

PARTICIPANT GUIDE

Child Maltreatment Prevention Academy

Department of Children and Families



Protecting and Supporting Children
June 2021



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Goal and Learning Objectives

Professionally Mandated Reporters will accurately identify the behaviors and signs of suspected child abuse, neglect, and abandonment and take proper action to protect Florida's children from abuse and neglect. After this training, you will be able to:

- Identify who is considered a Professionally Mandated Reporter in the State of Florida.
- Define caregiver, child abuse, neglect, and abandonment.
- Identify reasonable cause to suspect.
- Recognize indicators of abuse, neglect, and abandonment.
- Recall the short-term and long-term health effects of abuse and neglect on a child.
- Explain how possible circumstances can result in abuse, neglect, and abandonment.
- Describe the appropriate action steps in situations with reasonable cause to suspect.
- Describe the high-level process of a suspected child abuse report.

PARTICIPANT GUIDE

PART 1 Recognizing Child Abuse



Protecting and Supporting Children

June 2021



Part 1 Recognizing Child Abuse

Prevalence of Child Maltreatment

Child maltreatment is a significant public health problem. The Florida Abuse Hotline receives around 24,000 reports monthly. Each year, federal, state, and local child protective agencies receive more than 3.2 million referrals of children suspected of being abused or neglected. Child abuse and neglect occur in all cultural, ethnic, occupational, and socioeconomic groups. To stop and prevent child maltreatment, the Florida Department of Children and Families (DCF) is responsible for protecting children and ensuring that they are safe and well cared.

Department of Children and Families

The **mission** of DCF is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

DCF's Vision: We are a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. In collaboration with community stakeholders, we will deliver world-class and continuously improving service focused on providing the people we serve with the level and quality that we would demand and expect for our own families.

Preventing Child Maltreatment

There is not a simple solution for preventing child maltreatment. Rather, it will take a coordinated and collaborative effort at the community level to ensure that all children have safe, stable, and nurturing relationships and environments that build resilience, which can reduce the occurrence and negative effects of child abuse and neglect. Prevention starts with recognizing the early signs of maltreatment and responding appropriately.

Module 1.1 Professionally Mandated Reporter

Section 39.201(1)(a), F.S. defines a **Mandated Reporter** as 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 another person responsible for the child's welfare. Professionally mandated reporters **MUST** provide their names to the Florida Abuse Hotline Counselors when they are reporting abuse, neglect, and abandonment while mandated reporters are not obligated by the law.

Who is a Professionally Mandated Reporter?

HEALTH	STATE/LEGAL	EDUCATION
• Physician • Osteopathic Physician • Medical Examiner • Chiropractic Physician • Nurse • Mental Health Professional • Child Counseling Counselors • Practitioner who relies solely on spiritual means for healing • Other hospital personnel engaged in the admission	• Social Worker • Day Care Center Worker or Another Professional Childcare • Foster Care Worker • Community-Based Care Provider Employee • Residential or Institutional Worker • Law Enforcement Officer • Judge	• School Teacher • School Official or Personnel • Athletic Coaches • School Counselors • School Psychologists • Visiting Teachers

Why Are You Here?

Under Florida Law, you are considered as Professionally Mandated Reporters. You work with children and are legally obligated to report your suspicions to the Florida Abuse Hotline. After the report, DCF is obligated to screen reports and investigate the report to determine whether the child has been abused or neglected. If so, the Department will ensure that the child is protected.



Why is Mandated Reporting Important?

Professionally Mandated Reporters are critical to protect children from abuse and neglect because early detection and intervention may prevent further abuse, neglect, and possibly death. If

Professionally Mandated Reporters do not recognize the abuse and neglect signs and report their suspicions to the Hotline, the Department may not provide the right intervention and treatment to the children who need help.

Module 1.2 Child Abuse, Neglect, and Abandonment

Definitions

Caregiver

Caregiver means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare (F.S. 39.01 (10)).

Includes, but is not limited to

- Relatives from outside the home
- Teachers or staff in a school setting
- Workers at an early education
- Childcare or afterschool program
- Adult babysitter
- Foster parents
- Staff at a group care facility
- Persons charged with caring for children in any other comparable setting
- A law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice

Child Abuse

Section 39.01(2), Florida Statute (F.S.), defines child abuse as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause a child's physical, mental or emotional health to be significantly impaired. Abuse of a child also includes acts or omissions. While there are times when child abuse and neglect are perpetrated deliberately, quite often such acts are not willful.

Willful is the intent to perform an action, not the intent to achieve a result or to cause an injury.

- Physical Abuse (Physical Injury)
- Sexual Abuse or Exploitation
- Emotional Abuse (Mental Injury)

Physical Abuse Physical injury includes a willfully inflicted physical injury to a child that results in temporary or permanent disfigurement, temporary or permanent loss or impairment of a bodily part or function, or is an action that is likely to cause a physical injury, a threat to a child's safety or a real, plausible and significant threat to the child's physical, mental, or emotional health.	• A pattern of minor physical injuries, such as cuts, bruises, welts, or lacerations on the child • Hitting repeatedly with sufficient force to cause injury • Injury resulting from the use of a deadly weapon • Behavior such as punching, kicking, throwing, biting, slapping or vigorous shaking • Locking a child in a closet or similar type of restraint or imprisonment • A major physical injury, such as head trauma, broken bones, internal injuries, or 2nd or 3rd degree burns on the child
Emotional Abuse Emotional Abuse means harm to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior, or when a child exhibits symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected.	• Using psychologically destructive behaviors, such as rejection, terrorizing, ignoring, isolating, etc. • Constantly attacking a child's development of self or social competence • Penalizing a child for positive, normal behavior • Embarrassing or ridiculing a child and it results in a change in their behavior • Isolating a child and it affects their self-esteem • Regularly cursing at a child • Mistreating a child and it results in significant drop in their grades
Sexual Abuse Sexual abuse is defined as sexual contact with a child by a caregiver. Child sexual abuse occurs when a person uses his/her power over a child or youth and involves the child in any sexual act. The power of the abuser can lie in age	• Exposure to any video or pictures that depict children for sexual pleasure • Any penetration, however slight, or intrusion by one person to a child • Any intentional touching to the genitals over or under the clothes for sexual gratification

differences, intellectual or physical development, a relationship of authority over the child, or the child’s dependency on him/her.	• Sexual exploitation of a child
Three Categories of Sexual Abuse 1. Sexual Battery: The oral, anal, or vaginal penetration by, or union with, the sexual organ of a child; the forcing or allowing a child to perform oral, anal, or vaginal penetration on another person; or the anal or vaginal penetration of another person by any object. 2. Sexual Molestation: the intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include: • Any act which may reasonably be construed to be a normal caregiver responsibility, interaction with, or affection for a child. • Any act intended for a valid medical purpose. 3. Sexual Exploitation: Any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for sexual arousal or gratification, aggression, degradation, or another similar purpose.	

Neglect Section 39.01(50), F.S., defines child neglect as when a child is deprived of or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in a harmful environment. Neglect also can be failure to provide appropriate level of supervision for the child’s age and maturity, developmental level or mental or physical condition.	• Failure to provide appropriate clothing for the child • Failure to provide a level of nutrition needed to grow normally and avoid malnutrition or dehydration • Failure to provide necessary housing • Failure to seek medical services when a child needs treatment
Abandonment A situation in which the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child or When the identity or location of the parent or parents is unknown and cannot be ascertained by diligent search NOTE: The Safe Haven Law A newborn infant (up to 7-days-old), left to a hospital, emergency medical services station, or fire station is not deemed abandoned unless there is actual or suspected child abuse. <u>S. 383.50</u>	• A parent physically abandoning a child with no intention of returning • Caregiver who fails to offer financial and emotional support for their child over a long period which could have resulted from the parent(s) or caregiver(s) have been incarcerated, hospitalized, or has died



What is Not Child Abuse?

There are some possible cases that are not considered as abuse or neglect. For example,

- Children of the same age and developmental stage who are curious about and explore each other's bodies
- Spanking that is not “excessive corporal punishment”
- A dirty home that is not hazardous
- Older children being home alone
- Child left with an entrusted relative
- A caregiver is consistently late for child pick-up
- Caregiver not giving prescribed ADD/ADHD medication

Module 1.3 Reasonable Cause to Suspect

Reasonable Cause to Suspect

Section 39.201, F.S., states that reasonable cause to suspect requires facts or circumstances that would lead a reasonable person to believe that a child has, is, or will be a victim of abuse, neglect, or abandonment.

Reasonable cause is more than a hunch. It must be a justifiable suspicion based on specific facts or reliable information of the circumstances by a reasonable person. For a Hotline Abuse Counselor to accept a report for investigation, the report must meet the following criteria.

- The victim must be a child, as defined in the statute, born alive, under the age of 18, and not emancipated or married.
- There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. **If the alleged perpetrator's relationship to the child is unknown, but all other screening criteria have been met, a report will be accepted.**
- The child must be a **Florida resident or located in Florida with concerns of harm.**
- The alleged maltreatment must be included in the DCF's operational procedure (Click here to review [CFOP 170-4](#)).
- There must be an acceptable means to locate the child.



ACTIVITY: Reasonable Cause

Edgar

Edgar is an 8-year-old boy, and he has always been a little “dad.” He seems to take care of other children. You have noticed that he always seems especially concerned about his three younger siblings. Today, you caught him stuffing an extra snack in his pocket. He said he needed to take it home for his brothers and sisters.

Identify if there is reasonable cause by answering the questions below:

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Is this the first time the injury or concerning behavior has occurred?

7. How severe are the injuries or behaviors?

8. What explanations are being provided by the parent, child, or others?

ACTIVITY: Reasonable Cause

Conner

Conner, 12-years-old, is a student in your geography class. You have known Conner and his parents for years. His dad, a friend of yours, is active in the community, and has a great reputation among other parents. Conner is often in trouble and has been known to lie. One day, after the class, Conner comes to you in tears and tells you his dad has been making him pose for pictures in the nude.

Identify if there is reasonable cause by answering the questions below:

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Is this the first time the injury or concerning behavior has occurred?

7. How severe are the injuries or behaviors?

8. What explanations are being provided by the parent, child, or others?



Violet

Violet, age 11, is having a hard time walking, and you notice she sat down during all of recess. When she sits down, she winces. You ask her what is wrong. She looks down and says, “Nothing.” A few days later, while she is playing soccer, she rolls up her gym shorts when she gets warm. You notice dark purple bruises on her inner thigh. She seems to remember the bruises are there and rolls the shorts back down below her knees.

Identify if there is reasonable cause by answering the questions below:

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Is this the first time the injury or concerning behavior has occurred?

7. How severe are the injuries or behaviors?

8. What explanations are being provided by the parent, child, or others?



Alecia

Alecia, 7-years-old, has had a severe cough for at least two weeks. It has gotten so bad that she is wheezing and seems exhausted. You are very concerned about her health and have expressed your concerns to her mom. Mom keeps saying, “it is getting better. The doctor will tell me it’s a cold, and there is nothing they can do. It’s a waste of time.”

Identify if there is reasonable cause by answering the questions below:

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Is this the first time the injury or concerning behavior has occurred?

7. How severe are the injuries or behaviors?

8. What explanations are being provided by the parent, child, or others?

PARTICIPANT GUIDE

PART 2

Identifying and Reporting Child Maltreatment



Protecting and Supporting Children

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Module 2.1 Indicators of Child Abuse, Neglect, and Abandonment

Physical Abuse

- Burns marks - cigarette burns
- Belt marks
- Black eye
- Withdrawal from physical contact with adults
- Little eye contact with adult
- Human bite marks
- Symmetrical or patterned burns
- Skeletal injuries to the face, skull, or bones around joints; or fractures or dislocations
- Unexplained injury
- The injury does not match the explanation
- Flinching
- Bruising in the shape of a common household object or finger marks
- Bruises in different stages of healing

Emotional Abuse

- Displays attention-seeking behaviors or displays extreme inhibition in play
- Overly compliant; too well-mannered; too neat and clean
- Destructive behavior - self-harming, suicide attempts, engaging in drug or alcohol abuse
- Depression, anxiety, withdrawal, or aggression
- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g., headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhea
- Suffers from developmental gaps
- Significant drop in academic performance
- Bullying - cyberbullying
- Picking at the skin
- Pulling out eyebrows and eyelashes

Sexual Abuse

- Self-harm
- Inappropriate sexual behavior
- Complaints of genital or anal itching, pain, or bleeding
- Sudden changes in behavior - the child may suddenly start acting aggressive, withdrawn, clingy, etc.
- Child afraid of his/her adult or specific gender
- Making questionable comments, such as “I’ve got a secret” or “I don’t like uncle”
- Inappropriate sexually explicit behavior or language beyond the norm for their age/grade level.
- Physical problems - the child may develop health problems, including soreness in the genital or anal areas, become pregnant.
- Torn, stained, or bloody underclothes
- Regression of developmental milestones (potty training)
- Tries to make self as unattractive as possible
- Unusual vaginal, anal, or oral discharge

Neglect

- Anxious or worrisome
- Matted hair
- Not given prescribed medication
- Low self-esteem
- Lice
- Body odor
- Begs for or steals food
- Dirty skin or dirty clothing
- Thinness or weakness
- Abuses drugs or drinks alcohol
- Sunken eyes
- Frequently absent due to illness
- Has deprived physical living conditions compared with other children in the family
- Withdraws from others
- Bloated or swollen abdomen
- Rotten Teeth
- Untreated mental/medical conditions
- Falls asleep in class
- Tardy to or absent from school
- Lack of supervision



Abandonment

- Parents/caregivers location is unknown
- Leaving a child and failing to return
- Other relative assuming the role of caregiver with no explanation
- Failing to contribute to the child's care
- Tardy or absent from school
- Withdraws from others
- Lack of communication/unable to reach parent
- Untreated physical problems
- Unsuitable clothing for the weather
- Frequently absent due to illness
- Abandonment of child in a public place
- Failing to maintain a relationship

Observing the Parent's Behavior

Some of the parents' behaviors could also be alarming. Some of the observable behavioral indicators can be:

- A parent showing little concern for the child
- A parent denying the existence of—or blames the child for—the child's problems in school or at home
- Asking teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Seeing the child as entirely bad, worthless, or burdensome
- Taking an unusual amount of time to obtain medical care
- Abusing or misusing alcohol or other drugs
- Demanding a level of physical or academic performance the child cannot achieve
- Constantly calling the child names, labeling the child, or publicly humiliating the child
- Keeping the child at home in a role of subservient or surrogate parent
- Continually threatening the child with physical harm or forces the child to witness physical harm inflicted on a loved one

What to Do When a Child Discloses

During the disclosure, you must create a safe environment and provide reassurance to the child. Ensure to listen intently and never interrogate the child. It is important to ask **open-ended questions** so that you can gain valuable information from a child in his or her own words story without being influenced by the question itself.

Instead of...	Try...
"You should have told someone before."	"I'm glad that you told me."
"I can't believe it, I'm shocked!" "Are you sure you're remembering this correctly?"	"I believe you."
"Why didn't you try to stop it?"	"You're not to blame."

“Isn’t it true that this has happened before?”	“How often does it happen?”
“Did you see the gun in his hand?”	“What did you see?”
“Did mom or dad hit you?”	“I notice that you have a bruise. How did it happen?”
“Was it yesterday after school?”	“What day was it?”
“I promise I won’t tell anyone.”	“You’ve done the right thing telling me.” “Everything will be okay.”
Talking about the abuse in a public place like the cafeteria or playground.	Find a private place (office, empty classroom, guidance office, etc.).

High-Risk Children: LGBTQIA

Sexual predators may intentionally target youth who are gay, lesbian, bisexual, transgendered, questioning, intersex, or asexual because they know there's a chance these youth may not be supported by the adults in their lives. LGBTQIA youth may be ashamed to tell others that they were sexually assaulted by someone of the same gender, especially if they are questioning their identity or if they were punished, ridiculed, or rejected when they disclosed their sexual orientation.



ACTIVITY: Should I Call the Hotline?

Cassandra

Cassandra is a timid, sensitive 14-year-old who can't get along with her peers in your class. You ask her mother to come in to talk to you about the situation. Her mother claims Cassandra is a “prima-donna”, “stuck up,” and it is no wonder the other kids don’t like her. You overhear her mother ridiculing her in the parking lot, telling her she is worthless, stupid, and how embarrassed she is of her. During the next week, a new girl comes to your class, and you overhear other classmates laughing because Cassandra just called the new girl “worthless”, “stupid”, and an embarrassment.”

Answer the following questions while reviewing the scenario above

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Based on the information provided, should you make a report to the Hotline?

- A. YES
- B. NO



ACTIVITY: Should I Call the Hotline?

Channing

For the last two days, Channing has come to the class using inappropriate language. Channing, 5-years-old, has been using “bad words” that are above his age group. You tell Channing those words are bad and ask where he has learned them. Channing explains that over the weekend, his dad let him watch Deadpool and that his dad thought that him using the inappropriate language was funny.

Answer the following questions while reviewing the scenario above

1. What happened?

2. When did it happen?

3. Who was involved?

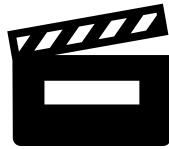
4. What was the effect to the child(ren)?

5. Why did it happen?

6. Based on the information provided, should you make a report to the Hotline?

- C. YES
- D. NO

Childhood Trauma and the Brain: Video

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Short-term Health Effects

The child may exhibit:

- Pain and medical problems from the physical injury
- Excessive hostility towards friends and family members
- Inability to concentrate
- Memory problems
- Attention seeking behavior
- Difficulty with processing emotions
- Over compliance with authority figures

Long-term Health Effects

PHYSICAL	PSYCHOLOGICAL	BEHAVIORAL
• Diabetes • Lung disease • Malnutrition • Vision problems • Functional limitations (i.e., being limited in activities) • Heart attack • Arthritis • High blood pressure • Brain damage • Migraine headaches • Chronic bronchitis/emphysema/chronic obstructive pulmonary disease • Cancer • Stroke • Chronic fatigue syndrome	• Epigenetics: Changes to an individual's gene expression caused by life experiences (such as abuse) that could be passed down to their children. • Poor Mental & Emotional Health: Childhood maltreatment is a risk factor for depression, anxiety, PTSD, or other psychiatric disorders throughout adulthood. • Diminished Executive & Cognitive Functioning: Because of disrupted brain development because of maltreatment. • Attachment & Social Difficulties: More likely to develop antisocial traits as they grow up, leading to criminal behavior in adulthood.	• Unhealthy Sex Practices: More likely to have higher numbers of sexual partners in adolescence, earlier initiation of sexual behavior, and transactional sex (sex exchanged for money, gifts, or other material support). • Alcohol and Drug Use: Adults who are abused or neglected as children are at significantly higher risk of substance use disorders than adults who have not been maltreated. • The Cycle of Maltreatment: Research suggests that children who are maltreated are more likely to maltreat their own children compared to children who were not. The cycle of maltreatment can result from children learning early on that physical abuse or neglect is the appropriate way to parent.





Module 2.3 Possible Circumstances of Abuse

Economic Hardships

The stress of unemployment can lead to anxiety or depression, limiting a parent's ability to take care of their child. Also, unemployment may increase alcohol consumption or substance use; this situation can increase physical or emotional abuse toward the child. Economic hardship is considered a **strong predictor** of child abuse and neglect. Robert Sege, MD, Ph.D., Professor of Pediatrics, says, "when times are bad, children suffer." Oxford study shows that unemployment **can cause an increase in child neglect** due to limited access to the resources for a child's basic needs, such as clothing, food, and medical care.

Example

Luke, 9-years-old is distracted at recess and seems to have no energy. When you ask him how he is, he says he is hungry. He asks if he can have an extra lunch today to take home for his 5-year-old brother. He said his mom doesn't go to work anymore and she hasn't gone to the grocery store in a few weeks because she is out of money. He also said that he and his brother went to bed with a rumbling tummy all week. He doesn't want to get his mom in trouble, but he doesn't know what to do anymore.

What are the behavioral indicators of economic hardship in this example?



Household Violence Threatens Child

Household Violence Threatens a Child is defined as “situations in which adult household members engage in any violent behavior that demonstrates a wanton disregard for a child’s safety or could reasonably result in injury to the child.” Wanton disregard means that an alleged perpetrator has failed to take action in a situation that a reasonable person would know is dangerous in that it subjects a child to an imminent, real, and substantial threat of harm and creates a real or plausible threat to child safety. Wanton disregard is when a reasonable individual shows an extreme lack of care to a child’s safety and well-being. This person is aware the situation is dangerous, and it is likely to result in substantial harm, yet continues anyway. The following are some examples:

- Physical or verbal assault on a parent or adult household member in the presence of a child.
- After the child(ren) witnesses the violence and is fearful for himself/herself or others after, as a result.
- The child is inadvertently harmed by the violence even though the child may not be the actual target of the violence.

Example

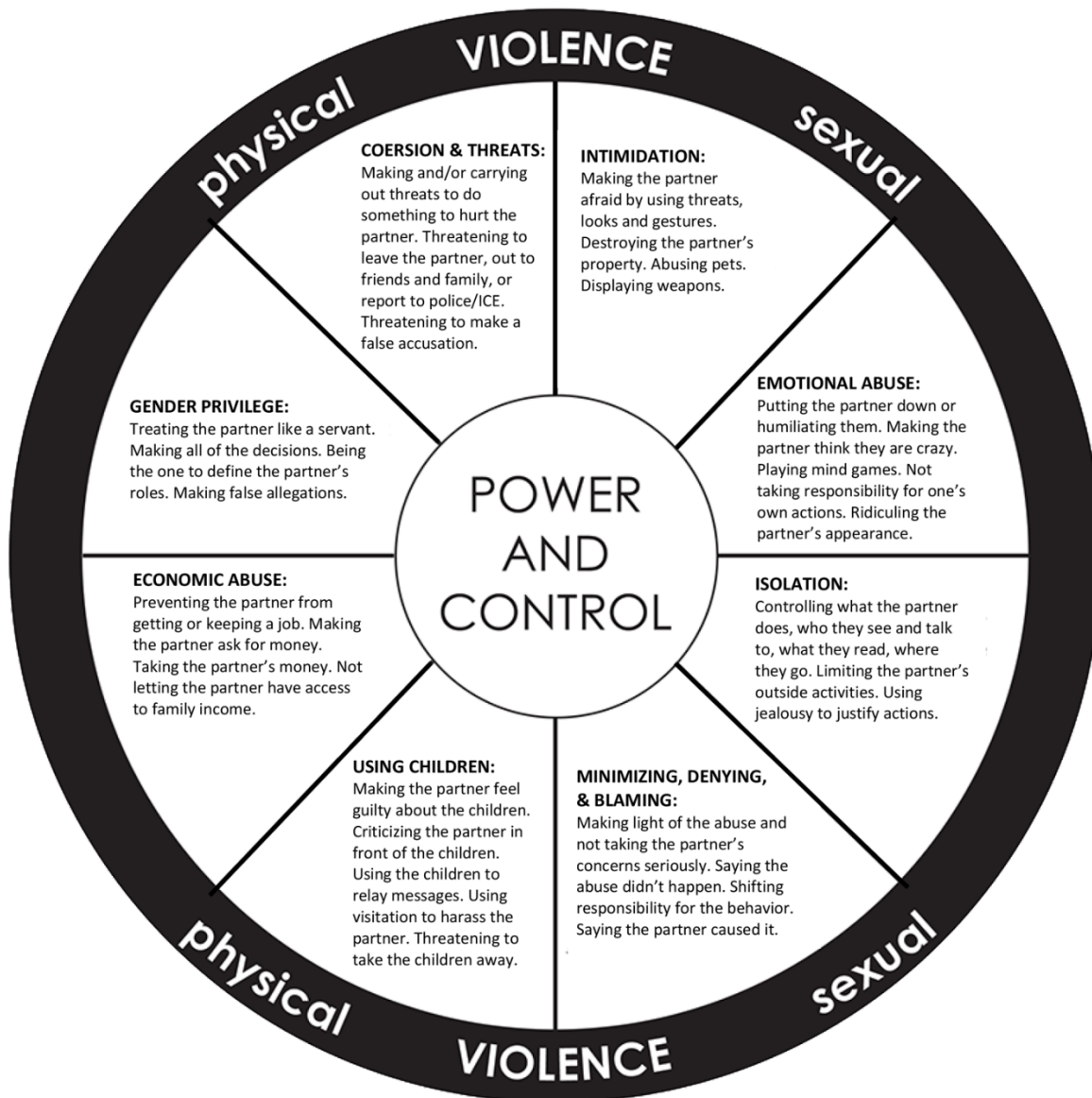
Last night, mom and grandma got into an altercation in front of the children, 10-year-old twins Marianna and Ashley. Grandma pushed mom and pulled mom’s hair. Mom pulled a firearm out of her purse and pointed it at grandma. Law enforcement was contacted, and mom was arrested. The children are in the care of their grandmother.

What type of injury occurred in this example?

Did mom and grandma display a wanton disregard for the child’s safety? Why or why not?

Intimate Partner Violence

The dynamics of establishing power, control, or coercion perpetrated by one intimate partner over another include actions that have caused or could cause, the child's physical, mental, or emotional health to be significantly impaired. When a child witnesses intimate partner violence, he or she may be affected in all areas of development—**emotional, social, and cognitive**. The trauma may lead to behavioral and developmental problems.



- **Coercion and threats** - Making and carrying out threats to do something or to hurt another person.
- **Intimidation** - Making a person afraid by using looks, actions, gestures, or destroying property.
- **Emotional Abuse** - Insults, name-calling, playing mind games, or humiliation.
- **Isolation** - Controlling what the person does, who they see and talk to, or using jealousy to justify their behavior.
- **Minimizing, Denying, and Blaming** - Making light of the abuse and not taking their concerns seriously, denying the abuse ever occurred, and saying they are the person who caused it.
- **Using Children** - Using children to relay messages, using visitation to harass them, or threatening to take children away.
- **Economic Abuse** - Preventing the victims from getting or keeping a job, giving an allowance, stealing their money, or denying access to family income.
- **Gender Privilege** - Treating others like servants, making all of the big decisions, and being the one to define the partners' roles.

Example

The mother is an illegal immigrant who resides in the home with her boyfriend, who is a lawyer, and her son Diego. The mother is not allowed to leave the home without the boyfriend. The boyfriend forbids the mother from leaving the home to take Diego to school. Diego has missed 20 days of school so far this year. As a result, Diego is depressed because he misses his friends.

Considering this scenario, who has the power and control?

As a result, how does this situation effect Diego?



Human Trafficking

Human Sex Trafficking: Commercial Sexual Exploitation of a Child (CSEC), also known as human sex trafficking, is the use of any person under the age of 18 for sexual purposes in exchange for anything of value including money, goods or services, or the promise of anything of value including money, goods or services. The following are some examples of human sex trafficking:

- A minor trading a sex act with an adult in exchange for a place to sleep
- A pimp prostituting out an adolescent
- A father trading his underage daughter for drugs
- A mother allowing her landlord to have sex with her child as rent payment
- A nightclub owner providing shelter and food for minors in exchange for exotic dancing

Human Labor Trafficking: Recruitment, harboring, transportation, provisioning, or obtaining of a person for labor or services, using force, fraud, or coercion, to subject that person to involuntary servitude, peonage (where someone is held against his/her will to pay off a debt), debt bondage, or slavery. Youth may be recruited for “summer employment programs” or bogus charities. Hazards include:

- Unsafe transportation
- Inadequate supervision
- Exposure to assault
- Abandonment

Example

Izzy (16-year-old) has befriended Kayla (17-year-old) in your chemistry class. The two never had much of a friendship until the second half of the school year. The two have started hanging out a lot after school, and Kayla introduced Izzy to her boyfriend’s mutual friend. Izzy describes this mutual friend as “much older” and “more mature than the other guys in her class,” and they start dating. Izzy unexpectedly decided to quit the basketball team that you coach after school. When you talk to Izzy, she says she started a new job working for her new boyfriend to help her single mom pay the bills. Her boyfriend works as a club promoter downtown. Izzy’s job is to post highly sexual pictures online in exchange for cash and nice clothes.

What are the behavioral indicators of human trafficking in this example?



Child-On-Child Sexual Abuse

Child-On-Child Sexual Abuse is any sexual behavior by a child (17-years-old and under) to another child, which occurs without **consent, without equality, or as a result of coercion.**

Consent: An agreement, including all the following:

- Understanding what is proposed based on age, maturity, developmental level, functioning, and experience
- Knowledge of societal standards for what is being proposed
- Awareness of potential consequences and alternatives
- The assumption that agreement or disagreement will be accepted equally
- Voluntary decision
- Mental competence

Equality: Two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other

Coercion: The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance

Child-On-Child Sexual Abuse Examples:

- Noncontact sexual behavior, such as obscene phone calls, exhibitionism, and taking or showing lewd photos (sexting)
- Direct sexual contact (e.g., fondling, penile penetration, and other various sexually aggressive acts)
- Sexual contact between children residing in the home
- Sexual contact between children when there is a significant age or developmental difference

Example

You find 9-year-old Caitlin in the bathroom at the childcare center where you work, having oral contact with the genital area of 4-year-old Liza. You separate the children, pull their pants up, and talk to them about not doing that again. Liza says it was Caitlin's idea. Caitlin said she would give her a quarter if she did what she said. Caitlin also threatened Liza saying that she was going to tell the teacher that she hit her if she didn't agree.

Is there consent between Caitlin and Liza? Why or why not?



Is there equality between Caitlin and Liza? Why or why not?

Is Liza being coerced by Caitlin? If yes, how so?



ACTIVITY: Should I Call the Hotline?

Jessica

Jessica is a 7-year-old, first grader. You notice she has a bruise on her cheek, upper arm, and torso. She tells you that over the weekend, she fell down the stairs. Jessica often has bruises on her upper arms. Her mother confirms that she fell down the stairs. She says Jessica is a tomboy and just clumsy.

Answer the following questions while reviewing the scenario above

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Based on the information provided, should you make a report to the Hotline?

- A. YES
- B. NO



ACTIVITY: Should I Call the Hotline?

Sarah

Sarah is a 15-year-old, high-school student and has always had very low self-confidence and anxiety in social situations. She was getting good grades at the beginning of the year, but her work quality deteriorated significantly during the second semester. When you ask her about it, she says her mother and father are getting divorced, and her mother has a new boyfriend, John. When you press her, she says she and John spend a lot of alone time together at night while her mom is asleep. They stay up late watching sexual movies, but she swore she'd keep it a secret because John said her mom would get jealous.

Answer the following questions while reviewing the scenario above.

1. What happened?

2. When did it happen?

3. Who was involved?

4. What was the effect to the child(ren)?

5. Why did it happen?

6. Based on the information provided, should you make a report to the Hotline?

A. YES

B. NO

Module 2.4 Reporting to the Hotline

How Can you Make a Report?

If you know or suspect that a child is being abused or neglected by parents, caregivers, other adults, or juvenile sex offenders, **you must immediately report what you know or suspect to the Florida Abuse Hotline 24 hours a day, 7 days a week, and 365 days a year.**

Call: 1-800-962-2873 | (1-800-96-ABUSE) | TDD: 7-1-1 or 1-800-955-8771

Online: <https://reportabuse.dcf.state.fl.us>

Fax: 1-800-914-0004

Section 39.202 Florida Statute states that all records held by the Department concerning reports of child abuse and neglect are confidential and access to these reports is limited.

When You Are Reporting

When you have reasonable cause to suspect, you need to be ready to report the following:

- Child's name, age, sex, school, address, phone number and specific directions to locate or identify the victim such as use of landmarks if the address is not known
- The relationship between the victim and abuser, if known
- The type of abuse or neglect signs, and the nature and extent of harm suffered by the child
- Current condition of the child
- Other children in the environment, if known
- Your name and occupation, your relationship with the child, your contact information, and any other information you believe will be of assistance; and
- Names and contact information for any person who can aid the child or additional information about the family's circumstances

Confidentiality

To protect the rights of the child and the child's parents or other persons responsible for the child's welfare, all records held by the Department concerning reports of child abandonment, abuse, or neglect, including reports made to the central abuse hotline and all records generated as a result of such reports shall be confidential.

The name or other identifying information of Professionally Mandated Reporters will be disclosed to DCF employees responsible for investigations, the abuse counselors, law enforcement, child protection team, or state attorney without the written consent of the person reporting.



Good Faith vs. False Reporting

Florida Statute protects mandated reporters **AS LONG AS** the report was made in good faith. **Good Faith** means that you have enough cause to suspect or believe that a child is being abused, neglected, or abandoned. You **DO NOT HAVE TO KNOW** whether abuse occurred.

- If you **DO** make a "good faith" report of suspected abuse, you have immunity from civil or criminal penalties, even if it turns out that no abuse or neglect occurred.
- If you make a false report knowingly and willfully, you may be charged with a 3rd-degree felony (i.e., fine and imprisonment if convicted).



Module 2.5 High-level Investigation Process

The Process After Your Call

Step 1: Assessing Information: When information is received at the Hotline, an abuse counselor will assess the information to determine whether it meets the criteria to be accepted as a report. If it meets the criteria, the counselor will create an intake for investigation.

Step 2: Contacting County for Intake: The counselor will assign the report to the appropriate county.

Step 3: Assigning a Child Protective Investigator: The local office will assign the intake to a child protective investigator (CPI).

Step 4: Collecting Evidence: The CPI will talk to the witnesses and family members to understand the circumstances to make an informed decision.

Step 5: Locating and Interviewing the Victim: The CPI will attempt to make initial contact with the child victim, siblings, and then additional household members, including the alleged perpetrator.

Step 6: Gathering Information on the Family and Victim Child: The CPI will review all available data, such as prior history, siblings, and any other immediate information, etc. The investigator may contact the reporter to learn more about the details.



Step 7: Determine the Child’s Safety: The CPI will share all information with his/her immediate supervisor, and they will decide on how best to serve the family and child.

Step 8: Providing Service or Resources for Child’s Safety and Well-being: Based on the determination, the CPI will take the necessary steps. If the child is safe, but the family needs resources or services, the CPI may make referrals for identified prevention needs. If the child is deemed unsafe, the CPI will work with other child welfare professionals to ensure the child’s safety and well-being.

Prevention Services

- CINS/FINS - Children in Need of Services/Family in Need of Services
- 211 Comprehensive sources of information about local resources and services in the country
- Parent Needs Assistance (PNA) - This resource is prevention-focused. This is a “Call for Help” by the parent pr legal custodian.
- Legal Aid
- Aunt Bertha - Offers thousands of referrals that are specific to the caller’s area
- MyFloridaMyFamily - Online directory of local resources that are county specific

Reflection

What are two things that you will take away from this training?

[illegible]

Available Resources

- [Florida Department of Children and Families](#)
- [Florida Abuse Hotline](#)
- [Centers for Disease Control and Prevention, Child Maltreatment Prevention](#)
 - Child Maltreatment: Facts at a Glance (up-to-date data and statistics)
 - Understanding Child Maltreatment (a two-page fact sheet that provides a basic overview of child maltreatment)
 - Risk and Protective Factors (risk for victimization, the risk for perpetration, family, and community protective factors)
- [U.S. Department of Health and Human Services, Child Welfare Information Gateway](#)
 - The Role of Educators in Preventing and Responding to Child Abuse and Neglect
 - Identification of Child Abuse and Neglect (resource listing of fact sheets and reference books, as well as research on the signs and symptoms of child maltreatment)

- 
- **U.S. Department of Health and Human Services, The National Child Traumatic Stress Network**
 - Child Welfare Trauma Training Toolkit (basic knowledge, skills, and values for working with traumatized children)
 - Child Trauma Toolkit for Educators (psychological and behavioral impact of trauma on preschool, elementary, middle, and high school students)

Handouts

- **Keeping Track Worksheet** - Organize and track any signs of child maltreatment
- **What to Do When You Have Reasonable Cause** - A centralized place to document evidence and contact information to refer to when making a report
- **Florida Abuse Hotline FAQs** - Commonly asked questions about the Hotline
- **Do I Need to Report?** - Reasonable Cause to suspect decision tree
- **Red Flags for Child Abuse** - The signs and behaviors of abuse in children for each type of abuse

Keeping Track Worksheet

Use this worksheet to organize and document any concerning behaviors or indicators of child maltreatment.

Child Information	Time/Date/Location	Behaviors	Parent Information

Additional Information:

Child Information	Time/Date/Location	Behaviors	Parent Information

Additional Information:

What to Do When you Have Reasonable Cause

When you have reasonable cause, be ready to report the following:

CHILD'S INFORMATION

Child's Name: _____ Age: _____ Sex: _____ School

Name: _____

School Address: _____ City: _____

State: _____

Zip: _____ Phone number: _____

Any specific directions to locate or identify the victim such as the use of landmarks if the address is not known:

The relationship between the victim and abuser, if known:

The type of abuse or neglect signs, and the nature and extent of harm suffered by the child:

The current condition of the child:

Other children in the environment, if known:

REPORTER'S INFORMATION

Your name: _____ Occupation: _____

Phone: _____ Email: _____

Relationship with Child: _____

Any other information you believe will be of assistance:

Names and contact information for any person who can aid the child or additional information about the family's circumstances.



FLORIDA ABUSE HOTLINE

FREQUENTLY ASKED QUESTIONS

1. What kind of information do I need to have ready when I call?

- Name, date of birth (or approximate age), race, and gender, for all adults and children involved
- Addresses or another means to locate the subjects of the report, including current location
- Information regarding disabilities and/or limitations of the victims (especially for vulnerable adult victims)
- Relationship of the alleged perpetrator to the child or adult victim(s)
- Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Abuse Hotline Counselor

2. Will the person(s) know I reported them?

Florida Abuse Hotline Counselors will not acknowledge the existence of any report, will not acknowledge that they have previously spoken to a particular caller, nor will they release any information provided by a caller or any information contained in a report.

3. Do I have to give my name?

A Professionally Mandatory Reporter is required by Florida Statute to provide his or her name to the Abuse Hotline Counselor when reporting abuse, neglect, and abandonment. A professionally mandatory reporter's name is entered into the record of the report but is held confidential (§ 39.202, F.S. and 415.107, F.S.).

4. How do I follow up to find out what happened to the information I reported?

All reports are confidential. Access to these reports is limited by specific criteria in Chapters 39 and 415 of the Florida Statutes. The Hotline counselor will not acknowledge the existence of any report, will not acknowledge that they have previously spoken to a particular caller, nor will they release any information provided by a caller or any information contained in a report.

5. Why did the counselor tell me they could not accept my report?

Before concluding each call, the Hotline Counselor is required to inform each caller if a report was accepted or not. When a report is not accepted, the Hotline Counselor may provide appropriate referral information to the caller so their concerns can be addressed by the appropriate entity.

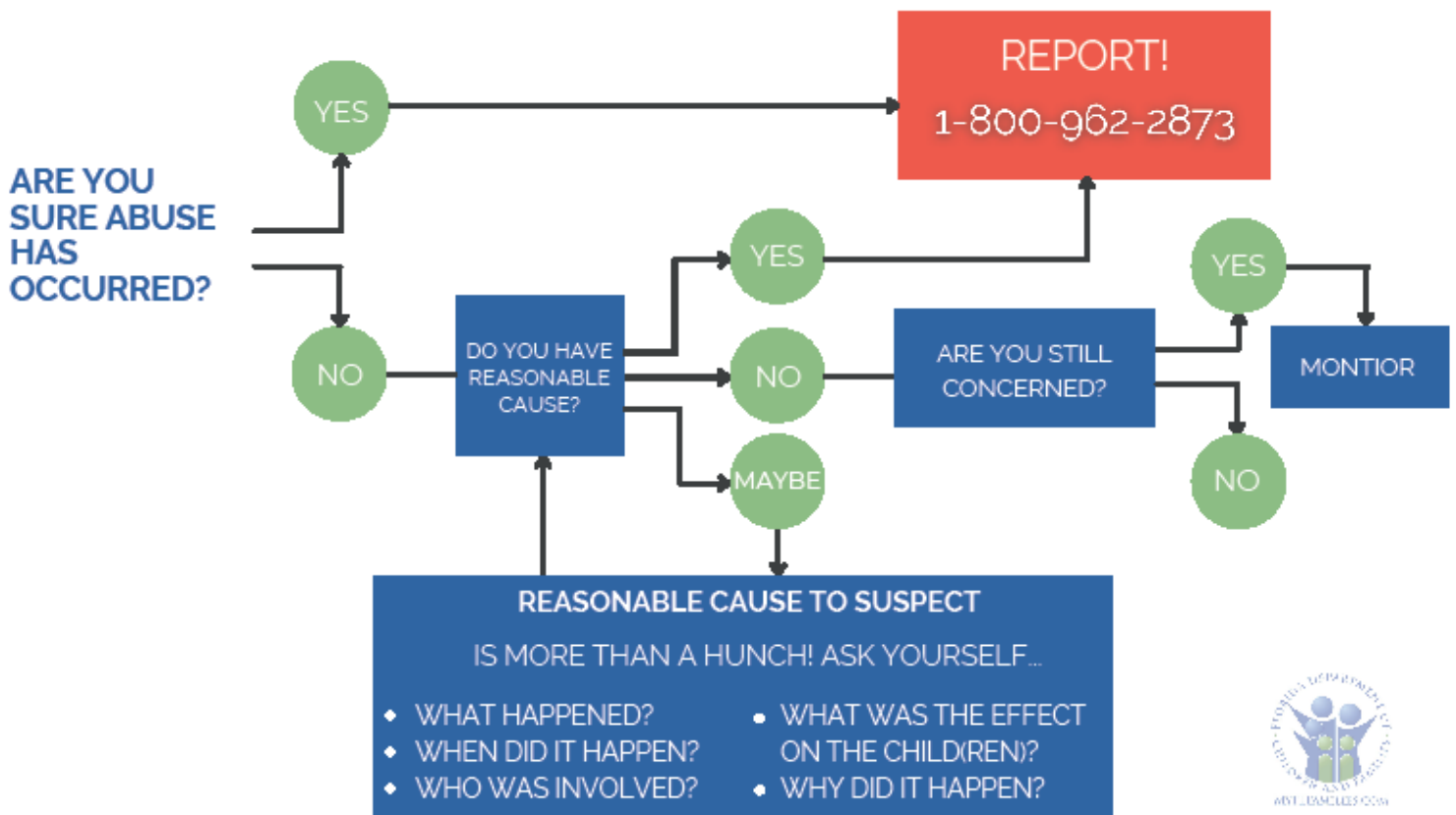
6. What happens with the information I give you if a report is not taken?

The Hotline counselor is required to document information for all information received, in the Hotline's system of record database. This database is maintained for all contacts in compliance with Florida Statutes and quality assurance and training purposes.

7. What if they find out I called in a report on them?

If you believe someone you made a report about has obtained reporter information inappropriately, then please contact the [county protective investigations office](#) where the investigation is being handled and ask to speak to a Protective Investigations Supervisor, or you may contact the [Client Relations Coordinator](#) in your county.

DO I NEED TO REPORT?





RED FLAGS for Child Abuse

PHYSICAL

Signs of Abuse:

- Burns on buttocks, genitals, or soles of feet
- Human bite marks
- Symmetrical or pattered burns
- Skeletal injuries to the face, skull, or bones around joints; or fractures or dislocations
- Bruising in the shape of a common household object or finger marks

Behavior in Child(ren):

- Withdrawal from physical contact with adults
- Little eye contact with adult
- The injury does not match the explanation
- Flinching
- Unwilling to cooperate with personal care

SEXUAL

Signs of Abuse:

- Complaints of genital or anal itching, pain, or bleeding
- Blood in urine, stool or on underwear
- Pain when walking or sitting down
- Redness or swelling on the breast or genital area

Behavior in Child(ren):

- Self-harm
- Inappropriate sexual behavior
- Making questionable comments, such as “I’ve got a secret” or “I don’t like uncle”
- Difficulty concentrating or learning, or his/her grades may drop.
- Refuses to undress or shows fear about being undressed

NEGLECT

Signs of Abuse:

- Always hungry
- Anxious/worrisome
- Poor personal hygiene
- Lack of attention to medical problems
- Low self-esteem
- Lice
- Thinness or weakness

Behavior in Child(ren):

- Begs for or steals food
- Frequently absent due to illness
- Falls asleep in class
- Does not seem to care for anyone
- Does not play with toys or notice people

MENTAL

Signs of Abuse:

- Symptoms of depression, anxiety, withdrawal, or aggression
- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g., headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhea
- Dressed differently from other children in the family
- Self-stimulating habit disorders (e.g. rocking, biting, head banging)

Behavior in Child(ren):

- Displays attention-seeking behaviors or displays extreme inhibition in play
- Overly compliant; too well-mannered; too neat and clean
- Self-destructive behavior - self-harming, suicide attempts, engaging in drug or alcohol abuse
- Self-stimulating habit disorders (e.g., rocking, biting, head banging)

ABANDONMENT

Signs of Abuse:

- Unusual weight loss
- Dehydration
- Lack of communication/unable to reach parent
- Untreated physical problems
- Unsuitable clothing for the weather
- Abandonment of child in a public place
- Failing to maintain a relationship
- Parents/caregivers location is unknown
- Leaving a child and failing to return
- Other relative assuming the role of caregiver with no explanation

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