

Child Protection

Introduction

Child abuse and neglect can have serious implications for both the victims and the families. The goal is always to prevent maltreatment from occurring. School nurses are well-positioned to be able to assess and identify children at risk for, or victims of, maltreatment.

In 2014, Wisconsin counties reported 42,300 children for suspected abuse or neglect to Child Protective Services (CPS). In the last five years, the rate of referrals for CPS has increased six and a half percent. Other 2014 Wisconsin findings include the following:

- Primary caregivers accounted for 88.9 percent of the substantiated maltreatment.
- Education personnel make the most child protection referrals (19 percent).
- Children under the age of three account for one-third of the victims of abuse or neglect.
- Thirteen children were maltreatment fatalities.
- Fifty-four percent of victims were girls and 46 percent were boys.
- Sixty-two percent of maltreated children suffered neglect; 16 percent were physically abused; 21 percent were sexually abused; and less than one percent suffered emotional damage for which their parents/guardians failed to obtain treatment.¹

This chapter will help school nurses to:

- report, as required by law, suspected cases that come to their attention;
- understand disclosure, documentation, reporting, investigation, and follow-up;
- understand the importance of developing relationships with community resources to assist children and their families;
- increase and/or assess their knowledge of risk factors and symptoms of abuse and neglect;
- know when, where, and to whom to report suspected incidents of abuse or neglect;
- understand the statutory requirement to report as well as exceptions to that mandate;
- develop and/or review, in cooperation with district administrators, student services colleagues and other partners, existing school district child protection policies, procedures, and reporting tools to assess compliance with local procedures and state laws.

This chapter will meet these goals by investigating the following topic areas:

- Legal Considerations
 - Wisconsin Legal Definitions of Child Abuse
- Role of the School Nurse
 - Signs and Symptoms of Abuse and Neglect
 - Sexual Abuse
 - School and Community Resources
- Special Considerations
 - Children with Special Healthcare Needs

- Cultural and Ethnic Issues
- Disclosure
 - Informal Disclosure
 - Formal Disclosure
- Mandatory Reporting
 - Exception to Mandatory Reporting
 - School Reporting Policies
 - Reports and Investigations
- Conclusion
- References

In May 2017, federal Public Law 114-22 went into effect requiring the investigation of alleged child sex trafficking, regardless of the type of relationship between alleged victims of child sex trafficking and alleged traffickers. As a result, [2015 Wisconsin Act 367](#) was enacted, which aligns state statute with this federal legislation. Both federal and state law refers to “sex trafficking.” “Human trafficking” is another term with a broader definition including forced labor. These broader areas are not addressed in this chapter, but it behooves school nurses to educate themselves in all areas of human trafficking so they are able to assess and identify children at risk for, or victims of, all forms of maltreatment.

Legal Considerations

Wisconsin Legal Definitions of Child Abuse

The purpose of the Children’s Code, [Wis. Stat. sec. 48](#), is to protect the health and welfare of children by encouraging educators, parents, social service agencies, and others to effectively prevent and/or report cases of abuse and neglect. It defines child abuse and neglect, and details the responsibilities of officials in the CPS agency. School nurses should be familiar with the following forms of abuse and neglect:

- *Physical abuse* is any physical injury inflicted on a child other than by accidental means. Physical injury means, but is not limited to, lacerations, fractured bones, burns, internal injuries, and severe or frequent bruising or great bodily harm ([Wis. Stat. sec. 48.02\(14g\)](#)).
- *Emotional damage* is harm to a child’s psychological or intellectual functioning which is exhibited by extreme anxiety, depression, withdrawal, outward aggressive behavior, or a combination of these behaviors, for which the parent, legal guardian, or other legal custodian has failed to obtain the necessary treatment to remedy. Emotional damage may be demonstrated by observable changes in behavior, emotional response, or learning that is incompatible with the child’s age or stage of development ([Wis. Stat. sec. 48.02\(5j\)](#)).
- *Sexual abuse* is inappropriate sexual behavior or conduct with a child and includes any inappropriate sexual touching ([Wis. Stat. sec. 48.02\(1\)\(b\), \(c\), \(cm\), \(d\), \(e\), \(f\)](#)).
- *Neglect* is the failure, refusal, or inability by a parent, legal guardian, or caretaker, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter, so as to seriously endanger the physical health of the child ([Wis. Stat. sec. 48.02\(12g\)](#)).

- *Trafficking of a Child* means whoever knowingly recruits, entices, provides, obtains, harbors, transports, patronizes, or solicits or knowingly attempts to recruit, entice, provide, obtain, harbor, transport, patronize, or solicit any child for the purpose of commercial sex acts, as defined in s. 940.302(1)(a), [Wis. Stat. sec. 948.051\(1\)](#).

Laws prohibiting sexual abuse against children can be found in a variety of different Wisconsin statutes, all of which serve to better define the abuse or exploitation. School nurses need to be knowledgeable regarding these terms as they relate to crimes against children in order to report accurate information:

- *Sexual intercourse* means vulvar penetration as well as cunnilingus, fellatio, or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or any object into the genitals or anal opening either by a person or upon the person's instruction. The emission of semen is not required ([Wis. Stat. sec. 948.01\(6\)](#)).
- *Sexual exploitation* of a child entails any person who is willing and with knowledge of the content and character of the sexually-explicit conduct or material:
 - Employs, uses, persuades, induces, entices, or coerces any child to engage in sexually-explicit conduct for the purpose of recording or displaying in any way the conduct.
 - Records or displays in any way a child engaging in sexually explicit conduct ([Wis. Stat. sec. 948.05](#)).
- *Sexual contact* means any of the following:
 - Any type of intentional touching, whether direct or through clothing, if that intentional touching is either for the purpose of sexually degrading or for the purpose of sexually humiliating the victim or sexually arousing or gratifying the perpetrator or if the touching contains the elements of actual or attempted battery ([Wis. Stat. sec. 948.01\(5\)](#)).
 - Intentional penile ejaculation of ejaculate or intentional emission of urine or feces by the perpetrator or upon instructions of the perpetrator by another person upon any part of the body clothed or unclothed of the victim ([Wis. Stat. sec. 940.225\(5\)\(b\)](#)).

Additionally, *methamphetamine manufacture* in a child's home, on the premises of a child's home, in a motor vehicle on the premises of a child's home, or where a reasonable person should have known that the manufacture would be seen, smelled, or heard by a child is considered child abuse in Wisconsin, [Wis. Stat. sec. 48.02\(1\)\(g\)](#). This form of maltreatment should also be reported.

The Role of the School Nurse

School nurses are involved in prevention, early identification, reporting, and treatment related to child abuse and neglect. It is the role of the school nurse to recognize and report suspicion of abuse; the role of CPS to investigate the suspicion. Because of their professional expertise, the school nurse is uniquely equipped to not only prevent and identify victims of abuse, but to assist

students once identified to meet both their physical and emotional needs. Further roles of the school nurse may include:

- identifying students with frequent somatic complaints which may be indicators of maltreatment
- educating and supporting staff regarding the signs and symptoms of child maltreatment
- supporting victims of child maltreatment
- providing personal body safety education to students and advocate for school health education polices that include personal body safety
- linking victims and families to community resources including a medical home
- collaborating with community organizations to raise awareness and reduce incidence.⁷

Signs and Symptoms of Abuse and Neglect

Early identification of physical, emotional, sexual abuse, and neglect is crucial in promoting recovery and preventing further victimization. School nurses should be trained in identifying signs and symptoms of abuse and neglect. In order to effectively assess students, school nurses must know the risk factors, signs, and symptoms of abuse and neglect; and familiarize themselves with the cultural and ethnic norms of children and their families in the school community.

Table 1
Typical Signs and Symptoms of Abuse and Neglect

| Physical Abuse |
|---|
| <i>Physical Signs and Symptoms of Physical Abuse</i> |
| <ul style="list-style-type: none"> • Unexplained burns, bites, lacerations, bruises, broken bones, or black eyes • Multiple physical injuries in various stages of healing • Injuries that are shaped like objects, such as electrical cords, belt buckles, etc. • Injuries on multiple body surfaces • Circular burns on palms, soles, back, and buttocks • Burns in the shapes of objects such as irons • Multiple or spiral fractures |
| <i>Behavioral Signs and Symptoms of Physical Abuse</i> |
| <ul style="list-style-type: none"> • Shrinks or cowers at approach of adult • Behavioral extremes such as severely aggressive or withdrawn • Dramatic change in temperament • Afraid to go home |

| |
|---|
| <i>Physical Abuser Characteristics</i> |
| <ul style="list-style-type: none"> • Unconvincing, confusing, or no explanation for the child’s injuries • Describes child as “evil” or in some other very negative way • History of being a victim of abuse |
| Emotional Abuse |
| <i>Physical Signs and Symptoms of Emotional Abuse</i> |
| <ul style="list-style-type: none"> • Lag in physical development • Failure to thrive |
| <i>Behavioral Signs and Symptoms of Emotional Abuse</i> |
| <ul style="list-style-type: none"> • Attempted suicide • Habit disorders (sucking, biting, rocking) • Sleep disorders, inhibition of play • Fears: including compulsion, obsession, phobias, somatic complaints |
| <i>Neglectful Parent or Guardian Characteristics</i> |
| <ul style="list-style-type: none"> • Constantly blames, belittles, or berates the child • Overtly rejects the child • Unconcerned about child’s welfare |
| Neglect |
| <i>Physical Signs and Symptoms of Neglect</i> |
| <ul style="list-style-type: none"> • Constant hunger, poor hygiene, inadequate or inappropriate dress • Consistent lack of supervision • Body odor and/or matted hair • Unmet health or physical problems • Low body weight to height ratio or body mass index |
| <i>Behavioral Indicators of Neglect</i> |
| <ul style="list-style-type: none"> • Frequently late or truant from school • Passive and withdrawn or disruptive and troublesome behavior • Delinquency • Alcohol and substance abuse • Seeking adult attention • Constantly fatigued, listlessness, or falling asleep in class |

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| <ul style="list-style-type: none"> Extended stays at school before and after school hours |
| <i>Neglectful Caregivers Characteristics</i> |
| <ul style="list-style-type: none"> Alcohol or substance abuse |
| <ul style="list-style-type: none"> Home is chaotic and unsanitary |
| <ul style="list-style-type: none"> Depression, indifference, flat affect |
| <ul style="list-style-type: none"> Indifference to child |

Information adapted from the Child Welfare Information Gateway, "What is child abuse and neglect: Recognizing the signs and symptoms." ² Botash, A.S. (n.d.). Child Abuse Evaluation & Treatment for Medical Providers. Retrieved from: <http://www.childabuseemd.com> ³

School nurses also play a critical role in the documentation of the physical, emotional, and social indicators of abuse and neglect. Careful record keeping of the physical signs and statements by the student and the family members can assist the child protection services and law enforcement agencies in the investigation of child abuse and neglect allegations. Details in documentation such as the size, color, location of marks, lesions, or distortion is important. Documentation of sequence, date, and time of student visits, statements, and injuries can be very helpful for further investigations.

Sexual Abuse

Sexual abuse is a unique form of violence against children which is seldom discussed and often poorly understood. Inappropriate sexual contact may have lasting negative effects on children and their development. Because of the strong feelings many people have regarding sexual abuse, dealing with the problem in a compassionate and rational way can sometimes be difficult.

Sexual abuse in children is sometimes described as a hidden problem with reports only representing a fraction of the true number of children abused. Tables 2 and 3 list many indicators of sexual abuse in children and adolescents. For children and adolescents, there are sexual and nonsexual indicators of sexual abuse. Although the sexual indicators render a greater likelihood of sexual abuse than the nonsexual indicators, school nurses should be observant for all signs of sexual abuse with students in their care. School nurses should also assess for the possibility of sexually transmitted infections and pregnancy when sexual abuse is suspected.

Table 2

Typical Signs and Symptoms of Sexual Abuse for Children and Youth

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| Indicators in Children and Youth |
| <i>Sexual Signs and Symptoms</i> |
| <ul style="list-style-type: none"> Precocious sexual knowledge |
| <ul style="list-style-type: none"> Sexually explicit drawings |
| <ul style="list-style-type: none"> Sexual interaction with others |

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| • Sexual interactions involving animals or toys |
| • Masturbation to the point of injury and numerous times a day |
| • Inserting objects into genitals |
| <i>Nonsexual Signs and Symptoms</i> |
| • Sleep disturbance reports nightmares or bedwetting |
| • Enuresis and Encopresis |
| • Regressive behavior |
| • Psychosomatic complaints |
| • Self-destructive or risk-taking behavior |
| • Impulsivity, distractibility, difficulty concentrating |
| • Refusal to be left alone |
| • Fear of alleged offender |
| • Fear of people of a specific type or gender |
| • Fire-setting |
| • Cruelty to animals |
| • Role reversal in the family |

Information adapted from the Child Welfare Information Gateway, “What is child abuse and neglect: Recognizing the signs and symptoms.”²

Botash, A.S. (n.d.). Child Abuse Evaluation & Treatment for Medical Providers. Retrieved from: <http://www.childabusemd.com>³

Table 3
Typical Signs and Symptoms of Sexual Abuse for Adolescents

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| Signs and Symptoms for Adolescents |
| <i>Sexual Signs and Symptoms for Adolescents</i> |
| • Sexual promiscuity/multiple sexual partners |
| • Peeping, exposing, or frottage (rubbing against others as a sexual gesture) |
| • Adolescent prostitution |
| • Violation of other’s body space, such as pulling down pants, pulling up shirt |
| <i>Nonsexual Signs and Symptoms for Adolescents</i> |
| • Eating disturbance (bulimia and anorexia) |
| • Difficulty walking or sitting |
| • Reports nightmares or bedwetting |
| • Suddenly refuses to change for gym or to participate in physical activities |
| • Running away |

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| • Substance abuse |
| • Self-destructive behavior |
| ○ Suicidal gestures, attempts, and successes |
| ○ Self-mutilation |
| • Incurability |
| • Criminal activity |
| • Depression |
| • Social withdrawal |

Information adapted from the Child Welfare Information Gateway, “What is child abuse and neglect: Recognizing the signs and symptoms.”²

Botash, A.S. (n.d.). Child Abuse Evaluation & Treatment for Medical Providers. Retrieved from: <http://www.childabusemd.com>³

Sex Trafficking

Sex traffickers use force, fraud, or coercion to lure their victims and pressure them into commercial sexual exploitation. They look for children who are susceptible for a variety of reasons, including psychological or emotional vulnerability, economic hardship, or lack of a social safety net. Along with the signs of sexual abuse, school nurses should learn to recognize key indicators of sex trafficking that might be noted in the school setting (Table 4).

Table 4
Possible Indicators of Sex Trafficking

| <i>Signs and Symptoms</i> |
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| • Appears disconnected from family, friends, and extracurricular activities |
| • Poor school attendance or stops attending school |
| • Appears fearful, timid, or submissive particularly in the presence of certain individuals |
| • Shows signs of having been denied food, water, sleep, or medical care |
| • Displays “gifts” of jewelry, clothing, electronics, money, or other items without valid explanations |
| • Seeming to adhere to scripted or rehearsed responses in social situations |
| • Tattoos/branding on the neck and/or lower back |
| • Seen entering or leaving vehicles with unknown adults |

Information adapted from Homeland Security “Indicators of Human Trafficking.”¹⁰

Hope For Justice “Spot the Signs.”¹¹

Self-inflicted injuries, such as cutting and threatened suicide attempts or gestures are not considered abuse and reports for suspected abuse should not be made under [Wis. Stat. sec. 48](#).³

However, these behaviors are indicative of emotional damage. A report is warranted if the parent has failed to obtain treatment.

School and Community Resources

School nurses are in a unique position to assist in the prevention of child maltreatment. Child maltreatment is a complex problem with a multitude of causes.⁸ Prevention requires recognizing and responding to multiple needs. Lack of information regarding parenting, child development, and knowing where and how to find support and resources in the community often contribute to incidences of child abuse and neglect. School nurses have opportunities to share this type of information with parents at health fairs, registrations, and school/community events.⁹

School nurses gather information through health assessments and through conversations with students, parents, administrators, teachers, and other student services providers. School nurses can use their unique perspective to suggest curricular and systems-based changes that empower students and create greater awareness.

A school nurse's ability to identify and mobilize school and community resources can support child abuse/neglect and child sex trafficking prevention efforts. School nurses should familiarize themselves with community-based mental health, social services, and other resources that can support both the student and family.

Special Considerations

School nurses and staff are encouraged to pursue additional resources to increase their awareness and knowledge of risk factors, signs, and symptoms in special needs populations. Additionally, school nurses must familiarize themselves with the cultural and ethnic norms of the children and families in their school community.

Children with Special Healthcare Needs

Generally, many researchers believe the younger the child, the greater their vulnerability to abuse and neglect. This holds true especially for children with physical and intellectual disabilities. Their risk may be increased because they are more dependent on their caregivers (often multiple caregivers) to meet their daily needs and because they may have difficulty communicating. As a result, they may be perceived as "easier" victims because they may be seen as less likely or able to report. Consequently, these victims are under-represented in the statistics. According to studies, children with disabilities are at two to three times the risk of being sexually abused than nondisabled peers.⁵

Additionally, children with special needs may be at greater risk because the demands on parents or caregivers to provide daily care for the child may cause greater stress for parents or caregivers. If these families lack parenting or coping skills, the child's increased needs may lead to neglect or abuse. School nurses who care for, or supervise staff caring for children with

special health care needs, should be aware of the increased risk for these children. School nurses can provide staff and families with information and connect them to available support services.

As a consultant to teachers working with special needs populations, the school nurse can locate and provide resources that teach children with special needs how to protect themselves. Such resources may include the “Skills Training for Assertiveness, Relationship Building, and Sexual Awareness” (STARS) curriculum (Heighway & Webster) originally developed at the Waisman Center in Madison.⁶

Cultural and Ethnic Issues

Wisconsin schools have more ethnically-diverse populations than ever before. The vast cultural differences in schools present a myriad of different traditions of discipline, child care, and medical care. School nurses must practice cultural sensitivity in all aspects of care including child abuse identification and reporting.

When considering the possibility of child abuse, the school nurse needs to consider the child-rearing and discipline practices of the culture from which the child comes. For instance, the Hmong, immigrants from Southeast Asia, are known for a practice called coining. In coining, the body is rubbed with a coin to alleviate pain. The bruises this practice leaves on the body may resemble the marks of child abuse.

Rather than assuming abuse, school nurses can help parents and ethnic leaders understand the rights of children in America. A culturally sensitive school nurse can promote the safety of children by providing the parents with information that could help modify cultural practices.

Disclosure

Two basic types of disclosure relate to reporting child abuse and neglect. The first is informal disclosure, which is often done by the child. The second is formal disclosure, which occurs between the adults in the school or with CPS addressing the allegations of abuse/neglect or sex trafficking.

Informal Disclosure

A child’s description of an experience(s) is a type of informal disclosure; generally an informal discussion or presentation of symptoms. In order to determine if a reporter needs to make a referral to CPS, it is important to gather only the information necessary to determine a reasonable suspicion of maltreatment. Going beyond that could potentially contaminate the investigation. It is important to only ask open-ended questions that elicit, in the child’s own words, what has happened, rather than ones which can be answered with a simple “yes” or “no.” Often students will spontaneously reveal what happened to them, if a staff member when observing bruises or marks, remains calm and inquires sensitively. It is also helpful to learn who may have observed the incident.

School staff members who discover and disclose potential child neglect, abuse and/or sex trafficking play a crucial role in supporting the child through any subsequent investigation. The success of such efforts is more likely when staff members follow general guidelines (see Table 5).

A school nurse’s compassion and nonjudgmental messages are critical in providing support and give the victim the acceptance necessary to disclose the abuse and/or neglect in their lives. School nurses cannot promise the victimized child that they will not report the abuse (see section on formal disclosure and mandatory reporting). School nurses can and should assure the child that they will do everything they can to help.

Table 5
Guidelines for Disclosure⁴

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|---|
| • Find a quiet place to talk to the child. |
| • Proximity to the child should be designed to make the child feel at ease. Younger children may feel more comfortable with the adult seated next to them. |
| • Avoid sitting behind a table or desk. |
| • Go slowly, asking open-ended questions. |
| • Remain calm; do not express shock, anger, disbelief, disgust, dread, confusion, or other extreme reactions to what the child reveals. |
| • Allow the child to tell you what he/she wants. |
| • Express belief that the child is telling the truth. |
| • Try to get the facts from the child’s point of view. |
| • Do not interrupt or correct the student. |
| • Use open-ended questions, which may include: <ul style="list-style-type: none"> ○ What happened to you? ○ Who did this to you? ○ How did this happen? ○ Where did this happen? ○ When did this happen? ○ Who saw this happen to you? ○ Who have you told about this? |
| • Determine the child’s immediate safety needs. |
| • Validate the child’s self-disclosure. |
| • Report the incident to your immediate supervisor or other administrative designee. |
| • Report the incident to the local child protection or law enforcement agency. |
| • Let the child know what will happen when the report is made (if applicable). |
| • Do not promise the child that everything will be OK. |
| • Follow up with the child to provide support and update what is known. |

Formal Disclosure

Formal disclosure involves the transfer of information regarding the suspected child abuse and neglect among adults, either within the school or among child protection agencies and/or law enforcement. Both federal and state laws protect the sharing of information related to child abuse and neglect disclosure. The laws that govern the transfer of student information are governed by the federal law, Family Educational Rights and Privacy Act (FERPA) [34 C.F.R. Part 99](#) and state law [Wis. Stat. sec. 118.125](#).³

FERPA protects the privacy interests of parents and student’s “education records” by requiring a written parental release of information for any disclosure of student records ([20 USC sec. 1232g\(b\)\(1\)](#); [34 CFR 99.30](#)). Information may be shared with “appropriate parties” as defined by FERPA, to protect the child’s health or safety in emergent situations. The school, when dealing with a referral for suspected child neglect or abuse, must carefully apply this exception to meet the needs of the student, and federal and state regulations.

In situations where the decision to share information is unclear, the child protection worker may request the court to provide the school with an order for the disclosure of additional information. Such an order relieves the school of the prohibition against sharing information and allows the school to collaborate with the child protection agency.

Mandatory Reporting

Because children spend a large portion of their time in schools, school nurses and staff members have the opportunity to observe first-hand the symptoms of possible abuse and neglect and to become a part of the reporting process. Schools are currently the largest source of reports of child abuse and neglect.¹

It is essential that school nurses and other staff members understand the requirements of Wisconsin’s Children’s Code ([Wis. Stat. sec. 48](#)). All school personnel are required to report child abuse and neglect when the facts and circumstances provide a suspicion of neglect or abuse of a child or unborn child, or a belief that it will occur. School nurses may find the [Wisconsin Child Sex Trafficking and Exploitation Indicator Response Guide](#)¹² a helpful resource in reporting suspected child sex trafficking. In all these circumstances, the school nurse may want to consult with other knowledgeable school personnel including psychologists, counselors, social workers, and administrators. School nurses may need to assess areas of a student’s body in the course of treating a student’s complaints of injuries. Nurses should carefully document size, location, and color of all lesions, lacerations, or discolorations and their locations. Strip searches of students are prohibited by state law ([Wis. Stat. sec. 118.32](#)). School nurses in the course of assessing and treating an injury may request a student to move part of their clothing (i.e. lift up their shirt).^{3,9}

The law requires that school personnel employed by the school district report suspected abuse, neglect, and sex trafficking to the county child protective agency or sheriff’s department for assessment. The Guidelines for Disclosure described in Table 5, recommends steps school staff

members should take when they learn of a suspected incident of abuse or neglect which falls under the statutory mandate for reporting. The Children’s Code ([Wis. Stat. sec. 48](#)) refers to such people as “mandated reporters” and states that they, having seen a child during the normal course of professional duties and having a reasonable suspicion that abuse and neglect may have occurred or a reasonable belief that abuse or neglect will occur, must report such an incident. Failure to do so can result in a fine or imprisonment for not more than six months, or both. It is important to note that a mandated reporter should not complete an assessment to substantiate whether an actual case of abuse or neglect exists. The responsibility for such investigation and determination rests with the child protection agency. However, the mandated reporter will need to gather information to support any reasonable suspicion.

School nurses and other school staff members play an important role in reporting abuse and neglect of children in Wisconsin. Annually, the Department of Children and Families prepares a report for the governor and legislature regarding child maltreatment in Wisconsin. These reports provide information regarding specific types of maltreatment, age of victims, relationship of perpetrators to the victims, and mandated reporter statistics.¹

Exception to Mandatory Reporting

[Section 48.981\(2\)\(m\)](#) of the Wisconsin Statutes provides an exception to reporting incidents of sexual contact or intercourse with a child. The exception exists to allow children to obtain confidential health care services from a healthcare provider. It is important for school nurses to note that an exception to mandatory reporting exists for nurses providing health care services. Those services are defined as:

- family planning services,
- pregnancy testing,
- obstetrical health care, and
- screening, diagnosis, and treatment of sexually transmitted diseases.

The only professional working in a school who meets the statutory definition of a healthcare provider under this statute is the school nurse.

In essence, the exception notes that such providers are not required to report sexual intercourse or sexual contact involving a child unless:

- the sexual intercourse or sexual contact that occurred or is likely to occur is with a relative of the child, the child’s guardian or legal custodian, or a person who provides care or supervision of the child;
- the child—because of age, maturity, mental illness, or mental deficiency—is incapable of understanding the nature/consequences of sexual intercourse or contact;
- the child was unconscious at the time;
- the other participant was exploiting the child at the time; and/or
- reasonable doubt exists as to the voluntary nature of the child’s participation in the sexual intercourse or sexual contact.

Additionally, a reporting exception exists for school personnel who obtain information about a child who is receiving or has received health care services from a healthcare provider ([Wis. Stat. sec. 48.981\(2m\)\(c\)\(1\)](#)).

By the very nature of any one of these services, a school nurse may learn of a child having sexual intercourse or of sexual contact between two children under the age of 16. Should such a discovery be made, the school nurse is not required to report these incidents as suspected or threatened abuse unless there is reason to believe one of the exceptions above applies. The law presumes harm to a child exists when there is sexual contact with a caregiver or exploitation of a child in any way (including exploitation of one who has a disability, unconscious, or suffering from mental illness). If there is any question as to whether a child was a willing participant in such an incident, it should be reported ([Wis. Stat. sec. 48.981\(2m\)\(c\)\(4\)](#)). For further information, see “[Reporting Requirements for Sexually Active Adolescents: Suggested Procedures for Educators](#),” Wisconsin Department of Public Instruction.

School Reporting Policies

Schools may have specific abuse and neglect reporting policies or procedures that school nurses and staff members must follow. If guidelines do not exist or seem vague, mandated reporters should inform administrators of the state’s mandatory reporting statutes. The person with the most first-hand knowledge of the circumstances raising suspicion should make the report to CPS.

Reports of suspected abuse and neglect need to remain confidential. While they do not become a part of the child’s school records, they may be kept within the school or district in a separate file in order to keep any identifying information about the reporter confidential, as required by law. The state presumes that anyone making a report does so in good faith, thus exempting the mandated reporter from liability as a result of a report. Because of the sensitive and confidential nature of such allegations and reports, school districts should consider relevant statutes in answering the following questions:

- What records should be kept?
- Where should such records be kept?
- How long should such records be kept?
- Who will be responsible for such records?

School nurses who may document their observations or treatment of a student suspected to be a victim of abuse are cautioned to avoid verbiage that suggests blame or accusations. Such “charting” by a school nurse becomes part of the student’s (confidential) patient healthcare record. This school record is governed by FERPA regulations. Best practice suggests concise factual documentation of direct observations.

Reports and Investigations

As soon as the mandated reporter has a reasonable suspicion of the possibility of neglect or abuse, reports are to be made to the CPS agency or to the local law enforcement agency. Such

documentation of alleged abuse or neglect may be used in follow-up contact and for future court testimony. The report should include the

- reporter's phone number, position, relationship to the child, and the school or agency phone number;
- child's name, address, and date of birth;
- child's parents' names, address(es), and work places;
- names and ages of the child's siblings;
- description of suspected child abuse and neglect;
- documentation including a precise description (size, color, shape, location, and number) of any injuries;
- suspected abuser;
- child's statements;
- statements allegedly made by the child to others; and
- related circumstances and conditions in the home of which the reporter is aware.

Be prepared to offer this information to the CPS agency:

- Does the suspected perpetrator have access to the student?
- Do you have any concerns for the student's immediate safety?
- Does anyone else know about the suspected abuse or neglect?

The CPS agency investigates and establishes whether sufficient evidence exists to substantiate the report. In so doing, the CPS agency is required to follow the comprehensive standards established by the Wisconsin Department of Children and Families.

Conclusion

Protecting children is inherent in the practice of school nursing. School nurses can help protect children and prevent child abuse and neglect by providing parents with health resources, information, and interventions to ease family stress.

Nursing assessment skills provide early recognition of students at risk of being victims of child maltreatment. School nurses and personnel need to be cognizant of the mandatory reporting requirements.

Working with child maltreatment and issues of child abuse and neglect can be emotionally difficult. In addition to knowing the school nurse's professional responsibilities of identification and reporting, school nurses are encouraged to be cognizant of their and their colleagues' personal needs. Providing services to students and families may create issues for school personnel. School nurses can and should refer colleagues or themselves for appropriate services so they may remain effective.

School nurses are important partners in preventing, identifying, and responding to child maltreatment, abuse and neglect. Though challenging, the efforts and interventions of school nurses and other school personnel can have a profound effect on the life of a child.

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