

Recognizing & Reporting Child Maltreatment



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Presentation Outline

- Florida Child Maltreatment Definitions
- Brain Development
- Effect of Trauma on Child Development
- The ACE Study
- Signs & Symptoms of Child Maltreatment
- Florida Mandatory Reporting Requirements
- Prevention & Intervention – What You Can Do




Learning Objectives

- Define child abuse, neglect and abandonment
- Describe the general process of brain development
- Describe how childhood trauma impacts child and adult physical and mental health
- Describe at least 2 signs of physical/sexual abuse and neglect.
- Describe Florida's mandatory reporter requirements
- Describe what professionals can do to identify and respond to potential child maltreatment.




The generalized term for all types of abuse, neglect, and abandonment is

Child Maltreatment



The Developing Brain



Brain Architecture

- Brains are built over time; “from the bottom up”
- The interactive influences of genes and experience shape the architecture of the developing brain
- The active ingredient is the “serve and return” nature of children’s engagement in relationships with their parents and other caregivers.



Brain Development & Levels Of Stress (Trauma)



Positive Stress: moderate, short-lived, important aspect of healthy development, occurs in context of safe, warm, supportive relationships

Tolerable Stress: could potentially disrupt brain architecture but typically buffered by supportive adults/environment facilitating adaptive coping



Toxic Stress: strong, frequent, and /or prolonged in absence of supportive adults such as circumstances of abuse/neglect. It can lead to stress management systems that respond to lower thresholds and increases risk of stress-related physical and mental illness

The Effect of Trauma/Maltreatment on the Young Child

- **Myth:** the younger the child who is the subject of or witness to violence the less the impact the event will have on the child.
- **Reality:** clinical evidence suggests that young children do not forget what they have witnessed and that they have an extraordinary capacity to recall traumatic events.



The Effect of Trauma/Maltreatment on the Young Child

Domestic Violence

- Domestic violence has been found to be the single most common precursor to child death in the United States
- 12% of households have some level of marital aggression
- 40-60% overlap between child abuse and domestic violence in the same family
- Children exposed to domestic violence are also at risk to repeat their experience in the next generation, either as victims or perpetrators of violence in their own intimate relationships



The Effect of Trauma/Maltreatment on the Young Child

School Violence - can include emotional and physical ridicule or bullying, assaults, threats, sexual offenses, as well as vandalism, trespassing and gangs.

- Children who are victimized in school crime often suffer from decreased self-esteem, truancy, depression, post-traumatic stress disorder and in extreme cases, suicide and violent retaliation.

Community Violence – when children and families live in unsafe neighborhoods the stress and isolation can cause breakdowns in social connections, resilience, availability of concrete supports.



Adverse Childhood Experiences (ACE) Study

Kaiser Permanente-CDC Study

Over 18,000 participants

Retrospective study of adverse childhood experiences

What are ACEs?

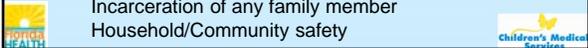
Child Abuse: physical, sexual, emotional; neglect
Mental Illness/Substance Abuse in household member

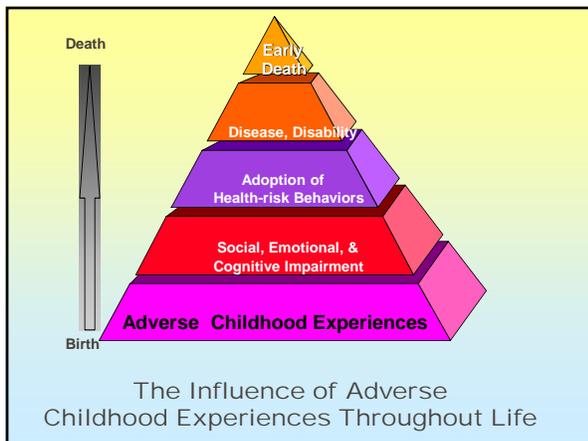
Witness to family violence

Loss of parent either via death or abandonment
(includes divorce or incarceration)

Incarceration of any family member

Household/Community safety





Impact on Public Health Systems

Individuals exposed to ACEs have a substantial impact on public health systems:

- Tend to have more chronic health problems
- Health problems tend to be more severe and involved
- Have more doctor visits over the years.
- Use more health care resources



Educational Effects

- More days absent from School
- More likely to repeat a grade
- Increased likelihood of disciplinary actions
- Less likely to complete High School



Social/Community Effects

- Lower earning potential
- Increased risk for symptoms of anxiety, depression and mal-adaptation,
- a tendency toward criminal and violent behavior of their own.



**Child Abuse Affects
Everyone, Everywhere!**





What is Child Abuse?
Child Neglect?
Abandonment?

Florida Definitions

- Chapter 39.01, Florida Statutes, provides the legal definitions for child abuse, neglect, and abandonment.



Child Abuse

- Any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.



Child Neglect

- When a child is deprived of necessary food, clothing, shelter, or medical treatment or is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.



Child Neglect (cont'd)

- Neglect is an omission which is a serious disregard of parental responsibilities for the child's welfare including:
- Prolonged or repeated lack of supervision or failure to exercise a minimum degree of care that resulted in injury or harm.
- Failure to make reasonable efforts to stop the actions of another person, which resulted in injury or harm.



Abandonment

- A situation in which the parent or legal custodian of a child or the caregiver responsible for the child's welfare, while being able, makes no provision for the child's support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligations.



Signs & Symptoms

• From a Child's Perspective

Children communicate their distress in many different ways.

General guidelines when considering the traumatic reactions of children at different developmental stages include the following:



Infants

Infants depend on adults to look after them. They sense the emotions of their caregiver and respond accordingly.

If the infant will feel unprotected she may display a variety of symptoms, including:

- Fussing
- Sleep problems
- Disruptions in eating
- Withdrawal
- Lethargy and unresponsiveness



Toddlers

At this age children begin to interact with the broader physical and social environment.

Common reactions in toddlers include:

- Sleep problems
- Disruptions in eating
- Increased tantrums
- Toileting problems
(e.g. wetting him/herself)
- Increased clinging to caretaker
- Withdrawal



Preschool Children

Children at this age may have more social interactions outside of the family. Their language, play, social and physical skills are more advanced.

Common responses include:

- Sleep problems
- Disruptions in eating
- Increased tantrums
- Bed-wetting
- Irritability and frustration
- Defiance
- Difficulty separating from caretakers
- Preoccupation with traumatic events



School-Age Children

Children at this age are more independent, are better able to talk about their thoughts and feelings, and are engaged in friendships and participation in group activities.

School-age children may exhibit the following symptoms:

- Sleep problems
- Disruptions in eating
- Difficulty separating from caretakers
- School difficulties
- Anxiety and aggression
- Preoccupation with details of traumatic event
- Problems with attention and hyperactivity



Adolescents

- Adolescents - feel out of control due to the physical changes that are occurring to their bodies.
- They experience struggles to become independent from their families and rely more heavily on relationships with peers and teachers.
- They may show a tendency to deny or exaggerate what happens around them and to feel that they are invincible.

Adolescent children may exhibit the following symptoms:

- Changes in sleep or eating habits
- Significant weight gain or loss
- School difficulties - missed school; poor grades
- Withdrawal from friends and family
- Anxiety and aggression
- Problems with relationships
- Drug/alcohol abuse



Indicators of Abuse

*How do you assess for **indicators** of abuse of children?*



INDICATORS OF PHYSICAL ABUSE

- **Questionable Bruises and Welts**



- **Bruises and Welts:**
 - On face, lips, mouth
 - On torso, back, buttocks, thighs
 - In various stages of healing
 - Clustered forming regular patterns
 - Reflecting shape of article used to inflict
 - On several different surface areas
 - Regularly appear after absence, weekend, or vacation
 - Human bite marks



INDICATORS OF PHYSICAL ABUSE

- **Questionable Burns**



- Cigar, cigarette burns, especially on soles, palms, back, or buttocks
- Immersion burns (sock-like, glove-like or doughnut shaped on buttocks)
- Patterned like electric burner, iron, etc.
- Rope burns on arms, legs, neck or torso



INDICATORS OF PHYSICAL ABUSE

Questionable Fractures



- Fractures
- To skull, nose, facial structure
 - In various stages of healing
 - Multiple or spiral fractures



ASSESSMENT OF INFLICTED INJURIES

Circumstances of the Injury



- Delay in Reporting?
- Taken to Nearest Facility?
- Level of Concern
- Priors?



ASSESSMENT OF INFLICTED INJURIES

History of the Injury



- What Happened?
- Witnesses?
- Is the History Constant?
- Is the History Consistent with the Child's Abilities?
- What is the Child's Story?



ASSESSMENT OF INFLICTED INJURIES

Red Flag Histories



- The Deadly Sofa
- Choking on Formula
- Injuries from CPR
- The Child has Colic, or is Difficult to Control
- The Child is Toilet Training



Parent or Caregiver Responses

Consider the possibility of physical abuse when the parent or caregiver:



- Offers conflicting, unconvincing or no explanation of the child's injuries
- Describes the child as "bad", or some other negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child or violence in adult life



INDICATORS OF SEXUAL ABUSE

Physical Indicators



- Difficulty walking or sitting
- Torn, stained, or bloody underclothing
- Pain or itching in genital area
- Venereal Disease, especially in pre-teens
- Pregnancy



Parent or Caregiver Response

- Consider the possibility of **sexual abuse** when the parent or caregiver:
 - Is unduly protective of the child or severely limits the child's contact with other children



- Is secretive and isolated
- Is jealous or controlling with family members



INDICATORS OF Emotional Abuse

- **Physical Indicators**
 - Child displays extremes in behavior
 - Is either inappropriately adult or infantile
 - Is delayed in physical or emotional development
 - Has attempted or talks about suicide
 - Has a lack of attachment to parent



Parent or Caregiver Response

- Consider the possibility of **emotional abuse** when the parent or caregiver:
 - Constantly blames, belittles, or berates the child



- Is unconcerned about the child; refuses offers of help for the child's problems
- Overtly rejects the child



INDICATORS OF Neglect

Physical and Behavioral Indicators



- Child is frequently absent from school
- Begs or steals money or food
- Is consistently dirty and has severe body odor
- Lacks sufficient or appropriate clothing for the weather
- States that there is no one home to provide care

Parent or Caregiver Response

Consider the possibility of neglect when the parent or caregiver:



- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Abuses drugs or alcohol



Mandatory Reporting Requirements



Mandatory Reporting Requirements

Section 39.201 amended in 2012 –
“The Penn State Bill”

Expanded mandatory reporting requirements

Increased penalty for failure to report



Mandatory Reporting Requirements

- Section 39.201(1)(a), Florida Statutes, requires that **any** person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, shall report such knowledge or suspicion to the Florida Abuse Hotline.



Mandatory Reporting Requirements

- Section 39.201(1)(b), Florida Statutes, [new] requires that **any** person who knows, or has reasonable cause to suspect, that a child is abused, by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, shall report such knowledge or suspicion to the Florida Abuse Hotline.



Mandatory Reporting Requirements

- Section 39.201(1)(c), Florida Statutes, [new] requires that **any** person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the Florida Abuse Hotline.



Mandatory Reporting Requirements

- April 11, 2013 memorandum from DOH General Counsel, “Child Abuse Reporting Law Changes and Recommendations”
- Provides guidance as to reporting implications for DOH programs and personnel (staff and contract)



Mandatory Reporting Requirements

- 2012 Reporting changes:
 - Report when you have knowledge or reasonably suspect abuse by a non-caregiver adult...
 - Report when suspicion that child is a victim of sexual abuse or victim of a juvenile sexual offender
 - Penalty for failure to report increased from a misdemeanor to a felony



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(a) *Abuse by a parent or other caregiver Adult*

No changes

Continue to report suspected abuse by a parent or other caregiver adult



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(b) *Abuse by a non-caregiver Adult*

“Harm Analysis”

Considerations:

Age of child	prior history of injuries
Location of injury on the body	multiplicity of the injury
Type of trauma inflicted	

Such factors may be used to evaluate physical, emotional, or mental injury



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(b) *Abuse by a non-caregiver Adult*
(continued)

May also be used to evaluate sexual abuse
note: childhood sexual abuse not defined; sexual abuse defined for purposes of finding a child dependent.

For example, “sexual battery and lewd and lascivious behavior in the presence of a person under age 16 are defined as acts which cause “harm” and should be considered defacto acts of abuse and reported.



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(c) *Victim of Sexual Abuse or of a Know or Suspected Juvenile Sexual Offender*

- Focus on sexual abuse of a child by another child when there is suspicion that the child is the victim of childhood sexual abuse or victim of a known or suspected juvenile sexual offender....



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(c) *Victim of Sexual Abuse or of a Know or Suspected Juvenile Sexual Offender (continued)*

“Victim Analysis”

- Guided by F.S. -
- A child is the victim of sexual behavior by any other child “which occurs without consent, without equality, or as a result of coercion”.



**Mandatory Reporting Requirements
DOH Guidance**

Section 39.201(1)(c) *Victim of Sexual Abuse or of a Know or Suspected Juvenile Sexual Offender (continued)*

- “Consent” – includes:
 - Understanding what is proposed based on age
 - Knowledge of societal standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreement/disagreement will be accepted equally
 - Voluntary decision
 - Mental competence



Mandatory Reporting Requirements DOH Guidance

- No Recommendations to change current program inquiries or information gathering procedures
- Unsolicited disclosures by a child may still leave program with insufficient information to make a “harm” or “victim” analysis
- Limited exception to reporting requirement for pregnant child under age 16 by a person 21 years of age or older – when reporting such would interfere with the provision of medical services.
- Consider extension of this exception for a pregnant child 16-17 by another child (regardless of age) or by an adult age 18-20.



Mandatory Reporting Requirements DOH Guidance

Sexual Activity with:

Age of Child	Parent/Caregiver Adult	NON-Parent/Caregiver Adult Non-consensual	Another Child	Adult 18-23	Adult 24+
Under age 12	REPORT	REPORT	REPORT	REPORT	REPORT
12-15	REPORT	REPORT	REPORT if sexual activity without consent, without equality, or resulting from coercion	REPORT	REPORT
16-17	REPORT	REPORT	REPORT if sexual activity without consent, without, or resulting from coercion	REPORT if sexual activity caused apparent physical, emotional, or mental injury	REPORT

Mandatory Reporting Requirements DOH Guidance

ALL DOH employees
ALL DOH Program Contractors
ALL DOE/School District/FDLRS employees
are **mandatory** reporters



**Mandatory Reporting Requirements
DOH Guidance**

When you make an abuse report to the Hotline, a note/entry should be made in the chronological/progress note section of the client file.

When DCF provides a confirmation number, it may be included within the note.

This will serve as confirmation that a report was made should there be questions later.

This entry is confidential and not subject to disclosure should the client file be subsequently disclosed.



**Mandatory Reporting
Requirements**

Reports may be made by calling the toll free number (1-800-96-ABUSE) or by faxing a written report to 1-800-914-0004 with all necessary information, including reporter's name and contact telephone number or Fax number.



**Mandatory Reporting
Requirements**

It is the responsibility of DOH personnel to make reports of suspected child abuse/sexual abuse in good faith to the Florida Abuse Hotline.

Hotline staff are responsible for making a determination whether to accept the report.

Hotline staff determine if the report requires an immediate initial response or whether the CPI is given 24 hours to respond.



Mandatory Reporting Requirements.

Cases of suspected child maltreatment **accepted** as a report for investigation by the Hotline are electronically transmitted to the appropriate DCF district/zone or designated sheriff's office responsible for the child protection investigations **and** to the Child Protection Teams for review.



Questions?
Comments?

How has your agency/group
been handling
implementation?



A large empty rectangular box with a yellow-to-blue gradient background, intended for additional input or comments.

Intervention
and
Prevention



**HOW DO I REPORT
SUSPECTED ABUSE?**

1-800-96-ABUSE



What To Do If You Suspect
Your Child Has Been Abused?

Your Response Upon Learning
About Abuse Has a Profound
Impact on the Child.



How Can I Discuss This With A Child?

Give some thought to **where** you will talk with the child

Remain calm, don't act shocked or upset

Ask only open-ended , non-leading questions

Don't ask repeatedly if you don't believe an answer

Assure the child they are **NOT** responsible

Don't promise you will never let the child be abused again

REPORT SUSPECTED ABUSE

- The purpose of required reporting is to **identify suspected abused and neglected children** as soon as possible so that they can be protected from further harm.
- **Child protective services cannot act until a report is made.** Consequently, by reporting abuse, you can play an critical role in preventing future harm to a child.



Provision of intervention strategies **early** is essential to ameliorate the negative impacts on the child's sense of safety and trust which are important for developing self-esteem, confidence, anger-management and communication skills.



The Whole Child in the Context of the Family and Community

- Why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed?
- **Risk Factors**
 - Conditions which, when present, as associated with increased likelihood of abuse
- **Protective Factors**
 - Conditions ordinarily associated with low levels of maltreatment
- **Resilience**
 - The ability to cope, and even thrive, following a negative experience



Child Abuse Prevention

- Includes Efforts to:
 - Break the cycle of abuse
 - Promote positive/protective factors
 - Reduce or ameliorate the impact of risk factors
 - Support children and families
 - Develop healthy and supportive Communities



CAN Prevention Information

- Shaken Baby Syndrome
- Safe Sleeping
- Fetal Alcohol Syndrome
- Positive Parenting techniques
- Support Child Self-Esteem
 - As part of a system of child discipline
- Child discipline
- Awareness of Family violence



What **YOU** Can Do

- **Share information BEFORE there is a crisis**
 - Provide Parenting Information for Families
 - Provide Child Development Information
 - Provide Resource and Referral Information
- **Florida Parent HelpLine**

1-800-FLA-LOVE

 - 24hr/7days/week
 - Free, confidential talk and counseling



What **YOU** Can Do

- Learn to identify signs/indicators of maltreatment
- Understanding relationship between domestic violence and child abuse
- Learn how to talk to children about what is happening



- For further information on recognizing and reporting child maltreatment contact any of the following:
 - Local Department of Children & Families Office
<http://www.dcf.state.fl.us/regions/>
 - Local Child Protection Team
<http://www.cms-kids.com/home/contact/cpt.pdf>
 - Department of Children & Families Office of Family Safety
<http://centerforchildwelfare.fmhi.usf.edu>
 - Child Protection Team Program, Children’s Medical Services, Department of Health
http://www.cms-kids.com/families/child_protection_safety/child_protection_teams.html

