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Statistics, Laws, and Protocols are subject to change so we highly recommend that you check with your local offices for the most current information as needed.

For reference sites and resources, contact Sunflower House.





Sunflower House

A Child Advocacy Center

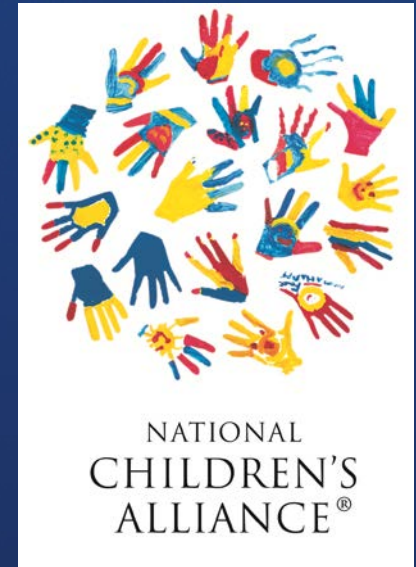


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CAC Philosophy



- quick response
- child friendly
- reduce trauma
- multidisciplinary
- legally sound & defensible forensic interviews
- access to specialized medical exams
- *Sunflower House provides Education & Therapy*



Information to be covered

- Scope of the problem

- Identifying victims

Accidental versus Intentional injuries

Behavioral and/or Physical Indicators

- Identifying risk factors

- Trauma

- What if?

- Making a report/Disclosures



Nationally

3.5 million reports are made every year concerning
6.4 million children

More than 4 children die everyday
as a result of child abuse, 70% are under the age of 3

Locally

In Kansas- 65,000 reports received yearly
53-56% are assigned for investigation
KC Metro Area (KS side) 28% of state CINC reports

What about those that aren't assigned for investigation?



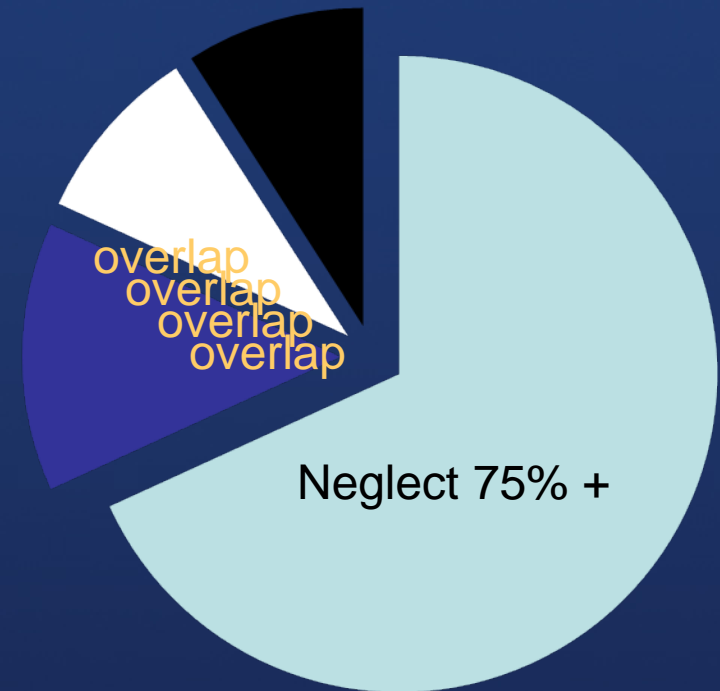
Types of Child Maltreatment

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Physical Neglect

Total Lifetime economic burden resulting from child maltreatment in US is approximately \$124 Billion.

30-60% Documented co-occurrence rate of Child Abuse and Domestic Violence

80% of homes with Domestic Violence have children residing there



Risk Factors for Maltreatment



Parent experienced maltreatment as a child

Parent's lack of knowledge of child development

Parental substance abuse, depression, anxiety or antisocial behavior

Single-parent households, Poverty or unemployment

Social Isolation, Stress

Family Violence

Low birth weight, child's temperament, under age of 4

Societal Risk factors regarding children with disabilities

Children are separated from their peers

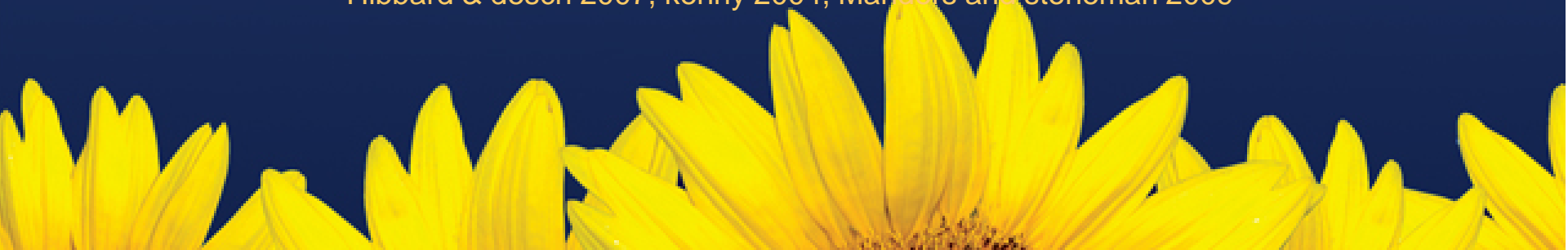
Devaluing the contributions of children with disabilities to society

Belief that caregivers would never harm children can result in lack of attention to problem

Children viewed as asexual, denying them sex education to prevent abuse

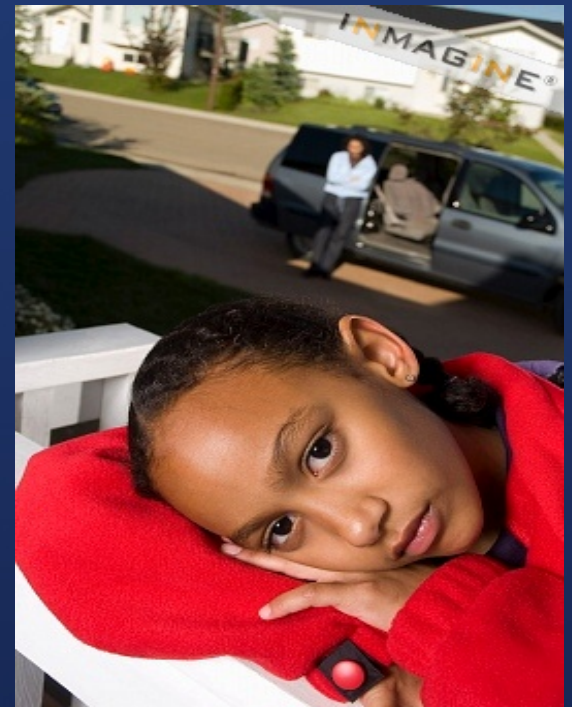
*****Lack of training impacts the ability of social workers, teachers and other professionals to identify and report abuse of children with disabilities*****

Hibbard & desch 2007, kenny 2004, Manders and stoneman 2009



How to Identify Victims of Abuse/Neglect

- Physical Indicators
- Behavioral Indicators
- Clusters
- Disclosures



Physical Abuse



Physical Abuse is any act that, regardless of intent, results in a non-accidental physical injury to a child.



Physical Abuse

Physical Abuse
Neglect
Imminent Risk
Emotional Abuse
Sexual Abuse

Discipline vs. Punishment

- Shows children positive alternatives
- Shows children how their actions affect others
- Helps children learn to solve problems
- Helps children learn to manage anger
- Helps children learn self-control
- Controls behavior through power and fear
- Teaches children to hide or lie about mistakes and misdeeds
- Teaches children what not to do
- Makes children angry and aggressive



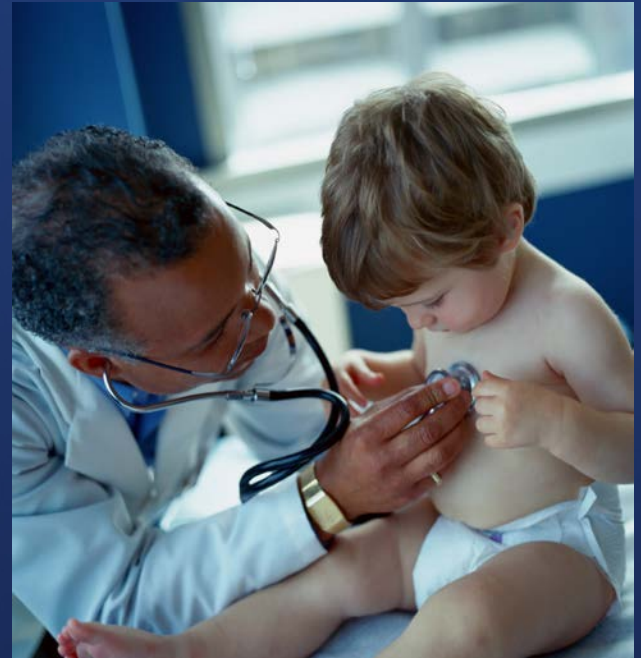
Physical Abuse

Injuries that...

- are unexplained
- reflect an object shape
- are inconsistent with developmental capabilities

Other factors to consider...

- area of the body
- timing of the injuries



Examples of Physical Abuse

Physical Indicators



- Burns: *Immersion, contact and rope*
- Bruises, Cuts, Welts
- Biting, Pinching, Twisting Limbs
- Choking/Strangling
- Internal Injuries
- Abusive Head Trauma
- Broken Teeth
- Fractures
- Scars



Physical Abuse

Behavioral Indicators



The Child:

- Avoids physical contact with others
- Apprehensive when other children cry
- Wears clothing to purposely conceal injury
- Gives inconsistent versions about occurrence of injuries
- Frightened by parents
- Often late or absent from school
- Has difficulty getting along with others,
- Has little respect for others
- Overly compliant or withdrawn
- Plays aggressively, often hurting peers
- Complains of pain upon movement or contact
- Has a history of running away from home
- Reports abuse by parents



Physical Abuse

Behavioral Indicators



The Adult:

- Many personal and marital problems
- Economic stress
- Parent(s) were abused as children themselves
- History of alcohol or drug abuse
- Are antagonistic, suspicious and fearful of other people
- Social isolation
- See child as bad or evil
- Little or no interest in child's well-being;
For example: explanation of injuries to child
are evasive and inconsistent
- Blame child for injuries
- Constantly criticize and have inappropriate expectations of child
- Take child to different physicians or hospital



Child Sexual Abuse

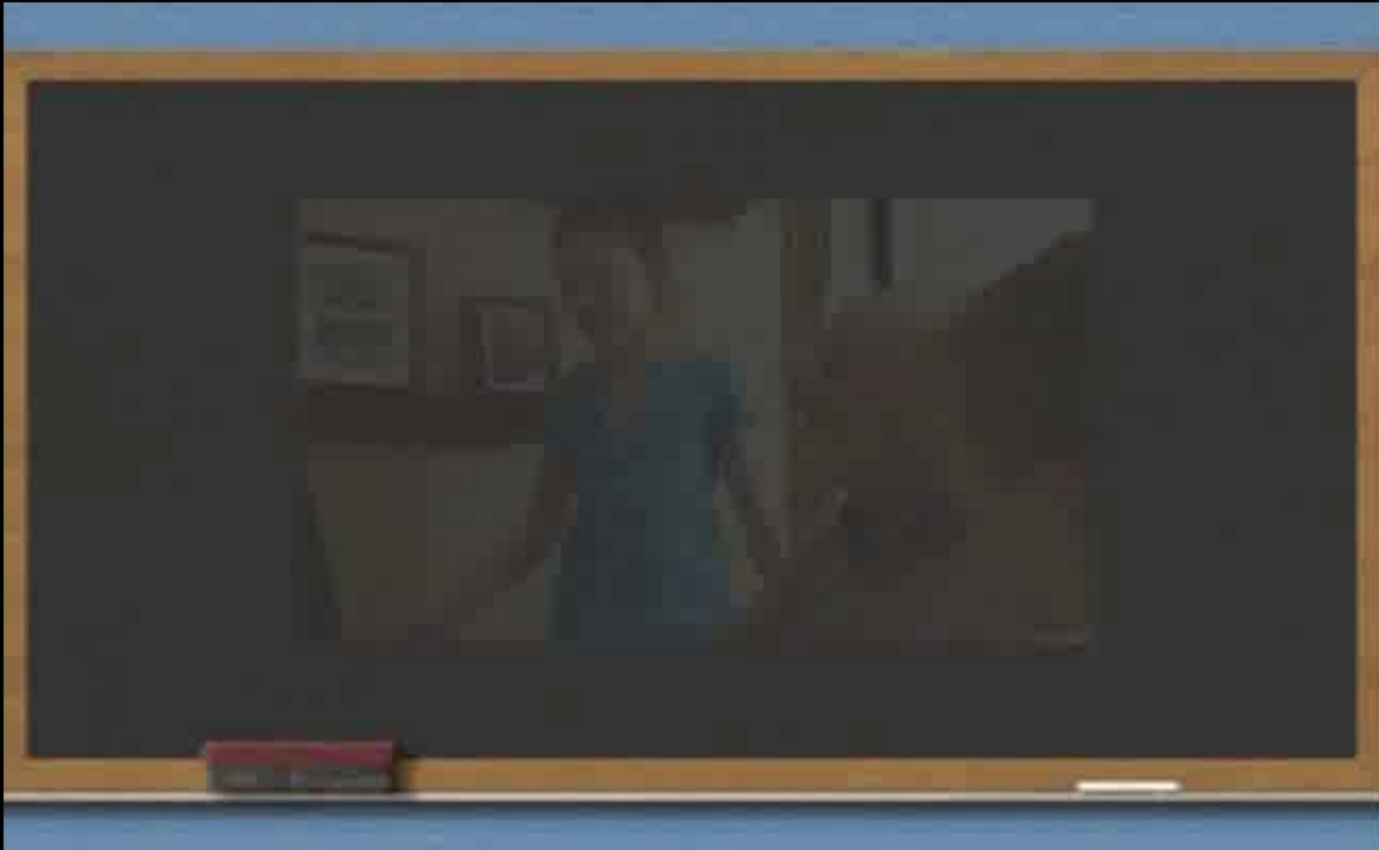
Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person.

Including “giving, receiving, offering or agreeing to receive anything of value,” to act in “procuring, recruiting, inducing, soliciting, hiring or otherwise obtaining any person younger than 18 years of age,” for sexual gratification...”(K.S.A 21-5426(b))

Contact solely between children shall meet criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. (KAR 30-46-10)



Sexual Abuse



Number of Victims

- About 1 in 10 children will be sexually abused by their 18th birthday

How many is that in your classrooms?

- 1 in 5 children are solicited sexually while on the internet.
- An estimated 42 million survivors of childhood sexual abuse exist in America today.
- More than 83 percent of human trafficking involves domestic victims, and the majority of these are children.



Perpetrator Characteristics

- 30-40% of victims are abused by a family member.
- Another 50% are abused by someone outside of the family whom they know and trust.
- Approximately 40% are abused by older or larger children whom they know.
- 90% of victims can name their perpetrator, at SH nearly 100%!



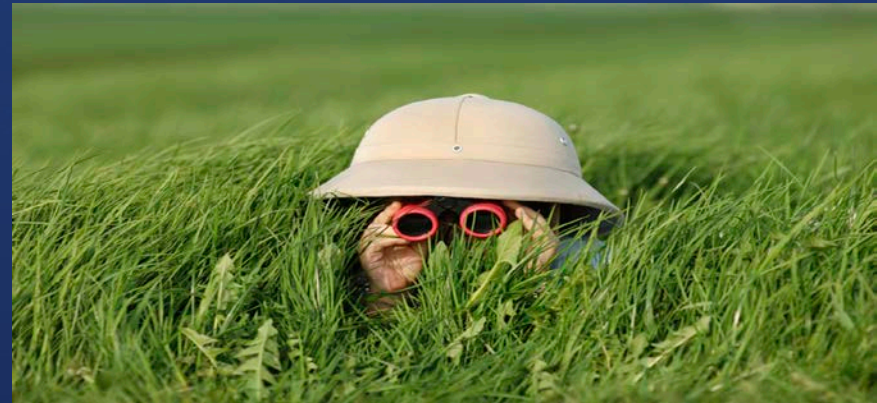
Examples of Sexual Abuse

■ Physical Acts

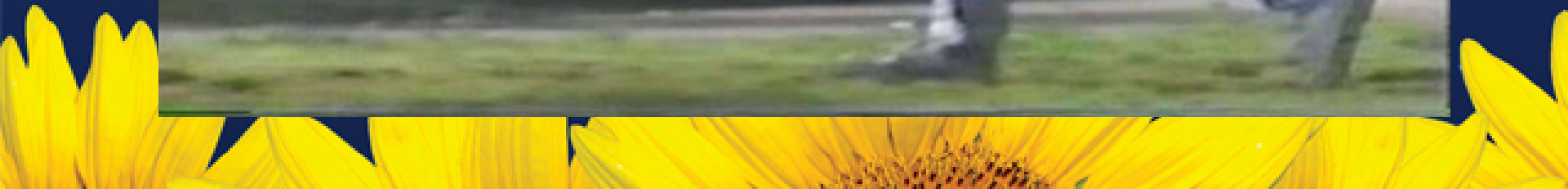
- Fondling
- Kissing
- Attempted or actual intercourse
- Human Trafficking

■ Non-physical Acts

- Voyeurism
- Exhibitionism
- Pornography
- Computer related activities



Break The Silence



Sexual Abuse

Behavioral Indicators

“Children are not typically hurt during sexual abuse; therefore, special attention needs to be paid to behavioral indicators.” -Kansas DCF

- Displays advanced, unusual or bizarre sexual knowledge
- Radical changes in bathroom habits
- Threatened by physical closeness
- Withdrawn or chronically depressed
- Excessive self-stimulation/ masturbation
- Reports sexual touch or assault
- Strong effort to avoid certain adults



■ www.tcavjohn.com Healthy Sexual Behavior Chart

Sexual Abuse

Physical Indicators



- Difficulty walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Sexually Transmitted Infections
- Bruises or bleeding in external genitalia
- Pregnancy

Abused teens are 3 times less likely to practice safe sex and 25% more likely to experience teen pregnancy



Teaching Personal Safety



- MYTH: Personal safety is best taught at home.
- FACT: Research supports teaching children in school as to:
 - Create a strong support system around the child.
 - Children are more likely to report to school authorities than to police or medical authorities.
 - Increased disclosure rate and reduced self-blame.
- Effective programs:
 - Start in prek and early elementary grades
 - Reinforces child's rights to privacy, personal choice about touches, teaches anatomically correct name for private parts
 - Naming multiple safe adults at home and school, keep telling!
 - Teaches personal boundaries that ALL should respect
 - Includes technology boundaries
 - NO keeping secrets

Emotional Abuse

Sticks and stones may break my bones but words will never hurt me?



Infliction of mental or emotional harm to a child or the causation of a child's deterioration.

This term may include, but shall not be limited to, maltreatment or exploitation of a child to the extent the child's health is likely to be harmed.



Child Emotional Abuse does not leave immediate physical marks on the child; it instead damages the child's feelings, self-worth, and cognitive abilities.



Examples of Emotional Abuse

- Rejection/ Ignoring
- Constant put-downs/verbal assaults
- Corrupting
- Constant unequal treatment
- Over pressuring
- Isolating
- Terrorizing



Emotional Abuse



Physical Indicators

- Delayed physical development
- Speech disorders
- Bed wetting
- Frequent psychosomatic complaints
- Anxiety
- Ulcers
- Obesity or Extreme weight loss or gain
- Poor appearance

Behavioral Indicators

- Behaviors inappropriate for age
- Fear of failure, overly high standards, reluctance to play
- Fears consequences of actions, often leading to lying
- Extreme withdrawal or aggressiveness
- Overly compliant, too well-mannered
- Excessive neatness and cleanliness
- Extreme attention-seeking behaviors
- Severe depression, may be suicidal
- Complains of social isolation
- Forbidden contact with other children



Physical Neglect

Choice vs. Lack of Resources



Any act or omission by a parent, guardian or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means.



Physical Neglect



"While physical abuse is usually episodic, physical neglect tends to be chronic." Kansas DCF

Basic Needs

- Food
- Shelter
- Adequate clothing
- Hygiene
- Medical & dental attention
- Education
- Supervision



Physical Neglect

Physical Indicators

- Constant hunger, lethargic
- Failure to thrive or achieve expected growth patterns, underweight
- Lack of proper supervision
- Unattended medical or dental needs
- Evidence of poor hygiene; inappropriate dress
- Bald patches on an infant's scalp

Behavioral Indicators

- Begging for or stealing food
- Constant fatigue & listlessness; falling asleep at school
- Reports there is no caretaker
- Frequently delinquent, absent or tardy
- Runaway behavior
- Assuming adult responsibilities



Trauma

The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters (*NASMHPD, 2006*)



Trauma Response

Person's response involves intense fear, horror and helplessness

Extreme stress that overwhelms the person's capacity to cope DSM IV-TR (APA, 2000)



Consequences Of Child Abuse and Neglect



- Children who have been sexually abused are 2.5 times more likely to develop alcohol abuse
- Children who have been sexually abused are 3.8 times more likely to develop drug addictions
- Children who have experienced abuse and neglect are 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult.
- 80% of young adults who had been abused met the diagnostic criteria for at least 1 psychiatric disorder by the age of 21 (depression, anxiety, eating disorders, & PTSD)
- About 30% of abused and neglected children will later abuse their own children, continuing the cycle of abuse.
- Children whose parents abuse alcohol and other drugs are three times more likely to be abused and four times more likely to be neglected than children from non-abusing families



***Child maltreatment
continues to be the single
most preventable cause
of mental illness***

De Bellis (2012).



Questioning Children

*Caring Adults often have great intentions to help children,
but not all of us know HOW best to help.*

Minimal Facts Ask for Who, What, When, Where, Why

Assess safety, perpetrator's access to child- We need to keep their best interest in mind

Limit Number of people for children to tell Why?

This can reduce the chances that they will disclose when it matters most-to those who need to hear it and can do something about it!

Time is an Issue Waiting could be detrimental to the child

Leading vs Non-Leading Questions Open ended "wh" questions vs. did ____ do ____?

Be Reasonable DCF can't give copies of their ID badges, DCF has the legal authority at public schools to interview children without parental permission, Testing and Assemblies are not a reason to delay accessing a child's safety



What if.....

You have two students, one is 3 years old and the other is 5. The five year old tells you that he doesn't want to go home because his whole house smells like cigarettes. There are coca cola bottles all over the house that his mom uses for ash trays and his house is always dirty. He has a little band-aid on his finger because he cut it on one of the bottles.

Where are the bottles in the house?

Does your mom make you clean up the mess?

What else do we need to know?

Real story: This was a situation in which the mother was hoarding in her house. The whole house was filled with trash and coca cola bottles used for ash trays. When the DCF worker walked in, she accidentally stepped on a bottle and broke it since the house was so full clutter and trash. A situation like this may have been "acceptable" for 15 year old, but not for a 3 or 5 yr old.



What if.....

One of your students comes to school with broken front teeth and he seems more withdrawn than normal. What should you ask?

Did you hurt your teeth by falling off of something?

When did that happen?

Did that happen while you were visiting your dad?

Real story: The mandated reporter had suspicions about abuse, but didn't do anything. Three months later the same boy went to the hospital because he had severe immersion burns from the neck down. He later died from his injuries.



What if.....

You are considering making a report but you know the parents have already displayed aggressive behavior towards school staff?



What if.....

You overhear rumors about sexually active teens?

- rumors about teacher behavior online
- have a pregnant student
- have a student in foster care disclose details about abuse to you
- awareness of inappropriate social media activity



Kansas Reporting Laws



- Who ...
- What...
- When...
- How...
- Why...



Making a Report



WHO is required to report?

Child care providers, teachers, licensed Social Workers, counselors and therapists, school administrators, employees of an educational institution the child is attending, fire fighters, EMT, law enforcement officers, those licensed to practice the healing arts, dentistry and optometry, appointed mediators, juvenile intake and assessment workers

Kansas law also provides that “any other person with reason to suspect a child has been injured by physical, emotional or sexual abuse or neglect may report the matter.”

WHO should you report to?

Protection Report Center

Local Law Enforcement (911)

For serious injuries or immediate danger





CA/N Reporting Numbers

Kansas Protection Report Center:
1-800-922-5330 or online

Children's Division Hotline for Missouri
1-800-392-3738

KC Metro-wide Domestic Violence Hotline:
(816) 468-5463

All are 24/7 hotlines



What to Report:

- Name and address of the child
- Name of child's parents or guardians
- Child's date of birth
- Child's location
- Child's condition-any current physical indicators?
- DO NOT take pictures!

Describe all indicators in-depth

- Whether the perpetrator has access to the child
- Does the child have siblings?
- Any other information that is relevant



Making a Report, cont.



When to report:

- Suspicion of abuse/neglect (credible evidence, inconsistent history, clusters)
- Direct disclosure
- Anytime you have new information



Why report:

- Ethical Responsibility
- Legal Requirements/Penalty for Failure to Report:
"Willful and knowing failure to report required by the reporting laws is a Class B misdemeanor" (Kan.Stat.Ann. 38-1522(f), (g)(Supp.1998)

If you believe a report should be made to DCF or Law Enforcement you should make a report; you are liable should harm occur to a child or adult

Intentionally preventing or interfering with making a report as required is a class B misdemeanor



Reporting FAQ's



What does “reason to suspect” mean?

- There is credible evidence or inconsistent history in explaining the child's injury.
- This also means that the law does not require proof that abuse or neglect has actually occurred or that the reporter witnessed the incident.

What if my job is threatened or I feel like it is?

- Employers are prohibited from terminating, preventing, impairing or imposing sanctions because an employee made an oral or written report to or cooperated with an investigation by Law Enforcement or DCF relating to the harm inflicted upon an individual which was suspected by the employee.



FAQ's Continued



Do I need to tell my supervisor if I plan to make a report? What if they tell me not to worry about reporting he/she will do it?

"Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to DCF or law enforcement, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement" -DCF

Do I have to leave my name?

Kansas law provides immunity from liability for reporters of child abuse
[Kan.Stat.Ann. 38-1526(1993)]

Will my name be disclosed once a report is made?

Can I know about a case once a report has been made?

How quickly are reports investigated?

What if I suspect/ witness a co-worker abusing a child?



Handling Disclosures

MYTH: Most children will tell about Child Sexual Abuse
FACT: only 38% will ever tell, some take years, some never tell

- **DO:** Practice your response before the situation arises.
 - **DO:** Allow for privacy. Focus attention.
 - **DO:** Sit eye-level.
 - **DO:** Clearly state you believe the victim
 - **DO:** Remind them “It’s not your (victim’s) fault.”
 - **DO:** Praise victim’s courage in telling you.
 - **DO:** Stay calm.
 - **DO:** Limit questioning.
 - **DO:** Choose your words to avoid perception of victim-blaming.
- **DON’T:** Show feelings of shock or horror.
 - **DON’T:** Correct victims words about what happened.
 - **DO NOT:** Criticize perpetrator and/or family.
 - **DO NOT:** Express doubt to the victim.



Thank you!

- Questions?
- Comments?
- Evaluations



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Bev Turner, bevt@sunflowerhouse.org



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