TRAINER GUIDE

Child Maltreatment Prevention Academy

Department of Children and Families

Protecting and Supporting Children

June 2021

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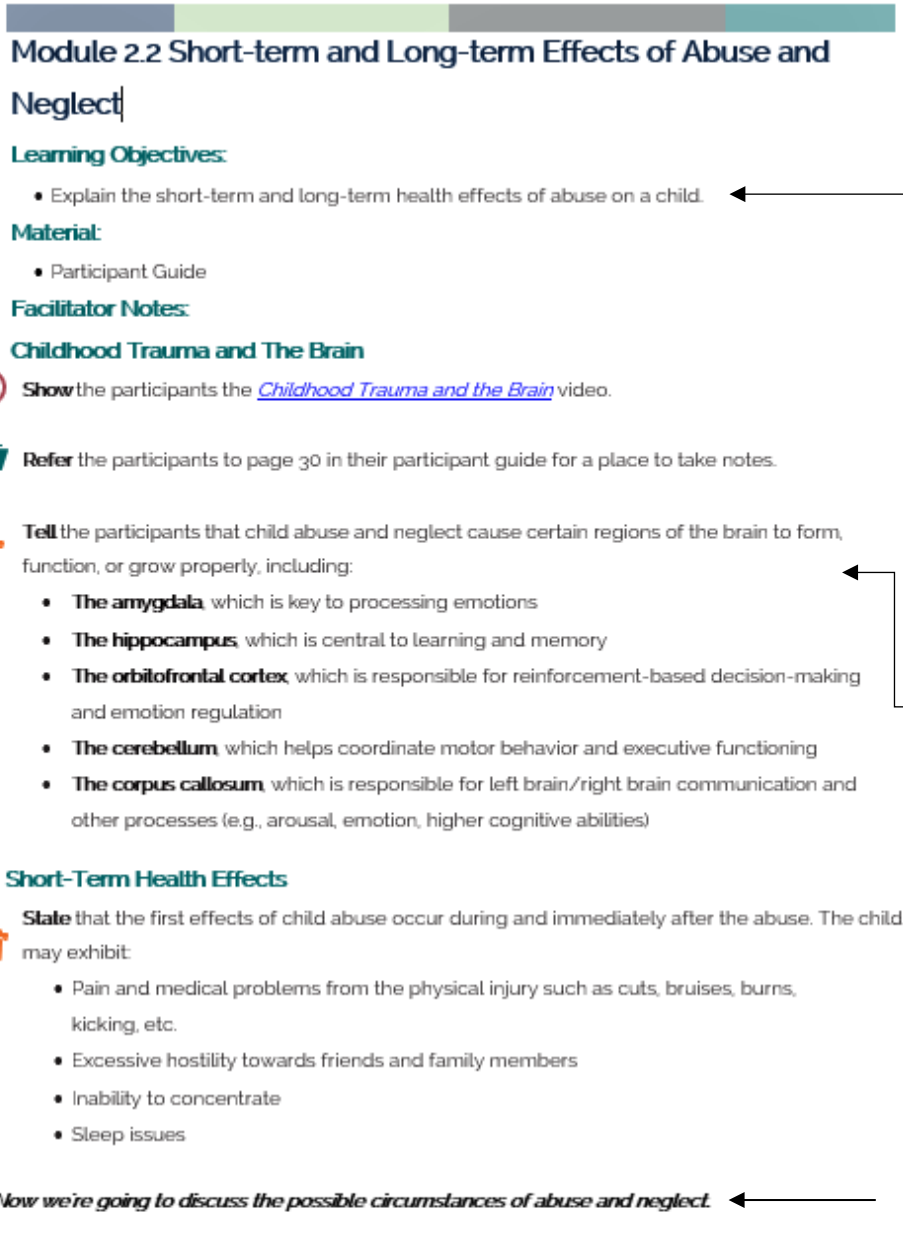
How to Use This Guide

Layout of Information

This guide is designed to assist the trainer in delivering this module through the use of color, layout, and graphics.



Module 2.2 Short-term and Long-term Effects of Abuse and Neglect

Learning Objectives:

- Explain the short-term and long-term health effects of abuse on a child.

Material:

- Participant Guide

Facilitator Notes:

Childhood Trauma and The Brain

Show the participants the *Childhood Trauma and the Brain* video.

Refer the participants to page 30 in their participant guide for a place to take notes.

Tell the participants that child abuse and neglect cause certain regions of the brain to form, function, or grow properly, including:

- **The amygdala**, which is key to processing emotions
- **The hippocampus**, which is central to learning and memory
- **The orbitofrontal cortex**, which is responsible for reinforcement-based decision-making and emotion regulation
- **The cerebellum**, which helps coordinate motor behavior and executive functioning
- **The corpus callosum**, which is responsible for left brain/right brain communication and other processes (e.g., arousal, emotion, higher cognitive abilities)

Short-Term Health Effects

State that the first effects of child abuse occur during and immediately after the abuse. The child may exhibit:

- Pain and medical problems from the physical injury such as cuts, bruises, burns, kicking, etc.
- Excessive hostility towards friends and family members
- Inability to concentrate
- Sleep issues

Now we're going to discuss the possible circumstances of abuse and neglect.

Icons show the type of instructional strategy (tell, discuss, activity, etc.).

A new course objective is stated at the beginning of each module.

Bolded text with an icon indicates the directions for the instructor on how to present the content material (read, tell, ask, etc.).

The written text is from the PowerPoint and/or material that only the facilitator can see - unless indicated with the blue PG icon.

The blue PG icon indicates the material that is written in their participant guide.

The bold italicized text is a transition statement between modules for the facilitator to read.

Trainer Guide Icons

	Discuss/Speak/ Tell/Read		Group Discussion
	Audio		Ask
	Video		Debrief
	Refer to Handout		Disclaimer
	Note to Facilitator		Activity
	Included in Participant Guide		Next Slide

Session-At-A-Glance

PART 1: Recognizing Child Abuse

#	Module Name	Methods	Material
1.1	Professionally Mandated Reporter	Lecture	Participant Guide
1.2	Defining Caregiver, Child Abuse, Neglect, and Abandonment	Lecture	Participant Guide
1.3	Reasonable Cause to Suspect	Lecture & Activity	Participant Guide

PART 2: Identifying Child Abuse, Neglect, and Abandonment

#	Module Name	Methods	Material
2.1	Abuse, Neglect, and Abandonment Indicators	Lecture & Activity	Participant Guide
2.2	Short-term and Long-term Effects of Abuse and Neglect	Lecture	Participant Guide
2.3	Possible Circumstances of Abuse	Lecture & Activity	Participant Guide
2.4	Reporting to Hotline	Lecture	Participant Guide
2.5	High-level Investigation Process	Lecture	Participant Guide

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, the learners 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 lead to 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.

TRAINER GUIDE

Part 1
Recognizing Child Abuse

Protecting and Supporting Children

June 2021

Part 1 Recognizing Child Abuse

Learning Objectives:

- Identify who is considered a Professionally Mandated Reporter in the State of Florida.
- Define child abuse, neglect, and abandonment.
- Identify reasonable cause to suspect.

Time: 3 hours

Material:

- Participant Guide
- Trainer Guide
- PowerPoint

Facilitator Notes:

Welcome participants to *Child Maltreatment Prevention Academy Part 1.*

Introduce yourself to the group, sharing relevant information about your experience and expertise in this topic.

Provide an overview of the training goal and the learning objectives as written on page 7.

Tell the participants that this is a six-hour training that will be split into two three-hour sessions over the next two days. ⏭

Go over the course agenda:

Part 1 – Recognizing Child Abuse (3 hours)

- Professionally Mandated Reporter
- Defining Caregiver, Child Abuse, Neglect, and Abandonment?
- Reasonable Cause to Suspect

Part 2 – Identifying Child Abuse, Neglect, and Abandonment (3 hours)

- Abuse, Neglect, And Abandonment Behavioral Indicators
- Short-term and Long-term Effects of Abuse and Neglect
- Possible Circumstances of Abuse

- Reporting to the Florida Abuse Hotline
- High-level Investigation Process

Read the rules of engagement.

Disclaimer: As we begin our day, please remember that we have a lot of material to cover and are not allowed to speak to a specific case or allegation because of confidentiality. If you have concerns, please make a report to the Hotline.

Ask participants to introduce themselves by their name, title, professional background such as the number of years they have been in their current position, and what they would like to gain from this training. Thank participants for sharing and summarized by **noting** similarities or differences in the responses.

Note to Facilitator: This ice breaker activity may change depending on the class size. For an audience that is larger than 25 people, you can skip this activity.

Now, we will talk about the child maltreatment problem and the Department of Children and Families (department)'s responsibility to prevent it.

Prevalence of Child Maltreatment

Ask, by a show of hands, how many of you have called the Florida Abuse Hotline?

State that 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 for.

Let's review the DCF's role in preventing child abuse and protecting children.

Department of Children and Families

State DCF's mission, vision, and core values:

- The mission of the Department of Children and Families 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.
- **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.

State that DCF becomes involved when somebody suspects that a child is abused or neglected and reports it to the Florida Abuse Hotline. DCF is committed to promoting children's safety and well-being while strengthening and supporting Florida's families.

Preventing Child Maltreatment

State that unfortunately, 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 help to reduce the occurrence and negative effects of child abuse and neglect. Prevention starts with recognizing the early signs of maltreatment and responding appropriately.

We will start by identifying the role of a professionally mandated reporter. What does a professionally mandated reporter mean?

Module 1.1 Professionally Mandated Reporter

Learning Objective:

- Identify who is considered a Professionally Mandated Reporter in the State of Florida.

Material:

- Participant Guide

Facilitator Notes:

Professionally Mandated Reporters

State: Let's begin with a reflection. In your role, what are some things you might do to help prevent child abuse and neglect?

Give the participants 2 minutes to respond in their participant guide. Then, ask them to share some of their reflection. ⏭

State that 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.**

Emphasize the difference between a Mandated Reporter and a Professionally Mandated Reporter. 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.

Note to facilitator: Before clicking on the next slide, **ask** the participants if they can give examples of Professionally Mandated Reporter job titles. ⏭

Read through the three lists of health, state, and education job roles.

- **Health**
  - Physician
  - Medical Examiner
  - Chiropractic Physician
  - Nurse

- Mental Health Professional
- Child Counseling Counselors
- Practitioners Who Rely Solely on Spiritual Means for Healing
- Other Hospital Personnel Engaged in The Admission, Examination, Care, or Treatment of Persons

- **State/Legal**
  - Social Worker
  - Daycare Center Worker or Another Professional Childcare
  - Foster Care Worker
  - Community-based Care Provider Employee
  - Residential or Institutional Worker
  - Law Enforcement Officer
  - Judge
- **Education**
  - School Teacher, Official, or Personnel
  - Athletic Coaches
  - School Counselors
  - School Psychologists
  - Visiting Teachers

Note to Facilitator: The Professionally Mandated Reporter list is not an exhaustive list.

Why Are You Here?

Ask the participants why they believe they are taking this training?

State that they are in this training because under Florida Statute they are considered as Professionally Mandated Reporter. They work with children, and they are legally obligated to report their 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?

State that the Florida Abuse Hotline receives around 24,000 reports monthly. Professionally Mandated Reporters are critical to protecting 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.

Note to Facillitator: The Florida Abuse Hotline also takes reports of abuse, neglect and exploitation of the elderly and individuals with disabilities.

To help Professionally Mandated Reporters recognize child abuse, neglect, and abandonment, we will deep dive into these concepts. ⏭

Module 1.2 Child Abuse, Neglect, and Abandonment

Learning Objective:

- Define caregiver, child abuse, neglect, and abandonment.

Material:

- Participant Guide

Facilitator Notes:

Caregiver Definition

State that Section 39.01 (10). F.S. defines a caregiver as the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare. "Other person responsible for a child's welfare" includes:

Relative from outside the home

- Relatives from outside the home
- Teachers or staff in a school setting
- Workers at an early education program
- Childcare or afterschool program
- Abult 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, Neglect, and Abandonment

Refer participants to the abuse, neglect, and abandonment chart on page 9 of their participant guide. This guide shows the definitions and examples for each abuse type.

State that Section 39.01(2), F.S. defines **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 the 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. Child abuse and neglect may result from several factors when combined, increase the likelihood of occurrence. Reasonable discipline does not constitute child abuse unless it results in some type of injury or treatment. ⏭

State that you will expand on the definition and some of the terms included in the definition.

- **Willful** means **the intent to perform an action, not the intent to achieve a result or cause an injury.**
- Some examples include if a caregiver shoves a child and then child hits their head against a wall or a cargiver slapping a child and the caregiver's ring cuts the child's face.

Let's look at the types of abuse. ⏭

Physical Abuse

State that **physical abuse** is 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. Here are some physical abuse examples:

- A pattern of minor physical injuries – such as cuts, bruises, welts 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

Note to Facilitator: This is not an exhaustive list. ⏭

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. Here are some examples of emotional abuse:

- 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
- Embarassing or ridiculing a child and it resulting in a change in their behavior
- Isolating a child and it affecting their self-esteem
- Regularly cursing at a child and it causing them to self-harm
- Mistreating a child and it results in a significant drop in their grades

Sexual Abuse

State that **sexual abuse** is defined as sexual contact with a child by the caregiver(s). 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 differences, intellectual or physical development, a relationship of authority over the child, or the child's dependency on him/her. The following are some examples of sexual abuse:

- 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 physical contact and intentional exposure (e.g., genitals, sexual act(s)) in the presence of a child for sexual gratification
- Sexual exploitation of a child

Note to Facilitator: This is not an exhaustive list.

Three categories of sexually abusive behaviors are sexual battery, molestation, and exploitation.

- **Sexual battery** involves 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.

- **Sexual molestation** is 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.
- **Sexual exploitation** is any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

Emphasize that they may notice some of these signs after a child has missed school, counseling, or other appointments for a period. However, they should be aware that some children will not display overt behavioral changes. ⏭

Neglect

State that Section 39.01(50), F.S., defines **child neglect** as when a child is deprived of or 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 the failure to provide the appropriate level of supervision for the child's age and maturity, developmental level, or mental or physical condition. Some other examples of neglect:

- 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

Note to Facilitator: This is not an exhaustive list. ⏭

Abandonment

State that **child abandonment** is **a type of neglect** and defined in Section 39.01(1), F.S., as "a situation in which the cargiver, 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. Some examples of child abandonment are

- A parent physically abandoning a child with no intention of returning
- Severe cases of neglect and emotional abandonment, such as in the case of a parent(s) or caregiver(s) who fails to offer financial and emotional support for their child over a long period of time due to being incarcerated, hospitalized, or has died.

Note to Facilitator: This is not an exhaustive list. ⏭

What is Not Abuse and Neglect?

State that some possible cases are not considered 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
- Staying home alone with siblings
- Child left with an entrusted relative
- A caregiver is consistently late for child pick-up
- A caregiver not giving prescribed ADD/ADHD medication

Ask, what is the minimum age requirement for a child to be left home alone in the state of Florida?

State that in the state of Florida there is no minimum age requirement for a child to be home alone. Determining an acceptable age is up to the child and the caregiver. A child’s maturity should be taken into consideration with being home alone. The caregiver should ask:

- Can the child care for themselves or others, such as siblings?
- Can the child follow the rules and make wise decisions?
- How does the child respond to emergencies and what is their level of fear?
- How does the child feel about being home alone?

State that if is suspected that the child is danger while alone, then a report should be made to the Florida Abuse Hotline, otherwise it is not considered abuse.

State, in Florida, **The Safe Haven Law** is an exception for child abandonment. The law says 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 (**F.S. 383.50**)

We are now going to define the term reasonable cause to suspect and discuss its importance in situations of suspected child abuse and neglect. ⏭

Module 1.3 Reasonable Cause to Suspect

Reasonable Cause to Suspect

Ask What do you think "reasonable cause to suspect" means?

Possible Answers:

- Based on facts and reliable information that would justify a reasonable person to suspect.
- Based on a person's observations of the evidence, training, and experience, a person has a sensible suspicion that a child has been harmed or is in danger of being harmed.
- A person believes there are sufficient grounds to make a rational decision that harm is likely to happen to a child because of abuse or neglect or an existing injury is the result of abuse or neglect. ⏭

State that in 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.

Emphasize that 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**.
- There must be alleged maltreatment as defined in the department's operational procedure (CFOP 170-4).
- There must be an acceptable means to locate the child.

State that a child is considered a **vulnerable child** when special consideration is placed on children who are vulnerable to a situation due to any of the following:

- Under the age of 5
- Intellectual limitations
- Physical limitations

Activity: Reasonable Cause

Tell the participants that we are about to start a group activity called Reasonable Cause.

Note to Facilitator:

- **Small Group Activity:** For groups of up to 25 people, divide participants into small groups (2-3 people) for a group activity.
- **Large Group Activity:** For groups of 25 or more, open the floor for participants to answer the questions directly (raise the hand for face-to-face training and chat function for the virtual training).

Refer the participants to page 15 of the participant guide.

State the following directions for the activity:

- The goal of this exercise is to identify reasonable cause to suspect.
- For this activity, you will read four scenarios. Each scenario describes a situation of possible child abuse or neglect that you may encounter.
- We will review each scenario and answer the questions in your participant guide as a group.

Note to Facilitator: This is not an exhaustive list of questions. Professionally Mandated Reporters do not need answers to all five questions to make a report. This information should incite their thinking into detecting reasonable cause to suspect.

Edgar

Give the participants five minutes to review the scenario (Edgar) answer the following questions.

Read: Edgar is an eight-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.

Ask: What happened?
Possible Answer: You caught Edgar stuffing his pocket with an extra snack in his pocket; he said these are for his siblings.

Ask: When did it happen?
Possible Answer: Today

Ask: Who was involved?
Possible Answer: Edgar

Ask: What was the effect to the child(ren)?
Possible Answers:

- Edgar and his siblings could be suffering neglect and mental or physical injury.
- I'm not sure. I need more information.
- Edgar is taking on a parental role.
- Edgar is engaging in criminal behavior by stealing from the school.
- Edgar is anxious/worrisome

Ask: Why did it happen?
Possible Answers:

- Edgar and his siblings are being neglected at home.
- Edgar and his siblings were abandoned.

Debrief: This situation may not be concerning initially. However, continue to monitor to find out if this situation is an early warning sign of neglect. You will need additional information on if the brothers and sisters are going without food or what the effects are as a result but **there is no reasonable cause to suspect based on the information provided.**

State that the following additional questions can be discussed to improve critical thinking when evaluating a situation for reasonable cause to suspect.

Discuss the following additional questions as a group and endorse the answers as needed.

Ask: Is this the first time the injury or concerning behavior has occured?
Possible Answers:

- No, Edgar often acts in a parental role for his siblings
- Yes, this is the first time you have noticed Edgar taking the extra snacks.

Ask: How severe are the injuries or behaviors?
Possible Answer: Not severe.

Ask: What explanations are being provided by the parent, child, or others?
Possible Answer: Edgar explained that he needed to take home the extra snacks for his siblings.

⏭

Conner

Give the participants five minutes to review the scenario (Conner) and answer the following questions. Aid participants as needed.

Read: 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.

Ask: What happened?
Possible Answer: Conner is crying and tells you his dad is making him pose for pictures in the nude.

Ask: When did it happen?
Possible Answer: After the class

Ask: Who was involved?
Possible Answer: Conner's dad and Conner

Ask: What was the effect to the child(ren)?
Possible Answers: Conner is upset when telling the story.

Ask: Why did it happen?
Possible Answers: Not sure. We would need more information.

Debrief: While there is a chance that Conner is lying, you cannot make that determination. You should always take a child's (sexual) disclosure seriously and take the side of the child for sake of their protection. Conner meets reasonable cause to suspect.

State that the following additional questions can be discussed to improve critical thinking when evaluating a situation for reasonable cause to suspect.

Discuss the following additional questions as a group and endorse the answers as needed.

Ask: Is this the first time the injury or concerning behavior has occured?
Possible Answers:

- No, Conner often gets in trouble and is known to lie
- Yes, this is the first time he has disclosed the abuse to you

Ask: How severe are the injuries and behaviors?
Possible Answer: Think about Conner's behaviors for the last couple of months or longer.

Ask: What explanations are being provided by the parent, child, or others?
Possible Answer: Call the Hotline. Do not try to collect information from the parent or the child. Let DCF do an investigation to make an informed decision.

Violet

Give the participants five minutes to review the scenario (Violet) and answer the following questions. Assist participants as needed.

Read: 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, 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.

Ask: What happened?
Possible Answers: You observed that Violet is having a hard time walking, and she seems to be quieter than usual.

Ask: When did it happen?
Possible Answer: You have been observing her quietness recently, but today you realized you saw that she was having trouble with walking and sitting.

Ask: Who was involved?
Possible Answer: You do not know yet; you are suspecting that somebody physically hurt her.

Ask: What was the effect on the child(ren)?
Possible Answer:

- Withdrawn from social activity
- Unexplained injuries
- Dark purple bruises on her inner thigh.

Ask: Why did it happen?
Possible Answer: Not sure. You would need more information.

Debrief: Violet might have been the victim of physical abuse. Pain, bruising and difficulty walking or sitting is a warning sign of this type of abuse. There is reasonable cause to suspect for Violet. Simply document what you have seen and report your suspicions right away.

State that the following additional questions can be discussed to improve critical thinking when evaluating a situation for reasonable cause to suspect.

Discuss the following additional questions as a group and endorse the answers as needed.

Ask: How severe are the injuries and behaviors?
Possible Answer: Seems severe. Violet has shown signs of physical pain for several days and with no explanation.

Ask: What explanations are being provided by the parent, child, or others?
Possible Answers: None. Violet has not provided any explanation.

Alecia

Give the participants five minutes to review the scenario (Alecia) and answer the following questions. Aid participants as needed.

Read: 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's nothing they can do. It's a waste of time."

Ask: What happened?
Possible Answers:

- A severe cough for a least two weeks.
- Wheezing, fatigue, and Alecia's body seizing while coughing.
- Mom is not concerned about how severe the illness is. Mom says going to the doctor is a waste of time and that there is nothing she can do.

Ask: When did it happen?
Possible Answer: The last two weeks.

Ask: Who is involved?

Possible Answers: Parents or caregiver(s)

Ask: What is the effect on the child(ren)?

Possible Answers:

- Alecia's health has continued to decline with worsened symptoms.
- Alecia could have siblings who may be suffering.
- Signs of untreated medical conditions

Ask: Why did it happen?

Possible Answer: Alecia's mother is not taking her to a doctor, and she is not concerned about the seriousness of her illness.

Debrief: Alecia may be experiencing medical neglect. You would want to know if the mother is doing anything to treat the symptoms at home regardless if she is taken the child to the doctor. However, Alecia's mother does not seem to be providing necessary medical care despite the financial means to do so. Document what you have observed and make a report.

State that the following additional questions can be discussed to improve critical thinking when evaluating a situation for reasonable cause to suspect.

Discuss the following additional questions as a group and endorse the answers as needed.

Ask: Is this the first time the injury or concerning behavior has occured?

Possible Answer: No, this has occured every day for the last two weeks

Ask: How severe are the injuries and behaviors?

Possible Answers: She has had a severe cough, is wheezing, fatigued and her body is seizing when she coughs.

Ask: What explanations are being provided by the parent, child, or others?

Possible Answers: Mom explains that her health is improving and that a doctor will tell her it's just a cold and it's a waste of time.

Emphasize that the participants do not need answers to all the questions to have reasonable cause and make a report. A key component of establishing reasonable cause is basing your decision on a specific allegation(s) to meet the acceptance criteria for a report.

Emphasize how important it is to document all evidence that may suggest abuse or neglect.

This completes Part 1 of the Recognizing Child Abuse Training. ⏭

TRAINER GUIDE

PART 2
Identifying and Reporting Child Maltreatment

Protecting and Supporting Children

June 2021

Part 2 – Identifying and Reporting Child Maltreatment

Learning Objectives:

- Recognize indicators of abuse, neglect, and abandonment by analyzing possible abuse scenarios.
- Explain the short-term and long-term health effects of abuse on a child.
- Describe the appropriate action steps in situations with reasonable cause to suspect.
- Describe the high-level process of a suspected child abuse report.

Material:

- Participant Guide

Facilitator Notes:

Module 2.1 Child Abuse, Neglect, and Abandonment Indicators

Welcome the group back to Child Maltreatment Prevention Academy Part 2.

Disclaimer- As we begin our day, please remember that we have a lot of material to cover and are not allowed to speak to a specific case or allegation because of confidentiality. If you have concerns, please make a report to the Hotline.

State that yesterday Part 1 of the Academy focused on defining a Professionally Mandated Reporter and the types of child abuse, neglect, and abandonment. Part 1 is designed to help you decide whether to make a report to the Hotline or to keep monitoring a situation based on the allegation. Part 2 will focus on the signs of child abuse and neglect by observing a child's behavior. Today, the trainer will also explain the reporter's legal obligations when the reasonable cause to suspect has been identified and discuss the appropriate action steps as well as the high-level process of what happens once a report is taken.

Tell the participants that there are several behaviors a child may exhibit that are signs of abuse and neglect. Professionally Mandated Reporters must be constantly observant and mindful of these indicators and take note of them.

Indicators of Child Abuse and Neglect

State the following indicators and behaviors can be a sign of some sort of abuse:

Note to Facilitator: Start reading the indicators at the top of the graphic and continue around it clockwise.

Physical Abuse Indicators

Refer the participants to pages 23 of their participant guides. This is where they will find a list of indicators for each type of abuse and neglect.

Read the following are some examples of physical abuse indicators:

- Burn marks- cigarette
- Belt marks
- Black eye
- 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
- Clear delineation between burned and healthy skin
- Symmetrical or pattered burns
- Human bite marks
- Little eye contact with adult
- Unwilling to cooperate with personal care
- Withdrawal from physical contact with adults

Note to Facilitator: This is not an exhaustive list.

Emotional Abuse Indicators

Read the following are some examples of emotional abuse indicators:

- Bed-wetting or bed soiling without a medical cause

- Bullying - cyberbullying
- Frequent psychosomatic complaints (e.g., headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhea
- Has not attained significant developmental milestones
- Dressed differently from the other children in the family
- Suffers from severe developmental gaps
- Cut off all their hair
- Changes to self-esteem or self-worth
- Drop in academic performance
- Depression, anxiety, withdrawal, or aggression
- Self-destructive behavior – such as self-harming, suicide attempts, engaging in drug or alcohol abuse
- Overly compliant; too well-mannered; too neat and clean
- Displays attention-seeking behaviors or displays extreme inhibition in play
- Picking at the skin
- Pulling out eyebrows or eyelashes

Note to Facilitator: This is not an exhaustive list. ⏭

Sexual Abuse Indicators

Read the following are some examples of sexual abuse indicators:

- Self-harm
- Inappropriate sexual behavior
- Complaints of genital or anal itching, pain, or bleeding
- Sudden changes in behavior – such as suddenly start acting aggressive, withdrawn, clingy, etc.
- A child afraid of his/her adult or specific gender
- Making questionable comments – such as “I’ve got a secret” or “I don’t like an uncle”
- Inappropriate sexually explicit behavior or language beyond the norm for their age/grade level.
- Regression of developmental milestones (potty training)
- Physical problems – such as the child may develop health problems, including soreness

in the genital or anal areas, become pregnant.

- Problems at school – such as the child may have difficulty concentrating or learning, or his/her grades may drop.
- Giving clues – such as the child may drop hints and clues or disclose to somebody that the abuse is happening.
- Torn, stained, or bloody underclothes
- Eating disorders
- Tries to make self as unattractive as possible

Note to Facilitator: This is not an exhaustive list. ⏭

Neglect Indicators

Read the following are some examples of neglect indicators:

- Anxious or worrisome
- 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
- Sunken eyes
- Abuses drugs or drinks alcohol
- Thinness or weakness
- Dirty skin or dirty clothing
- Begs for or steals food
- Body odor
- Lice
- Low self-esteem
- Not given prescribed medication

- Matted hair

Note to Facilitator: This is not an exhaustive list.

Abandonment Indicators

Read the following are some examples of abandonment indicators:

- 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 to or absent from school
- Withdraws from others
- Lack of communication/unable to reach a parent
- Untreated physical problems
- Unsuitable clothing for the weather
- Frequently absent due to illness
- Abandonment of child in a public place

Note to Facilitator: This is not an exhaustive list.

Ask the participants to reflect on previous classroom experiences. Can you think of any additional signs or indicators not listed that you or someone you know has personally encountered?

Possible Answers:

- New and expensive clothes, jewelry, phones, etc.,
- Suddenly quitting sports and after-school activities.
- The child is suddenly losing friends.
- The child comes to school smelling like drugs or alcohol.

Tell the participants that if they are suspicious of abuse and neglect, consider the possible physical or behavioral indicators that were discussed. When in doubt, ask the following three questions:

- "What do I know about the situation?"
- "What did I hear during or about the situation?"
- "What did I see or observe about the situation?"

State that although the majority of the time is spent with the child, parental and caregiver behaviors can provide helpful information to be mindful of when evaluating a situation for reasonable cause.

Observing Parent's Behavior

Ask the participants to give examples of inconsistent explanations or behaviors between caregivers and a child(ren) that they could encounter in situations of suspected child abuse or neglect.

Possible Answers:

- The parent says the child fell outside while riding their bike, but the child says they fell down the stairs.
- A child says that someone touched them inappropriately on Monday and then later says they were lying.
- The child says he is taking extra food because there isn't enough at home, but the parent says that there is plenty to eat, but the child isn't allowed to eat certain foods at home.

Tell that 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

Tell the participants that they shouldn't base reasonable cause solely on the parent's behavior, especially since they spend most of the time with the child and not the parents. However, it can be helpful information to be mindful of when evaluating a situation for reasonable cause.

What to Do When a Child Discloses

Ask that if a child begins to disclose abuse to you, what are the most important factors to keep in mind as it is happening?

Possible Answers:

- Making the child feel safe.
- Listen
- Never blame the child
- Ask open-ended questions

Tell the participants that 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 without being influenced by the question itself.

Refer the participants to page 25 of their participant guide. They will find a chart of phrases to avoid and suggestions for what to say instead when a child is self-disclosing.

Ask, what are some additional questions or phrases to avoid during a disclosure?

Possible Answers:

- I'm very proud of you for telling me.
- You are very brave.
- This is not your fault.

Explain to the participants that it is important to recognize any possible clues. Disclosures can be direct or indirect. Most likely the disclosure will be indirect, which can mean that the child does not share the details of the abuse without being prompted or does so in a vague or disguised way.

High-Risk Children: LGBTQIA

State that sexual predators may intentionally target youth who are gay, lesbian, bisexual, transgendered, or questioning youth because they know there's a chance these youth may not be supported by the adults in their lives. Gay, lesbian, bisexual, transgendered, and questioning 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?

Tell the participants that we are about to start a group activity called *Should I Call the Hotline*?

Note to Facilitator:

- **Small Group Activity:** For groups up to 25 people, divide participants into small groups (2-3 people) for a group activity.
- **Large Group Activity:** For groups of 25 or more, open the floor for participants to answer the questions directly (raise the hand for face-to-face training and chat function for the virtual training).

Refer the participants to page 27 of the participant guide.

State the following directions:

- The goal of this exercise is to determine if you should call the Hotline.
- For this activity, you will read two scenarios. Each scenario describes a situation of possible child abuse or neglect that you may encounter.
- We will review each scenario and answer the questions in your participant guide as a group.

Cassandra

Give the participants five minutes to review the scenario (Cassandra) and answer the following questions.

Read: 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.”

Ask: What happened?
Possible Answer:

- Cassandra is not getting along with her classmates
- Cassandra’s mom explains that she is a “prima-donna” and “stuck up”
- You overheard her mom ridicule her in the parking lot
- Cassandra is bullying her classmates

Ask: When did it happen?
Possible Answer: Last week

Ask: Who was involved?
Possible Answer: Cassandra and classmate

Ask: What is the effect on the child(ren)?
Possible Answers:

- Aggressive behavior towards classmates
- Bullying

Ask: Why did it happen?
Possible Answers:

- It was in response to Cassandra isn’t getting into trouble but not getting along with her classmates. ⏭

Ask: Based on the information provided, should you make a report to the Hotline?

- Yes (Correct)
- No

Debrief: Based on the information provided, this information would need to be called into the hotline.

Channing

Give the participants five minutes to review the scenario (Channing) and answer the following questions.

Read: For the last two days, Channing has come into class using inappropriate language. Channing, five-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.

Ask: What happened?
Possible Answer: Channing started using explicit language at school.

Ask: When did it happen?
Possible Answer: Today

Ask: Who was involved?
Possible Answers: Parent

Ask: What was the effect on the child(ren)?
Possible Answers: Channing is using explicit language that is above his age group in school

Ask: Why did it happen?
Possible Answers:

- Channing's dad let him watch a rated 'R' movie
- Channing's dad is positively reinforcing the use of the explicit language
- There may be a lack of supervision at home

Ask: Based on the information provided, should you call the Hotline?
Possible Answers:

- Yes
- No (Correct)

Debrief: Although it is concerning that Channing is using explicit words above his age group, there is not enough information. Continue to document and monitor the behavior

We are now going to discuss some behavioral and long-term health effects of abuse. ⏭

Module 2.2 Short-term and Long-term Effects of Abuse and Neglect

Learning Objective:

- Explain the short-term and long-term health effects of abuse on a child.

Material:

- Participant Guide

Facilitator Notes:

Childhood Trauma and The Brain

Show the participants the *Childhood Trauma and the Brain* video.

Refer the participants to page 29 in their participant guide for a place to take notes.

Tell the participants that child abuse and neglect cause certain regions of the brain to form, function, or grow properly, including:

- **The amygdala**, which is key to processing emotions
- **The hippocampus**, which is central to learning and memory
- **The orbitofrontal cortex**, which is responsible for reinforcement-based decision-making and emotion regulation
- **The cerebellum**, which helps coordinate motor behavior and executive functioning
- **The corpus callosum**, which is responsible for left brain/right brain communication and other processes (e.g., arousal, emotion, higher cognitive abilities)

Short-term Health Effects

State that the effects of child abuse and neglect can occur during and immediately after the abuse. The child may exhibit:

- Pain and medical problems from the physical injury such as cuts, bruises, burns, kicking, etc.
- Excessive hostility towards friends and family members
- Inability to concentrate
- Sleep issues
- Apathy and lethargy
- Attention seeking behavior

- Over compliance with authority figures

Note to Facilitator: This is not an exhaustive list.

Long-term Health Effects

State that a child's reactions to abuse or neglect can have life-long and even intergenerational impacts that can later be linked to physical, psychological, and behavioral consequences.

Say that let's first discuss the physical long-term health effects of child abuse and neglect. Childhood maltreatment has been linked to higher risk for a wide range of long-term and or future health problems including, but not limited to:

- 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

Note to Facilitator: This is not an exhaustive list.

State that abuse and neglect can cause the child to feel isolated, fearful, and distrustful, which can translate into lifelong psychological consequences that can manifest as educational difficulties, low self-esteem, depression, and trouble forming and maintaining relationships.

Elaborate on the following:

- **Epigenetics:** One study found that children who had been maltreated exhibited changes in genes associated with various physical and psychological disorders, such as cancer, cardiovascular disease, immune disorders, schizophrenia, bipolar disorder, and depression

(Cicchetti et al., 2016).

- **Poor mental and emotional health**: Experiencing childhood maltreatment is a risk factor for depression, anxiety, and other psychiatric disorders throughout adulthood. Studies have found that adults with a history of ACEs had a higher prevalence of suicide attempts than those who did not (Choi, DiNitto, Marti, & Segal, 2017; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016). (For additional information about ACEs, see the Federal Research on Adverse Childhood Experiences section later in this factsheet.)
- **Diminished executive functioning and cognitive skills**: Disrupted brain development as a result of maltreatment can cause impairments to the brain's executive functions: working memory, self-control, and cognitive flexibility (i.e., the ability to look at things and situations from different perspectives) (Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2016). Children who were maltreated also are at risk for other cognitive problems, including difficulties in learning and paying attention (Bick & Nelson, 2016).
- **Attachment and social difficulties**: Infants in foster care who have experienced maltreatment followed by disruptions in early caregiving can develop attachment disorders. Attachment disorders can negatively affect a child's ability to form positive peer, social, and romantic relationships later in life (Doyle & Cicchetti, 2017).

The Still Face Experiment: Video

Show the Still Face Experiment Video

Refer participants to page 31 in their participant guide to take notes.

Tell the participants that the emotional abuse and neglect as represented in the experiment shows the immediate impact of the abuse on the child. When emotional damage is inflicted on the child; it can have lasting health effects into adulthood in the form of an attachment disorder.

State that attachment disorders can negatively affect a child's ability to form a positive peer, social and romantic relationship later in life. They are also more likely to develop anti-social traits.

Let's discuss the behavioral long-term health effects.

Behavioral Long-term Health Effects

State: Victims of child abuse and neglect often exhibit behavioral difficulties even after the maltreatment ends. The following are examples of how maltreatment can affect individuals' behaviors as adolescents and adults.

Elaborate on the following:

- **Unhealthy Sex Practices**: Studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, including a higher number of sexual partners, earlier initiation of sexual behavior, and transactional sex (i.e., sex exchanged for money, gifts, or other material support) (Thompson et al., 2017), which increases their chances of contracting a sexually transmitted disease.
- **Alcohol and Drug Use:** Adults who had been maltreated as children are at a significantly higher risk of substance use disorders than adults who have not been maltreated (LeTendre & Reed, 2017; Choi, DiNitto, Marti, & Choi, 2017).
- **The Cycle of Maltreatment:** Although most children who have experienced abuse and neglect do not go on to abuse or neglect their children, research suggests that children who are maltreated are more likely to maltreat their own childdren compared to children who were not (Yang, Font, Ketchum, & Kim, 2018). This cycle of maltreatment can be a result of children learning early on that physical abuse or neglect is an appropriate way to parent

Now we're going to discuss the possible circumstances of abuse and neglect. ⏭

Module 2.3 Possible Circumstances of Abuse

Learning Objectives:

- Explain how possible circumstances can lead to abuse, neglect, and abandonment.

Material:

- Participant Guide

Facilitator Notes:

Disclaimer -The following material will cover sensitive subjects which may make you uncomfortable; however, this crucial information is needed for child and family safety and well-being.

Tell the participants that many factors can lead to child abuse or neglect and are often interwoven with several other issues. We are going to discuss five possible circumstances that may occur within the home or in the child's life which may be sparking or enabling the abuse or neglect. Being aware of these circumstances and understanding their influence can help you when identifying reasonable cause to suspect.

Refer to page 32 in the participant guide.

Possible Circumstances of Abuse

Economic Hardships

Tell the participants that we will first discuss **Economic Hardships** as a possible circumstance of abuse.

State that 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, sexual, and 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.

Tell each participant to review the economic hardship example individually and answer the question on page 31 of their participant guide.

Read: 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 five-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.

Discuss the following behavioral indicators in the economic hardships example with the group.

- Low energy
- Distracted
- Asking for extra food to take home
- Luke's mother is no longer employed
- Luke and his brother are going to bed hungry – which indicates that she also isn't buying fast food or providing food from other resources.

Debrief: This situation may not be a result of neglect; this may be a sign of financial difficulty. Even this is the situation, call the Hotline. As we will discuss later, the Hotline Counselors will help Luke's mother to locate resources to feed her family.

Next we will discuss Household Violence Threatens Child.

Household Violence Threatens Child

State: Let's discuss **Household Violence Threatens Child** as a possible circumstance. 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.**"

Explain that **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.

State that the following are some examples of household violence threatens child:

- 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 his/her own or others after as a result.
- The child is inadvertently harmed by the violence or by intervening even though the child may not be the actual target of the violence.

Tell each participant to review through the Household Violence Threatens Child example and answer the questions on page 39 of their participant guide. ⏭

Read: 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.

Ask, the following questions for the household violence threatens child example with the group:

- What type of injury occurred in this example?
- Did mom and grandma display a wanton disregard for the child's safety?

State that this example would be a Household Violence Threatens Child situation. Mom and Grandma displayed a wanton disregard for the twins' safety. The twins were exposed to the violence between Mom and Grandma and the violence could have escalated, which creates a real or potential threat of harm from the firearm. Although the twins were not physically harmed in this altercation, this was a dangerous situation.

Next, we will discuss Intimate Partner Violence in the home. ⏭

Intimate Partner Violence

State that 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 (aka domestic 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.

Tell the participants that the power and control wheel focuses on how eight different types of abuser tactics an Intimate Partner may implement with physical and sexual violence (or threat of physical and sexual violence) to dominate a victim.

Summarize the Power and Control Wheel.

- **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.

Tell each participant to review through the Intimate Partner Violence example individually and answer the question on page 35 of their participant guide.

Read: 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.

Discuss the following behavioral indicators in the Intimate Partner Violence example with the group.

- Considering this scenario, who has the power and control?

- As a result, how does this situation effect Diego?

Debrief: There are elements of power, control, and coercion present in this example. The boyfriend maintains the power and control in the household over the mother through isolation and intimidation. The boyfriend may be threatening to report the mother to immigration if she doesn't do what he says. Which indicates Intimate Partner Violence within the home. As a result, Diego is displaying observable behavioral effects.

We will now discuss types of Human Trafficking as a possible circumstance of abuse.

Human Trafficking

Human Sex Trafficking

State that 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

State that human labor trafficking is defined as "the 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

State that trafficking victims, whether labor or sex, rarely self-disclose. While victims may have opportunities to leave or ask for help—often the threats, psychological and emotional manipulation they are subjected to, and lack of appropriate support systems prevent the child from leaving the situation and often drive the victim back to their trafficker—even when they've left the situation for some time.

Tell each participant to review the human trafficking example individually and answer the question on page 35 of their participant guide.

Read: Izzy (16-years-old) has befriended Kayla (17-years-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.

Ask, what are the behavioral indicators of human trafficking in this example?

Tell the participants that the behavioral indicators include:

- A nightclub owner is providing a minor with money in exchange for sexual photos.
- A sudden decrease in Izzy's academic performance.
- There is a large age difference between her and her boyfriend.
- Izzy being paid to post sexualized pictures in exchange for money and goods.

Debrief: The observed behavioral indicators of Izzy suggest that she is a victim of human trafficking (sex trafficking) because she is under 18 and isis used to gain money, goods, or services for the sexualized photos. As a result, her academic performance is being negatively impacted.

Now we will discuss Child-on-Child Sexual abuse as a possible circumstance of abuse.

Child-On-Child Sexual Abuse

State: 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**.

Read the following definitions:

- **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.

Emphasize that if they suspect that Child-On-Child sexual abuse is occurring, consider the difference in age or developmental level between the children involved who exhibited sexual behavior and the other child. ⏭

Say: The following are some examples of Child-On-Child sexual abuse:

- 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)
- Forceful sexual contact between children residing in the home
- Sexual contact between children when there's a significant age or developmental difference

Tell each participant to take a moment to read through the Child-On-Child sexual abuse example and answer the questions on page 36 of their participant guide ⏭

Read: 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.

Discuss as a group the following questions for Child-On-Child sexual abuse example:

- Is there consent between Caitlin and Liza?
- Is there equality between Caitlin and Liza?
- Is Liza being coerced by Caitlin?

Tell the participants that knowledge of this kind of sexual behavior is unusual for a nine-year-old child, giving reason to suspect that Caitlin might have been victimized in the same manner by someone else or may have observed this behavior. **There is a significant age difference between Caitlin and Liza,** suggesting that Caitlin should know that **this act is wrong**. This sexual act occurred without consent, equality, and coercion. This is Child-On-Child sexual abuse.

State: A child accidentally observing this behavior is not sexual abuse, but someone intentionally causing a child to view or listen to this behavior is sexual abuse.

Debrief: Even though the mother and child confirm the story, if the reporter believes the stories are inconsistent with each other, then a report should be made to the Hotline with the information.

Activity: Should I Call the Hotline?

Tell the participants that we are about to start a group activity called, *Should I Call the Hotline*?

Note to Facilitator:

- **Small Group Activity:** For groups of up to 25 people, divide participants into small groups (2-3 people) for a group activity.
- **Large Group Activity:** For groups of 25 or more, open the floor for participants to answer the questions directly (raise the hand for face-to-face training and chat function for the virtual training).

Refer the participants to page 39 of their participant guide.

State the following directions:

- The goal of this exercise is to determine if you should call the Hotline.
- For this activity, you will read two scenarios. Each scenario describes a situation of possible child abuse or neglect that you may encounter.
- We will review each scenario and answer the questions in your participant guide as a group.

Jessica

Give the participants five minutes to review the scenario (Jessica) and answer the following questions.

Read: 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.

Ask: What happened?
Possible Answer: You observed that Jessica has bruising on the cheek, upper arm, and torso. Also, Jessica shows up at school with injuries and bruises.

Ask: When did it happen?
Possible Answer: You did observe during the school day, but Jessica said it happened over the weekend.

Ask: Who was involved?
Possible Answer: You do not know yet.

Ask: What was the effect on the child(ren)?
Possible Answer: Physical discomfort and injury.

Ask: Why did it happen?
Possible Answer: Jessica said she fell down the stairs, but you need more information.

Ask: Based on the information provided, should you make a report to the Hotline?

- Yes (Correct)
- No

Debrief: This explanation is highly suspect. Studies have shown that most children who fall downstairs do not sustain multiple or serious injuries. They are more likely to sustain injuries if they are being carried down the stairs and the adult falls. Jessica's bruises are on soft, rather than bony body parts of the body and she has sustained similar injuries in the past. Jessica's age, the nature of the bruises, and the repetitive occurrence of injuries would influence your decision in favor of reporting. ⏭

Sarah

Give the participants five minutes to review the scenario (Sarah) and answer the following questions.

Read: 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 ask 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 and sometimes she sees John touching himself while watching. Sarah swore she'd keep it a secret because John said her mom would get jealous.

Ask: What happened?
Possible Answer: Sarah was coerced to keep the abuse secretive from her mother

Ask: When did it happen?
Possible Answer: Not sure. We would need more information.

Ask: Who was involved?
Possible Answers: Mom's boyfriend

Ask: What was the effect on the child(ren)?

Possible Answers: Academic decline

Ask: Why did it happen?

Possible Answers: Not sure. We would need more information. ⏭

Ask: Based on the information provided, should you make a report to the Hotline?

- Yes (Correct)
- No

Debrief: Sarah is showing some signs of sexual abuse including low self-esteem and anxiety, sudden academic decline. While these signs could be a result of her parent's divorce, it becomes concerning after she discloses her mother's new boyfriend exposing her to sexual films. Because the boyfriend is showing gratification from the exposure to the pornographic film while in the presence of Sarah, this is considered sexual abuse. In this scenario, it would be advised to make a report to the Hotline.

We are now going to discuss the appropriate action steps when making a report and explain what happens once a report is made. ⏭

Module 2.4 Reporting to Hotline

Learning Objectives:

- Describe the appropriate action steps in situations with reasonable cause to suspect.
- Describe the high-level process of a suspected child abuse report.

Material:

- Participant Guide

Facilitator Notes:

How Can you Make a Report?

State: As we mentioned yesterday, for a report to be accepted by the Hotline, it must meet a specific list of criteria. To improve the likelihood that the report will be accepted, the reporter should be prepared to answer all the necessary questions the Abuse Hotline Counselor will ask.

Refer the participants to page 48 of the participant guide.

Tell the participants that this is where they will find a handout to use when preparing to make a report. The information requested on the form is some of the information that the Abuse Hotline Counselor will ask. This form is a convenient tool that will allow the reporter to easily organize their information in one place.

Emphasize that all information does not need to be known on the form to make a report to the Hotline. This is just a tool to help gather and organize information/thoughts.

How Can you Make a Report?

State: If you know or suspect that a child is being abused or neglected, **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.**

Ask: What are the three ways that you can make a report?
Possible Answers: Phone, Email, Online, Fax

Share the three ways to make a report:

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

- Online: Online: https://reportabuse.dcf.state.fl.us
- Fax: 1-800-914-0004

State that as stated in Section 39.202, Florida Statute, 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

State that 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 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
- 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.

Emphasize that if they are not sure that a situation meets these criteria, MAKE A CHILD ABUSE REPORT and let DCF do its job by investigating!

Confidentiality

Summarize the following:

- 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

State: Florida Statute protects mandated reporters and Professionally Mandated Reporters **AS LONG AS** the report was made in good faith.

State that **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 report in "good faith" for a report of suspected abuse or neglect, 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).**

Now that a report has been made, let's discuss what happens next. ⏭

Module 2.5 High-level Investigation Process

Learning Objective:

- Describe the high-level process of a suspected child abuse report.

Material:

- Participant Guide

Facilitator Notes:

High-Level Child Welfare Process

Read the following steps:

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 then 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 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 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

Tell that there are several services or resources that the counselors offer to families.

- 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.

Ask the group to take two minutes to silently reflect on the material from Part 2 of Recognizing Child Abuse and write down two things that they will take away from this session.

Possible Answers:

- There are a variety of behavioral indicators for abuse and neglect to be conscious of.
- Don't ignore any signs or evidence of abuse or neglect, no matter how minor they appear to be.
- If you have a hunch that abuse or neglect may be happening, make sure to have specific facts or evidence to support your suspicions before making a report.
- Make sure to monitor the parent's behavior as well, as it can provide helpful evidence when identifying the reasonable cause.
- Ignoring signs of abuse and neglect can have serious, life-long negative health effects on a child.

Available Resources

Tell the participants that the following resources offer more information about child maltreatment and the Florida Abuse Hotline.

- 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

Refer to the handouts on pages 47 - 52 of the participant guide and briefly describe each handout.

- **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 when reporting an abuse, neglect, or abandonment.
- **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 ⏭

Group Discussion: Q&A Session

State that the training is completed, and they can ask questions that are non-situation-based.

Begin the group discussion with the following four questions:

Ask: When is an accident considered to be abuse?
Answer: Accidents can be alarming when they are caused by neglect because the parent/caregiver did not provide enough supervision to a child.

Ask: Is all physical contact involving a child's private parts sexual abuse?
Answer: Physical contact involving a child's private parts may not be sexual abuse. What should prompt you to report is when you think the interactions with a child involve sexual gratification – even if it does not involve direct touching of the child's private parts.

Ask: If I report abuse, will the child be taken away?
Answer: A child protective investigator will investigate the allegations. If appropriate, the CPI will offer services. Children are only removed when they cannot safely remain in the home.

Ask: Should I ask the child about the concern or try to investigate the situation further?

Answer: You may try to get more information to better under the situation, but this may impair the ability of other authorities to keep the child safe. Asking questions can influence what a child says in the future and suggest that what they initially told you was not "okay," or you didn't believe them.

END THE TRAINING SESSION