Slide 1

MALTREATMENTS

Slide 2

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.

Slide 3

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’s body
- Child has symptoms of serious emotional problems
- Any report alleging sexual abuse
- Reported medical neglect of a child
- Child has symptoms of sexually transmitted disease
- Family has had one child (or more) die as a result of suspected abuse, abandonment, or neglect & sibling or other child remains in their home
- Reported maltreatment or failure to thrive
F.S. 39.303(1)(a)-(j)

CPT Services Include:

- Medical diagnosis & evaluation services
- Telephone consultations (emergencies & other situations)
- Case staffings, case service coordination & assistance
- Psychological & psychiatric diagnosis & evaluation
- Expert medical, psychological & related professional testimony

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**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.
Slide 16

Dynamics

What is a dynamic?

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

Slide 17

Abuse vs. Neglect

2010

Abuse

Neglect

Slide 18

Classification of Child Deaths

Accidental

Homicides

Undetermined

Natural

Suicide
Slide 19

Maltreatment Statistics

Total Percentage of 136 Children

- 38%
- 37%
- 17%
- 3%
- 5%
- 4%
- 1%
- 0%

Age Groups:
- <1
- 1-2 y
- 3-5 y
- 6-8 y
- 9-12 y
- 13-15 y
- 16-18 y

Slide 20

Gender of Child

- Male
- Female

2010

Slide 21

Race of Child

- White
- Black
- Hispanic
- Haitian
- American Indian
- Asian Pacific

2010

Core 107 – Maltreatments
Power Point Slides
Slide 22

Top 5 Risk Factors for Children

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Reports</td>
<td>40%</td>
</tr>
<tr>
<td>Multiple children &lt; 4</td>
<td>30%</td>
</tr>
<tr>
<td>Adequacy of care</td>
<td>20%</td>
</tr>
<tr>
<td>Visibility in the community</td>
<td>15%</td>
</tr>
<tr>
<td>Immediate needs not being met</td>
<td>10%</td>
</tr>
</tbody>
</table>

Total Number of Cases (n=136)

50
55
59
70
77

Slide 23

Age of Perpetrator 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
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<tbody>
<tr>
<td>&lt; 19</td>
<td>60</td>
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<tr>
<td>20-24</td>
<td>50</td>
</tr>
<tr>
<td>25-29</td>
<td>35</td>
</tr>
<tr>
<td>30-40</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 41</td>
<td>5</td>
</tr>
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</table>

Total (n=174)

0
5
10
15
20
25
30
35
40
45
50

Slide 24

Gender of Perpetrator

- Female: 70%
- Male: 30%
Slide 31

**Household Member with DCF Priors**

- Stepparent
- Caretaker
- Paramour
- Sibling
- Parent

Total Cases with Priors (n=139)

---

Slide 32

**Preventability**

- Not preventable
- Definitely preventable by caretaker
- Definitely preventable by caretaker and system
- Definitely preventable by caretaker and by system only
- Definitely preventable by system
- Undetermined
- Definitely preventable by the system
- Definitely preventable by caretaker only

---

Slide 33

**Neglect Deaths**

Total for 2010
Slide 37

Age of Children in Drowning Deaths

- 0-12 months: 5
- 13 to 23 months: 9
- 2-3 years: 23
- 4-6 years: 5

- Indian
- Black
- White
- Haitian
- Multi-racial
- Hispanic
- Other

Drowning Deaths (n=42)

Slide 38

Gender of Drowning Victims

- Female: 32 (76.2%)
- Male: 10 (23.8%)

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Race/Ethnicity of Child

- Indian
- Black
- White
- Haitian
- Multi-racial
- Hispanic
- Other
Slide 43

Slide 44

Slide 45
Slide 46

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

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

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Relationship of the Caretaker Responsible in Sleep-related Deaths

- Mother
- Father
- Foster mother

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Vehicle Deaths

- Killed in Vehicle Crash
- Driven or Backed over
- Left in Vehicle
Slide 49

Risk Factors in Vehicle Related Deaths

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

Vehicle Related Deaths (n=9)

Slide 50

Age of Children in Vehicle Related Deaths

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

Vehicle Related Deaths (n=9)

Slide 51

Age of Perpetrator

Total Perpetrators in Vehicle Related Deaths (n=10)

Age of Perpetrator

20-25
30-35
35-40
Slide 52

Relationship of the Caretaker Responsible in Vehicle related Deaths

- Mother
- Father
- Daycare Employee
- Aunt

Slide 53

Drug Toxicity Deaths

- Accidental Drug Overdose due to Inadequate Supervision
- Premature Drug Exposed Newborn
- Teen Drug Overdose - 13-17 years old

Slide 54

Risk Factors in Drug Toxicity Deaths

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

Weigh 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
Assess

Document

Child Safety Decision
Slide 70

Making Decisions

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

- 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
Examples (continued)

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

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

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 rude, 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

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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

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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, spanches, 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
Slide 82

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

Slide 83

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
- Clinging dependency
- Depression, lack of emotion
- Preschool children: easily frightened; eager to please; role reversal
- Adolescents: lying; stealing; use of alcohol/drugs; truancy; running away

Slide 84

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

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

Slide 87

Patterns of Abusive Bruises

Figure 5. Marks from objects.
Spankings that leave bruises are considered to be abuse.

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

“Garroting” Marks on Neck
Slide 97

[Image of a baby with a bruise on the ear]

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Bruising to the ear can be from pinching, pulling, "boxing the ears" or from slapping on the side of the head.

Can be easily missed

Slide 99

Double black eyes, indicative of 2 fist blows to eyes - resulting in possible severe and permanent injury.
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.

Hand-Slap Bruises to Buttocks

Identify Children at High Risk for Future Injury
Mongolian Spots

Mongolian Blue Spots are flat birthmarks with wavy borders and irregular shapes, common among people of Asian, East Indian, African, and Latin 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 within a few years.

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

Examples of Mongolian Spots
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

Slide 113

“Tattoo” puncture marks on foot caused by kitchen fork stabbing

Slide 114

Adult Bite Bruises

Identify Children at High Risk for Future Injury
**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
- Hot water burns are most common, whether accidental or abusive
- Accidental burns tend to be asymmetrical
- 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

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
Severity of Burns

Degree
- 1st Degree – Minimal depth, red, tender
- 2nd Degree – Extends through the top layer of skin, blistered
- 3rd Degree – White, not sensitive to touch

Percentage of Body Covered

Body Part Affected
- Face
- Hands
- Genitals

Age of Child

Patterns of Abusive Burns

Figure 11: Marks from burns

Module 3: Physical Abuse

Slide 124
Diaper Rash

Slide 125
Burn Injuries
Common Kitchen Accidents

Slide 126
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 arms

Core 107 – Maltreatments
Power Point Slides
Iron Burns

Often Result from Negligent Supervision

Module 3: Physical Abuse

Iron Burns

Often Result from Negligent Supervision

Module 3: Physical Abuse

Iron Burns

Often Result from Negligent Supervision

Module 3: Physical Abuse
Infant with burns on back and arms caused by being held against a space heater.

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

"Cupping" - another form of medical treatment used for chest congestion.
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Slide 140

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

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Skeletal Survey

- Often Helpful in the Evaluation of Infants
- 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.

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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
Most Life-Threatening Abuse

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

- Internal injuries
- Burns
- Poisoning

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

"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
Slide 151

Battered Child

Various bruises, burns and scars in various stages of healing

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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

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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.
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.

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.

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.
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.
Slide 163

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


Slide 164

Mental Abuse

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

Slide 165

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
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

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

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. (Elsen 2002)
- 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. (Jusmason and Lefkowitz 2005)
Slide 169

**Cycle of Violence**

- Tension Build-Up
- Removal/Honeymoon
- Explosion

---

Slide 170

**Mental Injury**

- Emotional Neglect
- Psychological Abuse

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

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Slide 171

**Types of Mental Injury**

- Spurning (hostile rejecting/degrading)
- Terrorizing
- Exploiting/corrupting
- Isolating
- Denying emotional responsiveness (ignoring)
- Mental health, medical and educational neglect
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.

Substance Abuse Statistics

- 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.

Substance Abuse Statistics

- At least 2 million are addicted to cocaine or crack.
- Up to 1 million individuals use heroin.
- 2% of population over 12 (4,440,000) people use methamphetamine.
- Higher rate than heroin.
- Half the rate of cocaine.
Slide 175

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.

Slide 177

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

---

Slide 179

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.

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Categories of Risk Factors

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

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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 the family may increase the possibility of substance abuse by the children.

If a parent has a history of alcoholism or other drug use, 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.
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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?
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 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;
- 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 Abuse
- Inadequate Supervision
- Abandonment
- Environmental Hazards
- Meal/Rehydration
- 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 childhood. Caregivers neglected as children may lack the emotional capacity & basic parenting skills to provide a healthy environment for their own children. Chronically neglectful families are often caught in a "cycle" of neglect.

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Factors

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

Many factors influence the severity of damage to a child.
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

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

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.
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."

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

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

Serious internal or neurological injury might occur.
Emotional/Psychological Abuse

- Batterer may make covert threats.
- Batterer may intimidate victim by threatening to take the children because she is "unfit mother.
- Emotional abuse and the resulting isolation is worse than physical abuse.

Batterer may make covert threats.

Driving forces behind emotional abuse are the victim's belief that:

1. The batterer says is true
2. The batterer can do all that he threatens

Emotional abuse and the resulting isolation is worse than physical abuse.

Sexual Abuse

- Any attempt to force a partner to act against his or her will
- Sexual battering: 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

- 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.
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Economic Coercion

- Batterers attempt to control the adult victim by controlling the family finances.
- This limits the victim's access to resources such as:
  - Food
  - Shelter
  - Clothes
  - Transportation
  - Other necessities of life
- The batterer may expect the victim to keep all financial records and handle all transactions while granting limited permission to pay bills.
- Batterers will often hide all financial information from the victim.

Adapted from Schecter & Ganley, 1995

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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

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Child Abuse Related to Domestic Violence

- Strike the 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
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 indicate that some child abuse begins with spouse battering that escalates to include the children.
- The risk of child abuse is 1500% greater in homes where there is domestic violence.


Overlap between households with both domestic violence & child abuse mortality from 1980 to 1995.