

CHILD ABUSE

Directive: 6.18

The subject of child abuse and the reporting and investigation of such crimes is increasing at an alarming rate. To ensure that all personnel are knowledgeable in determining these complaints and to ensure proper investigation, the following guidelines are established.

A. Establishing a Child Abuse Case

Child abuse and/or neglect is usually divided into four (4) classes: physical abuse, neglect, sexual abuse and psychological/emotional abuse. Each of the subclasses have recognizable characteristics and the knowledgeable officer can often identify a particular type of child abuse or neglect by recognizing physical and behavioral traits in the child, and certain outward symptoms in the parent's attitude and behavior.

In responding to child abuse and/or neglect incidents, officers should be conscious of the fact that the parent or guardian may not be responsible for the abuse or neglect, but rather such incidents have been caused by a sibling or other person with whom the child has contact.

In an effort at standardization of terminology used in child abuse and/or neglect cases by participating outside agencies, all personnel should acquaint themselves with some of the definitions listed below:

1. **Child Abuse** refers specifically to an act of commission by a parent or guardian which is not accidental and harms or threatens to harm a child's physical or mental health or welfare. Factors such as the age of the child and the severity of the injury are important in determining abuse.
 - a. **Physical Abuse:** Child abuse which results in physical injury, including fractures, burns, bruises, welts, cuts and/or internal injuries. Physical abuse often occurs in the name of discipline or punishment, and ranges from a slap of the hand to the use of objects such as straps, belts, kitchen utensils, pipes, etc.
 - b. **Psychological/Emotional Abuse:** Child abuse which results in impaired psychological growth and development. Frequently occurs as verbal abuse or excessive demands on a child's performance and results in a negative self-image on the part of the child and disturbed child behavior. May occur with or without physical abuse.
 - c. **Sexual Abuse:** Child abuse which results in any act of a sexual nature upon or with a child.

Most states define any sexual involvement of a parent or caretaker with a child as a sexual act and therefore abuse. The most common form is incest between fathers and daughters.

d. **Verbal Abuse:** A particular form of psychological/emotional abuse characterized by constant verbal harassment and denigration of a child. Many persons abused as children report feeling more permanently damaged by verbal abuse than by isolated or repeated experiences of physical abuse.

2. **Child Neglect** refers to an act of omission, especially the failure of a parent or other person legally responsible for the child's welfare to provide for the child's basic needs and proper level of care with respect to food, shelter, clothing, hygiene, medical attention, or supervision. While there is agreement that some parental care and supervision is essential, there is disagreement as to how much is necessary for a minimally acceptable environment. Severe neglect sometimes occurs because a parent is apathetic, impulse-ridden, mentally retarded, depressed, or psychotic.

- a. **Educational Neglect:** Failure to provide for a child's cognitive development. This may include the failure to conform to state legal requirements regarding school attendance.
- b. **Medical Neglect:** Failure to seek medical or dental treatment for a health problem or condition which, if untreated, could become severe enough to represent a danger to the child. Except among religious sects prohibiting medical treatment, medical neglect is usually only one part of a larger family problem.
- c. **Moral Neglect:** Failure to give a child adequate guidance in developing positive social values, such as parents who allow or teach their children to steal.
- d. **Physical Neglect:** Failure to provide for a child's basic survival needs such as food, clothing, shelter, and supervision, to the extent that the failure represents a hazard to the child's health and safety. Determining neglect for lack of supervision depends upon the child's age and competence, the amount of unsupervised time, the time of day when the child is unsupervised, and the degree of parental planning for the unsupervised period.
- e. **Psychological/Emotional Neglect:** Failure to provide for the psychological nurturance necessary for a child's psychological growth and development. It is usually very difficult to prove the cause and effect relationship between

the parent's unresponsiveness and lack of nurturance and the child's symptoms.

3. Child Pornography

Using a child in pictures to depict erotic behavior intended to arouse sexual excitement or stimulation. Recent campaigns have begun to increase the public awareness of this problem. Also, as a result of public pressure against these materials, the Federal Government and some states are currently implementing special legislation to outlaw the sale of pornographic materials that portray children engaged in explicit sexual acts. (See Del. C. Section 1108 and 1109)

4. Child Prostitution

A form of sexual exploitation in which a child is used in sexual relationships for monetary or other profitable purposes. Legislation prohibiting the use of children as prostitutes is currently being implemented by the Federal Government and many states.

5. Custody

The right to care and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, and discipline for a child. Permanent legal custody may be taken from a parent by court action (see Termination of Parental Rights). Temporary custody of a child may be granted for a limited time only, usually pending further action or review by the courts. Temporary custody may be granted for a period of months or, in the case of protective or emergency custody, for a period of hours or several days.

- a. **Emergency Custody:** The ability of a law enforcement officer, pursuant to the criminal code, to take temporary custody of a child who is in immediate danger and place him in the control of Child Protective Services.
- b. **Protective Custody:** Emergency measure taken to detain a child, often in a hospital, until a written detention request can be filed.

6. Discipline

Training that develops self-control, self-sufficiency, orderly conduct.

Discipline is often confused with punishment, particularly by abusive parents who resort to corporeal punishment. Although interpretations of both "discipline" and "punishment" tend to be vague

and often overlapping, there is some consensus that discipline has positive connotations and punishment is considered negatively. (See Punishment)

7. Evidence

Any sort of proof submitted to the court for the purpose of influencing the court's decision. Some special kinds of evidence are:

- a. **Circumstantial:** Proof of circumstances which may imply another fact. For example, proof that a parent kept a broken appliance cord may connect the parent to infliction of unique marks on a child's body.
- b. **Direct:** Generally consisting of testimony of the type such as a neighbor stating that he saw the parent strike the child with an appliance cord.
- c. **Heresay:** Second-hand evidence, generally consisting of testimony of the type such as, "I heard him say..." Except in certain cases, such evidence is usually included because it is considered unreliable and because the person making the original statement cannot be cross-examined.
- d. **Opinion:** Although witnesses are ordinarily not permitted to testify as to their beliefs or opinions, being restricted instead to reporting what they actually saw or heard, when a witness can be qualified as an expert on a given subject, he can report his conclusions, for example, "based upon these marks, it is my opinion as a doctor that the child must have been struck with a flexible instrument very much like this appliance cord."
- e. **Physical:** Any tangible piece of proof such as a document, X-ray, photograph, or weapon used to inflict an injury. Physical Evidence must usually be authenticated by a witness who testified to the connection of the evidence (also called exhibit) with other facts in the case.

8. Exploitation of Children

- a. Involving a child in illegal or immoral activities for the benefit of a parent or caretaker. This could include child pornography, child prostitution, sexual abuse, or forcing a child to steal.
- b. Forcing workloads on a child in or outside the home so as to interfere with the health, education, and well-being of the child.

9. **Hematoma:** A swelling caused by a collection of blood in an enclosed space, such as under the skin or the skull.
10. **Hotline:** Twenty-four (24) hour statewide or local answering service for reporting child abuse or neglect and initiating investigation by a local agency 1-800-292-9582.
11. **Impulse Ridden Mother:** Term often used to describe one kind of neglectful parent who demonstrates restlessness, aggressiveness, inability to tolerate stress, manipulativenness, and craving for excitement or change. This parent may have lesser degree of early deprivation than the apathetic-futile parent, but lacks self-control over strong impulses and/or has not learned limit-setting.
12. **Incest:** Sexual intercourse between persons who are closely related by blood. While incest between father and daughter, mother and son, or sister and brother is almost universally forbidden, various cultures may extend the boundaries to prohibit intercourse with other relatives. While incest and sexual abuse are sometimes thought to be synonymous, it should be realized that incest is only one aspect of sexual abuse. Incest can occur within families between members of the same sex, but the most common form of incest is between fathers and daughters. It is generally agreed that incest is much more common than the number of reported cases indicates. (See 11 Del. C. 766)
13. **Parent:** Person exercising the functions of father and/or mother, including adoptive, foster, custodial, and surrogate parents as well as natural parents.
14. **Psychological Parent:** Adult who, on a continuing day-to-day basis, fulfills a child's emotional needs for nurturance through interaction, companionship, and mutuality. May be the natural parent or another person who fulfills these functions.
15. **Punishment:** Infliction of pain, loss, or suffering on a child because the child has disobeyed or otherwise antagonized a parent or caretaker. Abusive parents may inflict punishment without cause, or may inflict punishment, particularly corporal punishment, in the belief that is the only way to discipline children. Many parents confuse the difference between discipline and punishment.
16. **Sexual Assault:** Unlawful actions of a sexual nature committed against a person forcibly and against his own will. Various degrees of sexual assault are

established by state law and are distinguished by the sex of the perpetrator and/or victim, the amount of force used, the amount and type of sexual contact, etc. Sexual abuse is one form of sexual assault wherein the perpetrator is known by the victim and is usually a member of the family. (See also CHILD ABUSE AND NEGLECT.) (See Del. C. 761 thru 775 incl.)

17. **Sexual Misuse:** Alternative term for sexual abuse, but particularly reflects the point of view that sexual encounters with children, if properly handled, need not be as harmful as is usually assumed. Its implication is that children are not necessarily harmed by so called sexually abusive acts themselves, but rather the abuse results from damage generated by negative social and cultural reactions to such acts. (See also CHILD ABUSE AND NEGLECT)
18. **Sudden Infant Death Syndrome (SIDS):** A condition which can be confused with child abuse, SIDS affect infants from two weeks to two years old, but usually occurs in a child less than six months of age. In SIDS, a child who has been healthy except for a minor respiratory infection is found dead, often with bloody, frothy material in his or her mouth. The cause of SIDS is not fully understood. The confusion with child abuse results from the bloody septum and occasional facial bruises that accompany the syndrome. However, SIDS parents rarely display the guarded or defensive behavior that many abusive parents do.
19. **Surrogate Parent:** A person other than a natural parent who, living within or outside the target home, provides nurturance. This person may be self-selected or assigned to fulfill parental functions. A surrogate parent may nurture children of abusive or neglectful parents who were themselves abused children and, therefore, are in need of a nurturing parental model.
20. **Temporary Placement:** Voluntary or involuntary short-term removal of a child from his or her own home, primarily when a child's safety or well-being is threatened or endangered, or when a family crisis can be averted by such action. Temporary placement may be in a relative's home, receiving home or shelter, foster home, or institution. Temporary placement should be considered only if service to the child and family within the home, such as use of a home-maker or day care, is determined to be insufficient to protect or provide for the child or if it is unavailable.

If the home situation does not improve while the child is in temporary placement, long-term placement may be warranted. (See also CUSTODY.)

21. **Termination Of Parental Rights (TPR):** A legal proceeding freeing a child from his or her parents' claims so that the child can be adopted by other without the parents' written consent. The legal basis for determination differs from state to state, but most statutes include abandonment as a ground for TPR.
22. **Voluntary Placement:** Act of a parent in which custody of his or her child is relinquished without a formal court proceeding. Sometimes called voluntary relinquishment.
23. **Whiplash-Shaken Infant Syndrome:** Injury to an infant or child that results from that child having been shaken, usually as a misguided means of discipline. The most common symptoms, which can be inflicted by seemingly harmless shaking, are bleeding and or detached retinas and other bleeding inside the head. Repeated instances of shaking and resultant injuries may eventually cause mental and developmental disabilities.

There are some additional legal definitions pertaining to sexual involvement contained within 11 Del. C. 761 and 1103 as well as applicable legal statutes contained in 11 Del. C., Subchapter V, "Offenses Relating to Children and Incompetents." All personnel should acquaint themselves with the provisions of these sections.

B. Abuse Indications in the Child

Physical and behavioral indications of abuse may be displayed in one or more types of injury. In addition, the presence of a sole injury does not necessarily prove or disprove that child abuse is occurring. The repeated occurrence of injury, or the presence of several injuries in combination, or the appearance of serious injury or suspicious death should alert the officer to the possibility of child abuse or neglect.

The following are physical indications of physical abuse in children:

1. Bruises and welts that may be indicators of physical abuse:
 - a. Bruises on any infant, especially facial bruises.
 - b. Bruises on the posterior side of a child's body.
 - c. Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
 - d. Clustered bruises indicating repeated contact with a hand or instrument.
 - e. Bruises in various stages of healing.

2. Burns that may indicate abuse:

- a. Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
- b. Cigarette burns.
- c. Rope burns that indicate confinement.
- d. Dry burns indicating that the child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

3. Lacerations and abrasions that may indicate abuse:

- a. Lacerations of the lip, eye, or any portion of an infants face (e.g. tears in the gum tissue which may have been caused by force feeding).
- b. Any laceration or abrasion to external genitalia.

4. Skeletal injuries that may indicate abuse:

- a. Metaphyseal or corner fractures of long bones: a kind of splintering at the end of the bone (these are caused by twisting or pulling).
- b. Epiphyseal separation: a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
- c. Periosteal elevation: a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
- d. Spiral Fractures: fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

5. Head Injuries:

- a. Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
- b. Subdural hematomas: hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
- c. Retinal hemorrhages or detachments (due to shaking).
- d. Jaw and nasal fractures.

6. Internal Injuries:

- a. Duodenal or jejunal hematomas: blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).
- b. Rupture of the inferior vena cava: the vein feeding blood from the abdomen and lower

- extremities (due to kicking or hitting).
- c. Peritonitis: inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

7. Injuries considered to be indicators of abuse should be considered in light of:

- a. Inconsistent medical history.
- b. The developmental abilities of a child to injure itself.
- c. Other possible indicators of abuse.

8. Questions to ask in identifying indicators of abuse:

- a. Are bruises bilateral or are they found on only one surface (plane) of the body?
- b. Are bruises extensive; do they cover a large area of the body?
- c. Are there bruises of different ages; did various injuries occur at different times?
- d. Are there patterns caused by a particular instrument (e.g., a belt buckle, a wire, a straight edge, coat hanger, etc.)?
- e. Are injuries inconsistent with the explanation offered?
- f. Are injuries inconsistent with the child's age?
- g. Are the patterns of the injuries consistent with abuse (e.g., the shattered egg shell pattern of skull fractures commonly found in children who have been thrown against a wall)?
- h. Are the patterns of the burns consistent with forced immersion in a hot liquid (e.g., is there a distinct boundary line where the burn stops: a "stocking" burn, for example, or a "doughnut" pattern caused by forcibly holding a child's buttocks down in a tub of hot liquid)?
- i. Are the patterns consistent with a splattering of hot liquid?
- j. Are the patterns of the burns consistent with the explanation offered?
- k. Are there distinct patterns caused by a particular kind of implement (e.g., an electric iron, the grate of an electric heater, etc.) or instrument (e.g., circular cigarette burns, etc.)?

C. Indicators of Child Neglect

Physical and behavioral indicators of child neglect will vary with each situation. They are harder in determining than the indicators of "child abuse". The psychological result of neglect may impact on the child a more lasting and deeper traumatic effect than physical abuse. Physical scars may heal and go away, while psychological scars are indelible, and may never heal.

The following are indicators of child neglect:

1. Abandonment: Children abandoned totally for long periods of time.
2. Lack of Supervision
 - a. Very young children left unattended.
 - b. Children left in the care of other children too young to protect them.
 - c. Children inadequately supervised for long periods of time or when engaged in dangerous activities.
3. Lack of adequate clothing and good hygiene
 - a. Children dressed inadequately for the weather or suffering from persistent illness like pneumonia or frostbite or sunburn that are associated with excessive exposure.
 - b. Severe diaper rash or other persistent skin disorders resulting from improper hygiene.
 - c. Children chronically dirty and unbathed.
4. Lack of medical or dental care: Children whose needs for medical or dental care or medication and health aids are unmet.
5. Lack of adequate education: Children who are chronically absent from school.
6. Lack of adequate nutrition
 - a. Children lacking sufficient quantity or quality of food.
 - b. Children consistently complaining of hunger or rummaging for food.
 - c. Children suffering severe developmental lags.
7. Lack of adequate shelter
 - a. Structurally unsafe housing or exposed wiring.
 - b. Inadequate heating.
 - c. Unsanitary housing conditions.
8. In identifying neglect, be sensitive to:
 - a. Issues of poverty vs. neglect
 - b. Differing cultural expectations and values.
 - c. Differing child rearing practices.

D. Abuse Indicators in the Parent/Guardian

Valuable information is readily available to the trained investigator through the observation of behavior and general attitudes of the parents/guardian; even the

condition of the home is an indicator. During an investigation into child abuse/neglect, officers should evaluate parental attitude when apprised of the situation: concerned or unconcerned about the child; looking for solutions or denying the existence of a problem; hostile or cooperative.

The below are some indicators of abusive parents, and are not all conclusive:

1. Seem unconcerned about the child;
2. See the child as "bad", "evil", a "monster";
3. Offer illogical, unconvincing, contradictory explanations or have no explanation of child injury;
4. Attempt to conceal child's injury;
5. Were often abused themselves as children;
6. Were expected to meet high demands of their parents;
7. Were unable to depend on their parents for love and affection;
8. Cannot provide emotionally for themselves as adults;
9. Expect their children to fill their emotional void;
10. Have poor impulse control;
11. Expect rejection;
12. Have low esteem;
13. Are emotionally immature.

Abusive parents/guardians involved in sexual abuse tend to display a divergence of characteristics, based on their sex and family role.

The Adult Male: Is often a rigid disciplinarian.
Is passive outside the home.
Does not usually have a police record, nor is he known to be involved in any public disturbance.
Does not engage in any social activities outside the home.
Is jealous and protective of the child.
Often initiates sexual contact with the child by hugging and kissing, which tends to develop over time into more caressing, genital-genital and oral-genital contacts.

The Adult Female: Is frequently cognizant of the sexual abuse but subconsciously denies it. May hesitate reporting for fear of destroying the marriage and being left on her own. May see sexual activity within the family as preferable to an extra-marital affair. May feel that sexual activity between the husband and daughter is a relief from her wifely sexual responsibilities and will make certain that time is available for the two to be alone. Often feels a mixture of guilt and jealousy towards her daughter.

E. Investigative Difficulties Encountered

A report of suspected child abuse/neglect is not an accusation, but a request for help, via an official investigation. As such, most child abuse/neglect cases, do not proceed smoothly. Many difficulties will be encountered and may stand in the way of progress, or may discourage continued investigation of child abuse/neglect.

Some broader areas of concern which involve problems associated with these investigations are as follows:

1. Personal Feelings

This one area is the broadest and one of the biggest obstacles. Generally speaking, once it is understood by all concerned that investigation is required and that the child abuse/neglect differs from the acceptable child-parent practices, the fear of involvement subsides. Some reluctance may be evidenced throughout the investigation.

2. Parental Discipline vs. Abuse

Investigators involved in child abuse/neglect cases must frequently distinguish the fine line between discipline and abuse. There is no easy solution to this dilemma; however, questions like those listed below may help to resolve the issues:

- a. Is the purpose of the discipline to correct the child's behavior, or primarily to punish and hurt?
- b. Is the discipline appropriate to the child's age
- c. Is the discipline appropriate to the child's condition (mental, physical, emotional)?
- d. Is the discipline appropriate to the child's transgression (does the "punishment fit the crime")?

- e. When physical force is used as a disciplinary measure, is the force applied to a safe location (i.e., the buttocks) or an unsafe location (i.e., head, face)?

3. Difficulties with Child Protective Services (CPS)

Many times officer are reluctant to involve social service agencies such as Child Protective Services (CPS) mainly due to an unfortunate incident with CPS or because of distrust and/or a low regard for social work in general. Under no circumstances should a situation regarding the ineffectiveness of an agency be permitted to continue without something being done to rectify the abnormality. A case of child abuse/neglect not properly handled may be indicative of a more serious problem within the agency, and more important, may result in further injury and/or death for a child.

F. Investigation of Child Abuse/Neglect

1. An officer must respond to an incident of child abuse/neglect when:
 - a. He is assigned by the Communications Center;
 - b. He encounters child abuse/neglect while on a domestic disturbance complaint on his assigned sector or through routine patrol.
2. An officer responding to a report of a child abuse/neglect incident should do the following:
 - a. Notify his immediate supervisor;
 - b. Assess any injury to the child and inform his supervisor of this assessment;
 - c. Assess the potential risks to the child and inform his supervisor of this assessment;
 - d. Notify the appropriate social service agency, and request assistance in the investigation.
3. If the responding officer finds signs of child neglect at the scene (e.g., unsafe environmental conditions or lack of supervision) which do not require emergency removal, he should:
 - a. Notify his immediate supervisor;
 - b. Upon determining no adult is available, but before entering house, have supervisor present;
 - c. Attempt to identify the location of parents/guardians responsible for the child(ren);
 - d. File an accurate and descriptive report for follow-up investigation by Juvenile Services.

4. If the responding officer finds signs of child neglect or abuse, which do require emergency removal, he should:
 - a. Notify his or her immediate supervisor;
 - b. Upon determining that no adult is present, but before entering house, have superior present;
 - c. Attempt to identify the location of parents/guardians responsible for the child(ren);
 - d. Assist in taking custody of child(ren) and be guided by dictates of personnel from Child Protective Services (CPS);
 - e. File an accurate and descriptive report for follow-up investigation, and assist when applicable, the officers from Juvenile Services.
5. If the officer finds signs of non-critical child abuse at the scene, (i.e., non-critical being, over-zealous disciplining, or corporal punishment administered unjustly), he should:
 - a. Notify his or her immediate supervisor;
 - b. Attempt to speak with parents/guardians about his concerns for the child's safety;
 - c. Encourage parents/guardians in charge to obtain required medical treatment for the child if necessary;
 - d. When requested, inform parents/guardians about possible community resources available to assist in this matter;
 - e. If necessary, inform parents/guardians about the possible criminal liability regarding child abuse;
 - f. File an accurate and descriptive report for follow-up by investigators from Juvenile Services.
6. In all instances related above, the immediate supervisor should:
 - a. Inform the Watch Commander of the circumstances, and what action is contemplated;
 - b. Give guidance to the investigative officers securing that all action is aimed at the benefit of the child;
 - c. Assist personnel from CPS and Juvenile Services when their response is mandatory;
 - d. Review all reports submitted for completeness and accuracy, in order to aid in follow-up investigation.

In summation, the spectrum of child abuse/neglect is very broad and encompasses many possible situation. Likewise, a police officer's discretion in this area is very broad. If he responds on a child abuse/neglect complaint,

unaccompanied by a CPS worker, he must be able to readily identify the problem as well as its scope; determine to what agency outside referral would be necessary; and fulfill the requirements of police intervention in the matter.

Child neglect will occasionally require a more immediate response from the police community than a case of abuse, simply because the parent/guardian is unavailable and the child may be in immediate danger. The officer should, upon arrival and after consulting with his supervisor, attempt to enlist the assistance of relatives and/or neighbors until CPS workers can take charge of the situation. If this assistance is not readily available and the child is not older than three (3) years, then the threat to safety is at its greatest, and the child should be removed from the house, with the assistance of CPS worker whenever possible, and further attempts to notify parents/guardians once the child is safely confined.

An officer's observations play a key role in determining child abuse/neglect, and as such should at all times be included or documented in his report. Even a report which does not immediately result in an investigation, may at some later point become important documentation of continuing trend of child abuse/neglect, and will ultimately result in further investigation and referral to other assisting agencies.

A final item of consideration is the chronic runaway. Many abused or neglected children fall into this category, and all officers are reminded of the fact that when dealing with a subject who runs away periodically, he or she may be a victim of child abuse/neglect and that his or her behavior in running away is her only way to draw attention to a deeper and more profound problem.

Social Service Agencies

Delaware Adolescent Program Inc.	652-3445
Child Protective Services	1-800-292-9582
Children's Service Center	577-3824
Economic Service (Adult)	
Client Services	577-3150
Northeast Service Center	577-3400
Porter Service Center	577-3183
16th & Thatcher Streets	
Services for Children, Youth & Families	577-6116
Foster Family Information	571-3824
Volunteer Services	571-6440
Youth Diagnostic Center	571-2253