
Students
Child Abuse and Neglect Prevention

Each school principal shall develop and implement an instructional program that will teach students:

- A. how to recognize the factors that may cause people to abuse others;
- B. how one may protect oneself from incurring abuse; and,
- C. what resources are available to assist an individual who does or may encounter an abuse situation.

To facilitate such a program, staff development activities may include such topics as:

- * Child growth and development
- * Identification of child abuse and neglect
- * Effects of child abuse and neglect on child growth and development
- * Personal safety as it relates to potential child abuse and neglect
- * Parenting skills
- * Life situations/stressors which may lead to child maltreatment
- * Substance abuse

REPORTING RESPONSIBILITIES

Staff are expected to report every instance of suspected child abuse or neglect. Since protection of children is the paramount concern, staff should discuss any suspected evidence with the principal or nurse regardless of whether the condition is listed among the indicators of abuse or neglect.

Staff are reminded of their obligation as district employees to report suspected child abuse, and professional staff are reminded of their legal obligation to make such reports. Staff are also reminded of their immunity from potential liability for doing so. The following procedures are to be used in reporting instances of suspected child abuse:

- A. When there is reasonable cause to believe that a student has suffered abuse or neglect, staff shall immediately contact the nearest office of the child protective services (CPS) of the department of social and health services (DSHS). If this agency cannot be reached, the report shall be submitted to the police, sheriff, or prosecutor's office. Such contact must be made within forty-eight (48) hours. Staff shall also advise the principal regarding instances of suspected abuse or neglect and reports of suspected abuse that have been made to state authorities or law enforcement. In his/her absence the report shall be made to the nurse or counselor.

A staff member may wish to discuss the circumstances with an employee of CPS for assistance in determining if a report should be made. The Child Protective Service has the responsibility of determining the fact of child abuse or neglect. Any doubt about the child's condition shall be resolved in favor of making the report.

B. A written report shall be submitted promptly to the agency to which the phone report was made. The report shall include:

1. the name, address and age of the child;
2. the name and address of the parent or person having custody of the child;
3. the nature and extent of the suspected abuse or neglect;
4. any evidence of previous abuse or any other information that may relate to the cause or extent of the abuse or neglect; and
5. the identity, if known, of the person accused of inflicting the abuse.

ABUSE INDICATORS

Physical abuse indicators:

- A. Bilateral bruises, extensive bruises, bruises of different ages, patterns of bruises caused by a particular instrument (belt buckle, wire, straight edge, coat hanger, etc.).
- B. Burn patterns consistent with forced immersion in a hot liquid (a distinct boundary line where the burn stops), burn patterns consistent with a spattering by hot liquids, patterns caused by a particular kind of implement (electric iron, etc.) or instrument (circular cigarette burns, etc.).
- C. Lacerations, welts, abrasions.
- D. Injuries inconsistent with information offered by the child.
- E. Injuries inconsistent with the child's age.
- F. Injuries that regularly appear after absence or vacation.

Emotional Abuse Indicators:

- A. Lags in physical development.
- B. Extreme behavior disorder.
- C. Fearfulness of adults or authority figures.
- D. Revelations of highly inappropriate adult behavior, i.e., being enclosed in a dark closet, forced to drink or eat inedible items.

Sexual Abuse Indicators:

Sexual abuse, whether physical injuries are sustained or not, is any act or acts involving sexual molestation or exploitation, including but not limited to incest, rape, carnal knowledge, sodomy or unnatural or perverted sexual practices. Indicators include:

- A. Child having difficulty sitting down.
- B. Child refusing to change into gym clothes (when he/she has been willing to change clothes in the past).

- C. Venereal disease in a child of any age.
- D. Evidence of physical trauma or bleeding to the oral, genital or anal areas.
- E. Child running away from home and not giving any specific complaint about what is wrong at home.
- F. Pregnancy at 11 or 12 with no history of peer socialization.

NEGLECT INDICATORS

Physical Neglect Indicators:

- A. Lack of basic needs (food, clothing, shelter).
- B. Inadequate supervision (unattended).
- C. Lack of essential health care and high incidence of illness.
- D. Poor hygiene on a regular basis.
- E. Inappropriate clothing in inclement weather.
- F. Abandonment.

Some Behavioral Indicators of Abuse:

- A. Wary of adult contact.
- B. Frightened of parents.
- C. Afraid to go home.
- D. Habitually truant or late to school.
- E. Arrives at school early and remains after school later than other students.
- F. Wary of physical contact by adults.
- G. Shows evidence of overall poor care.
- H. Parents describe child as "difficult" or "bad".
- I. Inappropriately dressed for the weather -- no coat or shoes in cold weather or long sleeves and high necklines in hot weather (possibly hiding marks of abuse).
- J. Exhibit behavioral extremes: crying often or never, unusually aggressive or withdrawn and fearful.

NOTE: Behavioral indicators in and of themselves do not prove abuse has occurred. Together with other indicators they may warrant a referral.

Child abuse as defined by the statutes can be inflicted "by any person" and may include student-on-student abuse. These cases also require reporting to CPS, DSHS or law enforcement. Child abuse in this and all other cases requires two elements. First, there must be injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment. Second, there must be harm to the child's health, welfare or safety.