

North Carolina School Health Program Manual  
Section E, Students at Risk, Chapter 4, Child Maltreatment

## **Child Maltreatment<sup>1</sup>**

Child maltreatment is a significant, yet preventable, public health issue. School staff are in a primary position to recognize potential abuse and neglect. Public awareness and understanding about the responsibility to report are vital for the protection of at-risk children. There is a legal mandate to report suspected concerns to county Departments of Social Services (DSS) and a professional responsibility to keep children safe from harm.

### **Facts regarding child abuse and neglect:**

- Any person or institution who has cause to suspect that any juvenile is abused or neglected must report the case to the local DSS where the juvenile resides or is found ([G.S. 7B-301 Duty to Report](#)).
- Public School Unit (PSU) should adopt policy and administrative procedures for the reporting of suspected child abuse or neglect cases by school personnel. It is most desirable for the person who has the initial suspicion to make the report to the local DSS using support personnel as a resource if necessary. The school administration should be notified immediately of the action being taken.
- It is presumed that persons who are mandated by law to report do so in good faith and are, therefore, immune from any civil or criminal liability. ([G.S. 7B-309 Immunity of persons reporting and cooperating in an assessment.](#))
- Statute allows reports to be made orally, by telephone, or in writing to the department of social services in the county where the juvenile resides or is found. Written documentation of the report may be kept on file by the school administration as specified in school policy.
- Please see the [DSS 1402 \(CPS Intake Form\)](#). All information that may be helpful to the assessing social worker should be reported. Include as much of the requested information as possible.
- The individual filing the report should gather enough information from the child to affirm any suspicion that the child has been non-accidentally injured or has not received proper care from the parent or caregiver, while refraining from over-questioning. The responsibility for assessment and findings lies with DSS.
- The child should receive a caring, supportive response. Because a child's disclosure may not be intentional, it is important to respond sensitively.
  - Believe the child and take them seriously.
  - Use words the child understands and allow the child to describe the situation in their own language.
  - Reassure the child that what happened was not their fault and express sorrow for the situation. Do not let the child feel that they are "in trouble" for disclosing

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<sup>1</sup> This chapter was prepared jointly by the Child Welfare Policy Unit, North Carolina Division of Social Services, and the Division of Public Health.

# North Carolina School Health Program Manual

## Section E, Students at Risk, Chapter 4, Child Maltreatment

information.

- Respond in an even and confident manner without disclosing feelings of shock, repugnance, anger or fear.
  - Tell the child that some future action is required. Do not make promises that might not be possible to keep. Reporting is necessary to help the family and to keep the child safe, although reporting may escalate the problem at first.
- The county DSS will begin an assessment to ascertain the facts in cases of abuse within 24 hours and in cases of neglect within 72 hours. The county DSS will determine whether immediate removal of the child or other children from the home is necessary for their protection, whether continued protective services should be provided for the family, and whether the court should become involved. Child Protective Services (CPS) staff continue to monitor the safety of the child(ren) throughout the life of the case and will always assess whether the risk level necessitates a removal of children.
  - The person making the report will receive a written notice of the action being taken by the county DSS ([G.S. 7B-302 Notification of Person Making Report](#)). If the person making the report is not satisfied with the action being taken, he or she may request a review of the decision by the District Attorney within five working days of the receipt of the letter.
  - Caseworkers in county DSS encourage individuals to call and discuss situations about which they are concerned. Err on the side of the child and call to discuss when in doubt about reporting.

### **Additional Resources**

- Prevent Child Abuse NC free on-line courses: [Recognizing and Responding to Suspicion of Child Maltreatment and What is Prevention?](#)

## **An Overview of Child Protective Services**

In North Carolina, each county DSS has the legal responsibility and authority to assess reports of suspected child abuse, neglect, or dependency. Some situations may cause concern but are not situations that the county child welfare agency can or will assess. In order for a CPS assessment to occur, three things must be true:

- The victim must be a child still under the parent's authority and whose age is between birth and 18 years of age. County DSS cannot provide CPS to unborn children, children who have been legally emancipated (by marriage or court order), or to those who have reached their 18<sup>th</sup> birthday.
- The allegations, if found to be true, must meet the legal definitions of abuse, neglect or dependency as set forth in [G.S. 7B-101](#).
- The maltreatment must have been the result of action or inaction on the part of a parent, guardian, custodian or caretaker. If someone other than these people harms a child in violation of a criminal statute, social services is required to report this to the district attorney and appropriate law enforcement agency.

North Carolina School Health Program Manual  
Section E, Students at Risk, Chapter 4, Child Maltreatment  
**Common Situations That CPS Usually *Does Not* Assess**

The following situations are often reported to county departments of social services but usually do not result in a CPS assessment unless there are other factors to indicate serious risk of harm to the child.

**Infestations:**

County DSS sometimes get calls from schools regarding children with untreated head lice or bedbugs. Unless there are other indicators of neglect, this can be dealt with by education of the parent or caretaker or referral to a health care provider.

**ADHD Medication:**

This is not considered to be a child protective service issue unless there is evidence that the outcome fits criteria for abuse or neglect. Parents may decide that they do not want their child to take this type of medication and their refusal to give the prescribed medication is not, in and of itself, neglect.

**Failure to Get Immunizations:**

All children residing in North Carolina are required to be properly immunized before starting school. If a parent's failure to allow the child to obtain immunizations results in the child getting sick, this could possibly be investigated as neglect. Otherwise, (CPS) usually does not get involved.

**Common Situations That CPS Usually *Does* Assess:**

**Reports of Abuse**

In North Carolina, there are four types of abuse investigated by the CPS unit of the county child welfare agency. Physical abuse involves intentional serious injury to a child, or intentionally putting the child at risk of serious injury. Sexual abuse involves committing, permitting or encouraging criminal sexual acts with a child. Emotional abuse involves causing or allowing serious emotional damage to a child. Moral turpitude involves encouraging, allowing or approving delinquent acts by a juvenile.

Report child abuse when there is cause to suspect that a child has been mistreated by a parent, guardian, or caretaker who committed an act that would meet the above definitions. "Cause to suspect" may occur if the child or another person aware of a situation of abuse, neglect, or dependency states that the parent, guardian, or caretaker either committed the act or knowingly allowed the act. Suspicious bruises, marks, burns or behavior with an explanation that does not "fit" are cause to suspect. These may include:

- self-destructive behavior by the child;
- human bites;
- unexplained bruises in different stages of healing or bruises that look like the imprint of a hand or implement;
- burns, especially cigarette burns or burns that surround a body part;
- the child is wary of physical contact, may flinch when approached;
- the child is frightened of parent or caretaker;

## North Carolina School Health Program Manual

### Section E, Students at Risk, Chapter 4, Child Maltreatment

- the child is extremely shy, withdrawn or passive;
- the child is unresponsive to pain; and/or
- the child exhibits inappropriate sexual behaviors.

#### **Reports of Neglect**

In North Carolina, a neglected juvenile is one who:

- does not receive proper care, supervision, or discipline from the parent, guardian, or caretaker;
- has been abandoned;
- has not been provided necessary medical care;
- lives in an environment injurious to their welfare; or
- has been placed for adoption or care in violation of the law.

This definition is vague because there are a variety of culturally acceptable child-rearing practices that would make it impossible to be more specific. If the level of care provided to the child is harming the child's growth or development, and the parent, guardian, or caretaker has the means to provide for the child, it is considered to be neglectful. If the family does not have the money to provide adequate physical or medical care, social services can help them find resources to provide for their children.

Regardless of the family's circumstances, it is the school employee's responsibility to report any suspected neglect to CPS in the county DSS. Some indicators of neglect are:

- abandonment of a child by the parent, guardian, custodian or caretaker;
- unattended medical problems, including illness and physical conditions that can be treated or cured with appropriate therapy;
- consistent lack of age or cognitive-developmentally appropriate supervision or inappropriate supervision by the parent, guardian, custodian or caretaker;
- ongoing drug or alcohol abuse by a parent or caregiver which hinders the ability to provide supervision and care;
- consistent hunger resulting in malnourishment;
- clothing inappropriate to extreme weather conditions, or poor hygiene resulting in increased risk of sickness;
- distended stomach;
- indiscriminate affection;
- extreme tiredness or sleepiness on a regular or frequent basis;
- unexplained delays in intellectual, social or physical development;
- dangerous physical or social environment.

#### **Reports of Dependency**

A dependent child is a juvenile in need of assistance because the child either has no parent, guardian or caretaker responsible for his or her care or supervision or because the parent, guardian or caretaker is unable to provide care or supervision because of some physical or mental incapacity

## North Carolina School Health Program Manual Section E, Students at Risk, Chapter 4, Child Maltreatment

and has not made arrangements for the child.

In most cases, the agency will work with the family to try to solve the problems without removing children from the home. Children are removed from their homes only when absolutely necessary to protect their safety. The nurse may be asked to be a part of a Child and Family Team (CFT) meeting when the county child welfare agency is involved with the family on an ongoing basis. The school nurse role as a service provider for the child and family may be extremely important as a part of the CFT meeting process.

The confidentiality of the contents of CPS records is given special protection. Information from the record is released only when doing so will benefit the child, such as to community agencies providing services to the child. Access to the record itself is limited even further.

### **Indicators of Possible Child Abuse and Neglect**

#### **Physical Abuse**

Physical abuse of children means non-accidental physical injury caused or allowed to be caused by the child's caretaker. It is an act of commission that may include burning, beating, branding, punching, etc. While the injury is not an accident, it is not necessarily deliberate or willful on the part of the child's caretaker and may occur as a result of over-discipline or from punishment which is improper or inappropriate for the child's age or condition.

**As a reminder, it is not within standard school nurse practice to disrobe children in school and to conduct examinations under clothing without parental consent.**

#### **Physical Indicators**

Unexplained bruises and welts:

- on face, lips, mouth
- on the torso, back, buttocks, thighs
- in various stages of healing
- clustered, forming regular patterns
- reflecting the shape of an article used to inflict (electric cord, belt buckle)
- on several different surface areas
- regularly appear after absence, weekends or vacation

Unexplained burns:

- cigar or cigarette burns, especially on soles, palms, back or buttocks
- immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitals)
- patterned, like an electric burner, iron, etc.
- rope burns on arms, legs, neck or torso

Unexplained fractures:

- to skull, nose, facial structure
- in various stages of healing

# North Carolina School Health Program Manual

## Section E, Students at Risk, Chapter 4, Child Maltreatment

- multiple or spiral fractures

Unexplained lacerations or abrasions:

- to mouth, lips, gums, eyes
- to external genitals

### **Behavioral Indicators**

- afraid to go home
- aggressiveness, or withdrawal
- apprehensive when other children cry
- behavioral extremes
- frightened of parents
- reports injury by parents
- wary of adult contact

### **Neglect**

Neglect means depriving a child of living conditions which provide the minimally needed physical and emotional requirements of life, growth, and development (e.g., lack of food, inadequate housing or clothing, lack of needed medical attention, abandonment, lack of supervision or guidance, unmet educational needs).

### **Physical Indicators**

- consistent hunger, poor hygiene
- inadequate or inappropriate dress
- consistent lack of supervision, especially in dangerous activities or for long periods
- unattended physical problems or needs

### **Behavioral Indicators**

- begging, stealing food
- extended stays at school (early arrival and late departures)
- constant fatigue, listlessness, or falling asleep in class
- alcohol or drug abuse
- delinquency (e.g., thefts, rule violations)
- states there is no caretaker

### **Sexual Abuse**

Session Law 2019-245 updated [G.S. 115C-375.20](#) stating that employing entities shall adopt and implement a child sexual abuse and sex trafficking training program for school personnel who work directly with students in grades kindergarten through 12<sup>th</sup> grade. Sexual abuse usually is not identified through physical indicators alone. Frequently a child's behavior may indicate that he or she has been sexually assaulted or involved in sexual activity. The child may also confide in someone about the sexual assault or sexual activity. Possible indicators of sexual abuse are:

# North Carolina School Health Program Manual

## Section E, Students at Risk, Chapter 4, Child Maltreatment

### Physical indicators

- difficulty in walking or sitting
- bruises or bleeding in external genitalia, vaginal or anal areas
- sexually-transmitted infections, especially in pre-teens
- pregnancy, especially in early adolescence

### Behavioral indicators

- unwilling to change for gym or participate in a physical education class
- torn, stained or bloody underclothing
- withdrawal, fantasy, or infantile behavior
- pain or itching in the genital area
- poor peer relationships
- bizarre, sophisticated, or unusual sexual behavior or knowledge
- delinquency or running away
- reports sexual assault by caretaker

### **Emotional Abuse**

Emotional abuse of children includes consistently blaming, belittling or rejecting a child; consistently singling out one child for negative treatment, and persistently creating public humiliation of the child. Emotional abuse is rarely manifested through physical indicators. More often it is observed through behavioral indicators, which show that the child is not functioning at their usual intellectual or behavioral level. Emotional abuse is the most difficult to substantiate. It must be shown that serious emotional damage was caused by the parent and that the parent refuses to permit, provide for, or participate in treatment.

### Physical Indicators

- speech disorders
- failure to thrive

### Behavioral Indicators

- habit disorders (sucking, biting, rocking, etc.)
- conduct disorders (antisocial, destructive, etc.)
- neurotic traits (sleep disorders, inhibition of play)
- psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria)
- behavior extremes:
  - compliant, passive
  - aggressive, demanding
  - inappropriately adult (parenting other children)
  - inappropriately infantile (head banging, rocking, thumb-sucking)
  - developmental lags (physical, emotional, intellectual)
  - attempted suicide

North Carolina School Health Program Manual  
Section E, Students at Risk, Chapter 4, Child Maltreatment

**Child Abuse and Neglect Documentation**  
For School Internal Use  
(Sample Form)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Incident Requiring  
Report \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reported by \_\_\_\_\_ Phone \_\_\_\_\_

Date of Report \_\_\_\_\_

Result of CPS Assessment:  
 Substantiated       Unsubstantiated       Under Investigation

Case Worker \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

NOTES: \_\_\_\_\_

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North Carolina School Health Program Manual  
Section E, Students at Risk, Chapter 4, Child Maltreatment

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