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Pennsylvania: Child Abuse, Recognition and Reporting for Mandated Reporters, 3 units (331)

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This online 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 U.S. 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. Reasonable cause, and penalties for failing to report are covered. It concludes with indicators of child abuse and information about the prevention of child abuse.

Course Objectives

When you finish this course, you will be able to:

1. Relate the 3 key components of child abuse recognized under Pennsylvania Child Protective Services Law for children and parents to ensure a child's well-being.
2. Understand that nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the type of abuse they are reporting when making a report of suspected child abuse.
3. Understand that nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse.
4. Understand the four circumstances that require a mandated reporter to immediately report suspected child abuse if they have reasonable cause to suspect a child is a victim of child abuse.
5. Define reasonable cause as it relates to the reporting of child abuse.
6. Understand that nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.
7. Understand that nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires the mandated reporter to identify the person responsible for the child abuse in order to make a report of suspected child abuse.
8. Describe the concept of "good faith" when making a report of child abuse.

1. 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 1860 Ambroise Tardieu, a French forensic physician—in a treatise entitled *Forensic Study on Cruelty and the Ill-Treatment of Children*—was one of the first medical professionals to provide a clinical definition of battered child syndrome. Tardieu detailed 32 cases of battered child syndrome, including 18 that ended in the death of the child.

In the United States, one of the first legal responses to child abuse occurred in 1874. In a case that was to have significant repercussions, Henry Bergh, founder of the New York Society for the Prevention of Cruelty to Animals (SPCA) and acting as a private citizen, pleaded in court to have an 8-year-old child named Mary Ellen Wilson removed from her abusive and neglectful environment.

Mr. Bergh was persuaded to intervene by Etta Wheeler, a Methodist mission worker who had been following the child's case. Although there were laws in New York that allowed the state to remove neglected children from their homes, New York City authorities had been reluctant to take up Mary Ellen's cause (Watkins, 1990). During a court hearing, Mr. Bergh emphasized that he was "determined within the framework of the law to prevent the frequent cruelties practiced on children" (Watkins, 1990).

As a result of Mr. Bergh's and Ms. Wheeler's advocacy, Mary Ellen was removed from her abusive situation and placed in an institutional shelter for adolescent girls. Uncomfortable with this placement, Ms. Wheeler intervened again and received permission to send Mary Ellen to live with her own mother in upstate New York. When Ms. Wheeler's mother died, Mary Ellen went to live with Ms. Wheeler's sister and her husband. Mary Ellen eventually married and had two daughters. She died in 1956 at the age of 92 (Watkins, 1990). Mary Ellen's case led to the formation of societies in many states to protect children from cruelty.



Source: Wikipedia, public domain.

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.

2. Description of Child Welfare in Pennsylvania

In 2011, the Pennsylvania General Assembly created the *Task Force on Child Protection*, which conducted 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. 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* were updated and expanded, a streamlined reporting process was implemented, and rules for mandatory reporting were clarified. Revisions to the definition of child abuse and clarification of reporting requirements are seen as the most fundamental and substantive changes.

The Child Welfare Information Solution (CWIS), a case management database, was launched in 2015. It allows real-time electronic sharing of state and county information critical to administering the child welfare program. It has sped up the processes for both reporting child abuse and obtaining clearance verifications by those who work with children. **ChildLine** is the portal for new reports of suspected child abuse by mandated reporters.

The Pennsylvania child welfare system is state-supervised and county-administered. County children-and-youth agencies (CCYAs) have two main functions:

1. Child Protective Services (CPS)
2. General Protective Services (GPS)

2.1 Child Protective Services Law (CPSL)

The Pennsylvania Child Protective Services Law (CPSL) provides services for children and parents to ensure a child’s wellbeing. It establishes protective services in each county for the purpose of (PA Code, 2024, March 30):

- (1) Protecting abused children from further abuse.
- (2) Preserving and stabilizing families.
- (3) Implementing the CPSL.
- (4) Involving law enforcement agencies in responding to child abuse.
- (5) Prioritizing the response and services to children most at risk.
- (6) Encouraging more complete reporting of suspected child abuse.

2.1.1 Mandatory Notification of Substance Affected Infants by Health Care Providers & Plan of Safe Care (Act 54 of 2018)

Act 54 of 2018, consistent with the federal *Child Abuse Prevention and Treatment Act* (CAPTA), requires healthcare professionals—including those involved in the delivery or care of an infant or encountering an infant up to age one outside a hospital setting—to notify CPS of infants “born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure”.

Under Act 54 of 2018, a healthcare provider shall immediately give notice—or cause notice to be given—to the Department if the provider is involved in the delivery or care of a child under one year of age and the healthcare provider has determined, based on standards of professional practice, the child was born affected by:

- Substance use or withdrawal symptoms resulting from prenatal drug exposure; or
- A Fetal Alcohol Spectrum Disorder.

A plan of safe care (POSC) is required to ensure the safety and well-being of the infant following his or her release from the care of healthcare providers, including through addressing the health and substance use disorder treatment needs of the infants and affected family or caregivers (CWIG, 2020).

This is a notable shift from the previous law, which limited notification to DHS to only those cases including illegal substance use and included an exception to reporting if the pregnant woman was receiving treatment for a substance use disorder. These changes will have significant impact on practice; the requirements regarding notification of infants born affected by substance use go beyond the use of opioids and apply to all infants born and identified as affected by substance use, whether legal or illegal substances.

Notification to the Department can be made to ChildLine, electronically through the Child Welfare Portal or at 1-800-932-0313. This notification is for the purpose of assessing a child and the child’s family for a Plan of Safe Care and shall not constitute a child abuse report.

2.1.2 Plan of Safe Care

After notification of a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder:

- A multidisciplinary team meeting must be held prior to the child's discharge from the healthcare facility.
- The meeting will inform an assessment of the needs of the child and the child’s parents and immediate caregivers to determine the most appropriate lead agency for developing, implementing, and monitoring a Plan of Safe Care.
- The child's parents and immediate caregivers must be engaged to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development and well-being of the child.
- Depending upon the needs of the child and parent(s)/caregiver(s), ongoing involvement of the county agency may not be required.

A multidisciplinary team (for the purpose of informing the Plan of Safe Care), may include public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations and private insurers, and hospitals and medical providers.

A healthcare provider is a licensed hospital or healthcare facility or person who is licensed, certified, or otherwise regulated to provide healthcare services under the laws of Pennsylvania, including a physician, podiatrist, optometrist, psychologist, physical therapist, certified nurse practitioner, registered nurse, nurse midwife, physician's assistant, chiropractor, dentist, pharmacist, or an individual accredited or certified to provide behavioral health services.

2.2 Child Protective Services (CPS)

(Services and activities provided by DHS and each county agency for child abuse cases).

Child Protective Services (CPS) in Pennsylvania is a government agency responsible for investigating allegations of child abuse or neglect and providing interventions that ensure the safety and well-being of children. CPS receives reports of suspected child abuse or neglect from mandated reporters, such as teachers, doctors, and law enforcement, as well as from concerned citizens. Upon receipt of a report, CPS will investigate to determine if abuse or neglect has occurred and to assess the safety of the child.

The Pennsylvania Child Protective Services Law (CPSL) (23 Pa.C.S. Chapter 63, Child Protective Services) was established in 1975 to protect children from abuse, allow the opportunity for healthy growth and development, and preserve and stabilize the family whenever possible. The PA CPSL does not restrict the generally recognized existing rights of parents to use reasonable supervision and control when raising their children.

Recent amendments to the PA CPSL relevant to child abuse recognition and reporting:

- Act 115 of 2016 (relating to human trafficking)
- Act 54 of 2018 (relating to notification of substance affected infants by healthcare providers & plan of safe care)
- Act 88 of 2019 (relating to penalties for failure to report or refer)

If abuse or neglect is confirmed, CPS can take various steps to protect the child. This can include removing the child from the home and placing them in foster care or placing the child with a relative. CPS also provides support services to families to help them address the issues that led to the abuse or neglect.

In Pennsylvania, CPS is part of the Department of Human Services (DHS) and operates through a county-based system. The Pennsylvania child welfare system is state-supervised and county-administered. Each county has its own CPS agency, which is responsible for investigating reports of child abuse or neglect within its jurisdiction.

Title 55 Public Welfare, Chapter 3490, subchapter A describes the provisions of Child Protective Services. It includes regulations related to reporting, departmental and county responsibilities, confidentiality, general requirements, and verification of child abuse and student abuse for childcare services and school employees. You can access more information [here](#) or [here](#).

Cases identified as “CPS” require an investigation because the alleged act or failure to act meets the PA CPSL’s definition of child abuse. The PA CPSL’s definition of child abuse recognizes 10 separate categories of child abuse. Examples of CPS cases:

- Causing bodily injury to a child through any recent act or failure to act.
- 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.
- 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.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Engaging in a specific recent “per se” act.
- Causing the death of the child through any act or failure to act.
- Engaging a child in a severe form of trafficking in persons or sex trafficking.

2.3 General Protective Services (GPS)

General Protective Services (GPS) is a program in Pennsylvania that provides protection and services to vulnerable children who may be at risk of abuse, neglect, or exploitation. The program is administered by the Pennsylvania Department of Human Services. Each county agency is responsible for administering a GPS program.

GPS services and activities are provided by each county agency for cases requiring protective services as defined by DHS in regulations. Cases identified as “GPS” require an assessment for services and supports. In these cases, the alleged act or failure to act may not meet the definition of child abuse but is still detrimental to a child. The primary purpose of GPS is to protect the rights and welfare of children so that they have an opportunity for healthy growth and development.

GPS provides protection and assistance to individuals who are not in immediate danger but may be living in unsafe or unstable conditions. Services can 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.

The program is available to children, and it is typically initiated when someone makes a report of suspected abuse, neglect, or exploitation to the Pennsylvania ChildLine or Adult Protective Services hotline. A GPS caseworker investigates the report and determines if services are needed.

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).

2.4 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.

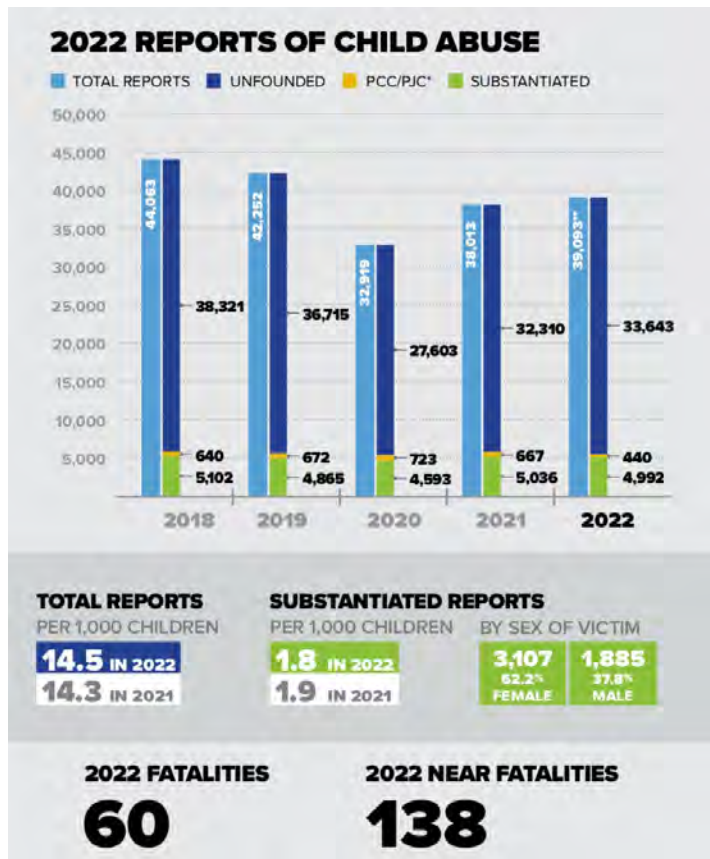
Child Protective Services (CPS) cases require that the alleged abuse falls under the definition of child abuse as provided in the *Child Protective Services Law*. As a reporter of suspected abuse or neglect, it is not necessary to know if the child and family in question might need CPS or GPS. If you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

There were 39,093 reports of suspected child abuse received in 2022, as opposed 38,013 reports received in 2021. This increase was anticipated, as OCYF has been observing these increases following the significant decrease in the total suspected reports attributed to the COVID-19 pandemic, and the reduced contact between children and mandated reporters during that time. These totals still remain lower than in the year prior to the pandemic (PDHS, 2023, May).

The percent of reports of suspected child abuse that were substantiated decreased from 13.2% in 2021 to 12.8% in 2022. Statewide substantiated reports of child abuse increased from 1.9 per thousand children in 2021 to 1.8 per thousand children in 2022 (PDHS, 2024, May).

Sexual abuse remains the leading category of abuse, followed by physical abuse. Parents continue to be the ones most responsible for abuse of their children (PDHS, 2023, May).

Amendments to the *Child Protective Services Law*, effective in December 2014, have driven increases in reports of child abuse. These amendments increased the number of mandated reporters of child abuse and added additional persons who could be identified as perpetrators of child abuse.



From: PA Department of Human Services, 2023, May. Public domain.

Establishment of Statewide toll-free telephone number (23 Pa.C.S. § 6332)—The Statewide toll-free telephone number is available for all persons, whether mandated by law or not, to use to report cases of suspected child abuse or children allegedly in need of general protective services.

3. Perpetrators

A perpetrator is an individual who has committed child abuse as defined under section 6303(b.1) of the PA CPSL (relating to definitions). The term only includes the following (KKSP, 2023):

- 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 responsible for the child's welfare or having direct contact with children as an employee of child-care services, 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.
- An individual 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.
- 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.

Only the following may be considered a perpetrator for failing to act:

- 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.

Did You Know. . .

When a healthcare provider makes a report of suspected abuse, he or she should avoid referring to the person who is suspected of child abuse 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.

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.

4. Key Components of Child Abuse

1. Key Takeaway

The PA CPSL recognizes three key components of child abuse:

1. Child
2. Act or failure to act; Recent act; Recent act or failure to act; or A series of acts or failures to act
3. Intentionally, knowingly, or recklessly

Child: An individual under 18 years of age

Act or failure to act; Recent act; Recent act or failure to act; or A series of acts or failures to act

- Act: Something that is done to harm or cause potential harm to a child
- Failure to act: Something that is **not** done to prevent harm or potential harm to a child
- Recent act: Any act committed within two (2) years of the date of the report to DHS or county agency
- Recent act or failure to act: Any act or failure to act committed within two (2) years of the date of the report to DHS or county agency

Intentionally, knowingly, or recklessly

- Intentionally: Done with the direct purpose of causing the type of harm that resulted
- Knowingly: Awareness that harm is practically certain to result
- Recklessly: Conscious disregard of substantial and unjustifiable risk

5. Child Abuse Definitions (23 Pa.C.S. § 6303)

2. Key Takeaway

Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the type of abuse they are reporting when making a report of suspected child abuse.

The term “child abuse” shall mean intentionally, knowingly, or recklessly doing any of the following:

- (1) Causing bodily injury to a child through any recent act or failure to act.
- (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 "per se" 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) 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 required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 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).
 - (d) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.58 (relating to assessments) or has to register for life under 42 Pa.C.S. § 9799.55(b) (relating to registration).
- (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.

5.1 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.

5.2 Serious Mental Injury

Serious mental injury is 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.

5.3 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.

6. Exclusions from Child Abuse

3. Key Takeaway

Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse.

Exclusions to child abuse are outlined in 23 Pa.C.S. § 6303. These situations must still be reported however, a CPS investigation may deem the report unsubstantiated and determine that the child has not been abused.

Restatement of culpability—Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the person acted intentionally, knowingly or recklessly when causing the injury or harm to the child or creating a risk of injury or harm to the child.

Child abuse exclusions—The term "child abuse" does not include any conduct for which an exclusion is provided in section 6304 of the PA CPSL (relating to exclusions from child abuse).

The exclusions from child abuse are considered/determined by DHS or the investigating agency after receipt of a referral/report.

(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 the PA CPSL, 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 exclusion shall not apply if the failure to provide needed medical or surgical care causes the death of the child.
- (5) This exclusion shall not apply to any child-care service as defined under section 6303(a) of the PA CPSL (relating to definitions), excluding an adoptive parent.

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

Subject to subsection (d), (relating to rights of parents) 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 the PA CPSL 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 the PA CPSL.

(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 DHS 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 (relating to use of force in self-protection) and 506 (relating to use of force for the protection of other persons), 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.

The child abuse law in Pennsylvania was changed to make repeated child abuse a first-degree felony with the passing of Pennsylvania House Bill 1171 in 2020. Prior to this change, repeated child abuse was classified as a second-degree felony. The change was made to increase the penalties for individuals who commit repeated acts of child abuse and to provide greater protection for children from ongoing abuse.

7. Severe Forms of Human Trafficking in Persons (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 or sex trafficking.

7.1 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.

– Former United Nations Secretary General Ban Ki-moon

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 tens of millions of 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, childcare, and domestic work. In addition, forced labor occurs in sectors such as legal and illegal mining, emerald extraction, coal, domestic service, agriculture near the coffee belt, cattle herding, and crop harvesting.

Healthcare providers can come into contact with individuals being trafficked, usually in the emergency department. Identifying signs of trauma, recognizing verbal and nonverbal cues, assessing a victim's response, and referring to appropriate team members are key components of effective trauma-informed care. Missed opportunities to identify, inform, and empower victims perpetuates this physically and psychologically debilitating practice (Toney-Butler et al., 2023).

In Pennsylvania in 2021, the *National Human Trafficking Hotline* received 596 phone calls, 153 emails, and 64 online tip reports related to human trafficking in the state. These calls resulted in 153 reports of human trafficking, of which 85% were related to sex trafficking, and 10% for labor trafficking. About a quarter of the reported cases involved minors (NHTH, 2023).

7.1.1 Severe Forms of Human Trafficking

Severe forms of human trafficking in persons 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; or

- Sex trafficking: the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act*.

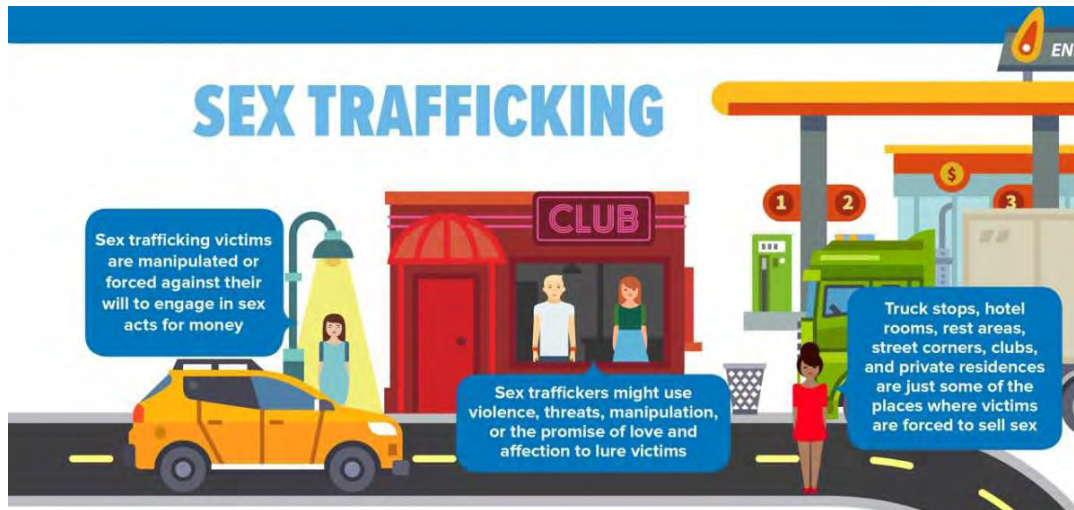
***Commercial sex act:** any sex act on account of which anything of value is given to or received by any person.

- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

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.

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, 2022).

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: no cultural or socioeconomic rationalizations alter the fact that children who are exploited in prostitution are trafficking victims (USDOS, 2022).



Source: Department of Homeland Security.

Labor trafficking: Labor obtained by use of threat of serious harm, physical restraint, or abuse of legal process.

Labor trafficking is labor obtained by use of threat of serious harm, physical restraint, or abuse of legal process. It includes the use of force, fraud, or coercion to recruit, harbor, transport, or obtaining 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.

The term “forced child labor” describes schemes in which traffickers compel children to work. Traffickers often target children because they are more vulnerable. Although some children may legally engage in certain forms of work, forcing or coercing children to work remains illegal (USDOS, 2022).

Forms of slavery or slavery-like practices—including the sale of children, forced or compulsory child labor, debt bondage, and serfdom of children—continue to exist, despite legal prohibitions and widespread condemnation. 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 and the child’s work financially benefits someone outside the child’s family; or the denial of food, rest, or schooling to a child who is working (USDOS, 2022).

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, or illegal items. It also includes workers in restaurants, hair, and nail salons who are abused, confined, or not paid.

Examples:

- Being forced to work for little or no pay (frequently in factories and farms).
- Domestic servitude: providing services within a household for 10-16 hours per day, such as, but not limited to: childcare, cooking, cleaning, yard work, gardening, etc.



Source: Department of Homeland Security (Public domain).

7.2 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, 2022).

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 and unaccompanied children are particularly vulnerable. Migrant laborers, undocumented workers, temporary workers, and foreign nationals working in diplomatic households can also be victims of human trafficking.

Other potential victims include at-risk youth populations—including, but not limited to, youth:

- In the foster care system
- Who identify as LGBTQ+
- Who are homeless or a runaway
- With disabilities
- With a history of sexual abuse
- With mental health and/or substance abuse disorders
- With a history of being involved in the welfare system
- Who identify as native or aboriginal
- With family dysfunction

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 U.S. 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, 2022).



Source: Department of Homeland Security (Public domain)

7.3 Recognizing Warning Signs

Signs of possible child trafficking include unexplained absences, poor attendance, runaway behavior, or boasting about frequent travel to other cities. Inappropriate dress for the current weather, being sleep-deprived or malnourished, or impairment due to drugs or alcohol can be additional indicators (Toney-Butler et al., 2023).

Traffickers may “hospital shop” for quicker wait times. An accompanying “family member” that is impatient, in your face, or upset over lengthy delays may be a trafficker. Another indicator is the “spouse” or “boyfriend” that insists that a high-risk patient, such as one with a possible ectopic pregnancy or appendicitis, leave without being seen, against medical advice, or before care is completed (Toney-Butler et al., 2023).

A trafficked child or youth may be hyper-vigilant, paranoid, keep unusually late hours, or may be secretive about their living situation. A child may lie about—or be unaware—of his or her true age, have no knowledge of personal data, such as date of birth, or have no identification.

A child or young adult being trafficked for sex may have a prior arrest record for prostitution or related charges or have multiple sexually transmitted diseases or pregnancies. Maintaining an explicitly sexual online profile, frequenting internet chat rooms or classified sites, wearing sexually provocative clothing, or depicting sexual exploitation in drawing, poetry, or other modes of creative expression are red flags.

Victim identification/warning signs include, but are not limited to:

- Has been verified to be under the age of 18 and is in any way involved in a commercial sex act industry or has a record of prior arrest for prostitution or related charges.
- Has an explicitly sexual online profile.
- Excessively frequents internet chat rooms and classified sites.
- Depicts elements of sexual exploitation in drawing, poetry, or other modes of creative expression.
- Secrecy about whereabouts.
- Has late nights or unusual hours.
- Is found in a hotel, street track, truck stop, or strip club.

- Lies about or has no identification or knowledge of personal data, such as but not limited to age, name, and/or date of birth.
- Does not have insurance or control over own finances.
- Wears clothing that is dirty and inappropriate for the weather; it may be too large or too small (often dresses or skirts that are provocative in nature).
- Wears new clothes of any style and gets hair and/or nails done with no financial means.
- Has multiple cell phones or very expensive items that they have no way of purchasing on their own.
- Has unaddressed medical issues or goes to the ER or clinic alone or with an unrelated adult.
- Exhibits hypervigilance or paranoid behaviors.
- Is in a controlling or dominating relationship.
- Avoids answering questions and lets someone else speak for them.
- Expresses interest in or is in relationships with adults or much older adults.
- Has significant change in behavior, including increased social media and new associates or friends at school.
- Has frequent or multiple sexually transmitted diseases or pregnancies.
- Has unexplained injuries and/or unbelievable or inconsistent explanations of injuries.
- Has multiple bruises or cuts in various stages of healing.
- Has a tattoo they're reluctant to explain.
- Uses specific terms such as "trick", "the life", or "the game".

7.4 Healthcare Provider Responsibilities

Healthcare providers are one of the few professionals who are likely to interact with victims of human trafficking. Multiple studies have found that up to 88% of victims came into contact with the healthcare system while being trafficked. About two-thirds of victims seek medical care from emergency departments, about 30% from Planned Parenthood clinics, and about 20% from private practices, urgent care clinics, women's health clinics, and neighborhood clinics (McAmis et al., 2022).

Because of the exploitation and abuse associated with human trafficking, individuals suffer physical, psychological, sexual, and reproductive health problems. Responding to the needs of a person being trafficked requires trauma-informed and culturally sensitive care. Identifying signs of trauma, recognizing verbal and nonverbal cues, assessing a victim's response, and referring to appropriate team members are key components of effective trauma-informed care. Missed opportunities to identify, inform, and empower these victims perpetuate this physically and psychologically debilitating practice (Toney-Butler et al., 2023).

Common concerns that prompt contact with the healthcare system include infectious diseases, trauma or injury from physical violence, sexual abuse, malnutrition, dental disease, posttraumatic stress disorder, anxiety, depression, or substance use disorders. In many cases, these symptoms are vague and not necessarily directly related to the trafficking experience but are related to the lifestyle they have been forced to practice (McAmis et al., 2022).

For victims of child trafficking in controlling of dominating relationships with an older adult, entering the healthcare system presents an opportunity for discovery. Traffickers may only seek care for their victims when a victim becomes seriously ill. They often seek out the quickest means of care, and lengthy emergency department waits may cause them to leave with the victim before receiving medical treatment (Toney-Butler et al., 2023).

There was often a delay between the onset of an injury or illness and the victim's interaction with a healthcare provider. Contact with a healthcare providers may be the only time a victim can engage in a one-on-one discussion with a trusted professional. Providers can offer medical and psychological care for these victims as they suffer from a wide range of health risks due to their circumstances and experiences (McAmis et al., 2022).

Providing support and services should focus on four main needs: (1) immediate medical need, (2) mental health assistance, (3) income support, and (4) legal status for international victims. Unfortunately, many victims may not be recognized due to lack of knowledge by healthcare providers, the control of the victim's visit by a trafficker, the fear or shame the victim may experience, or social or cultural alienation (McAmis et al., 2022).

8. Reporting Suspected Child Abuse

4. Key Takeaway

A mandated reporter enumerated under section 6311(a) of the PA CPSL (relating to persons required to report suspected child abuse) must immediately make a report suspected child abuse to ChildLine, Pennsylvania's 24/7 Child Abuse Hotline and Registry, by calling 1-800-932-0313 or electronically through the [Child Welfare Portal](#), if they have reasonable cause to suspect a child is a victim of child abuse under any of the following circumstances:

- 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.
- 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.
- 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.

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 person encouraged to report suspected child abuse is encouraged to report suspected child abuse but is not required to do so by law.

Child Protective Services reports are those that allege a child might have been a victim of child abuse. Reports alleging that a child under 18 years of age may have been abused are accepted for investigation when reported prior to the victim's 20th birthday (PDHS, 2023, May).



Source: KeepKidsSafe.pa.gov. Public domain.

8.1 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 9-10 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. The list of mandatory reporters of child abuse in Pennsylvania was expanded with the passing of Pennsylvania House Bill 631 in 2019.

Mandated reporters are adults who work or volunteer with children and youth and are required to report suspected child abuse if they have reasonable cause to suspect that child abuse has occurred (PDHS, 2023, May).

In general, any individual paid or unpaid, who, based on 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 considered a mandated reporter.

Mandated reporters are encouraged to 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.

Persons required to report suspected child abuse (23 Pa.C.S. § 6311)

Under Pennsylvania law, the following adults shall make a report of suspected child abuse, subject to subsection (b) (relating to basis to report), if the person has 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, priests, rabbis, ministers, Christian Science practitioners, religious healers or spiritual leaders 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. Independent contractors.
13. An individual supervised or managed by a person listed above who has direct contact with children in the course of employment.
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 DHS under Articles IX and X of the act of June 13, 1967 (P.L.31, No.21) known as the Human Services Code (formerly the Public Welfare Code).

Staff members of institutions, etc.—Whenever a person is required to report under subsection (b) (relating to basis to report) in the capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, that person shall report immediately in accordance with section 6313 (relating to reporting procedure) and shall immediately thereafter notify the person in charge of the institution, school, facility, or agency or the designated agent of the person in charge. 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). The PA CPSL does not require more than one report from any such institution, school, facility, or agency.

8.2 Attorneys as Mandated Reporters

When 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.

Eventually a compromise was reached and now, under Child Protective Services Law, 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.

Additionally, attorneys who come into contact with children in the course of their employment or profession are considered mandated reporters. This includes attorneys who represent children in legal proceedings, such as in cases involving custody, guardianship, or dependency. Attorneys who fail to report suspected child abuse or neglect as mandated reporters may face penalties, including fines and professional sanctions.

8.3 Persons Encouraged to Report Suspected Child Abuse vs. Persons Required to Report Suspected Child Abuse

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

Persons encouraged to report suspected child abuse 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 or not the person meets the definition of perpetrator in order to make the report.

Persons encouraged to report suspected child abuse can make a report to Childline by calling 1-800-932-0313, 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.

9. The Reporting Process

ChildLine is a confidential and toll-free hotline service in Pennsylvania that provides a 24/7 helpline for individuals to report suspected child abuse or neglect. The service is operated by the Pennsylvania Department of Human Services in partnership with ChildLine and Abuse Registry.

ChildLine is part of a mandated statewide child protective services program designed to accept child abuse referrals and general child well-being concerns and transmit the information quickly to the appropriate investigating agency. ChildLine is responsible for receiving verbal and electronic referrals 24 hours a day, seven days a week.

The toll-free hotline, 1-800-932-0313, is available 24 hours a day, seven days a week to receive reports of suspected child abuse. Reports can also be submitted online through the Child Welfare Portal on the Pennsylvania Department of Human Services website. Child abuse investigation outcomes and general protective services assessment outcomes are submitted to, and reviewed and finalized by, ChildLine specialists.

9.1 Reasonable Cause to Suspect vs. Conducting an Investigation

5. Key Takeaway

The basis for reporting suspected child abuse is having “reasonable cause to suspect” a child is a victim of child abuse.

Reasonable cause to suspect may be a determination you make based on your training/experience and all known circumstances—to include “who”, “what”, “when”, and “how”, observations (e.g., indicators of abuse or “red flags”, behavior/demeanor of the child(ren), behavior/demeanor of the adult(s), etc.), as well as familiarity with the individuals (e.g., family situation and relevant history or similar prior incidents, etc.).

Some indicators may be more apparent than others depending on the type of abuse and/or depending on the child's health, developmental level, and well-being. For example, some indicators may be visible on the child's body while other indicators may be present in the child's behaviors.

Persons encouraged to report suspected child abuse (23 Pa.C.S. § 6312): any person may make an oral/verbal (1-800-932-0313) or written report of suspected child abuse, which may be submitted electronically, or cause a report of suspected child abuse to be made to DHS, county agency, or law enforcement, if that person has reasonable cause to suspect that a child is a victim of child abuse.

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. Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of

child abuse to identify the person responsible for the child abuse in order to make a report of suspected child abuse. 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, 2023).

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

6. Key Takeaway

Nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires a **child** to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.

7. Key Takeaway

Nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires the **mandated reporter** to identify the person responsible for the child abuse in order to make a report of suspected child abuse.

Neither mandated nor Persons encouraged to report suspected child abuse are required 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.

Basis to report (23 Pa.C.S. § 6311)

(1) A mandated reporter enumerated in subsection (a) (relating to mandated reporters) 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 section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) 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 section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) shall require the **mandated reporter** to identify the person responsible for the child abuse in order 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.

9.3 Making a Report (Mandated Reporters)

When child abuse is suspected, a mandated reporter must make an immediate and direct report of suspected child abuse to ChildLine either electronically at www.compass.state.pa.us/cwis or by calling 1-800-932-0313.

Reporting procedure (23 Pa.C.S. § 6313)

Report by mandated reporter:

- (1) A mandated reporter shall immediately make an oral/verbal report of suspected child abuse to the DHS via the Statewide toll-free telephone number (1-800-932-0313) or a written report using electronic technologies under section 6305 (relating to electronic reporting) via the self-service [Child Welfare Portal](#).
- (2) A mandated reporter making an oral/verbal report of suspected child abuse to the DHS via the Statewide toll-free telephone number under section 6332 (relating to establishment of Statewide toll-free telephone number) shall also make a written report, which may be submitted electronically, within 48 hours to the DHS or county agency assigned to the case by using a [CY-47](#) form.
- (3) The failure of the mandated reporter to file the written report [CY-47](#) shall not relieve the county agency from any duty under the PA CPSL, and the county agency shall proceed as though the mandated reporter complied with paragraph (2).

Confirmation of reports—A confirmation by DHS of the receipt of a report of suspected child abuse submitted electronically shall relieve the person making the report of making an additional oral/verbal or written report of suspected child abuse, subject to section 6313 (relating to reporting procedure). 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.

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.

Contents of report—A written report of suspected child abuse, which may be submitted electronically, shall include the following information, if known. The law specifies the information to be included in a written report, if available (23 Pa.C.S. § 6313):

1. The names and addresses of the child and the child's parents, and any other person responsible for the child's welfare.
2. Where the suspected abuse occurred.
3. The age and sex of each subject of the report.
4. The nature and extent of the suspected child abuse including any evidence of prior abuse to the child or any siblings of the child.
5. The name and relationship of each individual responsible for causing the suspected abuse, if known, and any evidence of prior abuse by each individual.
6. Family composition.
7. The source of the report.
8. The name, telephone number and e-mail address of the person making the report.
9. The actions taken by the person making the report, including those actions taken 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).
10. Any other information required by Federal law or regulation.
11. Any other information that DHS requires by regulation.

Applicability of Mental Health Procedures Act—Notwithstanding any other provision of law, a mandated reporter who makes a report of suspected child abuse or who makes a report of a crime against a child to law enforcement officials shall not be in violation of the act of July 9, 1976 (P.L.817, No.143), known as the *Mental Health Procedures Act*, by releasing information necessary to complete the report.

If you work for an employer, we refer you to your employer for any internal policies related to reporting suspected child abuse that they may have.

9.4 Disposition of Complaints Received (23 Pa.C.S. § 6334) & Responsibility for Investigation (23 Pa.C.S. § 6334.1)

When a county agency or law enforcement receives a referral/report, the county agency or law enforcement official is to notify DHS/ChildLine after ensuring the immediate safety of the child and any other child(ren) in the child's home. When DHS/ChildLine receives a referral/report, DHS/ChildLine will immediately evaluate and transmit the information to the appropriate agency for assessment or investigation.

- Referral to county agency (CPS)—If the suspected child abuse is alleged to have been committed by a perpetrator, DHS/ChildLine will transmit the information to the county agency where the suspected child abuse is alleged to have occurred for investigation of the allegation(s).
- Referral to county agency and law enforcement officials (LEO)—If the suspected child abuse is alleged to have been committed by a perpetrator and the behavior constituting the suspected child abuse may include a violation of a criminal offense, DHS/ChildLine will transmit the information to the appropriate law enforcement official in the county where the suspected child abuse is alleged to have occurred for a joint investigation of the allegation(s).
- Referral to law enforcement officials only (LEO)—If the person suspected of committing child abuse is not a perpetrator but the behavior constituting the suspected child abuse may include a violation of a criminal offense, DHS/ChildLine will transmit the information to the appropriate law enforcement official in the county where the suspected child abuse is alleged to have occurred for investigation of the allegation(s).
- Referral to county agency (GPS)—If the referral/report does not suggest the child is in need of protective services but suggests the child is in need of other services, DHS/ChildLine will transmit the information to the appropriate county agency for assessment of the needs of the child.

10. Protections for Reporters

8. Key Takeaway

A mandated reporter is presumed to have acted in good faith when making a report of suspected child abuse.

Immunity from liability. (23 Pa.C.S. § 6318)

(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 the PA CPSL.

(2) Cooperating or consulting with an investigation under the PA CPSL, 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 23 Pa.C.S. § 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 the PA CPSL 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 (relating to persons required to report suspected child abuse) and of any person required to make a referral to law enforcement officers under the PA CPSL shall be presumed.

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). PA CPSL does not require more than one report from any such institution, school, facility, or agency.

10.1 Penalties for Failure to Report or Refer

(Updates to the Child Protective Services Law, Act 88 of 2019, 23 Pa. C.S. § 6319)

A mandated reporter who willfully fails to report child abuse is breaking the law. **Act 88 of 2019** updates the CPSL (23 Pa. C.S. § 6319) to clarify and increase penalties for failure to report child abuse. Mandated reporters who willfully fail to report child abuse are now subject to felony offenses in the second or third degree. The degree of the offense is dependent upon the severity of the unreported child abuse as well as history of previous failure to report offenses.

Penalties range from a misdemeanor of the second degree to a felony of the second degree:

(1) A person or official required by the PA CPSL 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 of suspected child abuse to law enforcement or the appropriate county agency by a mandated reporter, made in lieu of a report to DHS, shall not constitute an offense under this subsection, provided that the report was made in a good faith effort to comply with the requirements of the PA CPSL.

Continuing course of action:

If a person's willful failure to report an individual suspected of child abuse continues while the person knows or has reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while the person knows or has reasonable cause to suspect that the same individual continues to have direct contact with children through the individual's employment, program, activity, or service, the person commits a felony of the third degree...except that, if the child abuse constitutes a felony of the first degree or higher, the person commits a felony of the second degree.

Multiple offenses:

A person who, at the time of sentencing for an offense under this section, has been convicted of a prior offense under this section 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 under this section shall be either the statute of limitations for the crime committed against the minor child or five years, whichever is greater.

10.2 Investigation of Reports (23 Pa.C.S. § 6368)

Notice to mandated reporter—If a report was made by a mandated reporter, DHS shall notify the mandated reporter who made the report of suspected child abuse of all of the following within three (3) business days of DHS'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.

10.3 Barriers to Reporting

Certain factors create challenges for healthcare professionals dealing with the reporting of suspected child abuse. This 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.

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 (Lynne et al., 2015):

- 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.

10.4 Protection from Employment Discrimination (23 Pa.C.S. § 6320)

(a) **Basis for relief**—a person may commence an action for appropriate relief if all of the following apply:

- (1) The person is required to report suspected child abuse under section 6311 (relating to persons required to report suspected child abuse) or encouraged to report suspected child abuse under section 6312 (relating to persons encouraged to report suspected child abuse).
- (2) The person acted in good faith in making or causing the report of suspected child abuse to be made.
- (3) As a result of making the report of suspected child abuse, the person is discharged from employment or is discriminated against with respect to compensation, hire, tenure, terms, conditions, or privileges of employment.

(b) **Applicability**—This section does not apply to an individual making a report of suspected child abuse who is found to be a perpetrator because of the report or to any individual who fails to make a report of suspected child abuse as required under section 6311 (relating to persons required to report suspected child abuse) and is subject to conviction under section 6319 (relating to penalties) for failure to report or to refer.

10.5 Privileged/Confidential Communications

Confidentiality of reports (23 Pa.C.S. § 6339)—Except as otherwise provided in subchapter C of the PA CPSL (relating to powers and duties of department) or by the Pennsylvania Rules of Juvenile Court Procedure, reports made pursuant to the PA CPSL, including, but not limited to, report summaries of child abuse and reports made pursuant to section 6313 (relating to reporting procedure) as well as any other information obtained, reports written, or photographs or X-rays taken concerning alleged instances of child abuse in the possession of DHS or a county agency shall be confidential.

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), (relating to confidential communications) 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.

10.6 Protecting Identity

Protecting identity—Except for reports under section 6340(a)(9) and (10) of the PA CPSL and in response to a law enforcement official investigating allegations of false reports under 18 Pa.C.S. § 4906.1 (relating to false reports of child abuse), the release of data by DHS, county, institution, school, facility, or agency or designated agent of the person in charge that would identify the person who made a report of suspected child abuse or who cooperated in a subsequent investigation is prohibited. Law enforcement officials shall treat all reporting sources as confidential informants.

11. 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 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.

11.1 Indicators of Bodily Injury (23 Pa.C.S. § 6303)

General rule—the following words and phrases, when used in the PA CPSL, shall have the meanings given to them in this section unless the context clearly indicates otherwise:

Bodily injury is the impairment of physical condition or substantial pain.

- Impairment: if, due to the injury, the child's ability to function is reduced temporarily or permanently in any way.
- Substantial pain: if the child experiences what a reasonable person believes to be substantial pain.

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.

Indicators of bodily injury include unexplained injuries, unbelievable or inconsistent explanations of injuries or injuries that are inconsistent with a child's age/developmental level. Other indicators:

- Fear of going home, fear of parent or caregiver
- Extreme apprehensiveness/vigilance
- Pronounced aggression or passivity
- Flinches easily or avoids being touched
- Play includes abusive talk or behavior
- Unexplained injuries, unbelievable or inconsistent explanations of injuries
- Injuries inconsistent with a child's age/developmental level
- Unable to recall how injuries occurred, or account of injuries is inconsistent with the nature of the injuries
- Multiple bruises in various stages of healing
- Bruises located on face, ears, neck, buttocks, back, chest, thighs, back of legs, and genitalia
- Bruises that resemble objects such as a hand, fist, belt buckle, or rope
- Burns

11.2 Indicators of Sexual Abuse or Exploitation

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. Victims may be threatened with negative consequences 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.

Physical indicators of sexual abuse or exploitation can include positive testing for sexually transmitted disease or HIV, pain or irritation in the genital or anal areas, and difficulty walking, sitting, or urinating. Other physical indicators include:

- Sleep disturbances
- Bedwetting
- Pregnancy
- Excessive or injurious masturbation

Behavioral indicators of sexual abuse or exploitation include cruelty to animals, anxiety, withdrawal, and cruelty to other children or adults. Additional behavioral indicators can include:

- Sexually promiscuity
- Developmental, age-inappropriate sexual play and/or drawings
- Fire setting

11.3 Indicators of Serious Mental Injury

Mental and emotional injury may be the most prevalent type of child abuse; however, it is among the most hidden, underreported, and least studied. However, a large body of evidence has demonstrated that exposure to childhood maltreatment at any stage of development can have long-lasting consequences.

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 may include evidence of an eating disorder, poor relations with other children or peers, or expressing feelings of inadequacy. Other indicators can include:

- Fear of trying new things, overly compliant behaviors
- Excessive dependence on adults
- Habits such as sucking or rocking

11.4 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.

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 the 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.

Physical indicators of serious physical neglect may include the presence of persistent, untreated conditions such as head lice or diaper rash, lack of medical and dental care, developmental delays, or dirty or inappropriate clothing for the weather or clothing too large or too small. Other indicators of physical neglect can include:

- Hunger
- Lack of shelter
- Weight is significantly lower than normal for their age and gender
- Exposure to hazards such as illegal drugs, rodent or insect infestation, or mold

Behavioral indicators of serious physical neglect can include poor impulse control, unusual fatigue, or a child not registered in school. Other indicators of physical neglect can include:

- Inadequate or inappropriate supervision
- 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.

11.5 Risk Factors for Child Abuse and Neglect

[Unless otherwise noted, the following section is from CDC, 2024, February 22).

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.

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)

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

Family Risk Factors

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

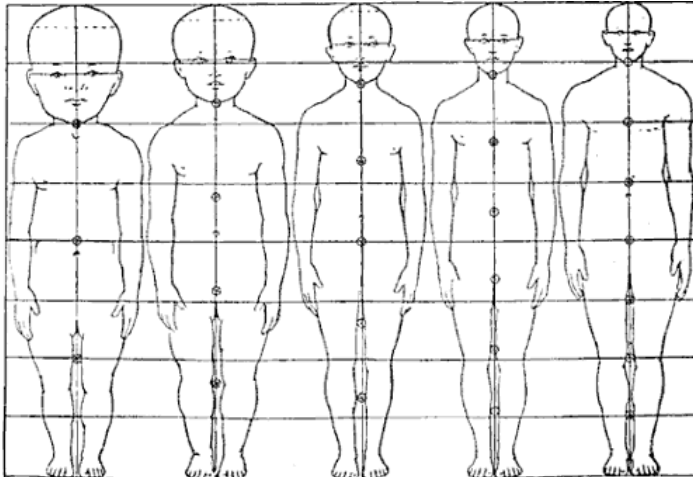
Community Risk Factors

- 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

11.6 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: Wellcome Images. Licensed under the Creative Commons Attribution 4.0 International license.

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.

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.

12. Prevention of Child Abuse

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

CDC, 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.

12.1 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, 2024). Certain 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 and concrete support for parents
4. Social connections and social & emotional competence

Family Protective Factors

- supportive family environment and social networks
- nurturing parenting skills and stable family relationships
- household rules and child monitoring
- parental employment and adequate housing
- access to healthcare and social services
- caring adults outside the family who can serve as role models (CDC, 2024)

Community Protective Factors

- Communities that support parents and take responsibility for preventing abuse (CDC, 2024).

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, 2024).

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.

The most important prevention strategy is the development of safe, stable, and nurturing relationships. Training programs for parents and home visits to pregnant women and families with newborns have shown promising results in protecting against abuse. For teens, parent support programs and pregnancy prevention programs are important prevention strategies.

Other prevention strategies include:

- intimate partner violence prevention
- social support for parents
- mental illness and substance abuse treatment
- preschool enrichment
- sufficient income support for lower income families (CDC, 2024)

12.2 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, a police officer at a police station, or an emergency services provider at an EMS station without being criminally liable as long as the child is no older than 28 days and is not harmed or the victim of any crime. 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.secretssafe.org.

13. Concluding Remarks

Over the last two decades, Pennsylvania residents became aware 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, leading government and public health officials to review and update child abuse recognition and reporting laws in Pennsylvania.

The new rules, which went into effect on December 31, 2014, resulted in sweeping changes and updates to child abuse laws in Pennsylvania. Regulatory updates 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.

These changes are intended to improve recognition and reporting of child abuse among healthcare personnel and other mandated reporters and persons encouraged to report suspected child abuse. 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.

14. Case Scenarios

14.1 Reasonable Cause to Suspect

You are a nurse working in an urban emergency department. A 13-month-old girl is brought in by her mom and her mom's boyfriend with swelling and pain to the left leg and hip and a bruise on her forehead. The mom reports that her daughter won't stop crying. During your examination, you notice bruising of various sizes and colors on her trunk, including the abdomen and back.

The boyfriend reports that the child fell off her highchair earlier in the day while his girlfriend was at work. He seems overly protective and won't allow the mom to answer any questions. She manages to timidly say, "she's my daughter, you haven't been living with us for very long and don't know her." The child is crying uncontrollably and screams and pulls away from the boyfriend when he tries to touch her.

You send a nurse and the mom for an x-ray of the girl's leg and hip, which shows a buckle fracture of the tibia. You ask the boyfriend to wait in the room, but he is becoming increasingly agitated and impatient and says he is going to take "his daughter" home. When the girl returns from his x-ray, the doctor recommends that she be admitted for more tests.

Discussion

You have a reasonable cause to suspect that the child is the recipient of abuse due to the leg fracture, bruising of different levels of healing, depth of bruising, and bruising in atypical locations*, as well as the child's fearful reaction to the boyfriend.

Your suspicions are aroused further when the boyfriend tells you he is going to get a cup of coffee. On his way out he says, "there's nothing wrong with the kid—she's just being a baby." The boyfriend does not return. You correctly decide to make an immediate report to ChildLine.

The bottom line: Treat the child and make your report to ChildLine.

14.2 Three Components of Child Abuse

You are a home health nurse assigned to work with a 76-year-old man who had a stroke about a month ago. When you arrive at 11 am, the blinds are still closed, and when your client's daughter answers the door, she appears to be drunk. Her speech is slurred.

Her infant son is lying quietly in a crib. As you pass the baby, you notice a heavy odor of urine and feces coming from the crib. You also notice that the baby's clothes and bedding are stained and dirty.

You review in your mind the 3 key components of child abuse in PA CPSL: 1) a child, 2) an act or failure to act, and 3) intentional, knowing, or reckless behaviors that give you a reasonable cause to suspect the child is a victim of child abuse.

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 may be the victim of abuse or neglect based on the condition of the house, the child's appearance, and the drunken parent. At the very least, the child appears to be physically neglected.

The Bottom Line

Treat the father. However, you cannot ignore the situation with the child. Because you have a reasonable cause to suspect, as a mandated reporter you must report your suspicions to ChildLine personally and immediately.

Do not assess the child yourself—your responsibility is to the assigned client. You must make your report to ChildLine, stating your objective findings.

14.3. Child Welfare

You are a physical therapist working in a rural part of Pennsylvania. You have been assigned to evaluate an older woman following a knee replacement. Your patient lives in the living room of the one-bedroom, one-bath trailer. Her daughter and son-in-law share the bedroom. The inside of the trailer is unkempt and crowded but not overly dirty. There is running water, but the only heat is from a small floor heater.

During your visit, you notice a tent in a partially fenced front yard. You are told that there are 2 school-aged children that sleep in the tent. You are concerned about the kids sleeping in the yard during bad weather and are told by their mother that they sleep in the tent when the weather allows and come inside and sleep on the floor of the bedroom when it gets too cold or rainy. They have a large dog that sleeps in the tent with them.

You note that the kids appear to be well-fed, are not withdrawn with adults, and seem comfortable and relaxed when interacting with their mother. Their clothes are seasonally appropriate but in disrepair. You're not sure if there is reasonable cause to suspect child abuse or neglect.

Discussion

You decide there is a reasonable cause to suspect the children are the victims of neglect and make a report to ChildLine. CPS sends a social worker to assess the situation but she does not feel the children are victims of abuse or neglect. The CPS worker feels that, with support services and an evaluation of the family's strength and weakness, the negative factors can be successfully resolved. She arranges for support services and ongoing visits to monitor the situation.

14.4 Section 6311 of the PA CPSL (relating to persons required to report suspected child abuse)

You are working in an emergency department. A woman arrives in acute distress, complaining of abdominal pain. Upon examination, you note that she is pregnant. The baby is successfully delivered and immediately starts having seizures. The baby was born premature at 34 weeks (per mother's determination of when she became pregnant). It is under-weight for its gestational age.

The mother reports to you she used drugs throughout her pregnancy and her last use of drugs was 24 hours ago. She reported to you that she did not see a healthcare provider at all prior to the delivery. During physical exam you note that the mother has injection scars on both her arms. She reports that she is without medical insurance and doesn't know how she's going to look after the baby.

The mother also reports to you that she doesn't want to see the baby and wants to know when she can have something for pain.

What indicators are present?

- No medical care during pregnancy.
- Continued use of drugs during pregnancy.
- Disinterest in seeing her baby.
- No plan for the baby's care.
- Physical signs of injection drug use.

In your role as a mandated reporter, do you have reasonable cause to suspect child abuse?

- Yes

What are your next steps?

- A mandated reporter enumerated under section 6311(a) of the PA CPSL (relating to persons required to report suspected child abuse) must immediately make a report of suspected child abuse to ChildLine, Pennsylvania's 24/7 Child Abuse Hotline and Registry, by calling 1-800-932-0313 or electronically through the Child Welfare Portal, if they have reasonable cause to suspect a child is a victim of child abuse.

14.5. Acting in Good Faith

A 7-year-old boy comes to the doctor's office for a physical. He has a bruise on the left side of his face and scratches along his left arm. The boy claims he fell off his bicycle. He lives with his mother, a single parent. His mother says he is very active and sometimes is a behavioral challenge at school. You understand that, when there is a reasonable cause to suspect child abuse, mandatory reporters are protected from retaliatory employment actions as long the report was made in good faith.

What indicators are present?

- Bruises and scratches along one side of the child's body consistent with a fall from a bicycle.

Is there reasonable cause to suspect child abuse or maltreatment?

- In your professional opinion, is the story consistent with a bike injury? What were the injury patterns?
- Was the child's condition the result of an act or failure to act on the part of the parent?

In your role as a mandated reporter, do you have reasonable cause to suspect child abuse?

- No

What are your next steps?

- Treat the child's injuries as needed.

15. Key Takeaways

1. The basis for reporting suspected child abuse is having “reasonable cause to suspect” a child is a victim of child abuse.
2. Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the type of abuse they are reporting when making a report of suspected child abuse.
3. The PA CPSL recognizes three key components of child abuse:
 - Child
 - Act or failure to act; Recent act; Recent act or failure to act; or A series of acts or failures to act
 - Intentionally, knowingly, or recklessly
4. A mandated reporter enumerated under section 6311(a) of the PA CPSL (relating to persons required to report suspected child abuse) must immediately make a report suspected child abuse to ChildLine, Pennsylvania’s 24/7 Child Abuse Hotline and Registry, by calling 1-800-932-0313 or electronically through the [Child Welfare Portal](#), if they have reasonable cause to suspect a child is a victim of child abuse under any of the following circumstances:
 - 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.
 - 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.
 - 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.
5. Nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires a **child** to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.
6. Nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires the **mandated reporter** to identify the person responsible for the child abuse in order to make a report of suspected child abuse.
7. Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse.
8. A mandated reporter is presumed to have acted in good faith when making a report of suspected child abuse.

[Continue to next page for resources]

16. Resources

Annie E. Casey Foundation

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

Center for Law and Social Policy

Develops and advocates for federal, state, and local policies to strengthen families and create pathways to education and work. 202 906 8000. <http://www.clasp.org/>

ChildLine

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

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

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

Child Welfare League of America

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

Department of Human Services

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

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

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

Prevent Child Abuse America

Prevent Child Abuse America is the nation's oldest and largest organization committed to preventing child abuse and neglect before it happens. We promote programs and resources informed by science that enable kids, families, and entire communities to thrive—today, tomorrow, and for generations to come.

<https://preventchildabuse.org/>

The Center for Children's Justice

<http://www.c4cj.org>

P.O. Box 396 Bernville, PA 19506

717-215-1440 contact@c4cj.org

17. Definitions

23 Pa.C.S. § 6303 (relating to definitions)

Includes definitions of bodily injury, child abuse, substantiated child abuse, parent, child, protective services, child protective services, general protective services, county agency, department, recent act or failure to act, serious mental injury, physical neglect, sexual abuse, or exploitation.

23 Pa.C.S. § 6362 (relating to responsibilities of county agency for child protective services)

Includes preliminary provisions, provisions and responsibilities for reporting suspected child abuse, powers and duties of department, students in public and private schools (repealed), background checks for employment in schools (repealed), organization and responsibilities of child protective service, and miscellaneous provisions.

23 Pa.C.S. § 6372 (relating to protecting well-being of children maintained outside home)

The county agency shall be as equally vigilant of the status, well-being, and conditions under which a child is living and being maintained in a facility other than that of a parent, custodian, or guardian from which the child has been removed as the service is of the conditions in the dwelling of the parent, custodian or guardian. Where the county agency finds that the placement for any temporary or permanent custody, care or treatment is for any reason inappropriate or harmful in any way to the physical or mental well-being of the child, it shall take immediate steps to remedy these conditions including petitioning the court.

23 Pa.C.S. § 6373 (relating to general protective services responsibilities of county agency)

Each county agency is responsible for administering a program of general protective services to children and youth that is consistent with the agency's objectives to:

- Keep children in their own homes, whenever possible.
- Prevent abuse, neglect, and exploitation.
- Overcome problems that result in dependency.
- Provide temporary, substitute placement in a foster family home or residential child-care facility for a child in need of care.
- Reunite children and their families whenever possible when children are in temporary, substitute placement.
- Provide a permanent, legally assured family for a child in temporary, substitute care who cannot be returned to his own home.
- Provide services and care ordered by the court for children who have been adjudicated dependent.

23 Pa.C.S. § 6374 (relating to principles and goals of general protective services)

The primary purpose of general protective services is to protect the rights and welfare of children so that they have an opportunity for healthy growth and development.

Implicit in the county agency's protection of children is assistance to parents in recognizing and remedying conditions harmful to their children and in fulfilling their parental duties more adequately.

23 Pa.C.S. § 6375 (relating to county agency requirements for general protective services)

Describes the requirements for general protective services:

- Duties and organization of the county agency
- Assessment for services
- Receiving and assessing reports
- Preparing a family service plan
- Types of services
- Monitoring, evaluating, and assessing
- Emergency coverage
- Protective custody
- Court action
- Adjudication of dependency
- Assistance to court
- Weekly face-to-face contacts
- Transfer of files between agencies
- Availability of information

55 Pa. Code § 3490.223 (relating to definitions)

Assessment—An evaluation by the county agency to determine whether or not a child needs general protective services.

Custodial parent—The parent responsible for the day-to-day care and supervision of the child.

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).

Parent—A biological parent, adoptive parent, legal guardian or primary person responsible for a child.

Potential for harm—

(i) Likely, if permitted to continue, to have a detrimental effect on the child's health, development or functioning.

(ii) The term does not include imminent risk as defined in the definition of "child abuse" in § 3490.4.

Primary person who is responsible for the care of a child—A person who provides or arranges ongoing care and supervision to a child in lieu of parental care and supervision.

Report—A verbal or written statement to the county agency from someone alleging that a child needs general protective services.

[Section 103 of the Trafficking Victims Protection Act of 2000](#) (key Legislation, definitions, and updates)

Defines severe forms of trafficking in persons and sex trafficking.

[42 Pa.C.S. § 6323](#) (relating to informal adjustment)

Defines rules related to informal adjustment:

- General rules
- Counsel and advice
- Limitations on duration of counsel and advice
- No detention authorized
- Privileged statements
- Terms and conditions

[42 Pa.C.S. § 6341](#) (relating to adjudication)

After hearing the evidence on the petition, the court shall make and file its findings as to whether the child is a dependent child. If the petition alleges that the child is delinquent, within seven days of hearing the evidence on the petition, the court shall make and file its findings whether the acts ascribed to the child were committed by him. This rule describes:

- Finding of delinquency
- Finding of dependency
- Evidence on issue of deposition
- Continued hearings

[Continue to next page for references]

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[Continue to next page for quiz]

19. Quiz (10 questions)

A score of 80% or higher is required to pass this test.

1. The basis for reporting suspected child abuse is having “reasonable cause to suspect” a child is a victim of child abuse.
 - a. True
 - b. False
2. Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the type of abuse they are reporting when making a report of suspected child abuse.
 - a. True
 - b. False
3. The PA CPSL recognizes three key components of child abuse:
 - a. A child.
 - b. An act or failure to act; Recent act; Recent act or failure to act; or A series of acts or failures to act.
 - c. Actions that are done intentionally, knowingly, or recklessly.
 - d. All of the above.
4. Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse.
 - a. True
 - b. False
5. A mandated reporter enumerated under section 6311(a) of the PA CPSL (relating to persons required to report suspected child abuse) must immediately make a report suspected child abuse to ChildLine, Pennsylvania’s 24/7 Child Abuse Hotline and Registry, by calling 1-800-932-0313 or electronically through the Child Welfare Portal.
 - a. True
 - b. False
6. If they have reasonable cause to suspect a child is a victim of child abuse, under which of the following circumstances must you immediately make a report suspected child abuse to ChildLine?
 - a. The mandated reporter hears about an incident of child abuse from a newspaper article.
 - b. The mandated reporter works with someone who is directly responsible for the care, supervision, guidance, or training of the child.
 - c. A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
 - d. An individual 5 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.
7. PA CPSL does not require a *child* to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.
 - a. True
 - b. False

8. PA CPSL does not require the *mandated reporter* to identify the person responsible for the child abuse in order to make a report of suspected child abuse.

- a. True
- b. False

9. 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.

10. A mandated reporter is presumed to have acted in good faith when making a report of suspected child abuse.

- a. True
- b. False

[Continue to next page for answer sheet]

Answer Sheet: PA Child Abuse 3 (331)

Name (Please print)_____

Date_____

Passing score is 80%

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

[Continue to next page for course evaluation]

Course Evaluation: PA Child Abuse 3 (331)

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

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

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

1. Relate the 3 key components of child abuse recognized under Pennsylvania Child Protective Services Law for children and parents to ensure a child's well-being. 1 2 3 4 5

2. Understand that nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the type of abuse they are reporting when making a report of suspected child abuse. 1 2 3 4 5

3. Understand that nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse. 1 2 3 4 5

4. Understand the four circumstances that require a mandated reporter to immediately report suspected child abuse if they have reasonable cause to suspect a child is a victim of child abuse. 1 2 3 4 5

5. Define reasonable cause as it relates to the reporting of child abuse. 1 2 3 4 5

6. Understand that nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse. 1 2 3 4 5

7. Understand that nothing in section 6311 of the PA CPSL (relating to persons required to report suspected child abuse) requires the mandated reporter to identify the person responsible for the child abuse in order to make a report of suspected child abuse. 1 2 3 4 5

8. Describe the concept of "good faith" when making a report of child abuse. 1 2 3 4 5

*The author(s) are knowledgeable about the subject matter. 1 2 3 4 5

*The author(s) cited evidence that supported the material presented. 1 2 3 4 5

*Did this course contain discriminatory or prejudicial language? Yes No

*Was this course free of commercial bias and product promotion? Yes No

*As a result of what you have learned, will 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?

1 2 3 4 5

*Navigating the ATrain Education website was:

_____ Easy. _____ Somewhat easy. _____ Not at all easy.

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

_____ 60 minutes (or more) per contact hour _____ 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. _____ Social Media
 _____ Other _____

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:

[Continue to next page for registration and payment]

Registration and Payment Form

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

*Name: _____

*Email: _____

*Address: _____

*City and State: _____

*Zip: _____

*Country: _____

*Phone: _____

*Professional Credentials/Designations:

*License Number and State: _____

Payment Options

You may pay by credit card, check or money order.

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

3 contact hours: \$29

Credit card information

*Name: _____

Address (if different from above):

*City and State: _____

*Zip: _____

*Card type: Visa Master Card American Express Discover

*Card number: _____

*CVS#: _____ *Expiration date: _____