Module 1: The Hotline & Child Maltreatment Index

Objectives
- Describe Abuse Hotline procedures & reporting requirements.
- Name & analyze specific elements of an Hotline Intake.
- Identify the uses, benefits, organization and information in Child Maltreatment Index.

Abuse Hotline & Reporting Requirements
- What are the criteria for accepting an intake of child maltreatment?
- What other kinds of intakes are received by the Florida Abuse Hotline?
- Which occupations are required to provide their names when reporting abuse/neglect?
- What are the responsibilities of the Hotline & the Region?
Slide 4

Abuse Hotline & Reporting Requirements

When you are working a case, when is a call to the Hotline required?

When are you NOT required to call the Hotline?

How do Hotline counselors decide which calls meet the intake acceptance criteria?

Slide 5

Abuse Hotline & Reporting Requirements

F.S.39.201(7): Calls & reports of 3 or more unaccepted reports on a single child must be reviewed.

Unaccepted reports to the hotline by identified relatives must be analyzed by a component of quality assurance program.

Identifies harassment-type situations; and situations that warrant investigation due to the frequency/variety of calls/reports.

Slide 6

Florida Abuse Hotline

 Receives all incoming intakes/referrals, 24 hours/day, 7 days/week (Phone, TDD, Mail, Email & Fax)

Seeks all information about alleged maltreatment

Gathers data regarding subjects of the intake

Uses Child Maltreatment index to decide if allegation constitutes maltreatment
Slide 7

**Abuse Hotline (continued)**

- Determines priority level of investigation
- Notifies regions/units of intakes
- Checks for priors, current intakes & previous service referrals
- Completes criminal background checks on named subjects
- Checks family’s involvement with other DCF programs

---

Slide 8

**Penalties Related to Reporting**

- Knowingly or willfully fail to report or prevent another person from reporting – First degree misdemeanor
- Failure to report known or suspected abuse while living in the same household as the victim – Third degree felony
- Any person 18 or older can be charged

Exception: Domestic violence situation or other mitigating circumstances 39.205(2)

---

Slide 9

**Mandatory Referrals to CPT**

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age
- Bruises anywhere on a child five years or under
- Any report alleging sexual abuse
- Reported medical neglect of a child
- Reported malnutrition or failure to thrive
- Family’s has had one child (or more) die as a result of suspected abuse, abandonment, or neglect, and sibling or other child remains in their home
- Child has symptoms of serious emotional problems
- Sexually transmitted disease in a prepubescent child
Slide 10

F.S. 39.303(1)(a)-(j)
CPT Services Include:
- Medical diagnosis & evaluation services
- Telephone consultations & other situations
- Case staffings, & psychiatric diagnosis & assistance
- Psychological diagnosis & evaluation
- Expert medical, psychological & related professional testimony

Slide 11

CPT Services
- Training services
- Educational & community awareness
- Family psycho-social interviews
- Specialized clinical interviews
- Forensic interviews

Slide 12

When are face-to-face medicals NOT required?
A child is examined by another physician or medical professional and the CPT medical director finds that further medical evaluation is unnecessary.

You conduct a safety assessment and find, with your supervisor’s approval, that there are no indications of injuries as described in 39.303(2)(a)-(h).

The CPT medical director finds that a medical evaluation is not necessary.
Slide 13

**Four Most Crucial Steps in the Investigative Process**

- **Step 1:** Assess the nature & severity of reported injury or harm to a child.
- **Step 2:** Assess the substantial likelihood of immediate injury or harm to a child.
- **Step 3:** Assess the probability of further harm.
- **Step 4:** Determine the finding of child maltreatment based on evidence.

---

Slide 14

**Child Maltreatment Index**

- Describes and defines specific maltreatments and special condition referrals
- Guidelines for needed evidence & documentation to determine the finding
- Excluding factors to consider when deciding if maltreatment occurred
- Injuries - with no evidence supporting a cause of abuse or neglect must have a finding of "no indicators"

---

Slide 15

**Module 2: The Dynamics of Child Maltreatment**

**Objectives**

- Identify the contributing dynamics to child maltreatment in families.
- Describe ways to look further into situations to identify the warning signs of maltreatment.
- Describe the Decision-Making Model.
Dynamics

What is a dynamic?

List examples of dynamics that may be present in families who might abuse/neglect their children.

Abuse vs. Neglect

Classification of Child Deaths
Slide 19

**Maltreatment Statistics**

**Total Percentage of 136 Children**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 y</td>
<td>32%</td>
</tr>
<tr>
<td>3-5 y</td>
<td>25%</td>
</tr>
<tr>
<td>6-8 y</td>
<td>15%</td>
</tr>
<tr>
<td>9-12 y</td>
<td>10%</td>
</tr>
<tr>
<td>13-15 y</td>
<td>5%</td>
</tr>
<tr>
<td>16-18 y</td>
<td>4%</td>
</tr>
<tr>
<td>&gt;18 y</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

Slide 20

**Gender of Child**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>44%</td>
<td>92%</td>
</tr>
</tbody>
</table>

---

Slide 21

**Race of Child**

<table>
<thead>
<tr>
<th>Race</th>
<th>2010</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Asian Pacific</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Haitian</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>White</td>
<td>80%</td>
<td>70%</td>
</tr>
</tbody>
</table>
Slide 28

Substance Abuse History

- Total Deaths with a History of Substance Abuse (n=71)

- Substances:
  - Physical Injury
  - Unsafe Sleep
  - Drowning
  - Drug/Poisoning
  - Vehicle
  - Other Neglect
  - Medical Neglect
  - Firearm
  - Fire

Slide 29

- Total Child Deaths (n=136)
  - DCF Priors 2010
    - With Priors
    - Without Priors

Slide 30

Total Cases with Priors (n=41)

- Total Number of Priors on the Child 2010:
  - 7 or more Priors
  - 5-6 Priors
  - 3-4 Priors
  - 2 Priors
  - 1 Prior
Slide 34
Drowning Deaths Top 5 Counties

- Hillsborough
- Broward
- Orange
- Pinellas
- Miami-Dade

Total Drowning Deaths n=42

Slide 35
Location of Drowning Deaths

- Pools
- Other bodies of water
- Bathtubs

Module 2: The Dynamics of Child Maltreatment

Slide 36
Risk Factors in Drowning Deaths

- Criminal History
- Substance Abuse History
- DCF Priors
- Domestic Violence History
Module 2: The Dynamics of Child Maltreatment

Slide 40

Total Perpetrators in Drowning Deaths (n=51)

- Age of Perpetrator
  - 0-4
  - 5-9
  - 10-14
  - 15-19
  - 20-24
  - 25-29
  - 30-34
  - 35-39
  - 40-44
  - 45-49

Slide 41

Gender of Perpetrator in Drowning Deaths

- Father/Stepfather
- Grandparents
- Non-relatives
- Aunt

Slide 42

Relationship of the Caretaker Responsible in Drowning Deaths
Slide 46

Total Perpetrators in Sleep-related Deaths (n=28)

<table>
<thead>
<tr>
<th>Age of Perpetrator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-25</td>
<td></td>
</tr>
<tr>
<td>26-30</td>
<td></td>
</tr>
<tr>
<td>31-35</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>

Module 2: The Dynamics of Child Maltreatment

Slide 47

Relationship of the Caretaker Responsible in Sleep-related Deaths

<table>
<thead>
<tr>
<th>Relationship of Caretaker</th>
<th>Mother</th>
<th>Father</th>
<th>Foster Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>16</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

Module 2: The Dynamics of Child Maltreatment

Slide 48

Vehicle Related Deaths (n=9)

<table>
<thead>
<tr>
<th>Vehicle Deaths</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Killed in Vehicle Crash</td>
<td></td>
</tr>
<tr>
<td>Driven or Backed over</td>
<td></td>
</tr>
<tr>
<td>Left in Vehicle</td>
<td></td>
</tr>
</tbody>
</table>
Module 2: The Dynamics of Child Maltreatment

**Slide 49**

Risk Factors in Vehicle Related Deaths

- Criminal History
- Substance Abuse History
- DCF Priors
- Domestic Violence History

**Slide 50**

Age of Children in Vehicle Related Deaths

- 4 months
- 1-2 years
- 3-4 years
- 8 years old

**Slide 51**

Total Perpetrators in Vehicle related Deaths (n=10)

- Age of Perpetrator
  - 20-25
  - 30-35
  - 35-40

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**Relationship of the Caretaker Responsible in Vehicle-related Deaths**

- Mother: 6
- Father: 2
- Daycare Employee: 1
- Aunt: 1

Total Perpetrators (n=10)

Module 2: The Dynamics of Child Maltreatment

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**Drug Toxicity Deaths**

- Accidental Drug Overdose due to Inadequate Supervision: 1
- Premature Drug Exposed Newborn: 3
- Teen Drug Overdose: 6

13-17 years old: 2
4 hours old: 1
2 years old: 1

---

Slide 54

**Risk Factors in Drug Toxicity Deaths**

- Criminal History: 3
- Substance Abuse History: 6
- DCF Priors: 4
- Domestic Violence History: 5

---
Slide 55

![Age of Perpetrator](image)

- Total Perpetrators in Drug Related Deaths (n=9)

<table>
<thead>
<tr>
<th>Age of Perpetrator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td></td>
</tr>
<tr>
<td>25-30</td>
<td></td>
</tr>
<tr>
<td>35-40</td>
<td></td>
</tr>
<tr>
<td>41-46</td>
<td></td>
</tr>
</tbody>
</table>

Slide 56

![Relationship of the Caretaker Responsible in Drug Toxicity Deaths](image)

- Total Perpetrators (n=9)

<table>
<thead>
<tr>
<th>Relationship of the Caretaker Responsible in Drug Toxicity Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Other Non-relatives</td>
</tr>
</tbody>
</table>

Slide 57

![Other Neglect Deaths](image)

- Other Neglect Deaths

<table>
<thead>
<tr>
<th>Other Neglect Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaling a balloon</td>
</tr>
<tr>
<td>Dog Mauling</td>
</tr>
</tbody>
</table>
Slide 61

Age of Children in Physical Abuse Deaths

- < 1 year old: 20
- 1-2 years old: 10
- 3-4 years old: 5
- 6-10 years old: 3
- 11-15 years old: 2

Slide 62

Gender of Physical Abuse Victims

- Male: 50%
- Female: 50%

Slide 63

Race/Ethnicity of Child

- Asian: 10%
- Haitian: 10%
- Multi-racial: 5%
- Hispanic: 5%
- Black: 0%
- White: 20%
Slide 64

Age of Caregiver Responsible for Physical Abuse Deaths

- 18-29
- 30-40
- 41-52
- Over 67

Total Perpetrators in Physical Abuse Deaths (n=67)

Module 2: The Dynamics of Child Maltreatment
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Gender of Physical Abuse Perpetrator

- Female 72.0%
- Male 28.0%

Relationship of the Caretaker Responsible (Physical Abuse)

- Mother/Stepmother
- Father/Stepfather
- Other Relatives
- Other Non-relatives
- Daycare workers
- Paramours

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- 18-29
- 30-40
- 41-52
- Over 67

Total Perpetrators (n=67)

- Relationship of the Caretaker Responsible (Physical Abuse)

Module 2: The Dynamics of Child Maltreatment
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Slide 67

**What is an indicator?**

- What is an indicator as applied to child maltreatment?
- Are indicators always obvious?
- If not, what kinds are more subtle?

Slide 68

**How child maltreatment indicators relate to the decision-making process**

- Probe further when indicators are present to assess the immediate & long-term risk to each child.
- Indicators may help identify needs that are not being met.
- A thorough investigation or assessment helps you decide the appropriate disposition and services needed.
- Weight indicators against risk factors & protective factors when making child safety decisions.
- An indicator helps you find the root causes for the maltreatment.
- A finding of “not substantiated” means there is credible evidence that the harm was caused by a caretaker's abuse or neglect.

Slide 69

**Decision-Making Model**

- Gather
- Document
- Assess
- Child Safety Decision
Slide 70

Making Decisions

The Decision-Making model is applicable to all program areas.

Careful assessment of all of the information you gather & receive helps you decide which actions ensure child safety and evaluate progress to permanency.

The Decision-Making model is applied continuously throughout the case flow process.

Slide 71

Module 3: Physical Abuse

Objectives

- Identify physical abuse indicators.
- Link the identified indicators with investigative decision-making.
- Decide what evidence/information to gather and document to assess if maltreatment has occurred.
- Identify indicators of Abusive Head Trauma.

Slide 72

Examples of Critical Indicators

Injuries & Evidence

- Numerous alleged “accidental” injuries
- Escalating injuries
- Injuries inconsistent with explanation
- Frequent change of hospitals or physicians
- Professional medical opinion contrary to facts
- Delay in seeking medical treatment
**Slide 73**

**Examples (continued)**

**Child Vulnerability**
- 5 years or younger
- Prior intakes
- Limited access or contact with outside world

**Slide 74**

**Examples (continued)**

**Target Child**
- No observable signs of bonding
- Flat or depressed affect
- Lack of peer relationships
- Subjected to unusual forms of discipline
- Only discipline used is physical
- Exhibits behaviors indicative of abuse or neglect
- Secretive about injuries

**Slide 75**

**Examples (continued)**

**Parent/Caretaker Characteristics**
- Overly charming, extremely cooperative
- Appears to make extreme progress
- Tells you what you want to hear
- Violent and aggressive behavior
- Unrealistic expectations of child
- Alienated from family; no family support network
- Isolation, lacks social contacts
Slide 76

Examples (continued)

Parent/Caretaker History
- Maltreated as a child
- Alcohol or other substance abuse
- Mental illness
- Frequent moves
- Job instability
- Criminal history

Slide 77

Examples (continued)

Parent/Caretaker Relationship
- Boyfriends drift in and out of home
- Relationship takes precedence over child's needs
- Imbalance of power
- Domestic violence
- No clear identification of roles
- Open hostility or negative perceptions

Slide 78

Examples (continued)

Physical Environment
- Environment - poses safety risks
- Unsecured swimming pools/bodies of water
- Child's sleeping area - inappropriate
- Child - removed from others during common activities
- Home - physically isolated
### Slide 79

**Adult Behaviors**

- Calls child offensive names, chronically ridicules them.
- Commits malicious or violent acts toward child's possessions, pets, environment.
- Uses cruel, brutal, or severely misguided actions to gain submission or control to influence child's behavior.
- Unrealistic expectations inappropriate to child's developmental level.
- Always needs to be in charge; always critical.
- Rejects child or has obvious preference for one child over another.
- Distant, shallow, or superficial relationships with family members, or isolated from society.

### Slide 80

**Adult Behaviors** (continued)

- Extremely disappointed regarding their baby's gender.
- Fails to bond with infant.
- Suffers from acute tension, has chronic crises, or is easily frustrated.
- Poor impulse control.
- Blames the child for problems.
- Gives inaccurate, illogical, or conflicting explanations for a child's injury.
- Exposes child to repeated violent, brutal or intimidating acts or statements.
- Leaves child in hostile or dangerous situation.

### Slide 81

**Adult Behaviors** (continued)

- Fails to protect child from inflicted injury.
- Abuses substances to the degree that adequate care is not provided.
- Beats or corporally punishes child so that it leaves (or is likely to leave) an injury.
- Kicks, scratches, or punches child.
- Hits or slaps and infant.
- Pulls child's hair.
- Overmedicates or poisons child.
- Ties child's limbs together or to an object.
Variables Affecting Child’s Response to Maltreatment
- Child’s Age
- Length of time the child has been maltreated
- Frequency of the maltreatment
- Nature of the child’s relationship with the abuser
- Type of maltreatment
- Availability of support
- Constitutional factors

Module 3: Physical Abuse

Emotional Indicators
- Developmental delay and abnormal developmental patterns
- Remote, withdrawn
- No expectation they will be comforted
- “Frozen watchfulness”
- Fear of physical contact
- Appears to be autistic
- Churning dependency
- Depressed, lack of emotion
- Preschool children: easily frightened, eager to please, role reversal
- Adolescents: lying, stealing, use of alcohol/drugs, truancy, running away

Module 3: Physical Abuse

Estimating the Age of Bruises
- Cannot base solely on color with precision
- Obtain CPT medical examination
  - Yellow bruising is at least 18 hours old
  - Red, blue, purple, or black may occur anytime between 1 hour and resolution
  - Red is present no matter what the age
  - Bruises of identical age and cause may not be the same color or heal at the same rate
  - Color is affected by depth, location, light, and skin color
Slide 85

Normal Bruising

Possibly normal bruising on the lower legs of a very active toddler

Module 3: Physical Abuse
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PPT 85

Slide 86

Suspicious Bruises

Multiple areas
Soft tissue areas
  - Abdomen
  - Throat or mouth
  - Buttocks, thighs

Normally protected areas
  - Sides
  - Insides of arms and legs
  - Genitals

Module 3: Physical Abuse
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PPT 86

Slide 87

Patterns of Abusive Bruises


Module 3: Physical Abuse
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Slide 91

Spankings that leave bruises are considered to be abuse.

Slide 92

Multiple injuries to back and legs, with blunt trauma bruises to buttocks and parallel bruises across back caused by a beaded belt.

Slide 93

“Garroting” Marks on Neck
Slide 94

**Gag Tie Marks on Mouth**

Slide 95

**ENCIRCLEMENT TIE MARKS ON ANKLES (Bilateral)**

Slide 96

**Bruise from Forceful Slap**
Slide 97

Slide 98

Slide 99
Slide 100

Injuries to the inside of a child’s mouth can be caused by putting a hand over their mouth in an attempt to quiet or suffocate the child.

Slide 101

Hand-Slap Bruises to Buttocks
Identify Children at High Risk for Future Injury

Slide 102

Hand-Slap Bruises to Buttocks
Mongolian Spots

Mongolian Blue Spots are flat birthmarks with wavy borders and irregular shapes, common among Asian, East Indian, African, and Latino heritage. They may be seen in about 12% of Caucasians to over 90% of African Americans.

They commonly appear at birth or shortly after birth and may look like bruises.

Examples of Mongolian Spots

- Common Mongolian spots: Will disappear within 10 years
- Deep blue Mongolian spots: All deep blue spots are ectopic and may become persistent Mongolian spots which remain until adulthood.
- Ectopic Mongolian spots, aberrant Mongolian spot: All spots are thin and will disappear in within a few years.

The green triangle indicates the so-called ‘hot spot’ of Mongolian spots. Most common spots appear in this area.

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Slide 106

Severe bruising to child's abdomen and genitals, caused by fist blows, resulting in possible life-threatening injuries.

Slide 107

Penis bruised by pinching.
Slide 109

Young girl with bruising to inner thigh and genitals which may be indicative of sexual abuse.

Slide 110

This child was not yet walking and had no teeth—therefore injury was found to be inflicted.

Slide 111

Child punched in mouth, forcing lower teeth to cut lower lip.
Slide 112

![Frenulum torn and ulcerated](image)

Module 3: Physical Abuse

Slide 113

"Tattoo" puncture marks on foot caused by kitchen fork stabbing

Module 3: Physical Abuse

Slide 114

Adult Bite Bruises

Identify Children at High Risk for Future Injury

Module 3: Physical Abuse
Slide 115

Human Bite
4 incisors and short canines leaving elliptical or oval arch

Dog Bite
4 incisors and short canines leaving elliptical or oval arch

Slide 116

Three deep bite marks on child's back

Slide 117

Burns Severity & Type

- Burns account for 10% to 15% of child abuse cases
- Burns covering 20% or more is severe regardless of child's age
- Burns covering 65% or more can be fatal even if 1st degree
- Medical conditions mistaken for burns are scalded skin syndrome (staph) and impetigo
Slide 118

**Severity of Burns**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Minimal depth, red, tender</td>
</tr>
<tr>
<td>2nd</td>
<td>Extends through the top layer of skin, blistered</td>
</tr>
<tr>
<td>3rd</td>
<td>White, not sensitive to touch</td>
</tr>
</tbody>
</table>

**Percentage of Body Covered**

<table>
<thead>
<tr>
<th>Body Part Affected</th>
<th>Percentage Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td></td>
</tr>
<tr>
<td>Hands</td>
<td></td>
</tr>
<tr>
<td>Genitals</td>
<td></td>
</tr>
</tbody>
</table>

**Age of Child**

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage Covered</th>
</tr>
</thead>
</table>

---

Slide 119

**Patterns of Abusive Burns**


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Slide 120

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Slide 127

“splash burn” to back – in this case accidental

Slide 128

Cigarette burns on child’s hands

Slide 129

Cigar and cigarette burns on child’s torso and arm
Slide 130

Chicken Pox

Slide 131

Impetigo

Slide 132

Impetigo
Iron Burns
Often Result from Negligent Supervision

Module 3: Physical Abuse

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Maltreatments Power Point Slides
Slide 136

Infant with burns on back and arms caused by being held against a space heater.

Slide 137

"Coining Marks" – medical ritual of rapidly rubbing coin over "area of concern". Practiced by Asian Cultures.

Slide 138

"Cupping" another form of medical treatment used for chest congestion.
Bone Fractures
Fractures account for about 20% of abusive injuries
About 77% of fractures involve extremities
90% of abusive fractures in children 2 years or younger include the ribs
Fractures are usually inflicted in non-ambulatory children

Skeletal Survey
Sometimes called a Kempe Series for the author of the original 'Battered Child' article
X-rays of skull, ribs, long bones, spine, hands and feet to check for unsuspected fractures
Most likely to be helpful in children under two years old
Internal Injuries

Injuries to the internal organs are caused by blows or squeezing to the abdomen. Significant violent force is required to cause a life-threatening abdominal injury. A small percentage of children receive internal injuries from abuse. The mortality rate in abusive abdominal injuries is 40%-50%. Get the child medical treatment immediately or the child may die.

Signs of Internal Injuries

- Pain in stomach, chest, or other internal area
- Visible bruising to abdomen or chest
- Distended, swollen abdomen
- Tense abdominal muscles
- Labored breathing
- Severe, pinching pain in chest while breathing
- Nausea and vomiting

Other Physical Injury

- Asphyxiation, Suffocation, Drowning
- Munchausen Syndrome by Proxy
- Blinding/Eye damage
- Injuries to teeth, jaws, mouth, and lips
- Damage to ears/ hearing
- Hair pulling
Slide 145

**Most Life-Threatening Abuse**

- **Head injuries**
  - Subdural hematoma
  - Whiplash Shaken Infant Syndrome
  - Battered Child Syndrome

- **Internal injuries**
  - Burns
  - Poisoning

---

Slide 146

**Abusive Head Trauma**

- Serious brain injury that occurs when a frustrated caregiver "shakes" an infant, usually to stop him/her from crying.
- Is a form of child abuse.
- Some parents, siblings, & caregivers who would never hit a baby think shaking a baby is okay.
- Shaking a baby can cause serious injuries or death.
- Usually no outward physical signs

---

Slide 147

**“Whiplash Shaken Infant Syndrome”**

- Serious, often fatal injuries caused by violent shaking of a very young child
- Shaken infants - do not often show visible signs of external trauma
- Generally seen in children 2 years of age or younger-most common in children less than 6 months of age

Three main signs:

- Subdural hematoma
- Retinal hemorrhage
- Metaphyseal lesions
Head Injuries: Abusive Head Trauma
"Shaken Baby Syndrome"

- Common form of life-threatening child abuse
- Account for about 35% of abuse fatalities in Florida
- Survivors often left with permanent handicaps

The Classic “Shaken Baby”

Battered Child Syndrome

- A child who has been seriously abused over time
- Usually three years of age or younger
- Signs:
  - Fractures “accidentally” discovered during routine exam
  - Inconsistent with history provided or with the child’s age
  - Multiple injuries in various stages of healing
  - Failure to thrive
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Battered Child

Various bruises, burns and scars in various stages of healing

Module 3: Physical Abuse

Critical Indicators of Physical Abuse

Frequent injuries
Multiple bruises and injuries
Bruises and injuries in inaccessible places
Injuries in different stages of healing
Injuries inconsistent with adult explanation

Module 3: Physical Abuse

Investigative Techniques

Always investigate, even if the explanation seems plausible.
Check other areas of the child's body, not just the area of the injury.
Interview all subjects of the intake individually.
Check for and analyze all prior case histories and intakes.
Refer the child to CPT.
Notify Law Enforcement/SAO within mandated timeframes.
Interview all persons in the environment who may have information.
Gather information from school personnel and family physicians.

Module 3: Physical Abuse
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Investigative Techniques (continued)

Get the child's version of what happened.
Always probe deeper with each piece of information you gather.
Each answer you receive is only one piece of the puzzle; it should spark another question or clue to investigate.
Always ask to see the physical source of the injury: iron, stove, burner, rope, etc.

Visit the site of the “accident.” Ask if physical environment and explanation for how the injury occurred match.
Visit and observe entire home environment for clues, especially child’s bedroom.
Take photographs.

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Module 4: Sexual Abuse

Objectives

• Describe the dynamics of child sexual abuse using the five phases.
• Describe the physical, behavioral, and emotional signs of child sexual abuse.

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Sexual Abuse Statistics

1 out of every 4 women are sexually molested by an adult before age 18.
• For men, 1 out of 10.

Only 1 out of 10 cases of child sexual abuse is reported to law enforcement.

Child molesters are predominantly men.
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Sexual Abuse Statistics

Victims under age 12
- Stranger, 6%
- Acquaintance, 69%
- Family Member, 25%

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Phases of Child Sexual Abuse

Phase 1: Engagement
Phase 2: Sexual Interaction
Phase 3: Secrecy
Phase 4: Disclosure
Phase 5: Suppression

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Types of Disclosure

Accidental disclosure: victim reveals by chance rather than deliberately

Purposeful disclosure: victim makes a conscious decision to tell an outsider
Module 5: Mental Injury

Objectives
- Define mental injury.
- Identify the indicators of mental injury.
- Describe the types of mental injury.

Mental Injury F.S. 39.01(42)
Mental Injury: any injury 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.

The Child Maltreatment Matrix
The impairment may be in the emotional, affective, cognitive, physical, or behavioral functioning of the child. Damage can be present and observable, or can be forecast as highly probable for the near future.
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**Emotional Abuse**

Pattern of behavior attacking a child's emotional development and sense of self-worth. Includes:

- Excessive, aggressive or unreasonable demands placing expectations on a child beyond their capacity
- Failure to provide psychological nurturing necessary for a child's psychological growth and development – providing no love, support or guidance


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**Mental Abuse**

Behavior that undermines a person's independent thought in order to control how they view and respond to situations. (SASC)

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**Observable Indicators in Children**

- Rocks, sucks items/body parts, bites self
- Inappropriately aggressive
- Destructive to others
- Suffers from sleep, speech disorders
- Restricts play activities or experiences
- Demonstrates compulsions, obsessions, phobias, hysterical outbursts
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**Behavioral Indicators in Children**

- Negative statements about self
- Shy, passive, compliant
- Lags in physical, mental and emotional development
- Self-destructive behavior
- Highly aggressive
- Cruel to others
- Overly demanding

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**Family or Parental Indicators**

- Blames or puts down child
- Cold and rejecting
- Indifferent to child's problems or welfare
- Withholds affection
- Preferential treatment when there are multiple children

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**Signs in Adulthood**

Adults emotionally abused as children are:

- More likely to experience mental health problems and difficulties in relationships
- Exhibit a range of complex psychological and psychosocial problems
- Problems forming personal, professional and romantic relationships
- Easily misinterpret other people's behaviors and social cues
- Misapply rules that governed their abusive relationships with their parent to everyday social situations
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**Cycle of Violence**

- Tension Build-up
- Removal/Remorse/Honeymoon
- Explosion

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**Mental Injury**

- Emotional Neglect
- Psychological Abuse

Mental injury is often accompanied by or embedded in other forms of child maltreatment.

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**Types of Mental Injury**

- Spurning (hostile rejecting/degrading)
- Terrorizing
- Exploiting/corrupting
- Isolating
- Denying emotional responsiveness (ignoring)
- Mental health, medical and educational neglect
Module 6: Substance Abuse

OBJECTIVES

• Define substance abuse & related terms.
• Define “disease” as related to substance abuse & describe its characteristics.
• Recognize the progression/stages of substance abuse.
• Describe behavioral indicators of substance abuse.
• Define & identify risk factors.
• Describe the protective factors.

Module 6: Substance Abuse

approximately 18 million persons abuse or are addicted to alcohol.
11 million persons abuse tranquilizers & other psychotropic drugs.
5.5 million get high on marijuana more than once a week.

At least 2 million are addicted to cocaine or crack.
1% of population over 12 (400,000) people use methamphetamines.
Higher rate than heroin, but half the rate of cocaine.
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**Definitions**

**Substance**: Any chemical that modifies the function of living tissues, resulting in physiological or behavioral change.

**Substance Use**: The desired effects of a drug can be realized with minimal hazard, whether or not used therapeutically, legally, or as prescribed by a physician.

**Substance Abuse**: Drugs taken or administered at a dose that greatly increases their hazard potential, whether used therapeutically, legally, or as prescribed by a physician.

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**Addiction**

A disease with its own psychopathology characterized by compulsion, loss of control, continued use in spite of adverse consequences.

Addiction is progressive, potentially fatal if untreated, & incurable but remissible through abstinence and recovery.

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**Characteristics of a Disease**

- **Primary**: Not a secondary symptom of something else
- **Progressive**: Progressively worsens
  - Victim becomes physically, spiritually, emotionally, & psychologically ill
- **Chronic**: No cure
  - Recovery must be based on abstinence from mood altering chemicals
- **Fatal**: Can only be arrested
  - If it is not arrested, person will die from it
Slide 178

**Elements of Disease**

- Cause
- Effect
- Symptoms
- Course of Action
- Predictable Outcome

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**Symptoms Associated with Stages**

- First, people drink for relief
- Second, social problems (e.g., job loss, family problems) become identified
- In late stages, there is physical deterioration
- Death usually occurs in 15 to 20 years
- Recovery rates are 60 to 70 percent if treated in the middle stage

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**Stages of Substance Abuse**

- Stage 1: Experimentation & social use
- Stage 2: Seeking the mood swing
- Stage 3: Harmful abuse
- Stage 4: Dependency addiction
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Substance Abuse: A risk factor is...

an attitude, belief, behavior, situation, and/or action that may put an individual, group, organization, or community at risk for experiencing drug use and its effects.

Module 6: Substance Abuse

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Maltreatments Power Point Slides

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Categories of Risk Factors

- Family
- Community/School
- Individual/Peer/Psychosocial
- Mental Health Disorders

Module 6: Substance Abuse

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Family Risk Factors

- Family Management Practices
- Family History of Alcohol & Drug Abuse
- Condoning Alcohol & Other Drug Abuse

The way parents manage their children increases the likelihood of alcohol and drug abuse by the children.

If a parent has a history of substance use or abuse, the children have an increased risk of becoming substance abusers.

The message that alcohol and drug abuse is acceptable increases the likelihood that substance abuse will occur.

Parents who drink, smoke, and abuse other substances set an example for their children.

Module 6: Substance Abuse

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**Family Bonding**

- Strong relationship between parents and children
- Children feel safe, loved, and supported

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**Protective Factors in Parents**

- Consistent praise/low criticism
- Clear expectations/high expectations
- Stress management
- Quality time/sharing responsibilities
- Supportive adult relationships/extended family

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**Protective Factors in Children**

- Relationship with a caring, adult role model
- Opportunities to contribute or be a resource
- Success in work, play, and relationships
  - Self-esteem
  - Self-discipline
  - Problem-solving skills
  - Sense of humor
  - Healthy expectations and positive outlook
Module 7: Neglect

OBJECTIVES
• Define neglect.
• Identify the types of neglect as defined in the Child Maltreatment Index.
• Identify indicators for each type of neglect.
• Recognize indicators of neglect that represent a risk for significant impairment.
• Distinguish between chronic & situational neglect.
• Describe the effects of neglect on toddlers, early school-aged children, & adolescents.
• Define failure to thrive.

Child Neglect

What are some examples of neglect?

With an allegation of neglect, what are some concerns for child safety?

Chapter 39.01(44)(a)-(b)

States that neglect occurs when a child is:

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

“Neglect of a child includes acts or omissions”
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Circumstances NOT considered neglect:

- If caused primarily by financial inability unless actual services for relief have been offered and rejected
- Parent or legal guardian legitimately practicing his or her religious beliefs under a recognized church or religious organization who thereby does not provide specific medical treatment for a child must not, for that reason alone, be considered a negligent parent or legal custodian.

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The Court can...

Order the following services to be provided, when the health of the child requires:

- Medical services from a licensed physician, dentist, optometrist, podiatrist, or other qualified health care provider; or
- Treatment by an accredited practitioner who relies solely on spiritual means for healing under the tenets and practices of a well-organized church or religious organization.

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Types of neglect recognized by the Child Maltreatment Index:

- Bizarre Punishment (Institutions)
- Mental Injury
- Substance Misuse
- Inadequate Supervision
- Abandonment
- Environmental Hazards
- Malnutrition/Dehydration
- Failure to Thrive
- Medical Neglect
- Failure to Protect
- Death due to Neglect
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The Four Indicator Classifications

- Physical
- Environmental
- Child’s Behavioral
- Caregiver’s Behavioral

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Chronic Neglect

Chronically neglectful families often suffer from pervasive character problems due to their own severely emotionally impoverished childhoods.

Caregivers neglected as children may lack the emotional capacity & basic parenting skills to provide a healthy environment for their own children.

Chronically neglectful families usually share some or all of these characteristics:
- Large families with many children and limited financial support
- Socially isolated
- Very little extended family support or network of friends in the community

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Factors

- Child’s Age
- Child’s Personality
- Availability of Support
- Child’s Relationship with Caretaker
- Length of Time Neglected
- Frequency

Many factors influence the severity of damage to a child.
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A Child Suffers from Failure to Thrive when...

- Weight or height is below the 5th percentile of the population on a standard weight/height curve (some experts recommend 3rd percentile)
- Actual weight is 20% or more below the ideal weight for height
- Weight gain is significantly slower than normal
- Triceps skin-fold thickness (total body fat measurement) is below 15th percentile for the population *

*Schmitt & Mauro, 1989

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**Intervention**

- Essential early intervention
- Collaborate with medical personnel
- If child remains in the home, intensive family support is necessary, plus continuous monitoring of the infant, possibly on a daily basis.
- Decision criteria for leaving an infant in the home (or not):
  - severity of the infant's condition
  - caregiver's openness to intervention
  - active safety plan that includes relative, neighbor, or friend who can help care for the infant

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**Module 8: Domestic Violence**

**Objectives**

- Identify indicators of domestic violence.
- Recognize the relationship between domestic violence and child abuse.
- Relate domestic violence behavior to neglect of a child.
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**Domestic Violence**

"Domestic violence: 'any assault, battery, sexual assault, sexual battery, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit'"

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**Domestic violence is...**

"A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partner" (Ganley & Schechter, 1995)

**Key Points**

- Pattern of assault and coercion
- Many forms of abuse
- Affects people in all types of intimate relationships

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**Physical Abuse**

The most obvious form of domestic violence is physical abuse.

- Batterers are aware that visible physical evidence could draw the wrong kind of attention, so they selectively hit the victim in areas hidden from sight.
- Batterers might pull the victim’s hair, bang the victim’s head against the wall, shake the victim violently, or hit the victim’s body with an object.
- Serious internal or neurological injury might occur.
Emotional/Psychological Abuse

- Batterer may make covert threats.
- Batterer may threaten to take the children if the victim is not the parent of their father.
- Batterer may intimdate by threatening to take the children because she is an unfit mother.
- Emotional abuse and the resulting isolation is worse than physical abuse.

Driving forces behind emotional abuse are the victim’s battle lines.

Module 8: Domestic Violence

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Sexual Abuse

- Any attempt to force a partner is acts against her will.
- Marital rape is punishable by law in Florida.
- Sexual battering is a wide range of behaviors including:
  - Pressured sex when the victim does not want sex
  - Coerced sex through manipulation or threats
  - Violent sex
  - Victims may be forced to perform acts they do not like:
    - Sex with third parties
    - Painful sex
    - Acts which are offensive to them

Module 8: Domestic Violence

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Sexual Abuse (continued)

Victims may be forced to have sex at inappropriate times:
- When they don’t want it
- In front of the children
- When they’re asleep

Victims may comply to avoid punishment or may be punished for resisting.

Sexual abuse is profound and may be difficult for the victim to discuss.

Some victims are unsure that the sexual abuse is really abuse, and, for others, it is the ultimate betrayal.
Economic Coercion

Batterers attempt to control the adult victim by controlling the family finances. This limits the victim's access to other resources such as:

- food
- shelter
- clothes
- transportation
- other necessities of life

The batterer may expect the victim to keep all records, handle all transactions while granting permission to pay bills.

Batterers often hide all financial information from the victim.

Adapted from Schecter & Ganley, 1995

Use of Children to Control Adult Victim

- Use children to spy on the victim
- Force children to assault the victim
- Make children watch the degradation/abuse of victim
- Use children as pawns
  - Physically assault or threaten to assault children in order to control the victim

Child Abuse Related to Domestic Violence

- Strike child who tries to intervene
- Force child to witness or participate in beatings
- Threaten to beat a child who discloses
- Hit the child with objects intended to strike the adult victim

Adapted from Schecter & Ganley, 1995
Children & Domestic Violence

Children experience terror from witnessing family violence that changes them for life.

Domestic violence can be a factor in child abuse deaths.

Research & data estimate that over half of child abuse begins with violence targeting the children.

Over 50% of children in households with domestic violence are exposed to child abuse from 0 to 12 years old.

The risk of child abuse is 1500% greater in homes where there is domestic violence.

When there is an indication of domestic violence, there is concern for possible child maltreatment.

Overlap between households with domestic violence and child abuse ranges from 40 to 60%.