

CHILD ADVOCACY SERVICES: CHILD ABUSE AND NEGLECT

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LEARNING OBJECTIVES

Participants will be able to:

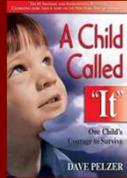
- Identify types of child abuse.
- Assess risk of child abuse and neglect.
- Describe the potential impact of Tribal culture on responses to issues of child abuse and neglect.
- Describe the importance of a coordinated response.
- Articulate the roles of the advocate in relation to child abuse and neglect.

WHY ARE YOU HERE?

- What is your experience with child abuse and neglect in your community?
- Why did you come to this workshop?
What do you hope to get out of it?

Mandated Reporters

- WHAT do we report?
 - KNOWN child abuse
 - SUSPECTED child abuse
 - Handprint on neck
 - “A Child Called It” By David Pelzer



Mandated Reporting

WHAT ARE THE ORDINANCES/LAWS IN YOUR COMMUNITY FOR MANDATED REPORTING OF CHILD ABUSE?



Identifying Possible Physical Abuse



- WHEN do we report known or suspected abuse of a child?
 - Physical Abuse Signs and Red Flags

Suspected Physical Abuse

- Unexplained:
 - Burns
 - Bites
 - Bruises
 - Broken bones
 - Black eyes



Suspected Physical Abuse

- Conflicting Explanations for:
 - How the injury occurred
 - Bruising
 - Welts
 - Abrasions
 - Lesions
 - Burns
 - Broken bones
 - Any other damage to the body



Suspected Physical Abuse

- Red flags to look for:
 - Fading bruises or marks after school absence
 - Seems frightened of adults
 - Shrinks at the approach of adults
 - Child reports injury from a parent or adult
 - Striking or slapping a child



Suspected Physical Abuse

- Withholding food or drink
- +
- Child appears malnourished
- +
- Parent/Adult has the goal of severe punishment

Examples of Complex Suspected Physical Abuse Case

Identifying Possible Child Neglect

- WHEN do we report known or suspected neglect of a child?



Suspect Child Neglect

- Red flags and signs:
 - Frequent absences from school
 - Beggars or steals food or money
 - Lacks needed medical or dental care
 - Lacks immunizations
 - Lacks eyeglasses when needed

Suspected Child Neglect

- Red Flags:
 - Lacks sufficient clothing for the weather
 - Child abuses alcohol or other drugs
 - States that there is no one home to provide care
 - Latchkey kids?
 - Extreme bottle rot may indicate neglect

Suspected Child Neglect

- Red flags:
 - Adult leaving a child with a caregiver who is intoxicated, too young, or irresponsible
 - Child is running the household
 - Child fails to receive adequate prenatal care
 - Parent fails to ensure school attendance
 - Allowing a child to be in a moving vehicle with an intoxicated driver

Suspected Child Neglect

- Analysis for individual child:

- High risk factors (e.g. medically fragile)



Child Neglect: Complex Cases

What are some complex possible neglect cases you have seen?

Identifying Possible Sexual Abuse

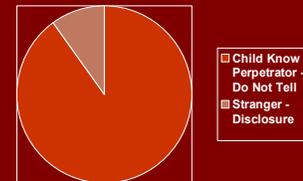
- WHEN do we report known or suspected sexual abuse of a child?

- Child Sexual Abuse signs and red flags
- Signs of Abuse v. Normal Sex Play
- When Professional Help is Warranted



Who Abuses & Disclosure Rates

- 90% of abused children know their perpetrator
- 10% are abused by a stranger
- 90% of child victims do not tell
- 10% of child victims disclose



(as shown by multiple studies (*5,6,7,8))

Suspected Child Sexual Abuse

- Red Flags:
 - Runaway
 - Pregnancy or STD before age 14
 - Unusual knowledge or behavior
 - Persistent problems with enuresis, encopresis
 - Difficulty walking or sitting

What is Sexual Abuse?

- Includes:
 - Exposure of genitalia
 - Peeping
 - Child pornography
 - Sexual positioning of children for photos
 - Forcing unwanted hugs or kisses
 - Any sexual contact of any kind used for stimulation of an adult



Differences Between Normal Sex Play & Sexual Abuse Between Kids

Hallmarks of Abuse:

- Children are 3 or more years apart
- Scary, uncomfortable
- Manipulation, tricks, domination
- Use of force
- Planned by one of the children



Hallmarks of Sexual Abuse

- Includes:
 - Progresses over time
 - One child feels ashamed or hurt
 - Conflicted feelings



Normal Sexual Play Between Kids

- Hallmarks of Normal Play:

- Children of similar ages
- Curiosity
- Embarrassing, funny to kids
- Spontaneous
- Often hidden from adults



Seek Professional Consultation

- Professional Help is Warranted if:

- Force involved
- Refusal to give privacy in bathroom
- More than mere curiosity
- Acting out sexual acts

Seek Professional Consultation

Professional Help is Warranted:

- Intercourse
- Masturbation after reprimands
- Urination on another person
- Playing with feces
- Aggressive, tearful demand for privacy

Difficult Cases: Sexual Abuse

What are some difficult cases of this type that you have seen?

Drug Endangered Children

- Risks of living in home with drugs
 - Physical risks?
 - Emotional risks?
 - Failure to thrive/infants

DEC

THORNTON LAB RAID
APRIL 4, 2002

Universal Screening & Response

Consider asking:
“Is everyone safe a home?”



Responding:

Listen
Remain Calm
Support

EXAMPLE: HOW do we report?

MAIN NUMBER TO REPORT: 1-866-END-HARM
(1-866-363-4276)

CHILDREN'S ADMINISTRATION, REGION 3 INTAKE LINE:
1-866-280-6714 Snohomish County
1-866-409-4649 Mount Vernon

CPS Intake After Hours: 1-800-562-5624

Other Resources:

Care Crisis Line: 1-800-584-3578 or 425-258-4357

VOA Referral Line: 211

Backline for Crisis Line (Mental Health)
1-800-747-8654 (for professionals seeking emergency crisis support
such as calling a MHP to a scene)

Failure to Report?

- Are there penalties for a mandated reporter failing to report?
 - Fine up to \$5000
 - Arrested
 - Sentenced to incarceration up to 6 months
 - Other licensure consequences

Barriers to Reporting

- Let's Get Real:
 - Research suggests under-reporting in professionals: 2000 study found that
 - 65% of social workers
 - 53% of physicians
 - 58 % of physician assistants were NOT reporting all incidents of suspected abuse.

Why Do People Not Call?

- Fear of repercussions from “accused”
- Fear of harming relationships
- Fear of systems being too harsh
- Fear of jumping to conclusions
- Not being sure...

Does it matter?

Reporting in Your Community

- How does it work?
- Consider training groups about reporting

?

Two Critical Findings from ACES

1. "Adverse Childhood Experiences (ACE) are vastly more common than recognized or acknowledged."
2. Adverse Childhood Experiences (ACE) had "a powerful correlation to adult health a half century later."

V. Felitti, M.D., Kaiser Permanente Journal, Winter 2002, Vol. 6, No.1.

What are Measured in the ACES?

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol or drug abuser in the household
5. An incarcerated family member
6. Mental illness in the home
7. Witness to domestic violence
8. Emotional neglect
9. Physical neglect
10. Parental separation or divorce

Felitti, Anda et.al., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults; American Journal of Preventive Medicine, May, 1998.

Impacts of Prevention to Reduce ACE

A prevention program that reduced the number of ACES in a family from 3 to 1 would result in:

- **Eliminating 5 out of 6 suicide attempts**
- **Cut the risk of alcohol dependence by 50% for the next generation**
- **Comparable reductions for 33 health measures**

Felitti, Anda, et. al.

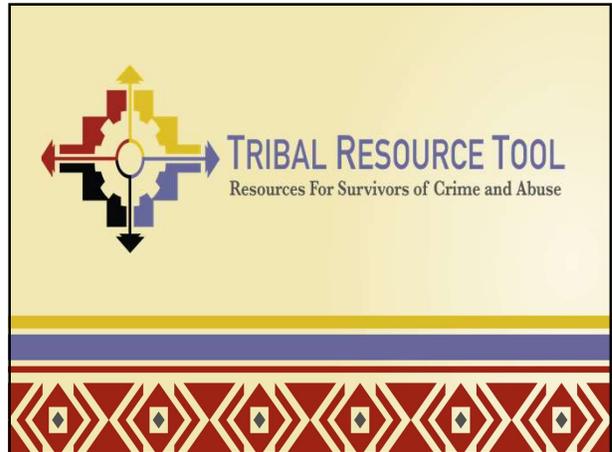
TRIBAL CULTURE AND PROTECTING CHILDREN

STRENGTHS-BASED APPROACHES
MULTI-DISCIPLINARY TEAMS/CCR/CPT



Child Advocacy

- Tailoring Services
- Connecting Personally
- Assessing Resources (BACA, DV Advocates, MH, Victim Specialists)



Purpose

This web-based resource map and searchable database will:

- 1. Connect AI/AN survivors of crime and abuse to resources.
- 2. Identify and address gaps in services.

Collaboration

- This tool is an innovative collaboration between the National Congress of American Indians, the Tribal Law and Policy Institute, and the National Center for Victims of Crime with the input and guidance of tribal stakeholders across the country.

Get Included in the Tribal Resource Tool

- If your organization provides services to help AI/AN survivors recover from crime and abuse, please submit your information to be listed in the Tool by visiting www.tribalresourcetool.org.
- Encourage your colleagues across the field to submit their information.
- Include information about the Tool at your events or in your newsletters.
- Promote the project's website and provider inclusion form on social media.
- Contact Project Coordinator, Samantha Wauls, at swauls@ncvc.org for more information.

Reflection

What is *one thing* you will take back to your community from this presentation?