Identification of Child Abuse Cases Susan So

Procedural Guide For Handling Child Abuse Cases (SWD Revised 2007)

Definition

Child abuse is defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18.

Physical Abuse

- A physical injury or physical suffering to a child (including non-accidental use of force, deliberate poisoning, suffocation, burning, fabricated or induced illnesses)
- There is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally;

Sexual Abuse

- The involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful
- To which a child is unable to give informed consent.
- Includes direct or indirect sexual exploitation and abuse of a child
- May be rewarded or apparently attractive to the child.
- Differentiates from casual sexual relationship that does not include any sexual exploitation

- Severe or a repeated pattern of lacking of attention to a child's basic needs that endangers or impairs the child's health or development.
- Physical (e.g. failure to provide necessary food, clothing or shelter, failure to prevent physical injury or suffering, lack of appropriate supervision or left unattended)
- Medical (e.g. failure to provide necessary medical or mental health treatment)
- Educational (e.g. failure to provide education or ignoring educational needs arising from a child's disability)
- Emotional (e.g. ignoring a child's emotional needs, failure to provide psychological care, or permitting a child to use alcohol or other drugs)

- The repeated pattern of behaviour and attitudes towards a child.
- Extreme incident impairs the child's emotional or intellectual development.
- Examples include acts of spurning, terrorizing, isolating, exploiting / denying emotional responsiveness, conveying to a child that he/she is worthless, flawed, unwanted or unloved.

Physical Abuse

- Bruises and Welts
- Lacerations and Abrasions
- Burns and Scalds
- Fractures
- Internal Injuries

Physical Abuse

- Others
 - Fabricated or induced illnesses
 - Poisoning
 - Hair loss by pulling or burning
 - Drowning

Sexual Abuse (Both sexes)

- Physical Indicators
 - Torn, stained or bloody underclothing
 - Complaints of pain, swelling or itching in the genital area
 - Complaints of pain on urination
 - Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
 - Vaginal / penile discharge
 - Sexually transmitted disease
 - Early adolescent pregnancy

Sexual Abuse (Both sexes)

- Behavioural Indicators
 - Appetite disturbance
 - Sexual exploitation of young children
 - Poor peer relationship
 - Unwilling to participate in physical activities
 - Behaviour disturbance (anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse)
 - Sexual knowledge or behaviour that is abnormally advanced for the respective age of the child

Sexual Abuse (Both sexes)

- Behavioural Indicators
 - Marked change in academic performance
 - Sleep disturbance
 - Excessive masturbation
 - Excessive reaction to being touched
 - Intensive dislike for being left somewhere or with someone

- Physical Indicators
 - Malnutrition, under-weight, or lacking sufficient quantity and/or quality of food
 - Delayed development
 - Severe rash or skin disorder
 - Left in care of inappropriate carer (e.g. young child, stranger)
 - Inadequately supervised for long periods or when engaged in dangerous activities
 - Unattended physical problems or unmet medical / dental needs
 - Chronically dirty / untidy

- Physical Indicators
 - Habitual absence from school or deprivation of schooling
 - Spoiled food found at home
 - Unsanitary living conditions (garbage, excretion, dirt, etc)
 - Young child unattended for long periods
 - Abandoned : totally or for long periods of time
 - Child confined at home

- Behavioural Indicators
 - Persistent complaints of hunger or rummaging for food, overtly aggressive eating habit or begs for / steals food
 - Assumes responsibilities inappropriate to age
 - Addiction
 - Delinquency
 - Complaints of inadequate care, supervision or nurturing
 - Being made to work excessive hours / beyond physical ability
 - Poor peer relationship

Behavioural Indicators

- Responds to questions in monosyllables
- Extreme apprehension
- Sexual activity caused by inadequate supervision
- Reluctant to return home
- Runs away from home

- Physical Indicators
 - Failure to thrive
 - Developmental delay e.g. speech disorder
 - Anorexia nervosa

- Behavioural Indicators
 - Indicators in Child
 - Alienation
 - Habit disorder
 - Wetting / soiling
 - Learning disorder e.g. marked deterioration in academic performance
 - Lags in mental, emotional, social development
 - Self harm or suicidal thoughts / attempts
 - Disruptive behaviour or conduct problems
 - Sleep disturbance
 - Appetite disturbance
 - Speech impediment

Behavioural Indicators Indicators in Family ➢ Rejection Constant scolding Humiliating criticism Inducing fear Encouraging deviant behaviour Bizarre punishment

Guide to Decision Making in Risk Assessment Process

- Whether the child is in immediate danger or future risk of abuse.
- What social services, actions, or support system are necessary to protect the child during the investigation.
- Whether or not the child must be removed from home for his/her protection.
- What initial action plan is needed to address the factors that are placing the child at risk.
- What modifications, if any, must be made to the action plan to further reduce risk and enhance safety of the child.
- When it is safe to return a child home, if the child has been removed.
- When sufficient care is being provided that would support case closure.

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Child's age, Physical and mental abilities	 10 years and over No physical or mental handicaps / limitations 	 5 through 9 years of age Emotionally Withdrawn Minor physical illness / mental handicap Mild to moderately impaired development 	 Less than 5 years of age Severe physical illness / mental handicap Over-active Difficult or provocative Severely impaired development

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Severity and / or frequency of abuse, physical or sexual	 No injury or minor injury Not requiring medical attention No discernible effect on child Isolated incident 	 Minor physical injury or unexplained injury requiring medical treatment /diagnosis History or pattern of punishment / discipline Mild sexual confrontation 	 Child requires immediate medical treatment and/or hospitalization History or pattern of excessive punishment / discipline / sexual molestation

Factor	A. Low Risk	B. Intermediate	C. High Risk
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Severity and / or frequency of neglect and recentness	 No discernible effect on child Isolated incident 	 Caretaker suspected of failing meet minimum medical, and/or shelter needs of child Unconfirmed history or pattern leaving child unsupervised 	 Caretaker is unwilling to meet minimal medical, food and/or shelter needs of child Confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time Child at severe risk of harm

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Location of injury	Bony body partskneeElbowsButtocks	Torso	 Head Face Genitals
School problems	 Regular attendance No reported school problems 	 Frequent absence Some behavioural problems Child comes untidy and hungry 	 Severe behaviour problems Parents uncooperative Child fearful of parental contact

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Caretaker's physical, intellectual, or emotional abilities	 No intellectual / physical limitations Realistic expectations of child In full control of mental faculties 	 May be physically / emotionally handicapped Moderate intellectual limitations Past criminal / mental health record / history Poor reasoning abilities Needs planning and assistance to protect child 	 Severely handicapped Poor perception of reality Unrealistic expectations / perception of child's behaviour Severe intellectual limitations Incapacity due to alcohol / drug intoxication

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Caretaker's level of cooperation	•Willingness and ability to work with agency to resolve problem and protect child	 Overtly compliant with investigator Presence / ability of non-offending adult to assure minimal cooperation with agency 	 Doesn't believe there is a problem Refuses to cooperate; Uninterested or evasive

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Caretaker's parenting skills and/or knowledge	•Caretaker exhibits appropriate parenting skills and knowledge	 Inconsistent display of the necessary parenting skills and/or knowledge to provide a minimal level of child care 	•Caretaker is unwilling / incapable of exercising the necessary parenting skills and/or knowledge to assure a minimal level of child care

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Presence of a parent substitute in the home	•Parent substitute in the home is viewed as supportive / stabilizing influence	 Parent substitute is in the home on an infrequent basis Or assumes only minimal caretaker responsibility for the child 	•Parent substitute resides with the family and is the alleged offender

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Previous history of abuse / neglect	No previous reported history of abuse /neglect	 Previous indicated report of abuse / neglect Protective services provided to the child, family or offender 	 Pending child abuse / neglect investigation Previous indicated abuse / neglect report of a serious nature Multiple reports of abuse / neglect involving the child, family or offender

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Strength of Family support systems	 Family, neighbours, or friends available and committed to help Participation in church, community, or social group 	 Family supportive but not in geographic area Some support from friends and neighbours Limited community services available 	 Relatives or friends unavailable / uncommitted or destructive Geographically isolated from community services No phone or means of transportation available

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Perpetrator's access to child	•Out of home, no access to child	 In home, access to child is difficult Child is under constant supervision of other adult in the home 	 In home, complete access to child Uncertainty if other adult can protect child

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Environmental condition of the home	 Home in relatively clean with no apparent safety or health hazards Functional utilities 	 Trash and garbage not disposed and hazardous water and/or electricity inoperative Infestation of ants, roaches or other vermin. 	 Living in condemned and/or structurally unsound residence Exposed wiring and/or other potential fire / safety hazards present

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Stresses / crises	 Stable family Steady employment or income Means of transportation available Strong relationship with relatives 	 Pregnancy or recent birth of a child Insufficient income and/or food Inadequate home management skills / knowledge Relationship with relatives characterized by mutual hostility 	 Death of spouse Recent change in marital or relationship status Acute psychiatric episodes Spouse abuse / marital conflict Drug / alcohol dependency Chaotic life-style Criminal activity Frequent arrests

Factor	A. Low Risk	B. Intermediate Risk	C. High Risk
Substance abuse drug / alcohol	 No drug / alcohol use; Caretaker's drug / alcohol use does not influence parenting 	 Drug / alcohol use impairs caretaker's functioning Connected to major presenting problem 	 Regular heavy use of drug / alcohol resulting in chronic endangerment to child Prevents working on case plan

Myths About Child Abuse

- 1. Loving parents won't harm their children
- **2. Parents/ carers have no alternative**
- 3. Disclosure of child abuse breaks up families
- 4. Children or adolescents with behavioural problems are not trustworthy

Thank You !