

Child Abuse Identification and Reporting: The Pennsylvania Requirement

This course is approved by the Pennsylvania Department of Human Services to fulfill the requirement for 3 hours of Child Abuse Recognition and Reporting (Act 31) training for healthcare professionals applying for licensure. Provider number CACE000020.

This course is approved by the Pennsylvania Department of Human Services to fulfill the requirement for 2 hours of Child Abuse Recognition and Reporting (Act 31) training for healthcare professionals renewing their license. Provider number CACE000020.

HOW TO RECEIVE CREDIT

- Read the enclosed course.
- Complete the questions at the end of the course.
- Return your completed Evaluation to NetCE by mail or fax, or complete online at www.NetCE.com. (If you are a physician, behavioral health professional, or Florida nurse, please return the included Answer Sheet/Evaluation.) Your postmark or facsimile date will be used as your completion date.
- Receive your Certificate(s) of Completion by mail, fax, or email.

Faculty

Alice Yick Flanagan, PhD, MSW, received her Master's in Social Work from Columbia University, School of Social Work. She has clinical experience in mental health in correctional settings, psychiatric hospitals, and community health centers. In 1997, she received her PhD from UCLA, School of Public Policy and Social Research. Dr. Yick Flanagan completed a year-long post-doctoral fellowship at Hunter College, School of Social Work in 1999. In that year she taught the course Research Methods and Violence Against Women to Masters degree students, as well as conducting qualitative research studies on death and dying in Chinese American families. (A complete biography appears at the end of this course.)

Faculty Disclosure

Contributing faculty, Alice Yick Flanagan, PhD, MSW, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

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Division Planners/Director Disclosure

The division planners and director have disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Audience

This course is designed for all Pennsylvania physicians, physician assistants, nurses, social workers, counselors, pharmacists, and allied health professionals required to complete child abuse education.

Accreditations & Approvals



JOINTLY ACCREDITED PROVIDER
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

As a Jointly Accredited Organization, NetCE is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

NetCE has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6361. Programs that do not qualify for NBCC credit are clearly identified. NetCE is solely responsible for all aspects of the programs.

NetCE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0033.

This course is considered self-study, as defined by the New York State Board for Social Work. Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of licensed master social work and licensed clinical social work in New York. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice for an LMSW and LCSW. A licensee who practices beyond the authorized scope of practice could be charged with unprofessional conduct under the Education Law and Regents Rules.

NetCE is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0021.

This course is considered self-study by the New York State Board of Mental Health Counseling.

NetCE is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed marriage and family therapists. #MFT-0015.

This course is considered self-study by the New York State Board of Marriage and Family Therapy.

Designations of Credit

NetCE designates this enduring material for a maximum of 3 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 3 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. Completion of this course constitutes permission to share the completion data with ACCME.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME and Self-Assessment requirements of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

This activity has been approved for the American Board of Anesthesiology's[®] (ABA) requirements for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program[®] (MOCA[®]), known as MOCA 2.0[®]. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements. Maintenance of Certification in Anesthesiology Program[®] and

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Successful completion of this CME activity, which includes participation in the activity with individual assessments of the participant and feedback to the participant, enables the participant to earn 3 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

This activity has been designated for 3 Lifelong Learning (Part II) credits for the American Board of Pathology Continuing Certification Program.

Through an agreement between the Accreditation Council for Continuing Medical Education and the Royal College of Physicians and Surgeons of Canada, medical practitioners participating in the Royal College MOC Program may record completion of accredited activities registered under the ACCME's "CME in Support of MOC" program in Section 3 of the Royal College's MOC Program.

NetCE designates this continuing education activity for 3 ANCC contact hours.



IPCE CREDIT[™]

This activity was planned by and for the health-care team, and learners will receive 3 Interprofessional Continuing Education (IPCE) credits for learning and change.

NetCE designates this continuing education activity for 3.6 hours for Alabama nurses.

AACN Synergy CERP Category B.

NetCE designates this activity for 3 hours ACPE credit(s). ACPE Universal Activity Numbers: JA4008164-0000-24-053-H04-P and JA4008164-0000-24-053-H04-T.

Social workers completing this intermediate-to-advanced course receive 3 Clinical continuing education credits.

NetCE designates this continuing education activity for 3 CE credits.

NetCE designates this continuing education activity for 1.5 NBCC clock hours.

Individual State Nursing Approvals

In addition to states that accept ANCC, NetCE is approved as a provider of continuing education in nursing by: Alabama, Provider #ABNP0353 (valid through 07/29/2025); Arkansas, Provider #50-2405; California, BRN Provider #CEP9784; California, LVN Provider #V10662; California, PT Provider #V10842; District of Columbia, Provider #50-2405; Florida, Provider #50-2405; Georgia, Provider #50-2405; Kentucky, Provider #7-0054 (valid through 12/31/2025); South Carolina, Provider #50-2405; West Virginia, RN and APRN Provider #50-2405.

Individual State Behavioral Health Approvals

In addition to states that accept ASWB, NetCE is approved as a provider of continuing education by the following state boards: Alabama State Board of Social Work Examiners, Provider #0515; Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health, Provider #50-2405; Illinois Division of Professional Regulation for Social Workers, License #159.001094; Illinois Division of Professional Regulation for Licensed Professional and Clinical Counselors, License #197.000185; Illinois Division of Professional Regulation for Marriage and Family Therapists, License #168.000190.

Special Approvals

This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency, and California Assembly Bill 241, Implicit Bias.

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About the Sponsor

The purpose of NetCE is to provide challenging curricula to assist healthcare professionals to raise their levels of expertise while fulfilling their continuing education requirements, thereby improving the quality of healthcare.

Our contributing faculty members have taken care to ensure that the information and recommendations are accurate and compatible with the standards generally accepted at the time of publication. The publisher disclaims any liability, loss or damage incurred as a consequence, directly or indirectly, of the use and application of any of the contents. Participants are cautioned about the potential risk of using limited knowledge when integrating new techniques into practice.

Disclosure Statement

It is the policy of NetCE not to accept commercial support. Furthermore, commercial interests are prohibited from distributing or providing access to this activity to learners.

Course Objective

The purpose of this course is to enable healthcare professionals in all practice settings to define child abuse and identify the children who are affected by violence. This course describes how a victim can be accurately diagnosed and identifies the community resources available in the state of Pennsylvania for child abuse victims.

Learning Objectives

Upon completion of this course, you should be able to:

1. Identify the basis for reporting suspected child abuse, including having “reasonable cause to suspect” a child is a victim of child abuse.
2. List the three key components of child abuse as defined by the PA CPSL.
3. Outline the action(s) a mandated reporter must immediately make if they have reasonable cause to suspect a child is a victim of child abuse, including identification of defining circumstances.
4. Relate the actions that are NOT required to take place in order for a mandated reporter to make a report of suspected child abuse.
5. Describe the concept of good faith and how it relates to a mandated reporter making a report of suspected child abuse.
6. Identify circumstances under which mandated reporters are required to make a report if they have reasonable cause to suspect a child is a victim of child abuse.



Sections marked with this symbol include evidence-based practice recommendations. The level of evidence and/or strength of recommendation, as provided by the evidence-based source, are also included so you may determine the validity or relevance of the information. These sections may be used in conjunction with the course material for better application to your daily practice.

CHILD WELFARE IN PENNSYLVANIA

Pennsylvania was also the first state to take a non-criminal view of child abuse [22; 26]. In 1975, the Pennsylvania Child Protective Services Law (CPSL) (23 Pa.C.S. Chapter 63, Child Protective Services) was enacted, which established a child abuse hotline and a statewide central registry in Pennsylvania in order to encourage the reporting of child abuse [26]. The purpose of the Law is to protect children from abuse, allow the opportunity for healthy growth and development, and preserve and stabilize the family whenever possible. It does not restrict the generally recognized existing rights of parents to use reasonable supervision and control when raising their children.

The child welfare system in Pennsylvania is supervised by the state but administered by the different local counties [27]. This means that there are a total of 67 county agencies that administer the child welfare and juvenile justice services [27]. The State of Pennsylvania delineates two functions for the local agencies: child protective services (CPS) and general protective services (GPS). Recent amendments to the PA CPSL relevant to child abuse recognition and reporting include Act 115 of 2016 (relating to human trafficking), Act 54 of 2018 (relating to notification of substance affected infants by healthcare providers and plan of safe care), and Act 88 of 2019 (relating to penalties for failure to report or refer).

In 2016, SB1311 (Act 115) was signed and went into effect. This Act provides for additional grounds for involuntary termination of parental rights,

provides for an additional grounds for aggravated circumstances, allows for the release of information in confidential reports to law enforcement when investigating cases of severe forms of trafficking in persons of sex trafficking, and adds a category of child abuse to include human trafficking. In 2017, Governor Tom Wolf approved Act 68 (also known as the Newborn Protection Act) to increase the number of locations for parents to give up their newborn without criminal liability [6]. In 2018, Act 29 was signed and expanded the definition of child abuse in Pennsylvania to include leaving a child unsupervised with a sexual predator [5]. That same year, Act 54 was signed and required mandatory notification when a medical provider has determined that a child (younger than 1 year of age) was born affected by substance use or withdrawal symptoms resulting from prenatal drug or alcohol exposure. This Act also mandates the development of “interagency protocols” to support local multidisciplinary teams to identify, assess, and develop a plan of safe care for infants born affected by substance use or withdrawal symptoms. In 2019, Act 88, relating to penalties for failure to report or refer, was enacted.

CHILD PROTECTIVE SERVICES

The Pennsylvania child welfare system is state-supervised and county-administered. County children-and-youth agencies (CCYAs) have two main functions: Child Protective Services (CPS) and General Protective Services (GPS). The first is CPS, which consists of services and activities provided by DHS and each county agency for child abuse cases. Cases identified as CPS require an investigation because the alleged act or failure to act meets the definition of child abuse. The PA CPSL’s definition of child abuse recognizes 10 separate categories of child abuse. Examples of CPS cases include:

- Causing bodily injury to a child through any recent act or failure to act
- Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act

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

GENERAL PROTECTIVE SERVICES

GPS is involved in non-abuse cases or acts that involve non-serious injury or neglect [38]. The primary purpose of GPS is to protect the rights and welfare of children, so they have an opportunity for healthy growth and development [38]. It includes services and activities provided by each county agency for cases requiring protective services, as defined by DHS in regulations. GPS cases require an assessment for services and supports. In these cases, the alleged act or failure to act may not meet the definition of child abuse but is still detrimental to a child. Examples of GPS cases: services are provided to prevent the potential for harm to a child who meets one of the following conditions:

- Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for their physical, mental, or emotional health, or morals
- Has been placed for care or adoption in violation of law
- Has been abandoned by their parents, guardian, or other custodian
- Is without a parent, guardian, or legal custodian

- Is habitually and without justification truant from school while subject to compulsory school attendance
- Has committed a specific act of habitual disobedience of the reasonable and lawful commands of their parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment, or supervision
- Is younger than 10 years of age and has committed a delinquent act
- Has been formerly adjudicated dependent under section 6341 of the Juvenile Act (relating to adjudication) and is under the jurisdiction of the court, subject to its conditions or placements, and who commits an act that is defined as ungovernable
- Has been referred under section 6323 of the Juvenile Act (relating to informal adjustment) and who commits an act that is defined as ungovernable
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act
- Causing serious physical neglect of a child
- Engaging in any of the following specific recent “per se” acts:
 - Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child
 - Unreasonably restraining or confining a child, based on consideration of the method, location, or duration of the restraint or confinement
 - Forcefully shaking a child younger than 1 year of age
 - Forcefully slapping or otherwise striking a child younger than 1 year of age
 - Interfering with the breathing of a child
 - Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 relating to the operation of methamphetamine laboratory is occurring, provided that the violation is being investigated by law enforcement
 - Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known
 - a) is required to register as a Tier II or Tier III sexual offender (under 42 Pa.C.S. Ch. 97 Subch. H relating to registration of sexual offenders), where the victim of the sexual offense was younger than 18 years of age when the crime was committed;
 - b) has been determined to be a sexually violent predator (under 42 Pa.C.S. § 9799.24 relating to assessments, or any of its predecessors);

DEFINITIONS OF CHILD ABUSE

In Pennsylvania, the child abuse law takes a very comprehensive approach to defining of child abuse [26]. According to Pennsylvania law, child abuse shall mean intentionally, knowingly, or recklessly doing any of the following [13]:

- Causing bodily injury to a child through any recent act or failure to act
- Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease that results in a potentially harmful medical evaluation or treatment to the child through any recent act
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act
- Causing sexual abuse or exploitation of a child through any act or failure to act

- c) has been determined to be a sexually violent delinquent child (as defined in 42 Pa.C.S. § 9799.12 relating to definitions); or
 - d) has been determined to be a sexually violent predator (under 42 Pa.C.S. § 9799.58, relating to assessments) or has to register for life (under 42 Pa.C.S. § 9799.55(b) relating to registration)
- Causing the death of the child through any act or failure to act
 - Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000

KEY COMPONENTS OF CHILD ABUSE

- Child: An individual younger than 18 years of age
- Act or failure to act; Recent act; Recent act or failure to act; or A series of acts or failures to act
 - Act: Something that is done to harm or cause potential harm to a child
 - Failure to act: Something that is NOT done to prevent harm or potential harm to a child
 - Recent act: Any act committed within two (2) years of the date of the report to DHS or county agency
 - Recent act or failure to act: Any act or failure to act committed within two (2) years of the date of the report to DHS or county agency
- Intentionally, knowingly, or recklessly
 - Intentionally: Done with the direct purpose of causing the type of harm that resulted
 - Knowingly: Awareness that harm is practically certain to result
 - Recklessly: Conscious disregard of substantial and unjustifiable risk

EXCLUSIONS

In addition, the CPSL explicitly excludes specific acts and injuries from the definition of child abuse:

- Restatement of culpability: Conduct that causes injury or harm to a child or creates a risk of injury or harm to a child shall not be considered child abuse if there is no evidence that the person acted intentionally, knowingly, or recklessly when causing the injury or harm to the child or creating a risk of injury or harm to the child.
- Child abuse exclusions: The term child abuse does not include any conduct for which an exclusion is provided in § 6304 of the PA CPSL (relating to exclusions from child abuse).

Exclusions to the definition of child abuse (23 Pa.C.S. § 6304):

- Environmental factors: No child shall be deemed to be physically or mentally abused based on injuries that result solely from environmental factors, such as inadequate housing, furnishings, income, clothing, and medical care, that are beyond the control of the parent or person responsible for the child's welfare with whom the child resides. This shall not apply to any child-care service as defined under section 6303(a) of the PA CPSL (excluding an adoptive parent).
- Practice of religious beliefs: If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of sincerely held religious beliefs of the child's parents or relative within the third degree of consanguinity and with whom the child resides, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. In such cases the following shall apply:
 - The county agency shall closely monitor the child and the child's family and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child's life or long-term health.

- All correspondence with a subject of the report and the records of the department and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child's condition.
- The family shall be referred for general protective services, if appropriate.
- This exclusion shall not apply if the failure to provide needed medical or surgical care causes the death of the child.
- This exclusion shall not apply to any childcare service as defined under section 6303(a) of the PA CPSL (excluding an adoptive parent).
- Use of force for supervision, control, and safety purposes: Subject to subsection (d) (relating to the rights of parents), the use of reasonable force on or against a child by the child's own parent or person responsible for the child's welfare shall not be considered child abuse if any of the following conditions apply:
 - The use of reasonable force constitutes incidental, minor, or reasonable physical contact with the child or other actions that are designed to maintain order and control.
 - The use of reasonable force is necessary to quell a disturbance or remove the child from the scene of a disturbance that threatens physical injury to persons or damage to property; to prevent the child from self-inflicted physical harm; for self-defense or the defense of another individual; or to obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are on the child or within the control of the child.
- Rights of parents: Nothing in this chapter shall be construed to restrict the generally recognized existing rights of parents to use reasonable force on or against their children for the purposes of supervision, control, and discipline of their children. Such reasonable force shall not constitute child abuse.
- Participation in events that involve physical contact with child: An individual participating in a practice or competition in an interscholastic sport, physical education, recreational activity, or extracurricular activity that involves physical contact with a child does not, in itself, constitute contact that is subject to the reporting requirements of the PA CPSL.
- Defensive force: Reasonable force for self-defense or the defense of another individual shall not be considered child abuse.
 - Reasonable force for self-defense or the defense of another individual (consistent with the provisions of 18 Pa.C.S. § 505, relating to use of force in self-protection, and § 506 (relating to use of force for the protection of other persons) shall not be considered child abuse.
- Child-on-child contact:
 - Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator.
 - Notwithstanding paragraph (1) above, the following shall apply:
 - Acts constituting any of the following crimes against a child shall be subject to the reporting requirements of the PA CPSL:
 - Rape (as defined in 18 Pa.C.S. § 3121, relating to rape)
 - Involuntary deviate sexual intercourse (as defined in 18 Pa.C.S. § 3123, relating to involuntary deviate sexual intercourse)
 - Sexual assault (as defined in 18 Pa.C.S. § 3124.1, relating to sexual assault)
 - Aggravated indecent assault (as defined in 18 Pa.C.S. § 3125, relating to aggravated indecent assault)

- Indecent assault (as defined in 18 Pa.C.S. § 3126, relating to indecent assault), and indecent exposure (as defined in 18 Pa. C.S. § 3127, relating to indecent exposure)
- No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight, or scuffle entered into by mutual consent.
- A law enforcement official who receives a report of suspected child abuse is not required to make a report to the department if the person allegedly responsible for the child abuse is a nonperpetrator child.
- An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child
- An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000

Nothing in the CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse before making a report of suspected child abuse; the exclusions from child abuse are considered/determined by DHS or the investigating agency after receipt of a referral/report.

PERPETRATOR

For the purposes of this course, a perpetrator is defined as an individual who has committed child abuse as defined under section 6303(b.1) of the Child Protective Services Law. The term includes only [2; 13]:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person 14 years of age or older responsible for the child's welfare or having direct contact with children as an employee of childcare services, a school, or through a program, activity, or service
- An individual 14 years of age or older who resides in the same home as the child

In a significant revision to the definition of perpetrator, school personnel and other childcare providers are considered "individuals responsible for the child's welfare" and may be perpetrators of child abuse; there is no longer a separate definition for student abuse [2]. As such, a perpetrator may be any such person who has direct or regular contact with a child through any program, activity, or services sponsored by a school, for-profit organization, or religious or other not-for-profit organization.

In addition, only the following may be considered a perpetrator for failing to act [2; 13]:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person 18 years of age or older and responsible for the child's welfare or who resides in the same home as the child

Nothing under Pennsylvania law requires a person who has reasonable cause to suspect a child is a victim of child abuse to identify the person responsible for the child abuse in order to make a report of suspected child abuse.

FORMS OF CHILD ABUSE

There are several acts that may be considered abusive, and knowledge of what constitutes abuse is vital for healthcare providers and other mandated reporters. In this section, specific behaviors that fall under the category of abuse and neglect will be reviewed.

Bodily Injury

Bodily injury can range from minor bruises and lacerations to severe neurologic trauma and death. Bodily injury is one of the most easily identifiable forms of abuse and the type most commonly seen by healthcare professionals [34].

Definitions (23 Pa.C.S. § 6303)


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

- Bodily injury: Impairment of physical condition or substantial pain
 - Impairment: If, due to the injury, the child’s ability to function is reduced temporarily or permanently in any way
 - Substantial pain: If the child experiences what a reasonable person believes to be substantial pain

Indicators of bodily injury include:

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

Fractures that result from abuse might be found on the child’s skull, ribs, nose, or any facial structure. These may be multiple or spiral fractures at various stages of healing. When examining patients, note bruises on the abdominal wall, any intestinal perforation, ruptured liver or spleen, and blood vessel, kidney, bladder, or pancreatic injury, especially if accounts for the cause do not make sense. Look for signs of abrasions on the child’s wrists, ankles, neck, or torso. Lacerations might also appear on the child’s lips, ears, eyes, mouth, or genitalia. If violent shaking or trauma occurred, the child might experience a subdural hematoma [9; 34].



According to the American College of Radiology, fractures highly suggestive of physical abuse include rib fractures, classic metaphyseal lesions, those unsuspected or inconsistent with the history or age of the child, multiple fractures involving more than one skeletal area, and fractures of differing ages.

(<https://acsearch.acr.org/docs/69443/Narrative>. Last accessed December 9, 2024.)

Level of Evidence: Expert Opinion/Consensus Statement

Sexual Abuse/Exploitation

Definitions (23 Pa.C.S. § 6303)

Sexual abuse or exploitation includes any of the following [45]:

- The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:
 - Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual
 - Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual

- Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual
- Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming
- Unlawful contact with a minor (as defined in 18 Pa.C.S. § 6318, relating to unlawful contact with minor)
- Sexual exploitation (as defined in 18 Pa.C.S. § 6320, relating to sexual exploitation of children)

The above does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within 4 years of the child's age.

- Any of the following when committed against a child:
 - Rape (as defined in 18 Pa.C.S. § 3121, relating to rape)
 - Statutory sexual assault (as defined in 18 Pa.C.S. § 3122.1, relating to statutory sexual assault)
 - Involuntary deviate sexual intercourse (as defined in 18 Pa.C.S. § 3123, relating to involuntary deviate sexual intercourse)
 - Sexual assault (as defined in 18 Pa.C.S. § 3124.1, relating to sexual assault)
 - Institutional sexual assault (as defined in 18 Pa.C.S. § 3124.2, relating to institutional sexual assault)
 - Aggravated indecent assault (as defined in 18 Pa.C.S. § 3125, relating to aggravated indecent assault)
 - Indecent assault (as defined in 18 Pa.C.S. § 3126, relating to indecent assault)
 - Indecent exposure (as defined in 18 Pa.C.S. § 3127, relating to indecent exposure)
 - Incest (as defined in 18 Pa.C.S. § 4302, relating to incest)
 - Prostitution (as defined in 18 Pa.C.S. § 5902, relating to prostitution and related offenses)
 - Sexual abuse (as defined in 18 Pa.C.S. § 6312, relating to sexual abuse of children)

Indicators of sexual abuse or exploitation include:

- Sexually promiscuous behavior
- Developmental age-inappropriate sexual play and/or drawings
- Cruelty to others
- Cruelty to animals
- Fire setting
- Anxious
- Withdrawn
- Sleep disturbances
- Bedwetting
- Pain or irritation in genital/anal area
- Difficulty walking or sitting
- Difficulty urinating
- Pregnancy
- Positive testing for sexually transmitted infection(s) (e.g., HIV)
- Excessive or injurious masturbation

Serious Physical Neglect

Definitions (23 Pa.C.S. § 6303)

Pennsylvania law defines serious physical neglect of a child as any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury, or impairs a child's health, development, or functioning:

- A repeated, prolonged, or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities
- The failure to provide a child with adequate essentials of life, including food, shelter, or medical care

Indicators of serious physical neglect include:

- Not registered in school
- Inadequate or inappropriate supervision
- Poor impulse control
- Frequently fatigued
- Parentified behaviors
- Lack of adequate medical and dental care
- Often hungry
- Lack of shelter
- Weight is significantly lower than normal for their age and gender
- Developmental delays
- Persistent (untreated) conditions (e.g., head lice, diaper rash)
- Exposure to hazards (e.g., illegal drugs, rodent/insect infestation, mold)
- Clothing that is dirty, inappropriate for the weather, too small, or too large

Serious Mental Injury

Definitions (23 Pa.C.S. § 6303)

Serious mental injury is a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that [1]:

- Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that the child's life or safety is threatened; or
- Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks

Indicators of serious mental injury include:

- Expressing feelings of inadequacy
- Fearful of trying new things
- Overly compliant
- Poor peer relationships
- Excessive dependence on adults
- Habit disorders (e.g., sucking, rocking)
- Eating disorders

- Frequent psychosomatic complaints (e.g., nausea, stomachache, headache)
- Bed-wetting
- Self-harm
- Speech disorders

Severe Forms of Trafficking in Persons

Severe forms of trafficking in persons:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such act has not attained 18 years of age; or
 - Sex trafficking: the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act
 - Commercial sex act: Any sex act on account of which anything of value is given to or received by any person
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Examples include:
 - Peonage: Paying off debt through work
 - Debt bondage: Debt slavery, bonded labor, or services for a debt or other obligation
 - Slavery: A condition compared to that of a slave in respect of exhausting labor or restricted freedom

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

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

Victim Identification/Warning Signs (Human Trafficking [Act 115 of 2016])

Warning signs specifically associated with victims of child trafficking and/or exploitation include (but are not limited to):

- A youth that has been verified to be younger than 18 years of age and is in any way involved in the commercial sex industry or has a record of prior arrest for prostitution or related charges
- An explicitly sexual online profile
- Excessive frequenting of Internet chat rooms or classified sites
- Depicting elements of sexual exploitation in drawing, poetry, or other modes of creative expression
- Frequent or multiple sexually transmitted infections or pregnancies
- Is found in a hotel, street track, truck stop, or strip club
- Lies about or has no identification or knowledge of personal data, such as but not limited to: age, name, and/or date of birth
- Wearing clothing that is dirty, sexually inappropriate, inappropriate for the weather, or too large or too small (often dresses or skirts that are provocative in nature)
- Wearing new clothes of any style, getting hair and/or nails done with no financial means
- Having multiple cell phones or very expensive items that they have no way of purchasing on their own
- Having unaddressed medical issues or goes to the ER or clinic alone or with an unrelated adult
- Being secretive about whereabouts
- Having late nights or unusual hours
- Having a tattoo that s/he is reluctant to explain

- Being in a controlling or dominating relationship
- Lack of insurance or control of own finances
- Exhibiting hypervigilance or paranoid behaviors
- Expressing interest in or being in relationships with adults or much older men or women
- Avoiding answering questions and letting someone else speak for them
- Having significant change in behavior, including increased social media and new associates or friends at school
- Having unexplained injuries and/or unbelievable or inconsistent explanations of injuries
- Having multiple bruises or cuts in various stages of healing
- Using specific terms, such as “trick,” “the life,” or “the game”

With this in mind, it is important not to stigmatize children based on their gender expression and clothing choices.

At-Risk Youth Populations (Human Trafficking [Act 115 of 2016])

At-risk youth populations include, but are not limited to, youth [7]:

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

RECOGNIZING WARNING SIGNS

It is crucial that practitioners become familiar with the indications of child abuse and neglect. These factors do not necessarily conclusively indicate the presence of abuse or neglect; rather, they are clues that require further interpretation and clinical investigation. Some parental risk indicators include [16]:

- Recounting of events that do not conform either with the physical findings or the child's physical and/or developmental capabilities
- Inappropriate delay in bringing the child to a health facility
- Unwillingness to provide information or the information provided is vague
- History of family violence in the home
- Parental misuse of substances and/or alcohol
- Minimal knowledge or concern about the child's development and care
- Environmental stressors, such as poverty, single parenthood, unemployment, or chronic illness in the family
- Unwanted pregnancy
- Early adolescent parent
- Expression that the parent(s) wanted a baby in order to feel loved
- Unrealistic expectations of the child
- Use of excessive physical punishment
- Healthcare service "shopping"
- History of parent "losing control" or "hitting too hard"

Child risk indicators include [16]:

- Multiple school absences
- Learning or developmental disabilities
- History of multiple, unexplained illnesses, hospitalizations, or accidents
- Poor general appearance (e.g., fearful, poor hygiene, malnourished appearance, inappropriate clothing for weather conditions)
- Stress-related symptoms, such as headaches or stomachaches

- Frozen watchfulness
- Mental illness or symptoms, such as psychosis, depression, anxiety, eating disorders, or panic attacks
- Regression to wetting and soiling
- Sexually explicit play
- Excessive or out-of-the-ordinary clinging behavior
- Difficulties with concentration
- Disruptions in sleep patterns and/or nightmares

Some of the types of behaviors and symptoms discussed in the definitions of physical, sexual, and serious mental injury are also warning signs. For example, any of the injuries that may result from bodily injury, such as a child presenting with bruises in the shape of electric cords or belt buckles, should be considered risk factors for abuse.

CONSEQUENCES OF CHILD ABUSE

The consequences of child abuse and neglect vary from child to child, and these differences continue as victims grow older. Several factors will mediate the outcomes, including the [17]:

- Severity, intensity, frequency, duration, and nature of the abuse and/or neglect
- Age or developmental stage of the child when the abuse occurred
- Relationship between the victim and the perpetrator
- Support from family members and friends
- Level of acknowledgment of the abuse by the perpetrator
- Quality of family functioning

In examining some of the effects of bodily injury, it is helpful to frame the consequences along a lifespan perspective [3]. During infancy, bodily injury can cause neurologic impairments. Most cases of infant head trauma are the result of child abuse [19]. Neurologic damage may also affect future cognitive, behavioral, and developmental outcomes. Some studies have noted that, in early childhood, physi-

cally abused children show less secure attachments to their caretakers compared to their non-abused counterparts [20].

By middle to late childhood, the consequences are more notable. Studies have shown significant intellectual and linguistic deficits in physically abused children [3]. Other environmental conditions, such as poverty, may also compound this effect. In addition, a number of affective and behavioral problems have been reported among child abuse victims, including anxiety, depression, low self-esteem, excessive aggressive behaviors, conduct disorders, delinquency, hyperactivity, and social detachment [3].

Surprisingly, there has been little research on the effects of childhood bodily injury on adolescents [3]. However, differences have been noted in parents who abuse their children during adolescence rather than preadolescence. It appears that lower socioeconomic status plays a lesser role in adolescent abuse as compared with abuse during preadolescence [21]. In addition, parents who abuse their children during adolescence are less likely to have been abused as children themselves compared with those parents who abused their children during preadolescence [21]. It is believed that the psychosocial effects of bodily injury manifest similarly in late childhood and adolescence.

Research findings regarding the effects of childhood abuse on adult survivors indicate an increased risk for major psychiatric disorders, including depression, post-traumatic stress disorder, and substance abuse [36]. Some adult survivors function well socially and in terms of mental and physical health, even developing increased resilience as a result of their experiences, while others exhibit depression, anxiety, post-traumatic stress, substance abuse, criminal behavior, violent behavior, and poor interpersonal relationships [3; 17; 43]. A meta-analysis found that adult survivors of child abuse were more likely to experience depression than non-abused counterparts, with the rates varying according to the type of abuse sustained (1.5-fold increase for physical child abuse, 2.11-fold increase for neglect, and 3-fold increase for serious mental injury) [24]. Similar results were found in a longitudinal study that

compared a child welfare cohort to a group with no child welfare involvement. The child welfare group was twice as likely to experience moderate-to-severe depression and generalized anxiety compared with the control group [25]. There is some evidence that vulnerability to long-term effects of maltreatment in childhood may be at least partially genetically mediated [18].

Although not all adult survivors of sexual abuse experience long-term psychological consequences, it is estimated that 20% to 50% of all adult survivors have identifiable adverse mental health outcomes [23]. Possible psychological outcomes include [10]:

- Affective symptoms: Numbing, post-traumatic stress disorder, anxiety, depression, obsessions and compulsions, somatization
- Interpersonal problems: Difficulties trusting others, social isolation, feelings of inadequacy, sexual difficulties (e.g., difficulties experiencing arousal and orgasm), avoidance of sex
- Distorted self-perceptions: Poor self-esteem, self-loathing, self-criticism, guilt, shame
- Behavioral problems: Risk of suicide, substance abuse, self-mutilation, violence
- Increased risk-taking behaviors: Abuse of substances, cigarette smoking, sexual risk-taking

Adult male survivors of child sexual abuse are three times as likely to perpetrate domestic violence as non-victims. In addition, female survivors of child sexual abuse are more vulnerable to bulimia, being a victim of domestic violence, and alcohol use disorder [28].

In more recent years, research has focused on the impact of adverse childhood experiences (ACEs) in general. ACEs are defined as potentially traumatic experiences that affect an individual during childhood (before 18 years of age) and increase the risk for future health and mental health problems (including increased engagement in risky behaviors) as adults [42]. Abuse and neglect during childhood are clear ACEs, but other examples include witness-

ing family or community violence; experiencing a family member attempting or completing suicide; parental divorce; parental or guardian substance abuse; and parental incarceration [42]. Adults who experienced ACEs are at increased risk for chronic illness, impaired health, violence, arrest, and substance use disorder [15; 28].

REPORTING SUSPECTED CHILD ABUSE

Pennsylvania has a delineated process in place to facilitate the reporting of suspected child abuse. In addition, in 2014, Governor Corbett signed four new bills intended to streamline and clarify the child abuse reporting process in Pennsylvania. These bills were spurred by the Sandusky child sexual abuse case.

In addition to the reporting guidelines and criteria outlined in the following section, it is also important to refer to your employer's internal policies related to reporting suspected child abuse.

ESTABLISHMENT OF STATEWIDE TOLL-FREE TELEPHONE NUMBER (23 PA.C.S. § 6332)

The statewide toll-free telephone number is available for all persons, whether mandated by law or not, to use to report cases of suspected child abuse or children allegedly in need of GPS.

PERSONS ENCOURAGED TO REPORT SUSPECTED CHILD ABUSE (23 PA.C.S. § 6312)

There are two general categories of child abuse reporters: mandated reporters and persons encouraged to report suspected child abuse. Persons encouraged to report suspected child abuse are individuals who report an incident of suspected child abuse. These persons are not required to act or intervene in cases of suspected abuse. Put plainly, persons encouraged to report suspected child abuse can report abuse while mandated reporters must report. However, it is important to note that any person may make an oral/verbal (1-800-932-0313) or written report of suspected child abuse, which may be submitted

electronically, or cause a report of suspected child abuse to be made to DHS, county agency, or law enforcement, if that person has reasonable cause to suspect that a child is a victim of child abuse.

PERSONS REQUIRED TO REPORT SUSPECTED CHILD ABUSE (23 PA.C.S. § 6311)

a. Mandated Reporters

By law, individuals who come into contact with children on a frequent and consistent basis due to their work are legally required to report any suspected child abuse [39]. The following adults shall make a report of suspected child abuse, subject to subsection (b) (relating to basis to report), if the person has reasonable cause to suspect that a child is a victim of child abuse [39]:

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State
- A medical examiner, coroner, or funeral director
- An employee of a health care facility or provider licensed by the Department of Health who is engaged in the admission, examination, care, or treatment of individuals
- A school employee
- An employee of a child-care service who has direct contact with children in the course of employment
- A clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer, or spiritual leader of any regularly established church or other religious organization
- An individual paid or unpaid, who—on the basis of the individual's role as an integral part of a regularly scheduled program, activity, or service—is a person responsible for the child's welfare or has direct contact with children
- An employee of a social service agency who has direct contact with children in the course of employment

- A peace officer or law enforcement official
- An emergency medical services provider certified by the Department of Health
- An employee of a public library who has direct contact with children in the course of employment
- An independent contractor
- An individual supervised or managed by a person listed above, who has direct contact with children in the course of employment
- An attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children
- A foster parent
- An adult family member who is a person responsible for the child's welfare and provides services to a child in a family living home, community home for individuals with an intellectual disability, or host home for children that are subject to supervision or licensure by DHS under Articles IX and X of the act of June 13, 1967 (P.L.31, No.21) known as the Human Services Code (formerly the Public Welfare Code)
- The mandated reporter comes into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity, or service.
- The mandated reporter is directly responsible for the care, supervision, guidance, or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter (either within or outside of the reporter's professional role) that the individual has committed child abuse.

Nothing in section 6311 of the PA CPSL requires a child to come before the mandated reporter in order to make a report of suspected child abuse. Further, nothing in section 6311 of the PA CPSL requires the mandated reporter to identify the person responsible for the child abuse in order to make a report of suspected child abuse.

c. Staff Members of Institutions, Etc.

Whenever a person is required to report under subsection (b) (relating to basis to report) in the capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, that person shall report immediately in accordance with section 6313 (relating to reporting procedure) and shall immediately thereafter notify the person in charge of the institution, school, facility, or agency or the designated agent of the person in charge [32]. Upon notification, the person in charge or the designated agent, if any, is responsible for facilitating the cooperation of the institution, school, facility, or agency with the investigation of the report. Any intimidation, retaliation, or obstruc-

It has long been debated whether attorneys should be included as mandated reporters. With this new definition, there is a seeming compromise, limiting the mandate to attorneys who are affiliated with an organization that is responsible for the care, supervision, guidance, or control of children [37].

b. Basis to Report

A mandated reporter enumerated in subsection (a) (relating to mandated reporters) shall make a report of suspected child abuse in accordance with section 6313 (relating to reporting procedure) if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances [32]:

tion in the investigation of the report is subject to the provisions of 18 Pa.C.S. § 4958 (relating to intimidation, retaliation, or obstruction in child abuse cases). The PA CPSL does not require more than one report from any such institution, school, facility, or agency.

Not surprisingly, more than three-quarters (80%) of suspected child abuse reports are made by mandated reporters [27]. More specifically, the majority of child abuse reports come from mandated reporters in public/private social services agencies.

Privileged Communications (23 Pa.C.S. § 6311.1)

a. General Rule

Subject to subsection (b) (relating to confidential communications), the privileged communications between a mandated reporter and a patient or client of the mandated reporter shall not:

- Apply to a situation involving child abuse
- Relieve the mandated reporter of the duty to make a report of suspected child abuse

As previously noted, an attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children is a mandated reporter.

b. Confidential Communications

The following protections shall apply: confidential communications made to a member of the clergy are protected under 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen); and confidential communications made to an attorney are protected so long as they are within the scope of 42 Pa.C.S. § 5916 (relating to confidential communications to attorney) and § 5928 (relating to confidential communications to attorney), the attorney work product doctrine, or the rules of professional conduct for attorneys [39].

Applicability of Mental Health Procedures Act

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

REASONABLE CAUSE TO SUSPECT

Reasonable cause to suspect may be a determination one makes based on training/experience and all known circumstances, to include “who,” “what,” “when,” and “how,” observations (e.g., indicators of abuse or “red flags”, behavior/demeanor of the child(ren), behavior/demeanor of the adult(s)), as well as familiarity with the individuals (e.g., family situation and relevant history or similar prior incidents, etc.). Some indicators may be more apparent than others depending on the type of abuse and/or depending on the child’s health, developmental level, and well-being. For example, some indicators may be visible on the child’s body while other indicators may be present in the child’s behaviors.

REPORTING PROCEDURE

In Pennsylvania, mandated reports of potential child abuse (CPS or GPS cases) are made either in writing (through the online portal) or orally to ChildLine. The ChildLine is available seven days per week, 24 hours per day at 800-932-0313. In 2020, ChildLine answered 163,215 calls, including suspected child abuse cases, referrals for GPS, and inquiries for general information to services [27]. Electronic submission of suspected child abuse reports may be made in lieu of calling ChildLine.

Report by Mandated Reporter

A mandated reporter shall immediately make an oral/verbal report of suspected child abuse to DHS via the statewide toll-free telephone number under § 6332 (relating to establishment of statewide toll-free telephone number) (1-800-932-0313) or a written report using electronic technologies under § 6305 (relating to electronic reporting) (via the self-service Child Welfare Information Solution (CWIS) Por-

tal, available online at <https://www.compass.state.pa.us/cwis>). A mandated reporter making an oral/verbal report of suspected child abuse to the DHS via the statewide toll-free telephone number shall also make a written report (CY47), which may be submitted electronically, within 48 hours to DHS or county agency assigned to the case in a manner and format prescribed by DHS. The failure of the mandated reporter to file the written report (CY47) shall not relieve the county agency from any duty under the PA CPSL, and the county agency shall proceed as though the mandated reporter complied.

Contents of Report

The written report of suspected child abuse, which may be submitted electronically, shall include all of the following information, if known [12]:

- The names and addresses of the child, the child's parents, and any other person responsible for the child's welfare
- Where the suspected abuse occurred
- The age and sex of each subject of the report
- The nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or any sibling of the child
- The name and relationship of each individual responsible for causing the suspected abuse and any evidence of prior abuse by each individual
- Family composition
- The source of the report
- The name, telephone number, and e-mail address of the person making the report
- The actions taken by the person making the report, including those actions taken under § 6314 (relating to photographs, medical tests and x-rays of child subject to report), § 6315 (relating to taking child into protective custody), § 6316 (relating to admission to private and public hospitals), or § 6317 (relating to mandatory reporting and postmortem investigation of deaths)
- Any other information required by federal law or regulation

- Any other information that DHS requires by regulation

According to Pennsylvania law, a person or official required to report cases of suspected child abuse may take or request photographs of the child who is subject to a report and, if clinically indicated, request a radiologic examination and other medical tests on the child [11]. If completed, medical summaries or reports of the photographs, x-rays, and relevant medical tests should be sent along with the written report or within 48 hours after a report is made electronically. Persons who have reasonable cause to suspect a child is a victim of child abuse are NOT required to identify the person responsible for the abuse in order to make a report of suspected child abuse.

Protections

Confidentiality of Reports (23 Pa.C.S. § 6339)

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

Mandated reporters must identify themselves when reporting [13]. However, the identity of the person making the report is kept confidential, with the exception of being released to law enforcement officials or the district attorney's office [13]. If a mandated reporter so chooses, he/she can sign a consent form that gives consent to have his/her name released [8].

A specialist at ChildLine will interview the caller to determine what the next step should be. This includes assessing if the report will be forwarded to a county agency for investigation as CPS or GPS; if a report should be forward directly to law enforcement officials; or if the caller will be referred to local services [14].

For both GPS and CPS cases, the appropriate county agency is contacted immediately [35]. The county agency is then responsible for its investigation, completing both a “risk assessment” and a “safety assessment.” In CPS cases, the agency sees and evaluates the child within 24 hours of receiving the report. The primary goal of the evaluations are to assess the nature and extent of the abuse reported; to evaluate the level of risk or harm if the child were to stay in the current living situation; and to determine action(s) needed to ensure the child’s safety [14].

A GPS referral will be assessed for any further needs, and appropriate referrals for services may be made for the child and family. If it is a CPS case, further investigation will be conducted. During the investigation, the agency may take photographs of the child and his/her injuries for the files. All investigations must be completed within 30 days from the date the report is taken at ChildLine [27]. Mandated reporters have a right to know of the findings of the investigation and the services provided to the child and may follow the case [33].

Electronic Reporting (23 Pa.C.S. § 6305)

Confirmation of Reports

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

MANDATORY NOTIFICATION OF SUBSTANCE AFFECTED INFANTS BY HEALTH CARE PROVIDERS AND PLAN OF SAFE CARE (ACT 54 OF 2018)

A healthcare provider shall immediately give notice or cause notice to be given to Pennsylvania Department of Human Services if the provider is involved in the delivery or care of a child younger than 1 year of age and the healthcare provider has determined, based on standards of professional practice, the child was born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure; or a fetal alcohol spectrum disorder. Notification to the Pennsylvania Department of Human Services can

be made electronically through the Child Welfare Portal or by calling 1-800-932-0313. This notification is for the purpose of assessing a child and the child’s family for a Plan of Safe Care and shall not constitute a child abuse report. In this context, healthcare provider or professional is defined as a licensed hospital or healthcare facility or person who is licensed, certified, or otherwise regulated to provide healthcare services under the laws of Pennsylvania, including physicians, podiatrists, optometrists, psychologists, physical therapists, certified nurse practitioners, registered nurses, nurse midwives, physician assistants, chiropractors, dentists, pharmacists, or individuals accredited or certified to provide behavioral health services.

In 2019, the Pennsylvania Department of Health, Pennsylvania Department of Drug and Alcohol Programs, and Pennsylvania Department of Human Services published the Pennsylvania Plan of Safe Care Guidance addressing a framework for responding to the health and substance use disorder treatment needs of infants born affected by substance use disorder and/or withdrawal symptoms and affected family or caregivers [4]. This publication includes definitions and evidence-based screening tools, based on standards of professional practice, to be utilized by healthcare providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder. The plan of safe care typically includes [4]:

- A release of information to allow for the collaboration among entities
- Referrals to treatment programs, mobile engagement and peer recovery specialists
- Education on neonatal abstinence syndrome, effects of substance use during pregnancy, and reporting requirements for substance affected infants
- A relapse plan that includes child safety considerations and identified family supports
- Coordination between the obstetrician and the prescribing practitioner(s)

- Development of a birth plan, including pain management options
- Education and guidance on breastfeeding and substance use
- Stigma-reducing practices designed to engage the patient in consistent prenatal care
- Referrals to Family Strengthening, Early Head Start, Family Check Up for Children, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, Family Group Decision Making (FGDM), Women Infant Children (WIC), public assistance, transportation assistance, counseling, housing assistance, domestic violence programs, and/or food banks
- Referral to ChildLine if there are concerns with mother's ability to be a caretaker for other children

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

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

Multidisciplinary Team

For the purpose of informing the plan of safe care, this team may include public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private children and youth agencies, early intervention and developmental services, courts, local education agencies, managed care organizations and private insurers, and hospitals and medical providers.

PROTECTIONS FOR REPORTERS

Reporters are afforded protections after reporting a suspected incidence of child abuse. Any person or institution who, in good faith, makes a report of child abuse, cooperates with a child abuse investigation, or testifies in a child abuse proceeding is considered immune from civil and criminal liability [44].

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

A person, hospital, institution, school, facility, agency, or agency employee acting in good faith shall have immunity from civil and criminal liability that might otherwise result from any of the following:

- Making a report of suspected child abuse or making a referral for general protective services, regardless of whether the report is required to be made under the PA CPSL
- Cooperating or consulting with an investigation under the PA CPSL, including providing information to a child fatality or near-fatality review team
- Testifying in a proceeding arising out of an instance of suspected child abuse or general protective services
- Engaging in any action authorized under 23 Pa.C.S. § 6314 (relating to photographs, medical tests and x-rays of child subject to report), § 6315 (relating to taking child into protective custody), § 6316 (relating to admission to private and public hospitals), or § 6317 (relating to mandatory reporting and postmortem investigation of deaths)

Departmental and County Agency Immunity

An official or employee of DHS or county agency who refers a report of suspected child abuse for general protective services to law enforcement authorities or provides services as authorized by the PA CPSL shall have immunity from civil and criminal liability that might otherwise result from the action.

Presumption of Good Faith

For the purpose of any civil or criminal proceeding, the good faith of a person required to report suspected child abuse and of any person required to make a referral to law enforcement officers under the PA CPSL shall be presumed.

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

Basis for Relief

A person may commence an action for appropriate relief if all of the following apply: the person is required to report suspected child abuse under § 6311 (relating to persons required to report suspected child abuse) or encouraged to report suspected child abuse under § 6312 (relating to persons encouraged to report suspected child abuse); the person acted in good faith in making or causing the report of suspected child abuse to be made; and as a result of making the report of suspected child abuse, the person is discharged from employment or is discriminated against with respect to compensation, hire, tenure, terms, conditions, or privileges of employment.

Applicability

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

Release of Information in Confidential Reports (23 Pa.C.S. § 6340)

Protecting Identity

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

PENALTIES (23 PA.C.S. § 6319)

Failure to Report or Refer

A person or official required by the PA CPSL to report a case of suspected child abuse or to make a referral to the appropriate authorities commits an offense if the person or official willfully fails to do so.

An offense under this section is a felony of the third degree if:

- The person or official willfully fails to report;
- The child abuse constitutes a felony of the first degree or higher; and
- The person or official has direct knowledge of the nature of the abuse.

An offense not otherwise specified above is a misdemeanor of the second degree.

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

Multiple Offenses

A person who, at the time of sentencing for an offense under this section, has been convicted of a prior offense under this section commits a felony of the third degree...except that, if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offenses is a felony of the second degree.

Continuing Course of Action

If a person's willful failure to report an individual suspected of child abuse continues while the person knows or has reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while the person knows or has reasonable cause to suspect that the same individual continues to have direct contact with children through the individual's employment, program, activity, or service, the person commits a felony of the third degree... except that, if the child abuse constitutes a felony of the first degree or higher, the person commits a felony of the second degree [2].

Statute of Limitations

The statute of limitations for an offense under this section shall be either the statute of limitations for the crime committed against the minor child or five years, whichever is greater.

BARRIERS TO REPORTING

Studies have shown that many professionals who are mandated to report child abuse and neglect are concerned and/or anxious about reporting. Identified barriers to reporting include [29; 30; 31; 40]:

- Professionals may not feel skilled in their knowledge base about child abuse and neglect. In addition, they lack the confidence to identify sexual abuse and serious mental injury.
- Professionals may be frustrated with how little they can do about poverty, unemployment, drug use, and the intergenerational nature of abuse.
- Although professionals understand their legal obligation, they may still feel that they are violating patient confidentiality.
- Many professionals are skeptical about the effectiveness of reporting child abuse cases given the bureaucracy of the child welfare system.
- Practitioners may be concerned that they do not have adequate or sufficient evidence of child abuse.

- Practitioners may have a belief that government entities do not have the right to get involved in matters within the family.
- There may be some confusion and emotional distress in the reporting process.
- Practitioners may fear that reporting will negatively impact the therapeutic relationship.
- Some professionals have concerns that there might be negative repercussions against the child by the perpetrator.
- Some simply underestimate the seriousness and risk of the situation and may make excuses for the parents.

When interviewing children whose first language is not English, it is highly recommended that they be interviewed through the use of an interpreter. It can cause additional stress for children who struggle to find the right words in English, which can result in more feelings of fear, disempowerment, and voicelessness [41].

AFTER A REPORT OR REFERRAL IS MADE

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

Referral to County Agency (CPS)

If the suspected child abuse is alleged to have been committed by a perpetrator, ChildLine will transmit the information to the county agency where the suspected child abuse is alleged to have occurred for investigation of the allegation(s).

Referral to County Agency and Law Enforcement Officials (LEO)

If the suspected child abuse is alleged to have been committed by a perpetrator and the behavior constituting the suspected child abuse may include a violation of a criminal offense, ChildLine will transmit the information to the appropriate law enforcement official in the county where the suspected child abuse is alleged to have occurred for a joint investigation of the allegation(s).

Referral to Law Enforcement Officials Only (LEO)

If the person suspected of committing child abuse is not a perpetrator but the behavior constituting the suspected child abuse may include a violation of a criminal offense, ChildLine will transmit the information to the appropriate law enforcement official in the county where the suspected child abuse is alleged to have occurred for investigation of the allegation(s).

Referral to County Agency (GPS)

If the referral/report does not suggest the child is in need of protective services but suggests the child is in need of other services, ChildLine will transmit the information to the appropriate county agency for assessment of the needs of the child.

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

Notice to Mandated Reporter

If a report was made by a mandated reporter, DHS shall notify the mandated reporter who made the report of suspected child abuse of all of the following within three business days of DHS's receipt of the results of the investigation, including whether the child abuse report is founded, indicated, or unfounded; and any services provided, arranged for, or to be provided by the county agency to protect the child.

CASE SCENARIOS

In the following case scenarios, consider whether mandated reporters have reasonable cause to suspect a child is a victim of child abuse and are required to make a report of suspected child abuse.

CASE 1

A young boy comes into the community health clinic for a physical exam. The boy's mother hovers and does not seem to want to let her son answer any questions. During the exam, in the process of taking blood, the nurse notices some bruises and lacerations on the boy's arm. Later, bruises in the shape of a belt are observed on the boy's back as well. Upon questioning, the boy will only say that he was "bad."

Is there reasonable cause to suspect this child is a victim of child abuse? What, if any, indicators of child abuse exist in this case?

The injuries are consistent with inflicted bodily injuries, indicative of abuse. In this case, the nurse is a mandated reporter and is required by law to make a report to ChildLine.

CASE 2

Ms. J, a social worker, notices neighbor children, E (5 years of age) and S (6 years of age), running around their front yard at 8 p.m. The front door of the house is wide open, and Ms. J asks if their mother is home. S states that her mother went out with her girlfriend to a party. Ms. J asks if a babysitter is at the house, and S answers "no" again. This is not the first time neighbors have noticed that the kids are left at home alone. The neighbors report that the mother often comes home late, intoxicated.

Is there reasonable cause to suspect this child is a victim of child abuse? What, if any, indicators of child abuse exist in this case?

The young children in this case have been left without supervision, an indicator consistent with serious physical neglect. Ms. J, a mandated reporter, is required to report to ChildLine. More information will be presented about reporting in later sections of this course.

CASE 3

A young girl, 2 years of age, is brought to the emergency department by her mother and stepfather for a scalp laceration. The girl is very quiet and appears listless and out of sorts. Her mother reports that she was injured when she fell onto a rock outside, but that the injury occurred when the girl was being watched by the stepfather. The girl undergoes assessment for traumatic brain injury, including assessment of function using the modified Glasgow Coma Score. The toddler is found to have mild impairment (a score of 13), and the follow-up test two hours later indicates normal functioning. The nurse notices that the toddler appears to be afraid of the stepfather, leaning away and crying when he is near her. The stepfather also appears to be easily frustrated with the child, saying that he does not know why she cries so much.

Is there reasonable cause to suspect this child is a victim of child abuse? What, if any, indicators of child abuse exist in this case?

Aside from the physical injury, which could be consistent with the reported accident, this patient has some signs of bodily injury (e.g., flinches easily or avoids being touched) that may give a provider reasonable cause to suspect abuse. If the provider caring for this patient has reasonable cause to suspect that the child is a victim of child abuse, they are required to make a report to ChildLine, which would initiate an investigation.

CASE 4

A boy, 13 years of age, is undergoing a routine physical exam with his family physician. The physician asks the boy if he is excited to start school in the next few weeks and how his baseball team is doing. The boy becomes quiet and states that he is nervous about an upcoming trip with his baseball team but does not give additional information. When asked directly, the boy says that he is uncomfortable with the new assistant coach, who watches pornography with them during out-of-town tournaments and supplies them with pornographic magazines. However, the boy states that he doesn't think it's a big deal and that "all of the other kids seem to really like it."

Is there reasonable cause to suspect this child is a victim of child abuse? What, if any, indicators of child abuse exist in this case? What is the reporting procedure in this case?

In this case, the physician is required to make a report to ChildLine, because indicators are that the situation is consistent with sexual abuse or exploitation.

CASE 5

A girl, 6 years of age, visits the school nurse complaining of a stomachache. She is disheveled in appearance, with torn, dirty clothing and unbrushed hair. She reports being hungry, as she did not have dinner the night before or breakfast this morning. She also reports that she has been sleeping on a relative's couch with her mother since they moved out of their apartment last month.

Is there reasonable cause to suspect this child is a victim of child abuse? What, if any, indicators of child abuse exist in this case?

The signs in the case indicate poverty, not abuse. Because there is no reasonable cause to suspect child abuse, the nurse is not required to make a report to ChildLine. Instead, the patient and her family should be connected with available services and resources to assist in meeting their immediate needs. The nurse could make a report to ChildLine or the county Children and Youth Agency if the nurse is unable or unsuccessful in connecting the family with needed services.

KEY TAKEAWAYS

This course has explored the scope of child abuse and neglect in Pennsylvania as well as the appropriate response to suspected or known cases of child abuse. The following is a summary of key points:

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

- The PA CPSL recognizes three key components of child abuse:
 - Child
 - Act or failure to act; recent act; recent act or failure to act; or a series of acts or failures to act
 - Intentionally, knowingly, or recklessly
- A mandated reporter enumerated under section 6311(a) of the PA CPSL must immediately make a report suspected child abuse to ChildLine, Pennsylvania’s 24/7 Child Abuse Hotline and Registry, by calling 1-800-932-0313 or electronically through the Child Welfare Portal, if they have reasonable cause to suspect a child is a victim of child abuse under any of the following circumstances:
 - The mandated reporter comes into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity, or service.
 - The mandated reporter is directly responsible for the care, supervision, guidance, or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child.
 - A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
 - An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.
- Nothing in section 6311 of the PA CPSL requires a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.
- Nothing in section 6311 of the PA CPSL requires the mandated reporter to identify the person responsible for the child abuse in order to make a report of suspected child abuse.
- Nothing in the PA CPSL requires a person who has reasonable cause to suspect a child is a victim of child abuse to consider the exclusions from child abuse in order to make a report of suspected child abuse.
- A mandated reporter is presumed to have acted in good faith when making a report of suspected child abuse.

RESOURCES

ChildLine: Pennsylvania Child Abuse Hotline
1-800-932-0313
<https://www.dhs.pa.gov/keepkidssafe>

Child Welfare Information Gateway
330 C Street SW
Washington, DC 20201
1-800-394-3366
To report abuse: 1-800-422-4453
<https://www.childwelfare.gov>

Child Welfare League of America
727 15th Street NW, 12th Floor
Washington, DC 20005
202-688-4200
<https://www.cwla.org>

National Council on Child Abuse and Family Violence
P.O. Box 5222
Arlington, VA 22205
202-429-6695
<https://www.preventfamilyviolence.org>

Pennsylvania Chapter of Children’s Advocacy Centers and Multidisciplinary Teams
P.O. Box 3323
Erie, PA 16508
814-431-8151
<https://penncac.org>

Pennsylvania Child Welfare

Information Solution

877-343-0494

<https://www.compass.state.pa.us/cwis>

Pennsylvania Department of Human Services

P.O. Box 2675

Harrisburg, PA 17105

1-800-692-7462

<https://www.dhs.pa.gov>

University of Pittsburgh, Pennsylvania

Child Welfare Resource Center

403 East Winding Hill Road

Mechanicsburg, PA 17055

717-795-9048

<http://www.pacwrc.pitt.edu>

Pennsylvania Child Protective Services Law

Section 6303: Definitions

<https://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/23/00.063.003.000..HTM>

Implicit Bias in Health Care

The role of implicit biases on healthcare outcomes has become a concern, as there is some evidence that implicit biases contribute to health disparities, professionals' attitudes toward and interactions with patients, quality of care, diagnoses, and treatment decisions. This may produce differences in help-seeking, diagnoses, and ultimately treatments and interventions. Implicit biases may also unwittingly produce professional behaviors, attitudes, and interactions that reduce patients' trust and comfort with their provider, leading to earlier termination of visits and/or reduced adherence and follow-up. Disadvantaged groups are marginalized in the healthcare system and vulnerable on multiple levels; health professionals' implicit biases can further exacerbate these existing disadvantages.

Interventions or strategies designed to reduce implicit bias may be categorized as change-based or control-based. Change-based interventions focus on reducing or changing cognitive associations underlying implicit biases. These interventions might include challenging stereotypes. Conversely, control-based interventions involve reducing the effects of the implicit bias on the individual's behaviors. These strategies include increasing awareness of biased thoughts and responses. The two types of interventions are not mutually exclusive and may be used synergistically.

FACULTY BIOGRAPHY

Alice Yick Flanagan, PhD, MSW, received her Master's in Social Work from Columbia University, School of Social Work. She has clinical experience in mental health in correctional settings, psychiatric hospitals, and community health centers. In 1997, she received her PhD from UCLA, School of Public Policy and Social Research. Dr. Yick Flanagan completed a year-long post-doctoral fellowship at Hunter College, School of Social Work in 1999. In that year she taught the course Research Methods and Violence Against Women to Masters degree students, as well as conducting qualitative research studies on death and dying in Chinese American families.

Previously acting as a faculty member at Capella University and Northcentral University, Dr. Yick Flanagan is currently a contributing faculty member at Walden University, School of Social Work, and a dissertation chair at Grand Canyon University, College of Doctoral Studies, working with Industrial Organizational Psychology doctoral students. She also serves as a consultant/subject matter expert for the New York City Board of Education and publishing companies for online curriculum development, developing practice MCAT questions in the area of psychology and sociology. Her research focus is on the area of culture and mental health in ethnic minority communities.

RELEVANT RESOURCES BY SECTION

Child Welfare in Pennsylvania

- 23 Pa.C.S. § 6303 (relating to definitions)
 - Bodily injury
 - Child
 - Child abuse
 - Child protective services
 - County agency
 - Department
 - General protective services
 - Parent
 - Protective services
 - Recent act
 - Recent act or failure to act
 - Serious mental injury
 - Serious physical neglect
 - Sexual abuse or exploitation
 - Substantiated child abuse
- 23 Pa.C.S. § 6362 (relating to responsibilities of county agency for child protective services)
- 23 Pa.C.S. § 6372 (relating to protecting well-being of children maintained outside home)
- 23 Pa.C.S. § 6373 (relating to general protective services responsibilities of county agency)
- 23 Pa.C.S. § 6374 (relating to principles and goals of general protective services)
- 23 Pa.C.S. § 6375 (relating to county agency requirements for general protective services)
- 55 Pa. Code § 3490.223 (relating to definitions)
 - Assessment
 - General protective services
 - Potential for harm
 - Protective services
- Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)
 - Severe forms of trafficking in persons
 - Sex trafficking

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

- 23 Pa.C.S. § 6303 (relating to definitions)
 - Child
 - Child abuse
 - County agency
 - Department
 - Health care facility
 - Health care provider
 - Parent
- 2018 Act 54 - PA General Assembly (state.pa.us)
- Plans of Safe Care (pa.gov)

Table 1 continues on next page.

RELEVANT RESOURCES BY SECTION <i>(Continued)</i>
Key Components of Child Abuse
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • County agency • Department • Intentionally • Knowingly • Recent act • Recent act or failure to act • Recklessly <p>18 Pa.C.S. § 302 (relating to general requirements of culpability)</p> <ul style="list-style-type: none"> • (b)(1) Intentionally • (b)(2) Knowingly • (b)(3) Recklessly
Perpetrator
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • Childcare services • Direct contact with children • Institution of higher education • Parent • Perpetrator • Person responsible for the child’s welfare • Program, activity, or service • Routine interaction • School • School employee <p>23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)</p> <p>Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)</p> <ul style="list-style-type: none"> • Severe forms of trafficking in persons • Sex trafficking
<i>Table 1 continues on next page.</i>

RELEVANT RESOURCES BY SECTION (Continued)

Categories and Indicators of Child Abuse

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

- Bodily injury
- Child
- Child abuse
- Intentionally
- Knowingly
- Parent
- Recent act
- Recent act or failure to act
- Recklessly
- Serious mental injury
- Serious physical neglect
- Sexual abuse or exploitation

Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)

- Coercion
- Commercial sex act
- Debt bondage
- Involuntary servitude
- Severe forms of trafficking in persons
- Sex trafficking

42 Pa.C.S. JUDICIARY AND JUDICIAL PROCEDURE

- 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders)
- 42 Pa.C.S. § 9799.12 (relating to definitions)

Sexually violent delinquent child

Sexually violent predator

Tier II sexual offense

Tier III sexual offense

- 42 Pa.C.S. § 9799.14 (relating to sexual offenses and tier system)

(c) Tier II sexual offenses

(d) Tier III sexual offenses

- 42 Pa.C.S. § 9799.24 (relating to assessments)
- 42 Pa.C.S. § 9799.55(b) (relating to registration)
- 42 Pa.C.S. § 9799.58 (relating to assessments)

18 Pa.C.S. CRIMES AND OFFENSES

- 18 Pa.C.S. § 302 (relating to general requirements of culpability)

(b)(1) Intentionally

(b)(2) Knowingly

(b)(3) Recklessly

- 18 Pa.C.S. § 3121 (relating to rape)
- 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)
- 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)
- 18 Pa.C.S. § 3124.1 (relating to sexual assault)
- 18 Pa.C.S. § 3124.2 (relating to institutional sexual assault)
- 18 Pa.C.S. § 3125 (relating to aggravated indecent assault)
- 18 Pa.C.S. § 3126 (relating to indecent assault)
- 18 Pa.C.S. § 3127 (relating to indecent exposure)
- 18 Pa.C.S. § 4302 (relating to incest)
- 18 Pa.C.S. § 5902 (relating to prostitution and related offenses)
- 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory)

Table 1 continues on next page.

RELEVANT RESOURCES BY SECTION <i>(Continued)</i>
Bodily Injury
23 Pa.C.S. § 6303 (relating to definitions) <ul style="list-style-type: none"> • Bodily injury • Child • Child abuse • Intentionally • Knowingly • Recent act or failure to act • Recklessly • Serious bodily injury 18 Pa.C.S. CRIMES AND OFFENSES <ul style="list-style-type: none"> • 18 Pa.C.S. § 302 (relating to general requirements of culpability) (b)(1) Intentionally (b)(2) Knowingly (b)(3) Recklessly
Serious Mental Injury
23 Pa.C.S. § 6303 (relating to definitions) <ul style="list-style-type: none"> • Child • Child abuse • Intentionally • Knowingly • Recklessly • Serious mental injury 18 Pa.C.S. CRIMES AND OFFENSES <ul style="list-style-type: none"> • 18 Pa.C.S. § 302 (relating to general requirements of culpability) (b)(1) Intentionally (b)(2) Knowingly (b)(3) Recklessly
Serious Physical Neglect
23 Pa.C.S. § 6303 (relating to definitions) <ul style="list-style-type: none"> • Bodily injury • Child • Child abuse • Intentionally • Knowingly • Perpetrator • Recklessly • Serious bodily injury • Serious physical neglect 18 Pa.C.S. CRIMES AND OFFENSES <ul style="list-style-type: none"> • 18 Pa.C.S. § 302 (relating to general requirements of culpability) (b)(1) Intentionally (b)(2) Knowingly (b)(3) Recklessly
<i>Table 1 continues on next page.</i>

RELEVANT RESOURCES BY SECTION <i>(Continued)</i>
Sexual Abuse or Exploitation
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • Intentionally • Knowingly • Recklessly • Sexual abuse or exploitation <p>Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)</p> <ul style="list-style-type: none"> • Coercion <p>18 Pa.C.S. CRIMES AND OFFENSES</p> <ul style="list-style-type: none"> • 18 Pa.C.S. § 302 (relating to general requirements of culpability) <p>(b)(1) Intentionally (b)(2) Knowingly (b)(3) Recklessly</p> <ul style="list-style-type: none"> • 18 Pa.C.S. § 3121 (relating to rape) • 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault) • 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse) • 18 Pa.C.S. § 3124.1 (relating to sexual assault) • 18 Pa.C.S. § 3124.2 (relating to institutional sexual assault) • 18 Pa.C.S. § 3125 (relating to aggravated indecent assault) • 18 Pa.C.S. § 3126 (relating to indecent assault) • 18 Pa.C.S. § 3127 (relating to indecent exposure) • 18 Pa.C.S. § 4302 (relating to incest) • 18 Pa.C.S. § 5902 (relating to prostitution and related offenses)
Severe Forms of Trafficking in Persons
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • Intentionally • Knowingly • Recklessly <p>Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)</p> <ul style="list-style-type: none"> • Coercion • Commercial sex act • Debt bondage • Involuntary servitude • Severe forms of trafficking in persons • Sex trafficking <p>18 Pa.C.S. CRIMES AND OFFENSES</p> <ul style="list-style-type: none"> • 18 Pa.C.S. § 302 (relating to general requirements of culpability) <p>(b)(1) Intentionally (b)(2) Knowingly (b)(3) Recklessly</p>
<i>Table 1 continues on next page.</i>

RELEVANT RESOURCES BY SECTION (Continued)
Exclusions from Child Abuse
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • Child abuse exclusions • County agency • Department • General protective services • Parent • Perpetrator • Person responsible for the child’s welfare <p>23 Pa.C.S. § 6304 (relating to exclusions from child abuse)</p> <p>18 Pa.C.S. CRIMES AND OFFENSES</p> <ul style="list-style-type: none"> • 19 Pa.C.S. § 509 (relating to use of force by persons with special responsibility for care, discipline or safety of others) • 18 Pa.C.S. § 3121 (relating to rape) • 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse) • 18 Pa.C.S. § 3124.1 (relating to sexual assault) • 18 Pa.C.S. § 3125 (relating to aggravated indecent assault) • 18 Pa.C.S. § 3126 (relating to indecent assault) • 18 Pa.C.S. § 3127 (relating to indecent exposure)
Persons Encouraged to Report Suspected Child Abuse vs. Persons Required to Report Suspected Child Abuse
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Adult • Adult family member • Child • Child abuse • Department • Direct contact with children • Independent contractor • Law enforcement official • Mandated reporter • Person responsible for the child’s welfare • Program, activity, or service • Routine interaction • School <p>23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)</p> <p>23 Pa.C.S. § 6312 (relating to persons encouraged to report suspected child abuse)</p> <p>23 Pa.C.S. § 6313 (relating to reporting procedure)</p> <p>Act of June 13, 1967 (P.L.31, No.21) - Public Welfare Code</p> <p>18 Pa.C.S. § 4958 (relating to intimidation, retaliation or obstruction in child abuse cases)</p>
Reasonable Cause to Suspect
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • Mandated reporter <p>23 Pa.C.S. § 6311.1 (relating to privileged communications)</p> <p>42 Pa.C.S. § 5943 (relating to confidential communications to clergymen)</p> <p>42 Pa.C.S. § 5916 (relating to confidential communications to attorney)</p> <p>42 Pa.C.S. § 5928 (relating to confidential communications to attorney)</p> <p>The attorney work product doctrine</p> <p>The rules of professional conduct for attorneys</p> <p>Hutchison v. Luddy, 414 Pa.Super. 138, 146, 606 A.2d 905, 908 (1992)</p> <p>Commonwealth v. Patterson, 392 Pa.Super. 331, 572 A.2d 1258 (1990)</p> <p>Fahlfeder v. Commonwealth, Pennsylvania Board of Probation and Parole, 80 Pa.Cmwth. 86, 470 A.2d 1130 (1984)</p>

Table 1 continues on next page.

RELEVANT RESOURCES BY SECTION <i>(Continued)</i>
Reporting Procedure
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • County agency • Department • Law enforcement official • General protective services • Mandated reporter • School <p>23 Pa.C.S. § 6305 (relating to electronic reporting)</p> <p>23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)</p> <p>23 Pa.C.S. § 6313 (relating to reporting procedure)</p> <p>23 Pa.C.S. § 6314 (relating to photographs, medical tests and X-rays of child subject to report)</p> <p>23 Pa.C.S. § 6315 (relating to taking child into protective custody)</p> <p>23 Pa.C.S. § 6316 (relating to admission to private and public hospitals)</p> <p>23 Pa.C.S. § 6317 (relating to mandatory reporting and postmortem investigation of deaths)</p> <p>23 Pa.C.S. § 6320 (relating protection from employment discrimination)</p> <p>23 Pa.C.S. § 6332 (relating to establishment of Statewide toll-free telephone number)</p> <p>23 Pa.C.S. § 6346 (relating to cooperation of other agencies)</p> <p>Act of December 16, 1999 (P.L.971, No.69) - Electronic Transactions Act</p> <p>Act of July 9, 1976 (P.L.817, No.143) - Mental Health Procedures Act</p> <p>18 Pa.C.S. § 4906.1 (relating to false reports of child abuse)</p>
Protections
<p>23 Pa.C.S. § 6303 (relating to definitions)</p> <ul style="list-style-type: none"> • Child • Child abuse • County agency • Department • General protective services • Mandated reporter • Perpetrator • School <p>23 Pa.C.S. § 6305 (relating to electronic reporting)</p> <p>23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)</p> <p>23 Pa.C.S. § 6313 (relating to reporting procedure)</p> <p>23 Pa.C.S. § 6318 (relating to immunity from liability)</p> <p>23 Pa.C.S. § 6332 (relating to establishment of Statewide toll-free telephone number)</p> <p>23 Pa.C.S. § 6339 (relating to confidentiality in reports)</p> <p>23 Pa.C.S. § 6340 (relating to release of information in confidential reports)</p> <p>18 Pa.C.S. § 4906.1 (relating to false reports of child abuse)</p>
<i>Table 1 continues on next page.</i>

RELEVANT RESOURCES BY SECTION (Continued)	
Penalties	
23 Pa.C.S. § 6303 (relating to definitions)	
<ul style="list-style-type: none"> • Child • Child abuse • County agency • Department • Mandated reporter 	
23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)	
23 Pa.C.S. § 6313 (relating to reporting procedure)	
23 Pa.C.S. § 6318 (relating to immunity from liability)	
23 Pa.C.S. § 6319 (relating to penalties)	
After a Referral/Report is Made	
23 Pa.C.S. § 6303 (relating to definitions)	
<ul style="list-style-type: none"> • Child • Child abuse • County agency • Department • Founded report • Indicated report • Law enforcement official • Mandated reporter • Perpetrator • Protective services • Unfounded report 	
23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse)	
23 Pa.C.S. § 6313 (relating to reporting procedure)	
23 Pa.C.S. § 6314 (relating to photographs, medical tests and X-rays of child subject to report)	
23 Pa.C.S. § 6315 (relating to taking a child into protective custody)	
23 Pa.C.S. § 6316 (relating to admission to private and public hospitals)	
23 Pa.C.S. § 6317 (relating to mandatory reporting and postmortem investigation of deaths)	
23 Pa.C.S. § 6331 (relating to establishment of Statewide database)	
23 Pa.C.S. § 6334.1 (relating to responsibility for investigation)	
23 Pa.C.S. § 6340 (relating to release of information in confidential reports)	
23 Pa.C.S. § 6340.1 (relating to exchange of information)	
23 Pa.C.S. § 6362 (relating to responsibilities of county agency for child protective services)	
23 Pa.C.S. § 6365 (relating to services for prevention, investigation, and treatment of child abuse)	
23 Pa.C.S. § 6368 (relating to investigation of reports)	
23 Pa.C.S. § 6370 (relating to voluntary or court-ordered services; findings of child abuse)	
23 Pa.C.S. § 6371 (relating to rehabilitative services for child and family)	
23 Pa.C.S. § 6372 (relating to protecting well-being of children maintained outside home)	
Source: [2]	Table 1

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