Categories of Abuse – Child Abuse

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There are eleven categories of child abuse. The first, and most obvious would be physical abuse. Physical abuse is defined as any non-accidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child. Health services personnel should be especially alert to cases of child abuse where inconsistent histories are presented. Inconsistent histories can take the form of an explanation that does not fit the degree or type of injury to the child, or where the story or explanation of the injury changes over time.

The second category, mental injury, is defined as any mental injury to a child’s intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child’s ability to function within the child’s normal range of performance, and behavior as the result of the acts or omissions of a person responsible for the care of the child. This impairment must be diagnosed and confirmed by a licensed physician or qualified mental health professional. Examples of mental injury may include: ignoring the child and failing to provide necessary stimulation, responsiveness, and validation of the child’s worth in normal family routine; rejecting the child’s value, needs, and request for adult validation and nurturance; isolating the child from the family and community; denying the child normal human contact; terrorizing the child with continual verbal assaults, creating a climate of fear, hostility, and anxiety, thus preventing the child from gaining feelings of safety and security; corrupting the child by encouraging and reinforcing destructive, antisocial behavior until the child is so impaired in socioemotional development that interaction in normal social environments is not possible; verbally assaulting the child with constant, excessive name-calling, harsh threats, and sarcastic put downs that continually “beat down” the child’s self-esteem with humiliation; over-pressuring the child with subtle but consistent pressure to grow up fast and to achieve too early in the areas of academics, physical or motor skills, or social interaction, which leaves the child feeling that he or she is never quite good enough.

“Sexual abuse” is defined as the commission of a sexual offense with or to a child, pursuant to Iowa Code as a result of the acts or omissions of the person responsible for the care of the child. In 2016 this definition was expanded to include not only a legal caretaker, but anyone who resides in the home with the child. There are several subcategories of sexual abuse:

- First degree sexual abuse
- Second degree sexual abuse
- Third degree sexual abuse
- Lascivious acts with a child
- Indecent exposure
- Indecent contact with a child
- Assault with intent to commit sexual abuse
• Lascivious conduct with a minor
• Incest
• Sexual exploitation by a counselor or therapist
• Sexual exploitation of a minor
• Sexual misconduct with offenders and juveniles
• Invasion of privacy

Denial of critical care, the fourth category, is defined as the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child’s health and welfare when financially able to do so, or when offered financial or other reasonable means to do so. What most people think of as an issue of “neglect” is covered under the child abuse category of “denial of critical care.” A parent or guardian legitimately practicing religious beliefs, who does not provide specified medical treatment for a child for that reason alone, shall not be considered abusing the child. However, this does not preclude a court from ordering that medical service be provided to the child where the child’s health requires it.

Denial of critical care includes eight sub-categories:

• Failure to provide adequate food and nutrition to such an extent that there is danger of the child suffering injury or death.
• Failure to provide adequate shelter to such an extent that there is danger of the child suffering injury or death.
• Failure to provide adequate clothing to such an extent that there is danger of the child suffering injury or death.
• Failure to provide adequate health care to such an extent that there is danger of the child suffering serious injury or death.
• Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child’s ability to function.
• Gross failure to meet the emotional needs of the child necessary for normal development evidenced by the presence of an observable and substantial impairment in the child’s ability to function within the normal range of performance and behavior.
• Failure to provide proper supervision of a child which a reasonable and prudent person would exercise under similar facts and circumstances, to such an extent that the failure resulted in direct harm or created a risk of harm to the child, or there is danger of the child suffering injury or death.

This definition includes cruel and undue confinement of a child and the dangerous operation of a motor vehicle when the person responsible for the care of the child is driving recklessly, or driving while intoxicated with the child in the vehicle.

Other situations that fall under this subcategory include the illegal drug usage by the caretaker of a child. When you make an allegation of denial of critical care because a child lacks proper supervision due to illegal drug usage by a caretaker you may be asked questions to help DHS determine the type of drug and the degree of risk to the child. Some illegal drugs may have a greater impact on the supervision
abilities of the caretaker than others. For example, methamphetamine usage by a child’s caretaker has inherent risks to the child given the known effects of methamphetamines. DHS will consider the known effect of the drug named and other information to assess risk to the child’s safety. You may be asked about the child’s access to the drugs and about the caretaker’s use of drugs, being under the influence of drugs while supervising or transporting the child, dealing drugs, possession of weapons, etc.

DHS receives many inquiries each year regarding when a child can be left home alone safely. Iowa law does not define an age that is appropriate for a child to be left alone. Each situation is unique. Examples of questions to help determine whether there are safety concerns for the child include:

- Does the child have any physical disabilities?
- Could the child get out of the house in an emergency?
- Does the child have a phone and know how to use it?
- Does the child know how to reach the caretaker?
- How long will the child be left home alone?
- Is the child afraid to be left home alone?
- Does the child know how to respond to an emergency such as fire or injury?

Head lice and truancy are often reported as child abuse allegations. However, the endangerment does not generally rise to the level that must be present to constitute a child abuse allegation. If other conditions are present or the situation poses a risk to the child’s health and welfare, it should be reported as child abuse. Even if the report is rejected for assessment, other services may be offered to the child and family.

Our fifth category, child prostitution, is defined as the acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in sexual acts, prohibited pursuant to Iowa Code where the person sells or offers for sale the child’s services as a partner in a sex act, or who purchases or offers to purchase such services.

Sixth, presence of illegal drugs is defined as occurring when an illegal drug is present in a child’s body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child. Iowa Code states that, “If a health practitioner discovers in a child physical or behavioral symptoms of the effect of exposure to cocaine, heroin, amphetamine, methamphetamine, marijuana, or other illegal drugs, or combination or derivatives thereof, which were not prescribed by a health practitioner, or if the health practitioner has determined through examination of the natural mother of the child that the child was exposed in utero, the health practitioner may perform or cause to be performed a medically relevant test on the child. The practitioner shall report any positive results of such a test on the child to the department. The department shall begin an assessment upon receipt of such a report.” In July 2017, this was expanded. Now healthcare providers involved in the delivery or care of an infant, up to one year of age, affected by any substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder are required to report this to DHS. Examples of situations that may result in a determination of this type of abuse include:
• An infant is born with illegal drugs present in the infant’s system as determined by a medical test. The illegal drugs were present in the infant’s body due to the illegal drug usage by the mother before the baby’s birth.
• An eight-month-old infant who is not meeting developmental milestones is diagnosed with Fetal Alcohol Syndrome.
• A three-year-old child tests positive for illegal drugs due to exposure to the illegal drugs when the child’s caretakers used illegal drugs in the child’s home.

Category seven, manufacturing or possession of a dangerous substance is defined in Iowa Code as occurring when the person responsible for the care of a child has manufactured a dangerous substance in the presence of the child, or knowingly allows the manufacture of a dangerous substance by another person in the presence of a child, or possesses a product containing ephedrine, or its components, with the intent to use the product as a precursor or an intermediary to a dangerous substance in the presence of the child. DHS must report this type of allegation to law enforcement, as this is a criminal act.

The eighth category, bestiality in the presence of a minor, is defined as the commission of a sex act with an animal in the presence of a minor by a person who resides in a home with a child. DHS must report this type of allegation to law enforcement, as this is a criminal act.

In category nine, it is considered abuse if a caretaker knowingly allows unsupervised access to a child by a registered sex offender, or allows a registered sex offender to have custody or control of a child up to age 14, or a child up to age 18 if the child has a mental or physical disability. The exceptions to this is if the registered sex offender is the caretaker’s spouse or is a minor child of the caretaker. DHS must report this type of allegation to law enforcement, as this is a criminal act under child endangerment.

Category ten occurs when a caretaker allows access to obscene material, exhibits obscene material to a child, or disseminates obscene material to a child, as defined in Iowa Code Section 728.1.

Category eleven, Child Sex Trafficking, is the newest category of child abuse and was added to Iowa Code in 2016. Child Sex Trafficking is defined as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of commercial sexual activity. “Commercial sexual activity” means any sex act or sexually explicit performance for which anything of value is given, promised to, or received by any person and includes, but is not limited to, prostitution, participation in the production of pornography, and performance in strip clubs. In this category of child abuse, the perpetrator need not meet the definition of caretaker status.