Nothing in this section shall require a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.
- (3) **Nothing in this section shall require the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse.**

***It is **not** a reporter's responsibility to determine if the person who **allegedly** committed child abuse or harm to a child is a perpetrator.

Making a Report

When child abuse is suspected, a mandated reporter must make an **immediate and direct** report of suspected child abuse to ChildLine either electronically at <http://www.compass.state.pa.us/cwis> or by calling 800 932 0313.

The child abuse reporting process has been streamlined as follows:

- (1) A mandated reporter shall immediately make an oral report of suspected child abuse to the department via the statewide toll-free telephone number **or** a written report using electronic technologies under section 6305.
- (2) A mandated reporter making an oral report of suspected child abuse shall also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case in a manner and format prescribed by the department.
- (3) The failure of the mandated reporter to file the report shall not relieve the county agency from any duty under this chapter, and the county agency shall proceed as though the mandated reporter complied with paragraph (2).

Oral reports are required to be followed up within 48 hours with a written report that is sent to the investigating agency.

The approved written reporting form (Report of Suspected Child Abuse CY47) can be found at www.keepkidssafe.pa.gov. The form is under the forms tab (located on the left-hand side of the main page). This is **only** required if the report is completed orally and not done via electronic submission. If a reporter completes the electronic submission through the portal they have completed their mandated requirement without completing any other forms or notifications.

Child welfare professionals at ChildLine will accept reports of suspected abuse and neglect and refer them to the appropriate investigating agency. In cases where the children require other services, ChildLine can refer the report to the appropriate county agency for assessment.

Immediately after making the report to ChildLine, mandated reporters are required to notify the person in charge of the institution, school, facility, or agency where they are employed, or the designated agent of the person in charge. In the past, reporters were directed to make a report to the person in charge at their institution who would then make the report to ChildLine, but with the changes in statute a mandated reporter now makes the report directly themselves (KKSP, 2015b).

The law specifies the information to be included in a written report, if available [49 Pa. Code § 21.502(d)]:

- (1) The names and addresses of the child and the parents or other person responsible for the care of the child, if known.
- (2) Where the suspected abuse occurred.
- (3) The age and sex of the subjects of the report.
- (4) The nature and extent of the suspected child abuse including any evidence of prior abuse to the child or siblings of the child.
- (5) The name and relationship of the persons responsible for causing the suspected abuse, if known, and any evidence of prior abuse by those persons.
- (6) Family composition.
- (7) The source of the report.
- (8) The person making the report and where that person can be reached.
- (9) The actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner.
- (10) Other information which the Department of Public Welfare may require by regulation.

After a Report Is Made

Once a report is made, ChildLine will determine who is to respond to the report. This is dependent upon the information reported, such as the identity (if known) of the person who **allegedly** acted to abuse or harm a child. ChildLine will immediately transmit oral or electronic reports they receive to the appropriate county agency and/or law enforcement official.

- If a person identified falls under the definition of perpetrator, ChildLine will refer the report to the appropriate county agency for an investigation.
- If the person identified is **not** a perpetrator and the behavior reported includes the violation of a crime, ChildLine will refer the report to law enforcement officials.
- If a person identified falls under the definition of perpetrator and the behavior reported includes a criminal violation, ChildLine will refer the report to the appropriate county agency and law enforcement officials.
- If a report indicates that a child is in need of other protective services, ChildLine will refer the report to the proper county agency to assess the needs of the child and provide services, when appropriate.

Not all reports are sent to the county agency for investigation; some are sent to law enforcement. Mandated reporters must understand that not all reports are treated the same way. It is not the job of a mandated reporter to determine what type of report it is and who it should be sent to—trained professionals at ChildLine will do this.

Only if the person does **not** meet the definition of a perpetrator and the behavior reported includes a criminal violation does the report go to law enforcement. It is not sent to law enforcement just because an investigation is warranted and the definition of a perpetrator is not met.

Protections for Reporters

Mandated reporters are protected from liability for reporting, cooperating with investigations, and testifying in court as a result of the report, among other things. As long as you make the report without malice (with good intentions based on your suspicions), you cannot be sued or receive any adverse action from your employer. The good faith of a mandated reporter is assumed.

Pennsylvania Family Support Alliance

The law provides that any person, who in good faith, makes a report of child abuse, cooperates with an investigation, testifies in a related proceeding, or takes other actions allowed by the law is immune from criminal and civil liability (23 Pa.C.S. § 6318).

Mandatory and permissive reporters are also protected from retaliatory employment actions as long as the report was made in good faith. Employees may be eligible for damages or relief in a lawsuit if they were fired or discriminated against as a result of making a report (23 Pa.C.S. § 6320).

The identity of the person making the report is kept confidential with the exception of being released to law enforcement officials or the district attorney's office. Institutions are also required to protect the identity of staff members make reports or participate in investigations [23 Pa.C.S. § 6340(c)].

§ 6318. Immunity from liability:

- (a) General rule.—A person, hospital, institution, school, facility, agency or agency employee acting in good faith shall have immunity from civil and criminal liability that might otherwise result from any of the following:
 - (1) Making a report of suspected child abuse or making a referral for general protective services, regardless of whether the report is required to be made under this chapter.
 - (2) Cooperating or consulting with an investigation under this chapter, including providing information to a child fatality or near-fatality review team.
 - (3) Testifying in a proceeding arising out of an instance of suspected child abuse or general protective services.
 - (4) Engaging in any action authorized under section 6314 (relating to photographs, medical tests and X-rays of child subject to report), 6315 (relating to taking child into protective custody), 6316 (relating to admission to private and public hospitals) or 6317 (relating to mandatory reporting and postmortem investigation of deaths).
- (b) Departmental and county agency immunity.—An official or employee of the department or county agency who refers a report of suspected child abuse for general protective services to law enforcement authorities or provides services as authorized by this chapter shall have immunity from civil and criminal liability that might otherwise result from the action.
- (c) Presumption of good faith.—For the purpose of any civil or criminal proceeding, the good faith of a person required to report pursuant to section 6311 (relating to persons required to report suspected child abuse) and of any person required to make a referral to law enforcement officers under this chapter shall be presumed.

Reporting Scenarios

Hospital Scenario

You are a nurse practitioner working in a busy, suburban emergency department. A 14-month-old boy is brought in by his mom and dad with swelling and pain to the left arm and shoulder and a bruise on his forehead. The mom reports that her son won't stop crying. During your examination, you notice bruising of various sizes and colors on his trunk, including both abdomen and back.

The father reports that the child fell off the bed earlier in the day while his wife was at work. He seems overly protective and won't allow the mom to answer any questions. She manages to timidly say "He's my son, you haven't been living with us and don't know him." By now, the child is crying uncontrollably and screams and pulls away from the father when he tries to touch the child.

You send a nurse and the mom for an x-ray of the boy's arm, which shows a buckle fracture of the humerus. You ask the father to wait in the room but he is becoming increasingly agitated and impatient and says he is going to take his son home. When the boy returns from his x-ray, the doctor recommends that the boy be admitted for more tests.

Discussion

You are concerned that the child is being abused. You and your colleagues believe the child is also in imminent danger due to a combination of the fracture, bruising of different levels of healing, depth of bruising, and atypical locations, as well as the child's fearful reaction to the father.

Atypical bruising caused by inflicted trauma include: bruises inconsistent with the mechanism of injury, bruises on soft parts of the body such as the ears or neck, patterned or clustered bruises, and bruises that are not consistent with a child's developmental level (Chapple, 2015).

Your suspicions are aroused further when the father tells you he is going to get a cup of coffee. On his way out he says "There's nothing wrong with the kid—he's just being a baby, he's just a mama's boy." The father does not return.

Test Your Learning

What Action Do You Take?

- A. Monitor the situation.
- B. Report your concerns to the hospital administrator.

- C. Make an immediate report to ChildLine.
- D. Ask the sheriff to arrest the father for leaving the hospital.

You correctly decide to make an immediate report to ChildLine. Because you believe the child is in imminent danger, you also call the police. Unfortunately, law enforcement does not arrive in a timely manner. Until law enforcement arrives, hospital personnel are in a bind. The parents can leave at this point against medical advice although this will not look good for them if there is a CPS or criminal hearing. The situation is fraught with ethical and legal issues for healthcare providers.

The bottom line is: Do your duty, make your report to ChildLine, call the police, and let go of the outcome.

Answer: C

Home Health Scenario

You are a home health nurse assigned to work with a 76-year old man who had a stroke about a month ago. His daughter had recently taken her father to the ER with a decubitus ulcer on his left buttock. The father is mentally alert and aware and competent to handle personal and financial matters. He uses a wheelchair independently around the house but needs help with toileting and bathing.

Your client lives with his daughter, son-in-law, and their 18-month old child. When you arrive at 11 a.m., the blinds are still closed, and when the daughter answers the door she is clearly drunk, as is her husband. Her speech is slurred.

Her son is lying quietly in a crib and seems neglected, with an exaggerated startle reflex. When you ask the daughter if she helps her father with his toileting and bathing she replies "I've seen enough of this guy's dick in my lifetime." She admits that her father had molested her as a child and that she drank heavily throughout her pregnancy.

The father is wealthy and has the resources to hire a caregiver but expects his daughter to take care of him. He has the ability to say whether he is comfortable with this situation. Despite the fact that there are enough resources to care for the grandchild, the nurse suspects the child is being neglected. Although the grandfather is competent enough to decide to stay in an abusive relationship, the child clearly is not able to make this decision.

Test Your Learning

What Action Should You Take?

- A. You are not there to assess the child so you should treat the father and move on to your next patient.
- B. Assess the child, treat the father, and call the police.
- C. Leave the house immediately without treating the father and make a report to ChildLine.
- D. Treat the father and report your suspicions of child abuse to ChildLine immediately and personally.

Discussion

What is your role in this situation? You are there to treat the assigned client—not to assess the child for neglect. You suspect the child is neglected based on the condition of the house, the child’s unusual quietness, the drunken parents, and the daughter’s admission that she was abused by her father when she was a child. You also feel it is odd that the father has the resources to pay for a caregiver but insists his daughter care for him. The child seems to be caught in the middle of an extremely dysfunctional situation.

The bottom line is: Treat the father’s ulcer, focusing on the reason you were at the house in the first place. However, you cannot ignore the suspected child neglect and as a mandated reporter you must report your suspicions to ChildLine personally and immediately. You must refrain from assessing the child yourself, even though you are qualified to do the assessment. Your responsibility is to the assigned client—the grandfather. You must make your ChildLine report, stating your objective findings, and continue on to your next client.

You later learn that CPS conducted an investigation and eventually removed the child from this dysfunctional home. The boy was placed with the mother’s sister.

Correct Answer: D

Upon notification, the person in charge or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility or agency with the investigation of the report. Any intimidation, retaliation or obstruction in the investigation of the report is subject to the provisions of 18 Pa.C.S. § 4958 (relating to intimidation, retaliation or obstruction in child abuse cases). This chapter does not require more than one report from any such institution, school, facility or agency.

Penalties for Failure to Report

A mandated reporter who willfully fails to report child abuse is breaking the law. Penalties range from a misdemeanor of the second degree to a felony of the second degree (KKSP, 2015b):

- (1) A person or official required to report a case of suspected child abuse or to make a referral to the appropriate authorities commits an offense if the person or official willfully fails to do so.
- (2) An offense under this section is a felony of the third degree if:
 - (i) the person or official willfully fails to report;
 - (ii) the child abuse constitutes a felony of the first degree or higher; and
 - (iii) the person or official has direct knowledge of the nature of the abuse.

- (3) An offense not otherwise specified in paragraph (2) is a misdemeanor of the second degree.
- (4) A report to law enforcement or the appropriate county agency by a mandated reporter, made in lieu of a report to the department, shall not constitute an offense, provided that the report was made in a good faith effort to comply with the requirements of this chapter.

Continuing course of action:

If a person's willful failure continues while the person knows or has reasonable cause to believe the child is actively being subjected to child abuse, the person commits a misdemeanor of the first degree, except that if the child abuse constitutes a felony of the first degree or higher, the person commits a felony of the third degree.

Multiple offenses:

A person who commits a second or subsequent offense commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offenses is a felony of the second degree.

Statute of limitations:

The statute of limitations for an offense shall be either the statute of limitations for the crime committed against the minor child or five years, whichever is greater.

Mandated Reporter's Right-to-Know

Pennsylvania child protective services law now includes a "right-to-know" provision for mandated reporters.

If a report was made by a mandated reporter under section 6313 (relating to reporting procedure), the department shall notify the mandated reporter who made the report of suspected child abuse of all of the following within three business days of the department's receipt of the results of the investigation:

- (1) Whether the child abuse report is founded, indicated, or unfounded.
- (2) Any services provided, arranged for, or to be provided by the county agency to protect the child.

Barriers to Reporting

Certain factors create challenges for healthcare professionals dealing with the reporting of suspected child abuse. These can include a poor understanding or confusion about state laws and regulations related to who are mandated reporters and what precisely they are required to do (Herendeen et al., 2014). This is especially true with child sexual abuse (NSVRC, 2012).

Healthcare professionals may question their own ability to identify abuse and may be dissuaded by others (colleagues, coworkers) who do not agree with their analysis. A lack of confidence in child protective service agencies, whether based on perception or previous experience, is also cited as a barrier to reporting (Herendeen et al., 2014).

Other factors associated with a reluctance to report child abuse:

- A failure to recognize maltreatment
- Disagreement on what constitutes reasonable suspicion
- Lack of training on how to report child maltreatment
- A wish to avoid administrative hurdles
- A lack of trust in child protective services
- A suspicion that a report will not benefit the family (Lynne et al., 2015)

Recognition of Child Abuse Indicators

An **indicator** is an alert or warning that you need to give more attention to a situation. Indicators of abuse can be obvious: for example, a child with the mark of a belt showing on his or her back or burns in the shape of an iron or cigarette tip gives clear support for reasonable cause to suspect child abuse. Often, however, your suspicion will rest on less obvious physical or behavioral indicators.

Indicators must always be considered within the context of how a child behaves, how he or she looks, what you know about the child, and the child's family situation and history. Children do not react the same way to similar circumstances and many abused children may not show any of the indications discussed below. Nevertheless, learning to recognize high-risk situations and the signs and symptoms of abuse is an important skill for a mandated reporter. Indicators can alert you to physical, sexual, and mental abuse or neglect.

Indicators of Physical Abuse

Indicators of physical abuse do not, in and of themselves, prove that a child has been abused. Keep in mind that injuries occur accidentally when children play. Physical abuse should be considered when the explanation does not fit the pattern or frequency of injury. When physical abuse has occurred, indicators can be behavioral as well as physical.

Physical indicators of physical abuse include:

- Unexplained injuries
- Unbelievable or inconsistent explanations of injuries
- Multiple bruises in various stages of healing
- Bruises located on faces, ears, necks, buttocks, backs, chests, thighs, back of legs, and genitalia
- Bruises that resemble objects such as a hand, fist, belt buckle, or rope
- Injuries that are inconsistent with a child's age/developmental level
- Burns

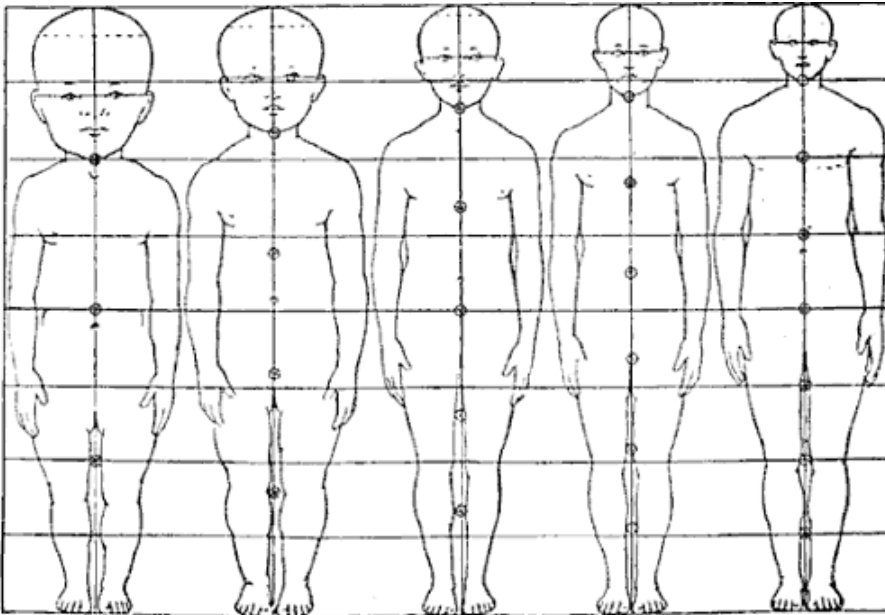
Behavioral indicators of physical abuse include:

- Fear of going home
- Extreme apprehensiveness or vigilance
- Pronounced aggression or passivity
- Flinching easily or avoiding touch
- Abusive behavior or talk during play
- Unable to recall how injuries occurred
- Account of injuries is inconsistent with the nature of the injuries
- Fear of parent or caregiver

Shaken Baby Syndrome

Shaken baby syndrome/abusive head trauma (SBS/AHT) is a special type of physical abuse. It is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child.

Infants 2 to 4 months of age are at the greatest risk of injury from shaking, because their brains are softer and their skulls are thinner than those of adults. An infant's head is also larger in proportion to its body than an adult's head and its neck muscles, tendons, and ligaments are weaker than those of an adult.



Source: Wikipedia.

Shaking a baby may cause bruising, swelling, and bleeding (intracerebral hemorrhage) of the brain, which may lead to permanent severe brain damage or even death. It usually occurs in children younger than 2 years old but may be seen in children up to the age of 5 (Reilly & Martin, 2015).

There are various signs of SBS/AHT, and in less severe cases the child may not be seen by a medical professional and properly diagnosed. In most severe cases a child quickly becomes unconscious with "rapidly escalating central nervous system dysfunction." Injuries from SBS/AHT can result in severe disability or death and if you suspect a child has been shaken you should seek immediate medical attention.

Indicators of Sexual Abuse or Exploitation

Recently in Pennsylvania the sexual abuse of children within an institutional setting has been a public concern. The hierarchical structure of institutions can give a perpetrator an easy way to exploit the dependence that often defines relationships between youth and their caregivers (Spröber et al., 2014).

In general, whether in an institution or a familial situation, victims of sexual abuse or exploitation may be threatened with negative consequences in order to keep them silent. Certain factors contribute to silence, including secrecy, helplessness, entrapment, accommodation, and the fear of not being taken seriously when revealing abuse (Spröber et al., 2014).

Despite common beliefs that sexual abusers are strangers, in more than 80% of cases the abuser is likely to know the child they are sexually abusing.

Physical indicators of sexual abuse or exploitation include:

- Sleep disturbances
- Bedwetting
- Pain or irritation in genital/anal area
- Difficulty walking or sitting
- Difficultly urinating
- Pregnancy
- Positive testing for sexually transmitted disease or HIV
- Excessive or injurious masturbation

Behavioral indicators of sexual abuse or exploitation include:

- Sexually promiscuous
- Developmental age-inappropriate sexual play and/or drawings
- Cruelty to others
- Cruelty to animals
- Fire setting
- Anxious
- Withdrawn

Indicators of Serious Mental Injury

Mental and emotional injury may be the most prevalent type of child abuse; however, it is also the most hidden, underreported, and least studied (Ba-Saddik & Hattab, 2012). Literature on mental and emotional injury is limited because it is the most difficult form of abuse to research, due to lack of a consistent definition, and difficulty detecting, assessing, and substantiating the abuse (Ba-Saddik & Hattab, 2012). Researchers have noted that individuals with social anxiety disorder* have higher rates of childhood emotional abuse and emotional neglect compared to healthy controls (Kuo et al., 2011).

***Social anxiety disorder**: persistent fear of social or performance situations in which an individual is at risk for embarrassment, humiliation, or possible scrutiny by unfamiliar persons (Kuo et al., 2011).

Physical indicators of serious mental injury include:

- Frequent psychosomatic complaints (nausea, stomachache, headache, etc.)
- Bed-wetting
- Self-harm
- Speech disorders

Behavioral indicators of serious mental injury include:

- Expressing feelings of inadequacy
- Fearful of trying new things
- Overly compliant
- Poor peer relationships
- Excessive dependence on adults
- Habit disorders (sucking, rocking, etc.)
- Eating disorders

Indicators of Serious Physical Neglect

Physical neglect is an act of abuse. It accounts for over three-quarters of confirmed cases of child maltreatment in the United States—far more than physical or sexual abuse—but it continues to receive less attention from practitioners, researchers, and the media (CWIG, 2012).

Identifying serious physical neglect in children may seem more difficult than identifying other forms of abuse because neglect usually involves the absence of a certain behavior, rather than its presence. A thorough investigation of the child's safety and risk followed by a comprehensive family assessment can help determine what kinds of services and supports the family may need (CWIG, 2012).

Physical indicators of serious physical neglect include:

- Lack of adequate medical and dental care
- Often hungry
- Lack of shelter
- Child's weight is significantly lower than what is normal for his/her age and gender
- Developmental delays
- Persistent (untreated) conditions (e.g. head lice, diaper rash)
- Exposure to hazards (e.g., illegal drugs, rodent/insect infestation, mold)
- Clothing that is dirty, inappropriate for the weather, too small or too large

Behavioral indicators of serious physical neglect include:

- Not registered in school
- Inadequate or inappropriate supervision
- Poor impulse control
- Frequently fatigued
- Parentified behaviors (when children are forced to take on the role and responsibilities of a parent)

Healthcare providers must differentiate between neglectful situations and poverty. For example, if a family living in poverty was not providing adequate food for their children, it would be considered neglect only if the parents were aware of but chose not to use food assistance programs. Taking poverty into consideration can prevent unnecessary removals and place the focus on providing concrete services for families to protect and provide for their children (CWIG, 2012).

Risk Factors for Child Abuse and Neglect

Risk factors are characteristics **associated** with child abuse and neglect—they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child maltreatment. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their risk of being maltreated (CDC, 2016a).

Individual Risk Factors for Victims

- Children younger than 4 years of age

- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses) (CDC, 2016a).

Individual Risk Factors for Perpetration

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Non-biological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors (CDC, 2016a).

Family Risk Factors

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions (CDC, 2016a).

Community Risk Factors

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections (CDC, 2016a).

Prevention of Child Abuse

Reacting to child maltreatment is only part of the solution. We need to be proactive in preventing it.

Centers for Disease Control and Prevention
Child Abuse Is a Public Health Issue

The overarching goal of prevention is to stop child abuse and neglect from happening in the first place. Safe, stable, and nurturing relationships and environments for children and families are a tremendous deterrent. Influencing individual behaviors, improving relationships among families and neighbors, and encouraging community involvement are keys to the prevention of child abuse (CDC, 2016b).

Protective Factors and Prevention Strategies

Protective factors buffer children from abuse and neglect. Protective factors have not been studied as much as risk factors but nevertheless, identifying and understanding protective factors is a critical component in reducing child abuse (CDC, 2016a).

Six protective factors have been linked to a lower incidence of child abuse and neglect:

1. Nurturing and attachment
2. Knowledge of parenting and of child and youth development
3. Parental resilience
4. Social connections
5. Concrete support for parents
6. Social and emotional competence (CWIG, 2013)

Family Protective Factors

- Supportive family environment and social networks
- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Adequate housing
- Access to healthcare and social services
- Caring adults outside the family who can serve as role models or mentors (CDC, 2016a).

Community Protective Factors

- Communities that support parents and take responsibility for preventing abuse (CDC, 2016a).

Successful prevention strategies include programs that focus on individual behavior and attitude change, as well as efforts that change policies and societal norms to create environments that support safe, stable, nurturing relationships for children and families (CDC, 2016b).

Many state, local, and tribal governments sponsor prevention activities and provide a variety of prevention services. Some prevention efforts are intended for everyone, such as public service announcements (PSAs) aimed at raising awareness about child maltreatment within the general population. Others are specifically targeted for individuals and families who may be at greater risk for child abuse or neglect (CWIG, 2013).

The most important prevention strategy is the development of safe, stable, and nurturing relationships. Other prevention strategies include:

- Home visiting to pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention
- Social support for parents
- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- Preschool enrichment
- Sufficient income support for lower income families (CDC, 2014)

See the Resources section for information and contact details for a number of support organizations that can provide assistance to Pennsylvania families.

Safe Haven of Pennsylvania (Newborn Protection Act)

Safe Haven of Pennsylvania, also known as the Newborn Protection Act, states that a parent of a newborn may leave a child in the care of a hospital or a police officer at a police station without being criminally liable as long as the child is no older than 28 days and is not harmed. Safe Haven gives parents a safe, legal, and confidential alternative to abandoning a baby.

To speak to someone about Safe Haven, call confidentially at: 1-866-921-SAFE (7233). Additional information, including promotional materials, can be found at the Safe Haven website: www.secretsafe.org (KKSP, 2015d).

Concluding Remarks

Over the last decade, Pennsylvania residents learned of multiple incidences of child abuse by trusted members of the public. First, a grand jury investigation uncovered widespread child sexual abuse and a subsequent cover-up within the Roman Catholic Archdiocese of Philadelphia. Then in 2012 Jerry Sandusky, a former assistant football coach at Penn State, was convicted of more than 40 counts of child sexual abuse. These abuse cases shocked the public and government and public health officials moved quickly to review and update child abuse recognition and reporting laws in Pennsylvania.

The new laws, which went into effect on December 31, 2014, resulted in sweeping changes and updates to child abuse laws in Pennsylvania. The new laws clarified the rules for mandated reporting, revised the definition of child abuse, updated and expanded definitions for *perpetrator* and *mandatory reporter*, added child labor and sex trafficking to its definition of child abuse, and streamlined the reporting process.

The goal of the new laws is to improve recognition of child abuse and provide an understanding that, if you suspect child abuse is occurring, the most important action you can take is to report the suspected abuse to ChildLine and allow trained public health officials to determine further action.

Child abuse can be stopped. To do so requires determination, education, community support, and strategies that support the development of safe, stable, and nurturing relationships.

Resources and References

Pennsylvania Resources

ChildLine

1-800-932-0313 (to report child abuse in Pennsylvania)

Department of Human Services

<http://www.KeepKidsSafe.pa.gov>

Mandated reporters: <http://www.compass.state.pa.us/cwis>

Child Welfare Information Solution

Keep Kids Safe PA

<http://keepkidssafe.pa.gov>

Designed to serve as the hub for information related to critical components impacting child protection including a link for mandated reporters to make reports of suspected child abuse electronically, training on child abuse recognition and reporting, information related to clearances and general information related to child protection.

Prevent Child Abuse Pennsylvania

<http://preventchildabusepa.org/>

Prevent Child Abuse Pennsylvania, a program of the PA Chapter, American Academy of Pediatrics, is one of 50 state chapters of Prevent Child Abuse America. Public awareness & participation in prevention, policy and advocacy, use & promote evidence-based prevention programs.

Pennsylvania Child Welfare Resource Center

<http://www.pacwrc.pitt.edu/>

University of Pittsburgh, School of Social Work

403 East Winding Hill Road

Mechanicsburg, PA 17055

Phone: 717 795 9048

Fax: 717 795 8013

Pennsylvania Family Support Alliance

<http://www.pa-fsa.org>

Email: info@pa-fsa.org

Phone: 800 448 4906 / 717 238 0937

Fax: 717 238 4315

2000 Linglestown Rd. Suite 301

Harrisburg, PA 17110

Task Force on Child Protection

<http://www.childprotection.state.pa.us/>

Information about formation and composition of the Task Force and its meetings, with agendas, handouts, testimony, and audio/videos of some meetings. Provides link to the final task force report.

The Center for Children's Justice

<http://www.c4cj.org>

P.O. Box 396

Bernville, PA 19506

610-488-5059

contact@c4cj.org

National Resources

Centers for Disease Control and Prevention

Child Maltreatment Prevention website

<http://www.cdc.gov/violenceprevention/childmaltreatment/index.html>

Annie E. Casey Foundation

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

A private, charitable organization dedicated to helping build better futures for disadvantaged children in the United States. Partners with and forges collaborations among institutions, agencies, decision makers, and community leaders. Funds research, provides technical assistance, and puts together demonstrations that support public schools, juvenile justice agencies, and child welfare systems. Delivers services, identifies and measures what works, and shares lessons learned to help reform public policies and services for children and their families.

410 547 6600 / 410 547 6624

Center for Law and Social Policy

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

Develops and advocates for federal, state, and local policies to strengthen families and create pathways to education and work.

202 906 8000

Child Welfare Information Gateway / U.S. Department of Health Human Services

<https://www.childwelfare.gov/topics/can/>

Resources on child abuse prevention, protecting children from risk of abuse, and strengthening families. Includes information on supporting families, protective factors, public awareness, community activities, positive parenting, prevention programs, and more.

Child Welfare League of America

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

A coalition of hundreds of private and public agencies serving vulnerable children and families since 1920. Provides expertise, leadership and innovation on policies, programs, and practices help improve the lives of millions of children in all fifty states.

202 688 4200

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Post Test

Use the answer sheet following the test to record your answers.

1. In Pennsylvania, Child Protective Services have State oversight, but who administers it:
 - a. Each county agency for child abuse and neglect cases.
 - b. The State Department of Health only for cases of physical abuse.
 - c. Private, non-profit companies for child abuse cases.
 - d. Each county agency for non-child abuse cases.

2. General Protective Services:
 - a. Handle all cases of child and elder abuse.
 - b. Provide care workers for those needing help with their children.
 - c. Protect the population from terrorist threats.
 - d. Handle non-abuse cases where intervention and support may help to avoid future abuse.

3. Under Pennsylvania law, child abuse has three components:
 - a. An act and a person of any age still living with his or her parents.
 - b. A child under the age of 5 and the threat of an act.
 - c. An act (or failure to act), a child, and a perpetrator.
 - d. An infant under the age of 1 and a failure to act.

4. In Pennsylvania, according to Child Protective Services Law (CPSL), a person is considered to have committed child abuse if he or she:
 - a. Knowingly acts outside of the law.
 - b. Intentionally inflicts harm on someone under the age of 18.
 - c. Acts in a selfish manner, disregarding the needs of a child.
 - d. Causes harm to someone under the age of 18 because of ignorance or fear.

5. Sexual abuse or exploitation of a child can include:
 - a. Forcefully shaking a child under one year of age.
 - b. Involving a child in an activity for the purpose of sexual stimulation or gratification.
 - c. Interfering with a child's ability to accomplish age-appropriate social tasks.

d. Unreasonably restraining or confining a child.

6. Serious physical neglect includes:

a. Instances in which a coach encourages an athlete to train beyond his or her capacity.

b. Acts in which the mother makes up fake symptoms to make it look as if the child is sick.

c. Accidental acts that cause lasting physical damage to the child.

d. Failure to provide a child with adequate food, shelter, or medical care.

7. Although it must still be reported, an exclusion to child abuse law could be:

a. When a parent must strike a child to stop unwanted behavior.

b. When a child between the age of 14 and 18 consents to an activity that might otherwise be considered abusive.

c. An injury, no matter how severe, that occurs during or after a sporting activity.

d. Inadequate housing, furnishings, income, clothing, and medical care, that are beyond the control of the parent.

8. Severe forms of human trafficking include:

a. Taking your own children across state lines.

b. Domestic labor for minimum wage.

c. Sex trafficking and forced labor.

d. Exchanging work for rent.

9. Warning signs of human trafficking of young people can include:

a. Telling parents that you plan to stay out late or neglecting to carry identification.

b. Dressing nicely or having a tattoo.

c. Depicting the human form in art or drawings.

d. A young woman under the age of 18 who maintains an explicitly sexual online profile.

10. A mandated reporter:

a. Is the same thing as a permissive reporter.

b. Cannot find out what happens to a report they make.

c. Is never a healthcare professional.

d. Is someone required by law to report suspected child abuse.

11. A permissive reporter:

- a. Has the same legal responsibilities as a mandated reporter to report suspected child abuse.
- b. Can find out what happens to a report they make.
- c. Is someone who is encouraged, but not required, to report suspected child abuse.
- d. Must report suspected child abuse to their immediate supervisor.

12. Before making a report to ChildLine, a mandated reporter:

- a. Only has to suspect a child is a victim of abuse.
- b. Must know that a child is a victim of abuse.
- c. Must have seen the suspected victim in person.
- d. Must have a statement from the victim confirming the abuse.

13. A mandated reporter who suspects child abuse must report:

- a. Personally to their immediate supervisor.
- b. Via ChildLine with 2 weeks.
- c. Within 48 hours to the police.
- d. Immediately and directly to ChildLine.

14. A mandated reporter who willfully fails to report child abuse:

- a. Will be counseled and told to report next time they see child abuse.
- b. Is breaking the law.
- c. Will be immediately fired from his or her job.
- d. Will be arrested and fined.

15. Certain factors have been identified as challenges or barriers for healthcare professionals considering a report of suspected child abuse. These can include:

- a. Healthcare providers may believe they are able to address the child abuse without making a report.
- b. A healthcare professional may work in an agency whose policy it is to counsel child abusers rather than reporting the abuse.
- c. They may lack confidence in child protective service agencies, whether based on perception or previous experience.

- d. They may be related to someone involved in the abuse.
16. A behavioral indicator of possible sexual abuse or exploitation may be a child who:
- a. Is very outgoing with classmates and friends.
 - b. Is withdrawn and anxious.
 - c. Has a long-term, chronic illness.
 - d. Blames or belittles herself for small failures.
17. A possible physical indication of serious mental injury in a child may be:
- a. The child comes to school in torn or dirty clothes.
 - b. He is apprehensive when other children cry.
 - c. She exhibits excessive dependence on adults.
 - d. He has cuts and bruises on his knees.
18. An indication of possible serious physical neglect may be observed when a child:
- a. Mentions that there are drugs at home.
 - b. Is home schooled.
 - c. Shows you that he has several cavities.
 - d. Is dressed too warmly for the weather.
19. Risk factors for perpetration of child abuse can include:
- a. The presence of non-biological transient adults in the home.
 - b. Families with strong social connections.
 - c. High-income, young parents with good family support.
 - d. Parents who work long hours.
20. Protective factors against child abuse:
- a. Include strong, well-trained police officers that specialize in responding to child abuse calls.
 - b. Are factors that increase the health and well-being of children and families.
 - c. Have been shown to have very little impact on the incidence of child abuse in a community.
 - d. Are evidence-based practices that have been shown to eliminate child abuse in poor communities.

21. One of the most important strategies for the prevention of child abuse and neglect is:
- a. Tough, immediate prosecution of perpetrators.
 - b. Needle exchange and drug education programs.
 - c. Expansion of child protective services programs.
 - d. The development of safe, stable, and nurturing relationships.

Answer Sheet

PA: Child Abuse Recognition and Reporting Renewal, 2 units

Name (Please print your name): _____

Date: _____

Passing score is 80%

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

Course Evaluation

Please use this scale for your course evaluation. Items with asterisks * are required.

- 5 = Strongly agree
- 4 = Agree
- 3 = Neutral
- 2 = Disagree
- 1 = Strongly disagree

* Upon completion of the course, I was able to:

a. Describe two differences between child protective services and general protective services in Pennsylvania.

5 4 3 2 1

b. State the components of child abuse.

5 4 3 2 1

c. Describe two types of human trafficking.

5 4 3 2 1

d. State the categories of child abuse under Pennsylvania law.

5 4 3 2 1

e. Identify two responsibilities each for mandated and permissive reporters.

5 4 3 2 1

f. Define reasonable cause as it relates to the reporting of child abuse.

5 4 3 2 1

g. Relate two indicators each of child abuse.

5 4 3 2 1

h. Describe five protective factors that have been linked to a lower incidence of child abuse and neglect.

5 4 3 2 1

* The author(s) are knowledgeable about the subject matter.

5 4 3 2 1

* The author(s) cited evidence that supported the material presented.

5 4 3 2 1

* This course contained no discriminatory or prejudicial language.

Yes No

* The course was free of commercial bias and product promotion.

Yes No

* As a result of what you have learned, do you intend to make any changes in your practice?

Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

* Do you intend to return to ATrain for your ongoing CE needs?

- Yes, within the next 30 days.
- Yes, during my next renewal cycle.
- Maybe, not sure.
- No, I only needed this one course.

* Would you recommend ATrain Education to a friend, co-worker, or colleague?

- Yes, definitely.
- Possibly.
- No, not at this time.

* What is your overall satisfaction with this learning activity?

- 5 4 3 2 1

* Navigating the ATrain Education website was:

- Easy.
- Somewhat easy.
- Not at all easy.

* How long did it take you to complete this course, posttest, and course evaluation?

- 60 minutes (or more) per contact hour
- 50-59 minutes per contact hour
- 40-49 minutes per contact hour
- 30-39 minutes per contact hour
- Less than 30 minutes per contact hour

I heard about ATrain Education from:

- Government or Department of Health website.
- State board or professional association.
- Searching the Internet.
- A friend.
- An advertisement.
- I am a returning customer.
- My employer.
- Other
- Social Media (FB, Twitter, LinkedIn, etc)

Please let us know your age group to help us meet your professional needs.

- 18 to 30
- 31 to 45
- 46+

I completed this course on:

- My own or a friend's computer.
- A computer at work.
- A library computer.
- A tablet.
- A cellphone.
- A paper copy of the course.

Please enter your comments or suggestions here: _____

Registration Form

Please print and answer all of the following questions (* required).

* Name: _____

* Email: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Country: _____

* Phone: _____

* Professional Credentials/Designations:

Your name and credentials/designations will appear on your certificate.

* License Number and State: _____

* Please email my certificate:

Yes No

(If you request an email certificate we will not send a copy of the certificate by US Mail.)

Payment Options

You may pay by credit card or by check.

Fill out this section only if you are **paying by credit card**.

2 contact hours: \$29

Credit card information

* Name: _____

Address (if different from above): _____

* City: _____ * State: _____ * Zip: _____

* Card type:

Visa Master Card American Express Discover

* Card number: _____

* CVS#: _____

* Expiration date: _____