

Important Course Completion Instructions

Unlike other RN.com courses, the NY Child Abuse and Maltreatment course requires an additional step to complete.

Step 1: Print the required NY Child Abuse Completion Form (located on next page of this document)

Step 2: Complete/Pass the online post test.

Step 3: Fill out Part A of the required NY Child Abuse Completion Form and fax it to RN.com at 877-282-0421.

Step 4: Fill out Part A of the NY Child Abuse Completion Form and either:

- Fax it to RN.com at 877-282-0421 OR

- Send email in PDF format to education@rn.com. RN.com will complete **Part B** of the form and email the form to the email address in your RN.com account.

The completed form should be faxed to **1-877-282-0421**.

If you have any questions, please call: 877-578-3975.

New York Child Abuse and Maltreatment

**This course has been awarded
three (3.0) contact hours.
This course expires on November 30, 2022**

Copyright © 2013 by RN.com.
All Rights Reserved. Reproduction and distribution
of these materials are prohibited without the
express written authorization of RN.com.

First Published: January 11, 2013
Revised: October, 2019

Acknowledgements

RN.com acknowledges the valuable contributions of...

...Kim Maryniak, PhD, RNC-NIC, NEA-BC

...The New York State Office of Children & Family Services for providing the information covered in this course in their Mandated Reporter Trainer's Resource Guide.

Disclaimer

RN.com strives to keep its content fair and unbiased.

The author(s), planning committee, and reviewers have no conflicts of interest in relation to this course. Conflict of Interest is defined as circumstances a conflict of interest that an individual may have, which could possibly affect Education content about products or services of a commercial interest with which he/she has a financial relationship.

There is no commercial support being used for this course. Participants are advised that the accredited status of RN.com does not imply endorsement by the provider or ANCC of any commercial products mentioned in this course.

There is no "off label" usage of drugs or products discussed in this course.

You may find that both generic and trade names are used in courses produced by RN.com. The use of trade names does not indicate any preference of one trade named agent or company over another. Trade names are provided to enhance recognition of agents described in the course.

Note: All dosages given are for adults unless otherwise stated. The information on medications contained in this course is not meant to be prescriptive or all-encompassing. You are encouraged to consult with physicians and pharmacists about all medication issues for your patients.

Purpose and Objectives

The purpose of this course is to provide information about child maltreatment; abuse and neglect.

After successful completion of this course, you will be able to:

1. Identify key legislation in New York that addresses child abuse
2. Define what constitutes abuse, maltreatment and neglect in the state of New York
3. Describe the behavioral and environmental characteristics of abusive parents or caretakers and abused or neglected children
4. Identify physical and behavioral indicators of physical abuse
5. Identify physical and behavioral indicators of maltreatment and neglect
6. Contrast the physical and behavioral indicators of sexual abuse
7. Describe situations in which mandated reporters must report suspected cases of child abuse or maltreatment
8. Outline the proper procedure for making a report of suspected child abuse
9. Describe the legal protections afforded reporters and consequences for failing to report
10. Describe reasons why child abuse is under-reported and ways to prevent abuse

Introduction

Child abuse is a gruesome reality. Whether you are a parent, a healthcare professional or both, coping with the aftermath of child maltreatment or abuse can produce an intense and emotional response.

As difficult as it might be, it is essential for healthcare professionals to learn about the signs and behaviors associated with maltreatment, abuse and neglect. It is a skill that cannot be overlooked.

Developing an awareness of what to look for in a parent, child or perpetrator will assist you in determining if a child is, or could be in danger of becoming a victim of a potentially life threatening crime.

Although any concerned citizen may report suspected child abuse, the state of New York requires that certain professionals are mandated by law to report cases of suspected child abuse. This training is designed to help you meet this requirement (New York State Office of Children and Family Services, 2019b).

Statistics

Nationwide:

The following findings have been reported for 2016 and 2017, regarding child maltreatment:

- An estimated 4.1 million referrals involving the alleged maltreatment of approximately 7.5 million children nationwide were made to Child Protective Service agencies
- Almost two thirds (65.7 percent) of all reports of alleged child abuse or neglect were made by professionals. The term “professional” means that the person had contact with the alleged child maltreatment victim as part of the report source’s job. The remaining reports were made by nonprofessionals, including friends, neighbors, sports coaches, and relatives
- Children in the age group of birth to one year had the highest rate of victimization at 25.3 per

Material protected by Copyright

1,000 children of the same age group in the national population

- American Indian or Alaska native children had the highest rate of victimization, with 14.3 per 1,000. The second highest rate was with African American children, at a rate of 13.9 per 1,000 children

(Child Welfare Information Gateway, 2018; U.S. Department of Health & Human Services et al., 2018)

In The State of New York:

In 2017, the Child Protective Services reported 165,477 cases of child abuse or maltreatment in the state of New York. This is the latest available data at the time of this course publishing (Child Welfare Information Gateway, 2018).

For more state-specific information, visit the following New York State Office of Children and Family Services website: http://www.ocfs.state.ny.us/main/prevention/faqs_mandatedreporter.asp.

Key Legislation

The Child Protective Services Act of 1973 required the mandatory reporting of suspected child abuse or maltreatment by specific professionals. The list of these professionals change as legislation is updated. The most current list can be found in the New York Social Services Law §413 on the New York State Office of Children and Family Services website:

http://www.ocfs.state.ny.us/main/prevention/faqs_mandatedreporter.asp

This act also established a 24 hour, 7-day-a-week central registry, known in New York State as the SCR (State Central Register). The SCR is operated by the New York State Office for Children and Family Services (OCFS).

The creation of local Child Protection Services (CPS) is to receive and investigate registered reports of child abuse or maltreatment (New York State Office of Children and Family Services, 2019a).

The laws that guide New York Child Protective Services today are Article 6, Title 6 of the Social Services Law and Article 10 of the Family Court Act.

Test Your Knowledge

The highest rate of victimization is seen in the age group:

- a. Birth-1 year
- b. >1-5 years
- c. 12-15 years

Definition of Abuse, Maltreatment and Neglect in NY

New York State classifies abuse, maltreatment and neglect into two main categories:

Physical abuse

Physical abuse is defined as the most serious harms committed against a child under the age of eighteen. An "abused child" is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury,

or commits an act of sexual abuse against the child. Not only can a person be abusive to a child if they perpetrate any of these actions against a child in their care, they can be guilty of abusing a child if they allow someone else to do these things to that child (New York State Office of Children and Family Services, n.d.a).

Maltreatment and neglect

Maltreatment and neglect refers to the quality of care a child under the age of eighteen receives from those responsible for him/her. Maltreatment occurs when a parent or person legally responsible for the care of a child harms a child, or places a child in imminent danger of harm by failing to provide the child with food, clothing, shelter, education or medical care when financially able to do so.

Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. Further, a child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child (New York State Office of Children and Family Services, n.d.a).

Physical Abuse

According to the state of New York Social Services Law, an abused child is any child under the age of eighteen whose parent (or other person legally responsible for his or her care) inflicts or allows the infliction of physical injury by anything other than accidental means.

Abuse related to physical means includes:

- Creating or allowing a substantial risk of physical injury that could cause death, serious or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ
- Allowing or committing a sex offense against the child
- Allowing, encouraging or permitting a child to engage in incest or prostitution
- Allowing or promoting a child less than 16 years of age to engage in sexual conduct including sexual performance (real or simulated in photographs, plays, dance or motion pictures) (New York State Office of Children & Family Services, 2019; New York State Senate, n.d.).

Note!

A handicapped child over the age of eighteen who is in residential care in the state of NY can also be classified as an abused child.

Test Your Knowledge

Physical abuse can include:

- a. Inflicting physical injury only
- b. Child abandonment
- c. Inflicting or allowing physical injury**

Maltreatment and Neglect

The state of New York defines maltreatment as any action that impairs or places a child's physical, mental or emotional condition in imminent danger by failing to provide minimum standards of care.

This can include:

- Failing to provide sufficient food, shelter, clothing and education
- Failing to provide proper guardianship, supervision, or medical care (including dental,

optometric, or surgical care)

- Inflicting excessive corporal punishment, misusing alcohol or other drugs to the extent that the child is placed in imminent danger
- Abandoning a child

Financial inability to provide for a child is not considered maltreatment.

The state of New York defines neglect as any action that impairs the physical, mental or emotional condition of a child under the age of eighteen, due to the failure of the parent or individual legally responsible for them to act in the right manner.

In addition, a child is considered to be suffering from neglect if they have been abandoned or not provided with appropriate supervision or guardianship. Allowing the infliction of excessive corporal punishment or permitting the misuse of drugs or alcohol is also considered neglect (New York State Office of Children & Family Services, 2019; New York State Senate, n.d.).

Poverty, standards of care within the community and cultural values may be contributing factors that indicate that a family might not be neglecting their child but rather they are in need of assistance or information. If a family fails to utilize resources or information to correct the problem and the child's safety is at risk the occurrence might then be considered neglect and a child welfare intervention may be required (Child Welfare Information Gateway, 2013).

Test Your Knowledge

An action that places a child's emotional condition in imminent danger by failure to provide minimum standards of care is:

- a. Physical abuse
- b. Child abandonment
- c. **Maltreatment**

Emotional Neglect

New York defines emotional neglect as "impairment of mental or emotional condition" and "impairment of emotional health." The condition is further described as a state of substantially diminished intellectual or psychological functioning in relation to (but not limited to):

- Failure to thrive
- Control of aggression or self-destructive impulses
- Ability to think and reason

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other forms are identified.

Parents or caretakers who emotionally neglect their children might demonstrate behaviors that include:

- Open rejection of the child

- Berating, belittling and blaming the child
- Appearing unconcerned about the child
- Refusal to accept offers from outsiders to help a child with problems
(Child Welfare Information Gateway, 2018)

Test Your Knowledge

Children suffering from emotional neglect may demonstrate:

- Trouble learning**
- Failure to thrive**
- Self-destructive impulses**
- All of the above**

The correct answer is: All of the above.

Emotional Neglect in Residential Care

A neglected child in residential care means that the child's custodian has impaired them or placed them in imminent danger. This can be the result of a custodian who:

- Fails to conform to applicable state regulations for appropriate custodial conduct
- Fails to adhere to standards to provide food, shelter, clothing, medical care, dental care, optometry or surgical care, or education for the purpose of isolation or restraint
- Intentionally administers any prescription drug other than those that have been in accordance of the child's physician, physician's assistant, or nurse practitioner (New York State Office of Children & Family Services, 2019; New York State Senate, n.d.).

Maltreated Child in Residential Care

A maltreated child in residential care includes a child with a handicap who is eighteen years of age or older, who is neglected and is in residential care at one of the following:

- The New York State School for the Blind (Batavia, NY) or the New York State School for the Deaf (Rome, NY)
- A private residential school that has been approved by the Commissioner of Education for special education services or programs
- A special act school district
- State-supported institutions for the instruction of the deaf and blind that have a residential component (New York State Office of Children & Family Services, 2019; New York State Senate, n.d.).

Recognizing Abuse

There are many signs that can indicate the possibility that a child is a victim of maltreatment, neglect or abuse. These signs may be present in the child, the parent, or when the child and parent are together.

Healthcare providers may suspect a child may be the victim of abuse or neglect during an emergency department visit or even during a routine check-up at the physician's office. If you are suspicious that an injury could be the result of abuse, think about normal milestones of growth and development and

always ask yourself if the history fits the injury (New York State Office of Children and Family Services, n.d.b).

Test Your Knowledge

True or False?

An infant with facial bruising is brought to triage. Mom states her two month old rolled off the change table. This is suspicious and you should be concerned.

The correct answer is: True. This is suspicious; most infants are unable to roll over until they are three months of age.

Abusive Adults

Certain behavioral and environmental characteristics of abusive parents and caretakers can provide indicators of abuse; however, they do not offer conclusive proof.

Abusive parents or caretakers sometimes share similar characteristics that include:

- The caretaker or parent was abused as a child
 - Marital problems of parents and or grandparents that include spouse abuse
 - Irrational behavior, physical or mental health problems
 - Lack of friendships or emotional support
 - Feelings of worthlessness, lack of self esteem
 - Alcohol or drug abuse
 - Adolescent parents
- Life crisis such as housing problems, unemployment, financial debt
(Child Welfare Information Gateway, 2013; Santhosh, 2016)

Behavioral and Environmental Characteristics of Abusive Adults

Although cultural differences can impact the way family members interact and communicate with one another, there are signs that might indicate the parent is abusing or maltreating their child(ren). These signs include:

- Viewing the child as a burden, worthless or completely bad
 - Denying or blaming the child for any problems at home or school
 - Asking caregivers or teachers to use harsh physical discipline if the child does not behave
 - Demanding a level of academic or physical performance that the child will not be able to achieve
 - Primarily looks to the child for care, attention and satisfaction of emotional needs
 - Demonstrating little or no concern for the child
- Attempting to conceal a child's injury or takes the child to different hospitals for each injury
(Child Welfare Information Gateway, 2013; Santhosh, 2016)

Behavioral Indicators of Abused or Maltreated Children

Children who are suffering from maltreatment may demonstrate sudden changes in behavior or

school performance. They may demonstrate difficulty concentrating or have difficulty learning (not attributed to physical or psychological reasons). In addition they might:

- Be overly compliant, passive, or withdrawn
- Come to school or other activities early, stay late, and not want to go home
- Not have received help for physical or medical problems even though the problems were brought to the parents' attention
- Be always watchful as though they were preparing for something bad to happen
- Endure constant fatigue, falling asleep in school or listless behavior
- Display habit disorders such as biting, sucking or rocking
- Wear clothing that might be inappropriate for the season but will conceal injuries
- Attempt suicide or develop self-injury behaviors such as self mutilation
- Repeatedly run away from home
- Express manifestations of low self-esteem
- Report an injury by their caretaker and sometimes blame themselves for the occurrence
- Develop psychoneurotic reactions such as compulsions, phobias, obsessions or hypochondria (Child Welfare Information Gateway, 2013).

Test Your Knowledge

Which of the following may be a characteristic of an abusive adult?

- a. Promptly taking a child for medical care
- b. History of own abuse as a child**
- c. Mature adults

Parent and Child History

Observing the interactions and nonverbal communication between a child and parent can provide insight into their relationship. Signs or statements that might be of concern include:

- The child and parent state they do not like each other
- They consider their relationship to be completely negative
- They rarely look at or touch each other

The parent or caretaker might also have unrealistic expectations of a child's physical and emotional needs or they may expect the child to meet their (the parent's) emotional needs (role reversal). They might not have nurturing child rearing skills and practice violence or corporal punishment as a means of personal interaction. The parent or caretaker might inappropriately view a child as a miniature adult (Child Welfare Information Gateway, 2013).

Test Your Knowledge

True or False?

Observing the interactions and nonverbal communication between a child and parent can provide insight into their relationship.

The correct answer is: True.

Talking to Abused Children

When talking to a child who may have been abused, the New York State Office of Children and Family Services advises mandated reporters to follow these guidelines:

Do:

- Find a private place
 - Remain calm
 - Be honest, open, and up-front with the child
 - Remain supportive
 - Listen to the child
 - Stress that it's not the child's fault
 - Report the situation immediately
- (New York State Office of Children & Family Services, 2019)

Don't:

- Overreact
- Make judgments
- Make promises
- Interrogate the child or try to investigate (especially important in sexual abuse cases) (New York State Office of Children & Family Services, 2019).

Physical Abuse

Children who suffer from physical abuse frequently have unexplained injuries that are inconsistent with their developmental stage.

Physical abuse might be suspected when a parent or other caregiver is unable to offer any reasonable explanation for their child's injury. The adult may use harsh discipline with the child.

Indications that physical abuse could be a possibility include:

- Injuries to the eyes or both sides of the head or body (accidental injuries typically only affect one side of the body);
- Frequently appearing injuries such as bruises, cuts and/or burns, especially if the child is unable to provide an adequate explanation of the cause. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns or impressions of other instruments;
- Destructive, aggressive or disruptive behavior;
- Passive, withdrawn or emotionless behavior; and
- Fear of going home or fear of parent(s).

(New York State Office of Children and Family Services, n.d.b)

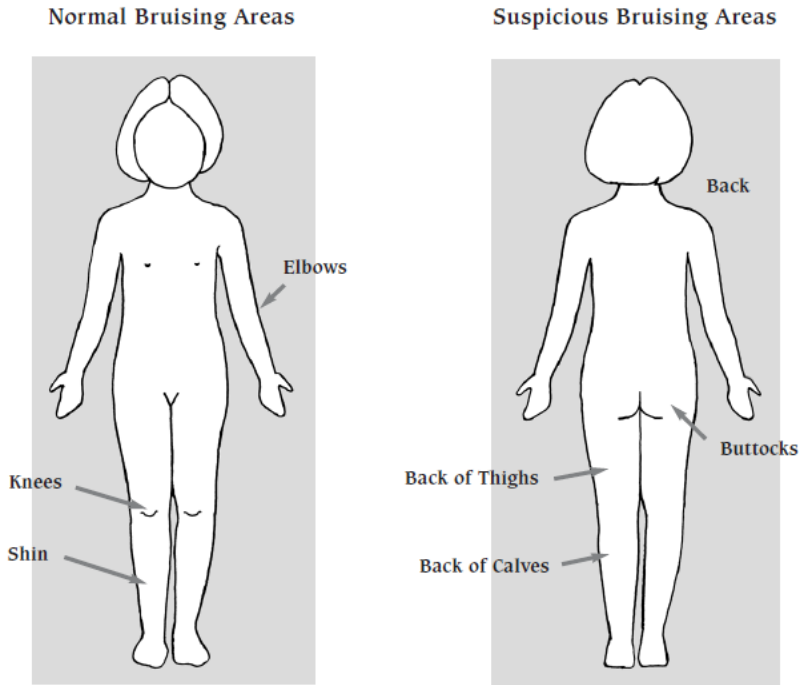
Test Your Knowledge

Children who suffer from physical abuse frequently have unexplained injuries that are inconsistent with their _____ stage.

The correct answer is: developmental.

Signs of Physical Abuse

The healthcare professional can identify signs of abuse by paying close attention to the location of the injuries. If bruising occurs in suspicious areas (see diagram), further investigations may be warranted.



Reprinted with permission of NYS Office of Children and Family Services, Bureau of Training and the CDHS Research Foundation of SUNY/BSC from Identifying and Reporting Child Abuse and Maltreatment/Neglect: Mandated Reporter Trainer's Resource Guide, ©2009.

Physical Abuse: Bruises, Bite Marks and Welts

Bruises, bite marks and welts suggestive of abuse may be visualized in different areas of the body. This includes injuries to the:

- Mouth, face, lips, neck, ankles, wrists
- Torso, buttocks, thighs, back

Abuse is also suspected if welts, bruises or bites occur to both sides of the face or both eyes (since an accident that involves the face is usually unilateral).

Clustered patterns of bruising that outline the shape of an object on the skin may also indicate abuse. In addition, bruises, welts or bite marks that occur regularly after a weekend, vacation or absence of a child may be of concern.

Other injuries include:

- Grab marks on the shoulders
- Any human bite

Material protected by Copyright

- Injuries in various stages of healing
(Child Welfare Information Gateway, 2013; Smith, Robinson, & Segal, 2018)

Example of a Handprint Injury

The image below depicts a handprint injury inflicted on the left side of a child's face.



Reprinted with permission of NYS Office of Children and Family Services, Bureau of Training and the CDHS Research Foundation of SUNY/BSC from Identifying and Reporting Child Abuse and Maltreatment/Neglect: Mandated Reporter Trainer's Resource Guide, ©2009.

Physical Abuse: Lacerations, Abrasions and Burns

Lacerations or abrasions that occur in unlikely areas can also be indicators of abuse. Lacerations or abrasions located on:

- External genitalia
- Backs, arms, torso or legs
- Eyes, lips, mouth, gums

Accidental burns do occur; however, burns from smoking materials such as cigars and cigarettes are suspicious; especially if they occur on the buttocks, soles of the feet, back or palms of the hand.

Other burns that are suspect of abuse include:

- Rope burns on the neck, arms, legs or torso
- Immersion burns caused by dunking in scalding water (they leave a glove, sock or donut shaped burn on genitalia)
- Burns with a pattern such as an electric burner

(Child Welfare Information Gateway, 2013; Smith, Robinson, & Segal, 2018).

Test Your Knowledge

Burns that are suspect for abuse include burns:

1. On the buttocks.
2. From smoking materials.
3. That leave a pattern.

b. All of the above.

The correct answer is: All of the above.

Example of a Looped Cord Injury

The image below depicts ligature marks across the arms and torso of a child as a result of a looped cord injury.



Reprinted with permission of NYS Office of Children and Family Services, Bureau of Training and the CDHS Research Foundation of SUNY/BSC from Identifying and Reporting Child Abuse and Maltreatment/Neglect: Mandated Reporter Trainer's Resource Guide, ©2009.

Example of a Steam Iron Injury

The image below depicts burns and blisters on a child's arm as a result of a deliberate steam iron injury.



Reprinted with permission of NYS Office of Children and Family Services, Bureau of Training and the CDHS Research Foundation of SUNY/BSC from Identifying and Reporting Child Abuse and Maltreatment/Neglect: Mandated Reporter Trainer's Resource Guide, ©2009.

Physical Abuse: Head Injuries and Fractures

One of the most fatal head injuries that can occur that is directly related to physical abuse is shaken baby syndrome. Other head injuries that can result from abuse include:

- Subdural hematoma
- Eye injury

- Nasal and jaw fractures
 - Frenulum or tooth injury
 - Retinal hemorrhage or detachment due to shaking
 - Whiplash shaken infant syndrome
- Absence of hair or hemorrhaging under the scalp due to hair pulling (Mayo Clinic, 2017).

It is not uncommon for children to have an accident and sustain a simple fracture; especially when they become involved in sports. It is suspect of abuse if children have:

- Skeletal trauma accompanied by other injuries such as a dislocation
 - Multiple or spiral fractures
 - Fractures to the facial structure, nose and skull
 - Fractures in various stages of healing
- Fractures accidentally discovered during an exam (New York State Office of Children & Family Services, 2019).
-

Physical Abuse: Fabricated Illness

Munchausen Syndrome by Proxy, also known as Factitious disorder, is a relatively rare condition whereby a child's illness is fabricated by the caretaker to bring attention to themselves or gain satisfaction by being able to deceive individuals they consider to be more powerful and important than they are.

In Munchausen Syndrome by Proxy, the caretaker or parent purposely misleads others to believe that their child has medical problems. To accomplish this they might induce or make up symptoms and as a result, the healthcare provider usually orders testing and possibly hospitalization of the child (Mayo Clinic, 2018).

Test Your Knowledge

True or False?

In Munchausen Syndrome by Proxy, the caretaker or parent purposely misleads others to believe that their child is healthy when they actually have medical problems.

The correct answer is: False. In Munchausen Syndrome by Proxy, the caretaker or parent purposely misleads others to believe that their child has medical problems.

Perpetrator's Behavioral Indicators of Abuse

Behavioral indicators that may suggest abuse include:

- A caretaker who seems unconcerned about the child or who takes an unusual amount of time to seek medical attention for the child
- An adult who offers inadequate or inappropriate explanations for a child's injury or offers different explanations for the same injury
- The misuse of alcohol or other drugs or has poor impulse control

- A caretaker who disciplines a child too harshly considering the age and the offense
- An adult who sees the child as evil or bad
- An adult who attempts to conceal a child' injury or takes the child to different hospitals for each injury (Child Gateway, 2018)

Sexual Abuse

Sexual abuse is any activity or action that causes or creates a substantial risk of death or serious disfigurement, impairment of physical or emotional health, or impairment of the function of any bodily organ (New York State Office of Children & Family Services, 2019).

Sexual abuse can include any of the following activities:

- Sexual misconduct
- Rape
- Incest
- Criminal sexual act
- Forcible touching
- Sexual abuse
- Genital mutilation
- Facilitating a sex offense with controlled substances

Any person who subjects, permits or encourages a child to engage in any sexual act (promoting prostitution) or uses a child in a sexual performance is guilty of sexual abuse. The promotion and / or possession of a sexual performance by a child (child pornography) is also a crime.

Signs of Sexual Abuse

Recognizing signs of sexual abuse can be difficult because most cases do not present with physical evidence or indicators. Since sexual abuse is often committed by family members or friends, the fear that is experienced by child victims deters them from reporting the abuse. The victim will frequently be afraid to betray a loved one and will fear losing their affection forever if they disclose that they have been abused.

In some instances the child will have been threatened by the abuser that they will be hurt or killed if they tell anyone what has happened.

There is currently no profile of a child molester or of a typical victim. The molester is often a trusted family member that has easy access to the child. Economic conditions or ethnicity do not play a role in sexual abuse.

(Child Welfare Information Gateway, 2013; Smith, Robinson, & Segal, 2018)

Physical Indicators of Sexual Abuse

Physical signs and indicators of sexual abuse may include:

- Difficulty sitting or walking
- Torn, bloody or stained underclothing

- Pain and irritation of the genitals
 - Bruising and bleeding of vaginal or anal areas
 - Bruising to the soft or hard palate
 - Frequent urinary tract infections, yeast infections or sore throats
 - Foreign bodies in the rectum or vagina
 - A sexually transmitted disease (including venereal oral infections)
- Pregnancy during early adolescent years
(Child Welfare Information Gateway, 2013; Smith, Robinson, & Segal, 2018).

Behavioral Indicators of Sexual Abuse

Behavioral signs and indicators of sexual abuse include:

- Truancy
- Prostitution
- Suicide attempts
- A sudden change in appetite
- Bedwetting or nightmares
- Reports (by the child) they are being abused
- Running away from home
- Poor peer relationships
- Forcing sex acts on other children
- Thumb sucking or other regressive behaviors
- Fear of being touched or unwillingness to have a physical examination
- General fearfulness, manifestations of low self-esteem
- Demonstrating an unusual amount of or bizarre sexual behavior or knowledge
- Wearing extra layers of clothing, and/or reluctance to undress

If a caregiver or parent severely limits the child's contact with other children (especially of the opposite sex) or seems unusually protective of the child, consider the possibility of sexual abuse. The abuser might be isolated, secretive, display signs of jealousy and appear to be controlling of other family members (Child Welfare Information Gateway, 2013; Smith, Robinson, & Segal, 2018).

Test Your Knowledge

Which of the following may be indicators of sexual abuse?

- Poor peer relationships
- Difficulty sitting or walking
- Fear of being touched
- All of the above**

New York State Mandated Reporters

New York State recognizes that certain professionals are qualified to hold the important role of mandated reporter of child abuse or maltreatment.

Beginning October 2007, mandated reporters who work for a school (including school nurse), child care provider, foster care facility, residential care facility, hospital, medical institution or mental health facility, and who have direct knowledge of any allegations of suspected child abuse or maltreatment, must *personally* make a report to the SCR. Afterwards, that reporter must notify the person in charge

of the institution that a report has been made, and the person in charge is then responsible for all subsequent internal action that must follow such a report.

Furthermore, all reports made to SCR shall include the name, title and contact information for every staff member of an institution that has direct knowledge of the allegations contained in the report.

No institution may take retaliatory action against an employee who makes a report to the SCR.

Mandated reporters in New York include:

- Any employee or volunteer in a residential care facility for children
- Any other child care or foster care worker
- Chiropractors
- Christian Science practitioners
- Coroners
- Day care center workers
- Dental hygienists
- Dentists
- Directors of children's camp, summer day camp or traveling summer day camp
- District attorneys or assistant district attorneys
- Emergency medical technicians
- Employees or volunteers in a residential care facility for children
- Hospital personnel engaged in the admission, examination, care or treatment of persons
- Investigators employed in the Office of the District Attorney
- Licensed creative arts therapists
- Licensed marriage and family therapists
- Licensed mental health counselors
- Licensed psychoanalysts
- Medical examiners
- Medical residents and interns
- Mental health professionals
- Optometrists
- Osteopaths
- Peace officers, or any other law enforcement officials
- Physicians and surgeons
- Podiatrists
- Police officers
- Provider of family or group family day care
- Psychologists
- Registered nurses
- Registered physician's assistants
- School officials:
 - School teachers
 - Guidance counselors

- School nurses
 - School social workers
 - Social workers
- Substance abuse counselors
(New York State Office of Children and Family Services, 2019)

Mandated reporters in the state of New York are required by law to personally report suspected child abuse or maltreatment to the New York Statewide Central Register (SCR) of Child Abuse and Maltreatment.

Professional Capacity

Professional capacity is defined as a professional's responsibility to act within the scope of their employment, and carry out specific functions as part of the duties and responsibilities of their profession. One such function of mandated reporters in the state of New York is the reporting of suspected cases of child abuse or maltreatment.

Mandated reporters are legally bound to report suspected cases of child abuse or maltreatment when working in a professional capacity, but are not mandated by law to do so when off-duty.

For example, a nurse examining a child in the ER has a legal responsibility to report suspected abuse. However, that same nurse is not mandated to report suspected child abuse if she witnesses possible abuse while riding her bike off-duty.

Of course, anyone is encouraged to report any suspected abuse or maltreatment at any time (New York State Office of Children & Family Services, 2019).

Test Your Knowledge

Mandated reporters are legally bound to report suspected child abuse:

- a. **When working in a professional capacity**
- b. In their personal life while off-duty
- c. In all circumstances

Reasonable Cause to Suspect

Mandated reporters are required to report suspected child abuse or maltreatment when, in their professional role, they are presented with a reasonable cause to suspect child abuse or maltreatment. Certainty or proof of abuse is not required.

The legally responsible adult refers to a guardian, caretaker, or other person 18 years of age or older, who is responsible for the care of the child.

A reasonable cause to suspect child abuse or maltreatment means that based on your professional training, rational observations and what you have been told, you suspect that harm or imminent danger of harm to the child could be the result of an act or omission by the person legally responsible for the child (New York State Office of Children & Family Services, 2019).

Mandated reporters play a crucial role in keeping children safe and helping families access important resources. Mandated reporters often come into frequent contact with children at

risk, and families in crisis, and have an early opportunity to help them get the intervention, support or services they need to stay safe.

A suspicion can be as simple as distrusting an explanation for an injury.

Immunity from Liability

Any mandated reporter making a report in good faith will have immunity from any civil or criminal liability for doing so; as it will be assumed that such person was acting in the discharge of their duties. This is referred to as making a report in “good faith.”

However, the failure to report a suspected case of child abuse or maltreatment is an offense. Anyone who is a mandated reporter of suspected child abuse or maltreatment who fails to file a report could be charged with a Class A misdemeanor and subject to criminal penalties.

In addition, mandated reporters can be sued in a civil court for monetary damages for any harm caused by their failure to make a report to the SCR (New York State Office of Children & Family Services, 2019).

Visit the New York State Office of Children and Family Services website to learn more about the role of mandated reporters in the state of New York at: <http://www.ocfs.state.ny.us/main/>.

Test Your Knowledge

True or false: Mandated reporters can be sued in civil court for harm caused by their failure to report to SCR.

- a. True
- b. False

Making a Report

As soon as you suspect abuse or maltreatment, you must report your concerns by telephone to the SCR. The SCR is open 24 hours a day, seven days a week, to receive your call. The timeliness of your call is vital to the timeliness of intervention by local Child Protective Services (CPS).

You are not required to notify the parents or other persons legally responsible either before or after your call to the SCR. In fact, in some cases, alerting the parent may hinder the local Child Protective Services investigation and adversely affect its ability to assess the safety of the children (New York State Office of Children & Family Services, 2019).

The telephone numbers are:

Mandated Reporter: (800) 635-1522

Public Hotline: (800) 342-3720

Two counties run child abuse hotlines that may be used instead of the SCR:

Onondaga County: (315) 422-9701

Monroe County: (585) 461-5690

Visit the New York State Office of Children and Family Services website to access a copy of the current Mandated Reporter Form (LDSS Form 2221A) at: <http://www.ocfs.state.ny.us/main/>.

Making a Report

Within 48 hours of making an oral report to the State Central Registry, Mandated Reporters must send the completed 2221A to the field office in the borough where the subjects of the report reside. After making a report, the reporter should be contacted by a Child Protective Specialist within this timeframe who can provide mailing information for the local field office where the completed 2221A should be sent. A copy of this mandated reporter form can be obtained by contacting your local CPS office, or by accessing the New York State Office of Children and Family Services (OCFS) website at: www.ocfs.state.ny.us and clicking on the “Report / Prevent Child Abuse” tab.

This document can be mailed to the attention of the assigned Child Protective Specialist or hand delivered if there is a face-to-face interview completed within the first week of the investigation (New York State Office of Children & Family Services, 2019).

Calling the SCR

At times you may have very little information by which to base your suspicion of abuse or maltreatment, however this should not prevent you from making a call to the SCR. At SCR a trained specialist will help to determine if the information you are providing can be registered as a report.

The LDSS-2221A mandated reporter form is useful to help organize the identifying or demographic information you have obtained. Be sure to ask the SCR specialist for the “Call I.D.” assigned to the report you have made.

If the SCR staff does not register the child abuse or maltreatment you have reported, the reason for the decision should be clearly explained to you.

In addition, you may also request to speak to a supervisor who can help make determinations in unusual or difficult cases.

Upon request, CPS may wish to obtain (from the mandated reporter) any records that are considered to be essential to a full investigation of alleged child abuse and maltreatment that has been made by the mandated reporter. The mandated reporter must determine which records are necessary to the full investigation and provide those records to CPS when asked to do so.

Usually within 60 days of initiating an investigation, CPS will determine whether the report is indicated or unfounded (New York State Office of Children & Family Services, 2019).

As a mandated reporter, you can request to be informed of the outcome of the report.

Test Your Knowledge

How soon after suspected child abuse must concerns be reported via telephone?

- a. **As soon as it is suspected**
- b. 48 hours
- c. 60 days

Information to include in an oral report:

A reporter is not required to know all of the following information when making a report. However,
Material protected by Copyright

providing as much information as possible will be most helpful. Information concerning the location of the child is critical.

At the time of making a verbal report, the following information will be helpful:

- The location of the child at the time of the report
- The name and address of the child and his or her caregiver / parents
- The family composition
- The name of the person you suspect is responsible for the abuse or neglect
- Any special needs of the child or current medications
- Whether an interpreter is needed
- The name, title and contact information for any other staff members believed to have direct knowledge of the allegations in the report
- Contact information for the person making the report
- Actions taken by the reporting source, such as photographs taken or removal of the child
- Any additional information that may be useful (New York State Office of Children & Family Services, 2019).

Local CPS Role and Responsibilities

Whenever a report is registered at the SCR, the local Department of Social Services is notified immediately for investigation and follow-up.

A local Child Protective Services caseworker will begin an investigation within 24 hours.

A CPS intervention consists of an evaluation of the child (and any other children present in the home), and the development of a plan to meet the needs of the child and the family.

If CPS determines that there is an immediate threat to the child's life or health, they may remove the child from the home.

Not every report results in the removal of a child from his or her home. Only those children who cannot remain safely at home are placed in foster care. Many families receive services that help children remain safely in the home and their parents or caregivers get the help they need.

Law Enforcement Referrals

If a call to the SCR provides information about an immediate threat to a child or a crime committed against a child, and the perpetrator is not a parent or other person legally responsible for the child, the SCR staff will initiate a Law Enforcement Referral (LER).

Any relevant information will be recorded and transmitted to the New York State Police Information Network or to the New York City Special Victims Liaison Unit for action (New York State Office of Children & Family Services, 2019).

This is not considered to be a CPS report, and local CPS will not be involved.

Reasons for Underreporting

Child abuse and neglect is often underreported. There are many reasons (other than a lack of knowledge about child maltreatment or state reporting laws) that contribute to a lack of reporting. They include:

- A belief that someone else will report it
- An unwillingness or fear to become involved
- A fear of making the family angry
- A concern that the report will make things even worse for the child
- A feeling that making a report will make a negative impact on an existing relationship they have with the child

As difficult as it may seem, none of these reasons rationalize why a report should not be filed. By not reporting maltreatment and neglect a child could be placed at risk for an even higher level of endangerment (Institute of Medicine & National Research Council, 2014).

Test Your Knowledge

Factors that contribute to a lack of reporting include concern that the report will make things even worse for the child.

True

False

The correct answer is: True.

Preventing Neglect and Abuse

Educating yourself and others about the signs and symptoms of child abuse is one of the best ways to prevent abuse. If a child tells you they have been abused, file a report with child protective services or the local police department depending on the guidelines for your State. There are many resources available that provide useful suggestions and information about child maltreatment. The Child Welfare League of America publishes a list of suggestions that stress examining your own behavior and getting involved in the community.

Mandated reporters such as healthcare professionals should keep up to date with educational offerings about child maltreatment and abuse and always follow your organizations policy and procedure for reporting abuse.

Preventing Child Abuse: What Can You Do?

- **Volunteer your time.** Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup.
- **Discipline your children thoughtfully.** Never discipline your child when you are upset. Give yourself time to calm down.
- Remember that **discipline is a way to teach your child.**
- Use **privileges to encourage good behavior** and time-outs to help your child regain control.

- **Examine your behavior.** Abuse is not just physical. Both words and actions can inflict deep, lasting wounds.
- **Be a nurturing parent.** Use your actions to show children and other adults that conflicts can be settled without hitting or yelling.
- **Educate yourself and others.** Simple support for children and parents can be the best way to prevent child abuse.
- **After-school activities, parent education classes, mentoring programs, and respite care** are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community.
- **Teach children their rights.** When children are taught they are special and have the right to be safe, they are less likely to think abuse is their fault, and more likely to report an offender.
- **Support prevention programs.** Too often, intervention occurs only after abuse is reported.
- **Greater investments are needed in programs** that have been proven to stop the abuse before it occurs -- such as family counseling and home visits by nurses who provide assistance for newborns and their parents.
- **Know what child abuse is.** Physical and sexual abuse clearly constitute maltreatment, but so does neglect, or the failure of parents or other caregivers to provide a child with needed food, clothing, and care.
- **Children can also be emotionally abused when they are rejected, berated, or continuously isolated.**
- **Know the signs.** Unexplained injuries aren't the only signs of abuse-depression.
- Fear of a certain adult, difficulty trusting others or making friends, sudden changes in eating or sleeping patterns, inappropriate sexual behavior, poor hygiene, secrecy, and hostility are often **signs of family problems and may indicate a child is being neglected or physically, sexually, or emotionally abused.**
- **Report abuse.** If you witness a child being harmed or see evidence of abuse, or if a child tells you about abuse, make a report to your state's child protective services department or local police.
- **When talking to a child about abuse, listen carefully,** assure the child that he or she did the right thing by telling an adult, and affirm that he or she is not responsible for what happened.
- **Invest in children.** Encourage leaders in the community to be supportive of children and families. Ask employers to provide family-friendly work environments. Ask your local and national lawmakers to support legislation to better protect our children and to improve their lives.

Stressed out? Wondering what to do? It does happen. Caring for children is sometimes a difficult task. Discipline is especially challenging. Here are some ideas that can help: Talk about feelings. Take your child's feelings seriously and work through them. Use firm communication. Say what you mean, and mean what you say. Model the behavior that you desire in them. Children learn from what they see and hear. Encourage your children often and recognize each one's personal best. Use "time-out" balanced with "time-in." Remember, discipline is a verb meaning "to teach."

These suggestions are offered by the Child Welfare Information Gateway (2018).

Test Your Knowledge

A strategy to help prevent child abuse is:

Material protected by Copyright

- a. Never discipline a child
- b. Avoid talking about abuse
- c. **Educate yourself and others**

Tips for New Parents

What can you do to relieve your tension when the baby cries incessantly? There are specific ways to get through this time, and they're important to learn. With extreme frustration, the temptation is to grab and shake the baby -- which can result in permanent brain damage. Don't get to this point. Have a plan ready to help take care of you. The first step is to let go of assigning fault in the situation. "Don't blame the baby -- she can't help it," says Katherine Gordy Levine, a psychotherapist and author of *Parents are People Too* (Penguin Books, 1997). "Don't blame yourself. You are doing the best you can."

Levine, who has advised parents and been a foster parent, offers specific ideas:

- Sleep when you can. "Priorities at this stage should be feeding yourself, feeding your baby, changing her, and sleeping," she says.
- Use self-soothing exercises, such as deep breathing and visualization.
- Arrange for time away from the baby. Hire a sitter, exchange babysitting, or call helpful relatives and trusted friends to baby-sit.
- When you are alone with baby and cannot comfort her, put her in her crib, make sure she is safe, and without leaving the house, get away from the screaming. Play comforting music or take a shower.
- If you're in a new place or can't reach your helpers and feel you're going to become abusive, call or go to a neighborhood church or synagogue for help.
- Use a slogan to help you get them through these times. "My all-time favorite is 'Now is not forever,'" says Levine. She adds: "Be patient. You and your baby will survive and eventually even thrive."

Almost every new parent or caregiver of a baby has experienced a long bout with a crying baby. Some call the baby "colicky," some call her "cranky," but no matter what the name, it can be very difficult on even the most patient parent. Information contained in this section is provided as a service to parents. Readers should consult with professionals regarding their specific questions and circumstances.

Easy Disciplining

"Stop that crying, or I'll give you something to cry about!" If you heard this as a child, you're not alone. What was once seen as an acceptable way to speak to a child has, fortunately, fallen out of fashion. But there are those days. Cranky kids who will be satisfied by nothing. Children acting "spoiled." Kids pushing the limits of what they can get away with. Whether the child is 2 or 15 doesn't matter. It's frustrating, even anger-provoking, for a parent. There are answers, and they don't involve special education or hours of learning. Once put in place, they have a double bonus: they make parenting easier. These ideas are not in a particular order; they all work together.

Take care of yourself. A parent who is healthy and at least relatively happy is a better parent. If you aren't in that situation, that's no excuse to treat the child differently but take a look at which measures you can take to enjoy your life more. This will help you be more patient and loving when dealing with discipline.

Understand the environment. Children are much more likely to be cranky in certain situations: very

hot/cold weather, a stressful day at school/daycare, on vacation, when there is family tension, when bored, hungry, and thirsty, etc.; and anytime their normal routine is altered. This does not excuse any form of behavior, but put your discipline in context. If you've been at the mall all day, your young child probably does feel like squalling. Don't we all sometimes?

Give clear, consistent expectations and consequences. If a child "gets away with murder" at a family reunion and then is whipped for speaking up at the dinner table, he will grow up confused and distrusting of adults -- and, if spanked, is shown by research to be more likely to be violent himself as an adult. Set clear, fair guidelines. Explain them in a way each child will understand. Tell them the consequences, and enforce them. If you're having difficulty enforcing them, it might be because you aren't consistent or that the consequences are too harsh.

Understand the way children are supposed to act for their age. Save yourself unnecessary grief. An example is trying to teach an exploring toddler by slapping a little hand when they get close to an electrical outlet. It's all right to point to an outlet and explain to a child that it is "very hot," and will "hurt" and is a no-no. But childproof your home! Ask the grandparents to do so as well, and expect daycare to have childproofing already in place. With a curious teen exploring the ways of the adult world, why not lock up the liquor cabinet? Or decide to have cocktails only when you're out to dinner and never at home. Talk to your teen about drugs in a non-lecturing way. Be sure to have that all-important talk about responsible sexual behavior. This conversation would ideally start at an early age, as soon as a child begins asking about her/his body parts. Many things for which we discipline our children are easily avoided!

Encourage during the good times. Praise your child when he or she is doing what's right. Don't overdo it, with a compliment about every little thing the child does, or it will become less meaningful. The old adage is true: it's easier to catch flies with honey rather than with vinegar.

Don't assume or use assuming phrases. A classic line is, "You know better!" Most of the time, a child does not! Avoid general phrases that parents have used forever. Explain your disappointment using "I" phrases, telling how you feel.

Discuss the behavior, not the person. It breaks anyone's spirit to think they are inherently bad. Imagine if you were at work and the boss said, "It's not that the project is that hard --you're just stupid!" Yet we speak that way to our children when we say, "You're a brat today!" or "Johnny is better than you! Why can't you behave?"

Decompress before you get home. If you work outside the home, don't let your work troubles, the commute and other hassles bring you to the exploding point when you get home. Remember, your child has also spent a full day in daycare or school. He has had stress, too. Let your home be a gentle, safe haven for your family. That's the way to create warm memories and build a loving family. Information contained in this section is provided as a service to parents. Readers should consult with professionals regarding their specific questions and circumstances.

Test Your Knowledge

The best way to deal with a suspected child abuse case is to:

- A. Talk to the parents.
- B. File a report with child protective services.**
- C. Wait and make sure it wasn't an isolated incident.
- D. None of the above.

The correct answer is **B: file a report with child protective services.**

Case Study One

A female, age 15, presents to the ER with a rash in the vaginal area. She disclosed that she has been engaging in sexual intercourse with her mother's 38 year-old boyfriend for the past two months. The boyfriend has been living in the home for the past five years and is responsible for the care of the child when the mother is at work.

Test Your Knowledge

What indicators are present?

Sexual Abuse

Test Your Knowledge

Is there reason to suspect abuse or maltreatment?

Yes - evidence of sexual activity

Test Your Knowledge

What is the next step?

Call in to report to SCR

Case Study Two

Seven year old Chris presents to the doctor's office for a wellness exam. He has a bruise on the right side of his face and scrapes along his right arm. The child claims he fell off his bike. The mother is a single parent who says that Chris is a very active child and can present challenging behavior at school.

Test Your Knowledge

What indicators are present?

There are bruises and scrapes.

Test Your Knowledge

Is there reasonable cause to suspect abuse or maltreatment?

No. The story is consistent with the injuries. Injuries sustained in an accidental fall would be along one side of the child's body.

Test Your Knowledge

What is your next step?

Treat the child's injuries.

Case Study Three

A mother delivers an infant who has neonatal drug withdrawal. When talking to the mother, you learn that she has not prepared for the baby to come home.

Test Your Knowledge

What indicators are present?

Neonatal drug withdrawal and no preparation for baby.

Test Your Knowledge

Is there reasonable cause to suspect abuse or maltreatment?

Yes, you should be suspicious.

Test Your Knowledge

What is your next step?

Call in report to SCR.

Practice: Evaluating Responses

Rate the following case scenarios according to the categories shown below:

Category A: Should be left to the family.

Category B: Refer to community agency or appropriate resources.

Category C: Report to SCR.

Category D: Call the police immediately.

Case 1: A mother comes to the ER with 2 black eyes and states her husband beat her. She has two young children with her and tells you that her husband has threatened to kill her if she tells anyone.

Test Your Knowledge

This case falls into which category/categories?

Category D & C: Call the police immediately and then make an oral report to SCR.

Case 2: Family X has one child, a 5 year-old female. The mother takes good care of the child but is extremely anxious that the child will contract a disease. She brings the child into the ER regularly for minor things. She doesn't allow the child to socialize with other children for fear of contracting a disease.

Test Your Knowledge

This case falls into which category/categories?

Category B: Refer the mother for counseling and parenting classes and any other suitable community support available.

Case 3: Joshua, age 7, is brought to the ER by his parents. He is diagnosed with a life-threatening illness, requiring a surgical procedure and a possible blood transfusion. His parents refuse to sign the consent form, claiming that a blood transfusion violates their religious beliefs.

Test Your Knowledge

This case falls into which category/categories?

Category C: You must report this even if the hospital intervenes for treatment of the child.

Support and Resources

Material protected by Copyright

The following agencies and organizations in New York are available to provide support and resources:

- **New York State Office of Children & Family Services**
(518) 473-7793
<http://www.ocfs.state.ny.us/main/>
- **Prevent Child Abuse Hotline (English & Spanish)**
(800) CHILDREN (244-5373) (24 hours)
www.preventchildabuseny.org
- **New York State Domestic Violence Hotline**
(800) 942-6906 (English & Spanish, multi-language availability)
<http://www.opdv.ny.gov/>

Conclusion

Maltreatment, abuse and neglect of children continue to remain a serious problem in the United States.

Despite strategic efforts to diminish the problem, underreporting and misdiagnoses allows victims of abuse to continue to suffer.

Unfortunately it is often the child's own parent(s) that is the perpetrator of the abuse.

Federal and state legislation provide the groundwork for reporting maltreatment, abuse and neglect, however, without the help of professionals and the community at large, abuse will continue on.

Appendix: The Children's Bill of Rights

April 20, 1996

We, Children from seven countries and three continents, having communicated with each other over the Internet, agree that the following are natural rights of Children all over the world, and hereby ratify them:

Preamble

We believe that a successful society invests its best resources and hopes in the success of its children. An unsuccessful society ignores or maltreats its children. Children are the future of our species. How a society treats its children is a direct reflection of how that society looks at its future. The Children's Bill of Rights proposes rights for children that all adults on Earth should honor, so that we may help create the very best future for ourselves and, in turn, our own children. A moral and competent society is one that respects and upholds the rights of its children. A society that fails to do so is immoral and incompetent.

Appendix: Articles of the Children's Bill of Rights

Section I: Articles that are implemented immediately

1. Children's universal rights

As compared to adults, children until the age of 18 have the right to receive special care and

protection. Children all have the same rights, no matter what country they were born in or are living in, what their sex is, what their race is, or what their religion is.

2. Right to inherit a better world

Children have the right to inherit a world that is at least as good as the one their parents inherited. Children have a responsibility to think about how they will leave a better world to their children, and, when they become adults, they have the right and duty to act on this.

3. Right to influence the future

Children have the right to participate in discussions having to do with the directions our society is taking -- on the large political, economic, social, and educational issues and policies -- so that children can help create the kind of world they will grow up in.

Adults have an obligation to communicate their views of these large issues in terms that children can understand, and provide children with the same information that is available to all adults.

Children have the right to understand how things change within society, and to learn how to influence these changes.

4. Right to freedom of thought, opinion, expression, conscience, and religion

Every child has the right to express his or her opinion freely, and adults should address that opinion with the child in every decision that affects him or her. Children have the right to carry out research to help form these opinions.

Children have the right to express their views, obtain information, and make ideas or information known.

Children have the right to form their own views in matters of conscience and religion.

5. Right to media access

Children have guaranteed access to all important communications media so that they may communicate nationally and internationally amongst themselves and with adults.

6. Right to participate in decisions affecting children

Children have the right to participate in all committees and decisions that make plans and set policies that directly or indirectly affect children.

7. Right to privacy

Children have the right to privacy to the same extent adults have.

8. Right to respect and courtesy

Children should be treated with respect and courtesy by adults, as well as by other children.

9. Right to an identity

Children separated from their birth parents at birth or at an early age have the right to know that this happened. Children have the right to know their name, who their birth parents are, and when and where they were born.

10. Right to freedom of association

Children have the right to meet with others, and to join or form associations, equivalent to that held by

adults.

11. Right to care and nurturing

Children have the right to have nurturing and caring parents or guardians.

12. Right to leisure and play

Children have the right to leisure, play, and participation in cultural and artistic activities. Children have the right to enjoy at least a few hours every day when they are free from worries.

13. Right to safe work

Children have the right to be protected from work that threatens their health, education, or development.

Children have the right to have pocket money so that they may learn to manage money.

14. Right to an adequate standard of living

Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral, and social development, no matter how wealthy his or her parents are.

15. Right to life, physical integrity and protection from maltreatment

Children have the right to be protected from all forms of maltreatment by any adult, including a parent. This includes but is not limited to: physical abuse, including torture, violence, hitting and slapping; harmful drugs, including alcohol and tobacco; mental abuse; and sexual abuse.

Infanticide is prohibited.

No child shall be forced into marriage.

16. Right to a diverse environment and creativity

Children have the right to have many different things, people, and ideas in their environment.

Children have the right to listen to music of their choice.

Children have the right NOT to have their creativity stifled.

17. Right to education

Every child has the right to education, education that aims to develop his or her personality, talents, and mental and physical abilities to the fullest extent, no matter how wealthy the child's parents are.

Education should foster respect for a child's parents, for the child's own cultural identity, language and values, as well as for the cultural background and values of others.

Children have the right to an excellent education in any school. Schools will differ not in the quality of the education they offer, but only in their philosophies of teaching, and what professional specializations they stress.

18. Right to access appropriate information and to a balanced depiction of reality

Adults have the obligation to provide children with information from several different sources.

Children should be protected from materials adults consider harmful.

Material protected by Copyright

Children have the right to have reality presented to them in a balanced and accurately representative fashion.

19. Right not to be exposed to prejudice

Children have the right NOT to be taught that one group (racial, national, religious, etc.) is superior to another.

Section II: Articles that require social or national policies

20. The right to a clean environment

Children have a right to a clean environment (water, air, ground, sea).

21. Right to a small national debt

Governments and countries must decrease national debt which will have to be paid for by future generations.

22. Right to vote

Children over 14 have the right to vote on issues that directly affect children, in all local, regional, national and international elections.

23. Right to medical care

Children have the right to be kept alive and in the best health and medical care science can provide, no matter how wealthy their parents are.

24. Legal rights

Children accused of crimes have at least the same legal rights as adults.

No child shall be institutionalized against her or his will without due process rights.

25. Right not to participate in war

Young people under 21 have the right NOT to go to war.
(Children's Bill of Rights (CBOR) Secretariat, 1996).

Appendix: The CBOR Secretariat

A Children's Bill of Rights (CBOR) Secretariat has been established to coordinate activities surrounding the CBOR, including its broad dissemination and the formation of strategic alliances with other children's organizations.

The Secretariat may be contacted by postal mail at 5504 Scioto Road, Bethesda, Maryland, 20816, USA Or, via the Net, at: lenar@tenet.edu, or debivort@umd5.umd.edu.

The Children's Bill of Rights may be freely reproduced and distributed provided it is done so in its entirety and unaltered, and with this paragraph attached. As of April 20, 1996, children from 7 countries and 3 continents had ratified The Children's Bill of Rights.
(Children's Bill of Rights (CBOR) Secretariat, 1996).

References

Children's Bill of Rights (CBOR) Secretariat. (1996). The Children's Bill of Rights. Retrieved September, 2014 from: <http://www.newciv.org/ncn/cbor.html>

Child Welfare Information Gateway. (2013). What Is child abuse and neglect? Recognizing the signs and symptoms: Factsheets. Retrieved from: <https://www.childwelfare.gov/pubs/factsheets/whatiscan.pdf>

Child Welfare Information Gateway. (2018). Child abuse and neglect fatalities 2016: Statistics and interventions. Retrieved from <https://www.childwelfare.gov/pubPDFs/fatality.pdf>

Gordy Levine, K. (1997). *Parents are people, too: An emotional fitness program for parents*. London, UK: Penguin Books.

Institute of Medicine and National Research Council. (2014). *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.

Mayo Clinic. (2017). Shaken baby syndrome. Retrieved from <https://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/symptoms-causes/syc-20366619>

Mayo Clinic. (2018). Factitious disorder. Retrieved from <http://www.mayoclinic.org/diseases-conditions/factitious-disorder/basics/definition/con-20031319>

New York State Office of Children & Family Services. (2019). Summary guide for mandated reporters in New York state. Retrieved from <https://ocfs.ny.gov/main/publications/Pub1159.pdf>

New York State Office of Children and Family Services Mandated Reporter Resource Center. (2019a). Welcome. Retrieved from <http://www.nysmandatedreporter.org/welcome.aspx>

New York State Office of Children and Family Services Mandated Reporter Resource Center. (2019b). Who are mandated reporters? Retrieved from <https://www.nysmandatedreporter.org/MandatedReporters.aspx>

New York State Office of Children and Family Services. (n.d.a). Definitions of child abuse and maltreatment. Retrieved from <http://ocfs.ny.gov/main/cps/critical.asp>

New York State Office of Children and Family Services. (n.d.b). Signs of child abuse or maltreatment Retrieved from <http://ocfs.ny.gov/main/cps/signs.asp>

New York State Senate. (n.d.) SOS Social Services, article 6, children, title 6 - (411 - 428) child protective services. Retrieved [from](https://www.nysenate.gov/legislation/laws/SOS/A6T6) <https://www.nysenate.gov/legislation/laws/SOS/A6T6>

Smith, M., Robinson, L., & Segal, J. (2018). Child abuse and neglect. Retrieved from <https://www.helpguide.org/articles/abuse/child-abuse-and-neglect.htm?pdf=12324>

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2018). Child maltreatment 2017. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf>

At the time this course was constructed all URL's in the reference list were current and accessible. rn.com. is committed to providing healthcare professionals with the most up to date information available.

© Copyright 2013, AMN Healthcare, Inc.

Resources

Prevent Child Abuse America

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

Love Our Children USA

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

Childhelp

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

The National Children's Advocacy Center

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

Child Abuse Prevention Network

<http://child-abuse.com/>

State Child Abuse Reporting Numbers

New York

TDD: (800) 369-2437

Toll-Free: (800) 342-3720

Local (toll): (518) 474-8740

<http://www.ocfs.state.ny.us/main/cps/>

For other states, a list is available at

https://www.childwelfare.gov/pubs/reslist/printer_friendly.cfm?rs_id=5&rate_chno=W-00082

IMPORTANT INFORMATION:

This publication is intended solely for the educational use of healthcare professionals taking this course from RN.com in accordance with RN.com [terms of use](#). The guidance provided in this publication is general in nature, and is not designed to address any specific situation. As always, in assessing and responding to specific patient care situations, healthcare professionals must use their judgment, as well as follow the policies of their organization and any applicable law. Organizations using this publication as a part of their own educational program should review the contents of this publication to ensure accuracy and consistency with their own standards and protocols. The contents of this publication are the copyrighted property of RN.com and may not be reproduced or distributed without written permission from RN.com.

Material protected by Copyright

Healthcare providers, hospitals and healthcare organizations that use this publication agree to hold harmless and fully indemnify RN.com, including its parents, subsidiaries, affiliates, officers, directors, and employees, from any and all liability allegedly arising from or relating in any way to the use of the information or products discussed in this publication.