



**CHARTING THE COURSE TOWARDS
PERMANENCY FOR CHILDREN IN
PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum**

**MODULE FIVE (5)
IDENTIFICATION AND ASSESSMENT OF
CHILD ABUSE/NEGLECT**

A Training Outline

**Developed by:
The Pennsylvania Child Welfare
Training Program**

**University of Pittsburgh,
School of Social Work
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Module 5: Identification and Assessment of Child Abuse/Neglect

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Module 5: Identification and Assessment of Child Abuse/Neglect

Agenda for Two-Day Workshop on Module #5: Identification and Assessment of Child Abuse/Neglect

Day One

Estimated Time	Content	Page
50 minutes	Section I: Introduction	3
1 hour	Section II: Using Legal Definitions of Child Abuse/Neglect to Avoid Value Based Assessments	8
1 hour, 40 minutes	Section III: Family Dynamics in Child Abuse and Neglect	18
2 hours, 30 minutes	Section IV: Understanding Physical Abuse	23

Day Two

1 hour	Section V: Neglect	40
2 hours	Section VI: Understanding Sexual Abuse	45
40 minutes	Section VII: Human Trafficking	56
30 minutes	Section VIII: Imminent Risk	61
50 minutes	Section IX: Serious Mental Injury	65
30 minutes	Section X: Student Abuse	72
30 minutes	Section XI: Self Assessment and Transfer of Learning Plan	77

Module 5: Identification and Assessment of Child Abuse/Neglect

Section I: Introduction

Estimated Length of Time:

50 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the competencies and learning objectives for Module 5.
- ✓ Recognize the skills and techniques personally used to take care of their emotional health.

Methods of Presentation:

Lecture, Individual Activity, Large group discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Name tents
- ✓ Overhead Projector and Screen
- ✓ **Handout #1 (Learning Objectives and Competencies)**
- ✓ **Handout #2 (Agenda)**
- ✓ **Handout #3 (What do I Know, Identifying Child Abuse Neglect)**
- ✓ **Overhead #1 (Learning Objectives)**
- ✓ **Overhead #2 (Agenda)**

Outline of Presentation:

- Prepare the training room
- Welcome participants to the session
- Review of the learning objectives and competencies
- Help participants identify learning needs
- Facilitate identification of stress and self-care
- Review the learning objectives for the session using **Overhead #1 (Learning Objectives)** and **Handout #1 (Learning Objectives and Competencies)**

Section I: Introduction

Trainer Note: Prepare a poster for the wall entitled WIIFM (What's In It For Me)?

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets, if using at each table. As participants arrive, greet each one.

Step 1: (5 minutes)

Lecture

Start the training session promptly at 9:00 AM. Reinforce the established training room culture. Later—during introductions—reinforce other important guidelines as needed.

Trainer Note: If this training is for a cohort group, participants will not need to review each guideline unless you feel they need to be reinforced to ensure they are being followed. If this training session is not part of a cohort group, guide participants through reviewing all of the training room guidelines.

Welcome participants to the training and introduce yourself.

Review the identified training room guidelines.

- ✓ 15 minute rule
- ✓ Training Schedule – 9:00 to 4:00 with Breaks
- ✓ Document your presence -sign-in sheet
- ✓ Provide Constructive and Motivational Feedback
- ✓ Respect
- ✓ Risk taking
- ✓ Practice makes permanent
- ✓ Focus on Learning - No cell phones & only contact office for emergencies

Step 2: (5 minutes)

Individual Activity

Again, if this training is for a cohort group of participants, they will complete their name tents upon arrival, this step may be deleted, and trainees can just place their names on their name tents.

If this training session is not part of a cohort group, guide participants through the completion of their name tents.

County	Unit/Department
Length of time in position	3 Things you want to know about Child Abuse/Neglect

The trainer instructs participants to write the county in which they work in the top right corner of the name plate. The trainer instructs participants to write their position in the agency in the top left corner.

The trainer asks participants to write the amount of time they have been in their position in the bottom left corner. The trainer asks participants to write two guidelines to make training effective for them. (An alternative: have participants list what they believe to be one or two signs of child abuse and neglect . . .)

When the name and four corners are complete, the trainer asks participants to stand their name tent in front of them.

The trainer asks participants to share introductory information from their name plates with the others seated at their table

Step 3: (10 minutes)
Lecture

Connect trainees to the Child Protective Services Law, CFSR outcomes, and the use of Interactional Skills as they relate to identifying child abuse and neglect.

- The CPSL defines abuse.
- By identifying abuse, an appropriate services plan can be instituted to ensure child well-being, safety, and permanency so CFSR outcomes are achieved.
- Practitioners need to use Interactional Skills to gather information from alleged victims, perpetrators, non-offending caretakers, and collateral contacts.

Review the training outcomes using **Handout #1 (Learning Objectives and Competencies)**, and **Overhead #1 (Learning Objectives)**. The trainer describes how the learning objectives will be accomplished using **Handout #2 (Agenda)** and **Overhead #2 (Agenda)**.

Step 4: (15 minutes)
Individual Activity, Large Group Discussion

Trainer's Note: Part of the transfer of learning assignment for Module 5 was to read the CPSL. Ask participants how many of them read the CPSL. Tell participants that the rest of the day's training will help them to understand what they read and how to apply it the casework process.

Using **Handout #3 (What Do I Know, Identifying Child Abuse and Neglect)** have participants identify their current knowledge base regarding child abuse/neglect.

Have participants individually complete the handout (5-10 minutes). Review the answers with the group. Do not get into a discussion about the answers. Instead, ask

trainees to write their questions down because they will have the chance to discuss the points in detail over the next two days. The purpose is to engage participants in the training as they identify their learning needs. They will learn the details of the answers throughout the training.

Ask trainees to place a star next to the questions they have answered incorrectly so they know to focus on these topics when they are presented. Review the answers with the large group:

1. A 2 ½ year old has a bruise on the forehead, centered between the eyes. Her mother says she was running and tripped and stumbled into a door jamb. This injury was likely to have been inflicted by abuse – True or **False**
2. A 3 year old has stocking burns on both his feet, with well demarcated lines around the ankles. Her father says the child was standing in the tub and turned on the hot water. This injury was likely to have been inflicted by abuse - **True** or False
3. A 3 month old infant is brought to the hospital in a semi-coma. The aunt says she has no idea what's wrong – the baby was OK until yesterday. There are no bruises. X-ray reveals subdural hematoma, or a blood clot on the brain. This injury was likely to have been inflicted by abuse - **True** or False
4. A seven year old takes his four year old brother out back and makes him pull his pants down. This is a sign of sexual abuse - True or **False**
5. A 2nd grade child is fearful and anxious about going home, and tells the teacher she would rather stay at school. This is an indicator of abuse - **True** or False
6. A child's parents use traditional healers for health care. This is medical neglect - True or **False**
7. A child is not immunized - This is medical neglect - True or **False**
8. A family's strengths can offset the risk of abuse - **True** or False
9. A child is neglected when he/she is cared for by multiple care givers - True or **False**
10. A child who is developmentally challenged and acts out is more likely to be abused than a compliant child. **True** or false

Inform participants that they will get the explanation to the answers throughout the next two days of training.

Trainer should ask participants to think of one thing that they want to learn about child abuse and neglect. Participants should write this thought on the WIIFM poster. At the end of the training, review the WIIFM poster and make sure that all of the concerns and questions have been addressed.

Step 5: (15 minutes)
Individual Activity, Large Group Discussion

Trainer Note: During the next 2 days of training participants are going to be exposed to the trauma of child abuse and neglect. For some of the participants this will be the first time they are exposed to the details of child abuse and neglect. Throughout the training it is important that the trainer maintain close observation of individual and group dynamics.

It is inevitable that Child Welfare Professionals will be repeatedly exposed to the trauma of child abuse and neglect. They will need to have skills and techniques to take care of themselves. Therefore, it is important they start the training by remembering methods to take care of themselves.

This activity is designed to: 1) Have participants identify current methods they use to care for themselves and 2) Learn methods used by other participants.

Ask participants to write three things they do to take care of themselves during times of stress. The trainer may want to begin this process by offering three methods (s)he uses. Examples may be: having a cup of tea, watching T.V., reading a good book, taking a hot bath, etc...

Have each person identify one method he/she uses for self-care. Document their answers on a flipchart sheet that you will hang on the wall for the two days of training.

After all participants have provided a chosen method, ask if anyone would like to add any additional techniques/skills.

Connect participants back to the workshop objectives over the next two days by reminding them to use these techniques as they learn how to identify child abuse and neglect.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section II: Using the Legal Definitions of Child Abuse/Neglect to Avoid Value-Based Assessments

Estimated Length of Time:

1 hour

Learning Objectives

Participants will be able to:

- Recognize the Pennsylvania specific definitions of physical abuse, sexual abuse, emotional abuse, imminent risk, and serious physical neglect as defined in the Child Protective Services Law;
- Recognize the responsibilities of county Child Protective Services agencies as defined in the Child Protective Services Law;
- Recognize the importance of being aware of one's own values and how those values might influence Child Welfare Professional's perceptions, assessments, and decisions.

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart paper
- ✓ Colored markers
- ✓ Overhead Projector and Screen
- ✓ **Reference Books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE these are to stay in the training room. Participants were given this reference book on CD in Module 1)
- ✓ **Handout #4 (Child Abuse Definitions)**
- ✓ **Handout #5 (Child Welfare Values Conflicts)**
- ✓ **Handout #6 (Value Scenarios)**
- ✓ **Overhead #3 (Child Abuse is...)**

Outline of Presentation

- Explain definition of child abuse using the CPSL
- Explain parental rights and possible value conflicts with society related to parental rights and the CPSL
- Facilitate skills practice

Section II: Using Legal Definitions of Child Abuse/Neglect to Avoid Value Based Assessments

Trainer Note: Present the following content to define child abuse. This discussion should be brief since legal concepts are covered in greater depth in each type of abuse. Remind participants that their transfer of learning pre-work assignment was to:

- 1) Review the Child Protective Services Law. Ask participants “Who reviewed the CPSL before coming today?”

- 2) Ask participants “Who reviewed the allegations and referral information of a case record on your assigned case load or in your unit”? Did they:
 - a) Identify the allegations of abuse. Is it a CPS or GPS referral? Is it the first referral for this child?
 - b) Identify the risk and protective factors that were identified during the initial intake investigation?
 - c) Identify the initial plan that was made to insure the child(s) children safety?

- 3) Ask participants if they are not an Intake worker and have not already done so, did they shadow an intake caseworker on an initial interview.
 - a) Identify the use of protective authority.
 - b) Identify the strengths in the family.
 - c) Identify the risk to the child.

Step 1: (25 minutes)

Lecture

Ask participants “What Pennsylvania law dictates the criteria of child abuse is?” (Child Protective Services Law). Now ask participants to find the definitions of child abuse in the resource books on their tables. Instruct participants to look at the CPSL on page 5. Remind participants that if they have not done so, it is imperative that they read the CPSL so that they understand what constitutes child abuse and neglect and what their legal responsibilities, mandates, and limitations are. Also, remind participants that they should always have the document available as a reference.

Distribute **Handout #4 (Child Abuse Definitions)** and display **Overhead #3 (Child Abuse Is...)** and use the following to present a brief overview of the law: The Child Protective Services Law (CPSL) (23 Pa. C.S., Chapter 63) establishes definitions of child abuse. An incident of child abuse must involve a child, a perpetrator and an act of abuse as defined below:

- A child is a person who is under the age of 18.
- A perpetrator is a person who has committed child abuse and is:
 - A parent of a child;
 - A paramour of a child’s parent;
 - An individual 14 years of age or older residing in the same house as the child;
- and

- A person responsible for the child's welfare...NOTE: this person may be under the age of 14.

The child protection laws, articulated in the Child Protective Services Law, govern child welfare practice and the delivery of services to children and families in the child welfare system. Without the federal and state statutory mandate, county child welfare agencies would not be able to intervene in situations where children are being harmed.

These laws and the implementing regulations grant the legal authority to county agencies to protect children from abuse and neglect by parents and other caretakers.

According to the Child Protective Services Law and Pa. Code 3490, there are 5 categories of Child Abuse. They are Physical, Sexual, Emotional, Neglect, and Imminent Risk. There is also Student Abuse which is a category of its own.

Read the types of abuse. (Again) do not go into the detail of each type of abuse as this will be done at a later time.

Types of child abuse are defined in the CPSL as:

- Physical Abuse:
 - Any recent act or failure to act by a perpetrator, which causes non-accidental serious physical injury to a child less than 18 years of age: (Note: a recent act is within 2 years.)
 - Serious physical injury is an injury that:
 - Causes a child severe pain; or
 - Significantly impairs a child's functioning, either temporarily or permanently.
- Mental Injury:
 - An act or failure to act by a perpetrator that causes non-accidental serious mental injury to a child under 18 years of age.
 - Serious mental injury is a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened; or seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.
 - Note: of the 6,323 substantiated injuries caused by child abuse in Pennsylvania in 2006, only 49 were mental injury.
- Sexual Abuse or exploitation: any of the following:
 - (1) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct.

- (2) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in simulation of sexually explicit conduct for the purpose of producing visual depiction, including photographing, videotaping, computer depicting and filming.
- (3) rape, sexual assault, involuntary deviant sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, sexual abuse, or sexual exploitation
- Serious Physical Neglect:
 - Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.
 - Note: out of 6,323 substantiated injuries caused by child abuse in Pennsylvania in 2006, only 257 were substantiated serious physical neglect cases, 172 of which were children under age 4.
- Imminent Risk:
 - Any recent act, failure to act, or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
 - To substantiate imminent risk of serious physical injury or sexual abuse/exploitation:
 - a specific act or failure to act must be documented;
 - the act or failure to act must result in risk of abuse; i.e. be supported by substantial evidence that serious physical injury or sexual abuse/exploitation would have occurred.
 - Note: Of the 6,323 substantiated injuries caused by child abuse in Pennsylvania in 2006, only 234 were imminent risk.

CPSL Definition of Perpetrator: A person who has committed child abuse and is a parent of a child, a person responsible for the welfare of the child, an individual residing in the same home as a child or a paramour of the child's parent. Ask participants to give some examples of perpetrators per the definition in the CPSL and list them on a flipchart.

The trainer should define person responsible for the child's welfare as a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision, and control. These can be: parents, babysitters, day care workers, mental health professionals, parent's paramour (need not live in the home with parent: defined as a person with an on going intimate relationship with the child's parent), siblings (a perpetrator must be at least 14 years old unless he/she is a caretaker, i.e., babysitter).

If upon the investigation, the county agency determines that a child has not been provided needed medical or surgical care because of seriously held religious beliefs of

the child's parent, guardian, or other person responsible for the child's welfare, and if the beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. The county agency shall monitor the child closely and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child's life or long-term health.

Although the child protection laws give the state and county agencies the authority to intervene in child abuse and neglect situations, these laws also protect the rights of children and their families. The law assures that child welfare practitioners have the necessary authority and the guidelines for such interventions and requires a juvenile court action before removing the child from the family home.

Make note that if the CPS investigation finds that indeed the child was abused but the perpetrator was not a perpetrator per the CPSL definition, the Child Welfare Professional is required to refer the case to the appropriate police department for investigation.

The term student abuse refers to:

- Serious bodily injury to or sexual abuse or sexual exploitation of a student by a school employee.

Serious bodily injury is that which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.

A student is an individual enrolled in a public or private school, intermediate unit or area vocational-technical school who is under 18 years of age.

School employees are persons employed by a public or private school, intermediate unit or area vocational-technical school, including persons employed as or employed by an independent contractor of a school. The term excludes an individual who has no direct contact with students.

- Note: Of the 6,323 substantiated injuries caused by child abuse in Pennsylvania in 2006, only 15 were student abuse.

Step 2: (5 minutes)

Lecture

Discuss the following: the definition of child abuse suggests several important points:

- For a parent's actions to be abusive, the child must be injured by the acts or omissions of his parents or caretaker. The definitions of physical and mental injury and physical neglect include "serious." In other words, unless the child's health or life is in serious jeopardy, the state cannot use authority to intervene.

- Abuse is a non-accidental and active infliction of injury or harm to a child by the parent/caretaker.
- General Neglect is a condition caused by the acts or omissions of the caretaker resulting in a failure to provide care, nurturance, and protection of the child. These acts or omissions may result from lack of knowledge or ability, or they may be willful or intentional.

Step 3: (20 minutes)

Lecture

Discuss the following: the Pennsylvania Child Protective Services Law (CPSL) does not specifically detail the rights and responsibilities; however, parents generally have the following rights:

- to have physical possession of the child and to establish his/her legal residence;
- to consent to the child's medical, psychiatric or surgical treatment;
- to determine the child's religious affiliation;
- to care for the child in the manner they see fit, unless they fail to live up to their responsibility.

Parents' responsibilities include:

- providing care and support for the child, including clothing, food and shelter, medical care and education; and
- Controlling and protecting the child, providing moral training, and providing reasonable discipline.

The Pennsylvania CPSL defines certain responsibilities of the county agency:

- The agency is the sole civil agency responsible for receiving and investigating all reports of child abuse made;
- Each county agency must have a state-approved risk assessment process;
- Each county agency must have a county plan for the provision of protective services;
- Among the services for the prevention, investigation and treatment of child abuse, each agency must include:
 1. Instruction and education services
 2. A multi-disciplinary team
 3. Investigative teams to investigate abuse or provider services to children. At a minimum the team must include a health care provider, county Child Welfare Professional and law enforcement official
- 24-hours a day, seven days a week, each agency must have the ability to receive all reports of suspected child abuse and referrals for children in need of general protective services assessments;
- Each agency must have procedures in place for child abuse investigations;
- Each agency must have procedures in place for emergency placement and custody;
- Each agency must protect the well-being of children who have been placed outside the care of their parent, custodian or guardian;

- Each agency must administer a program of general protective services.

Distribute **Handout #5 (Child Welfare Values Conflicts)** and review the following:

In contemporary American law, the relationship between parents and children is best described by the term presumptive parental rights. We presume that parents want to, and do, act in their children's best interests. If there is any doubt, the doubt is resolved in favor of the parent.

However, in situations where there is clear evidence that parents do not act in their children's best interests, the state, under the doctrine of *parens patriae*, can intervene to guarantee the child's rights. To do this, the state must be able to demonstrate an immediate and pressing danger to the child.

The implementation of the law in the practice of Child Welfare is not easy. Judgments must be made about what constitutes the child's best interests, the degree of harm to the child, and the intent of the parent. Personal, cultural, and societal values play a powerful role in these judgments and decisions. Most cultures have strong values that dictate what is appropriate behavior for parents, and these values often differ between individuals and among cultures. The Child Welfare Professional must be aware of the potential values conflicts that are commonly encountered in the practice of child welfare, including his/her own values and beliefs about fundamental issues.

Some of the values conflicts commonly encountered in child welfare practice include:

- The strongly held social work value of client self-determination, that is, the right of the client to make choices about one's own life, versus the responsibility of the state to assure that individuals acting in their own selfish interests do not impinge upon the rights of others.
- The right of individuals to act in ways that benefit themselves, versus the right of society to demand that its citizens act in ways that benefit society as a whole, i.e., assuring that parents behave in ways which develop their children into productive, contributing citizens.
- The extent to which personal diversity or variations in lifestyles and values reflect healthy cultural and social identity, and when diversity represents dysfunctional, abnormal, or potentially destructive behavior.
- The rights of parents to raise their children in whatever manner they choose versus the rights of children to a predetermined standard of care.
- The determination of what constitutes an acceptable, minimum standard of care. Is there a "bottom line" beyond which we can agree that parental activities constitute maltreatment? Does it vary with community and cultural standards? How much abuse or neglect is enough to warrant the involvement of a social agency? How do we measure?

The issue of children's rights versus parents' rights is basic to the dilemmas of Child Welfare.

- The history of child welfare documents the change from a societal value in which the rights of parents were paramount to a societal perspective that considers and protects the rights of children.
- The legal rights of children are generally described as "negative rights", that is, the right not to be harmed, not to be abused, neglected, or exploited. No child is assured by law to a predetermined standard of care that is considered to be in all children's best interests.
- The child welfare field has adopted values that presume many positive rights of children and are implicit within the standards that guide the profession. They include:
 - ✓ The right to grow up in an environment which maintains minimum standards of health, safety and decency.
 - ✓ The right to permanency in a timely manner; to grow up in a permanent family that will provide nurturance, proper care, love, and a sense of identity and belonging for life.
 - ✓ The right to grow up in one's own biological family, if at all possible.
 - ✓ The right to legal representation in all court activities to assure that the child's best interests are maintained.

Advocating for the positive rights of children often places child welfare field in conflict with advocates of parents' rights, who believe that any intervention by the state into the family is intrusive, disruptive and destructive. In the practice of child welfare, our decisions are often made more difficult by our responsibility to effectively balance and preserve the rights and needs of both parents and children.

There is considerable danger in perceiving that the solution to this dilemma rests in adopting a simplistic and exclusionary policy that considers only the parents' or the children's rights or needs. For example:

- An exclusionary parents' rights approach could prevent any interference by the state into the parent-child relationship. Parents would be permitted to harm or kill their children without external interference. Children could not be protected.
- An exclusionary child's rights approach could require that parents adopt a parenting approach that is determined by persons or institutions outside the family, to be in the child's best interests. This could conceivably permit state interference into many aspects of child rearing and parenting to assure that "established standards of care" were met within all families, thereby eliminating the rights of parents to raise their children according to their own values or cultures.

The values of the child welfare field attempt, whenever possible, to protect children with the least restriction of the rights of families and parents.

Child welfare values are based upon social work values. These values include protecting the client's right to self-determination; recognizing and respecting the uniqueness of each individual; and respecting the client's right to live within values, standards, and beliefs that are consistent with his/her cultural background and heritage.

These values promote the following practices:

- Child welfare believes that children should be protected whenever possible within their own homes and cultures. The agency provides services that strengthen parents' ability to properly care for their children, which ultimately serves to maintain the parents' rights. This practice, sometimes referred to as family preservation, reflects our value that the child's needs and interests are best met within her/his own home and family.
- When a child cannot be protected within her/his own home and must be placed into substitute care, we attempt to preserve her/his relationship and identification with her/his family. A child should be placed into the most home-like, least restrictive environment and as close to her/his own home as possible, in an environment that maintains continuity with her/his own culture.
- Families are engaged to work jointly and responsibly with the agency to find solutions to the problems that led to maltreatment. Child welfare values stress that a parents' rights should never be restricted unless it is the only way to ensure protection of the child.
- When the state must assume primary responsibility for the care of a child, Child Welfare services are directed toward *empowering parents and re-establishing their rights* as quickly as possible. Practices such as involving parents in all aspects of case planning, scheduling regular visits while the child is in care and providing intensive services to permit prompt reunification of the family are designed to re-establish the parent as the sole caretaker of the child.

These practices, when properly implemented, can protect children from harm with the least restriction of the rights of the parents. The interests of the child ultimately guide Child Welfare philosophy and law, and this may mean that parental rights must be compromised when that is clearly in the best interests of the child. When a child cannot be protected without restricting parental rights, we are always legally and ethically mandated to protect children.

Trainer Note: This may be a good time for the morning break.

Step 4: (10 minutes)

Large Group Discussion

Distribute **Handout #6 (Value Scenarios)**. Read the following case scenarios one at a time. After each scenario is read, ask participants to “raise their hands if they agree that the actions described in the scenario one is OK and lawful” and why. The trainer should then ask one of those who did not raise their hand why they did not. Participants should consider the definitions of abuse and neglect, parent’s and children’s rights, and value conflicts when deciding their positions. The trainer should discuss participant’s answers as a large group and process out responses.

1. As a parent, you see nothing wrong with allowing your 3-year-old child to eat pizza and drink Sprite for breakfast after he had it for dinner the night before.
 - This will not hurt the child if done infrequently

- It is in no way unlawful
2. As a parent, you do not believe in curfews thereby allowing your 15-year-old daughter to come home when she wants to.
 - Parents have the right to decide what the “rules” will be for their children
 - The child could be at-risk depending on what she is doing
 - Curfew laws
 3. As a Child Welfare Professional, you feel that you should be there to help clients whenever they need it, often doing things for them.
 - Child Welfare Professionals should teach their clients how to do things, not do things for them
 - Oftentimes children and youth services clients are incapable of getting important things done on their own and in order to assure safety for the children, the Child Welfare Professional must do things for them.
 4. As a parent, you give your 4-month-old baby whole milk instead of formula and allow the child to sleep in their car seat 90% of the time, often overnight.
 - The “mother’s of old” didn’t have formula and their babies grew up just fine on whole milk
 - With the studies on infant nutrition and the availability of the WIC program, formula should be given to babies
 - Some babies with stomach problems sleep better sitting up in a car seat
 - Children are more comfortable laying down in their own beds

At the conclusion of this activity, reemphasize that it is imperative that Child Welfare Professionals be aware of their own values and be careful not to allow those values to interfere or influence their professional decisions with their families.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section III: Family Dynamics in Child Abuse and Neglect

Estimated Length of Time:

1 hour and 40 minutes

Learning Objectives:

Participants will be able to:

- ✓ List Brandt Steele's four conditions that must be present in order for abuse to occur.

Methods of Presentation:

Lecture, Small Group Activity, Video, Large Group Discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Overhead Projector and Screen
- ✓ TV
- ✓ VCR/DVD Player
- ✓ **Handout #7 (Parental and Family Conditions of Abuse)**
- ✓ **Overhead #4 (Conditions of Abuse)**
- ✓ **Overhead #5 (Preconditions of Abuse Activity)**
- ✓ **Video: Scared Silent: Abuse**

Outline of Presentation:

- Explain the conditions of abuse
- Facilitate conditions of abuse activity
- Show the video Scared Silent and lead discussion

Section III: Family Dynamics in Child Abuse and Neglect

Step 1: (10 minutes)

Lecture

Explain that many parents who mistreat their children are:

- developmentally immature
- have deep unmet personal and interpersonal needs
- do not trust other people
- have low self-esteem and little confidence in their own abilities
- perceive the world as threatening and dangerous
- many have a history of abuse and/or neglect in their own childhood

While not all parents who were maltreated as children maltreat their children, the developmental outcomes of abuse and neglect can predispose a parent to be abusive and neglectful.

Brandt Steele suggests that there are four conditions which must be present in order for abuse to occur. Display **Overhead #4 (Conditions of Abuse)** and discuss the following:

- The parent must have the predisposition to abuse his/her children. This is often related to the psychological residues of neglect or abuse in his/her own early life.
- The maltreated child is perceived by the parent as being in some way different and usually, unsatisfactory.
- There must be a crisis of some sort in the family, or circumstances that place added stress on the parent.
- The parent may not have sources of external support. Many parents have created a self-imposed isolation and fail to reach out for help; or, adequate supports and resources are not available to the parent.

Step 2: (45 minutes)

Small Group Activity

Trainer Note: The participants will need trainer guidance during this activity. Encourage presenters to use open-ended questions to help participants consider the feelings, needs and concerns of abusive parents. For example, asking "why do you think a parent who was abused as a child might not be able or willing to acknowledge it?" Or, "what types of children would be particularly difficult to care for?" can help participants identify children who are at high risk of abuse.

Using **Overhead #5 (Preconditions of Abuse Activity)** and **Handout #7 (Parental and Family Conditions of Abuse)** inform participants that they will be working as a group to present information to the class. Review the directions to ensure the participants understand the desired outcome.

Trainer Note: The directions are listed on page 6 of **Handout #7**.

Ask participants to prepare a presentation on their assigned category: Group 1: The parent's predisposition to maltreat his/her children, Group 2: The child is seen as "difficult" and "unworthy," Group 3: Stress and Crisis in the Family, and Group 4: The absence of supports. If you have more than 4 tables you may combine a table so you only have 4 groups; one for each condition. Instruct participants that their presentation should accomplish the following:

1. Teach the class the knowledge they need to understand this condition.
2. Provide a case example including the culture of the family, the signs of the condition and how the condition is contributing to the safety and well-being of the child.
3. Be creative in your presentation; it may be as interactive as you choose. You have 15 minutes to prepare your presentation and it may only be 5 to 7 minutes in length.
4. Use the content of the handout as part of your presentation.

When the groups are ready, have each group give their presentation. Facilitate a large group discussion after each presentation. Be sure the information from **Handout #7 (Parental and Family Conditions of Abuse)** is covered.

Inform participants they will need to use their knowledge and skills to assess families throughout the casework process. An accurate family assessment is a key component to ensure child safety, well-being and permanency.

Trainer Note: This may be a good time to stop for lunch break.

Step 3: (45 minutes)

Video

Trainer Note: Prepare flipcharts with the four conditions of abuse as headers.

Inform the participants they will be shown a video that will assist them to tune in to the parent. The video focuses on the testimonies of three parents who abused their children. The participants should watch and listen for examples of Brandt Steele's four conditions, especially caretaker characteristics.

Inform participants that as they watch the video they may want to make notes on **Handout #7 (Parental and Family Conditions of Abuse)**.

This video is about 20 minutes in length in its entirety. The first 9.5 minutes shows an African American father who physically and emotionally abused his children. He now speaks all over the country about how child abuse impacts on the family. This section also includes the case (told by the mother through flashbacks) of a toddler's death from a brain injury that the mother inflicted with a curtain rod. She was acquitted of murder charges, but realizes that today; she would likely not have been acquitted.

The second 6 minutes include adults and children discussing being emotionally abused (usually as part of physical or sexual abuse). The third section of 5 minutes shows a mother (who is Hispanic) who physically abused her young child (two broken legs). The mother is now in a community treatment and parenting skills program.

Show the **Video (Scared Silent)** and then use the following to aid in the follow-up discussion with participants. Use a flipchart to record examples of the four conditions of the family dynamics in child maltreatment. Some of the discussion points may include:

- The parent's predisposition to maltreat his/her own children:
 - In the African American father's story, he was abused as a child. He said he did not learn positive parenting techniques to use with his own children.
 - In the Hispanic woman's situation, she was also abused as a child and was raised without developing a healthy self-esteem.
 - The Caucasian mother traces her abusive family history back for 5 generations.
- The child is seen as "different or unworthy":
 - In the African American father's story, he thought he needed to be strict with his children in order to prevent them from getting out of control.
 - In the Hispanic woman's situation, there isn't clear indication of this, but she saw the child as causing her unmanageable levels of stress.
 - The Caucasian mother was preoccupied with keeping a perfectly clean house and lost control when her two children caused a mess with potato chips.
- Stress and crisis in the family:
 - In the African American father's story, there is no mention of significant stressors other than not knowing any other way to parent.
 - In the Hispanic woman's situation, she was a single mother and seemed to be poor and raising several young children without any family supports.
 - The Caucasian mother's crisis was caused by the need to keep the house in perfect order and she got overly stressed when the children made a mess after she worked so hard to clean the house.
- The absence of supports:
 - In the African American father's story, he seemed to feel responsible for the whole family; there is scant mention of his wife's role, other than that his control of the children seemed to extend to excessive control over her as well.
 - In the Hispanic woman's situation, she appeared to be a single mother with several small children. She was without extended family support.
 - The Caucasian mother seemed to have a "perfect" family in an affluent neighborhood. She was socially isolated and seemed to have no outside or familial support. She seemed to be excessively driven by the 1950's "Leave it Beaver" type of perfection.

Reiterate to the participants that Brandt Steele's conditions of abuse: parent's predisposition to abuse, parent's abuse as a child, a crisis in the family, and no external support, are excellent indicators of current or future abuse and as Child Welfare Professionals, they should be looking for these conditions when working with families. If

one or more of the conditions are present in the family, the Child Welfare Professional must explore the existing condition/s and consider them when evaluating the child's safety, permanency, and well-being.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section IV: Understanding Physical Abuse

Estimated Length of Time:

2 hours, 30 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize how using the Interactional Skill of Questioning is fundamental when conducting a child abuse investigation;
- ✓ Recognize the physical and behavioral indicators of physical abuse;
- ✓ Recognize the definition of physical abuse as defined in the Child Protective Service Law.

Methods of Presentation:

Lecture, Large group discussion, Small Group Activity, Slide Show, Individual Activity

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead Projector and Screen
- ✓ TV/VCR/DVD Player
- ✓ **Overhead #6 (Definition of Physical Abuse)**
- ✓ **Handout #8 (Questioning)**
- ✓ **Handout #9 (Indicators of Physical Abuse)**
- ✓ **Handout #10 (Reactions to Pictures of Physical Injuries to Children)**
- ✓ **Handout #11 (Behavioral Indicators of Physical Abuse)**
- ✓ **Video: Visual Diagnosis of Child Physical Abuse (Show 1)**
- ✓ **Video: Visual Diagnosis of Child Physical Abuse (Show 2)**
- ✓ **Reference Books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE: These are to stay in the training room.)

Outline of Presentation:

- Define physical abuse and severe pain according to CPSL
- Review participants knowledge of CPSL
- Facilitate skill practice – Questioning
- Explain how to assess presence of physical abuse using physical abuse photos
- Facilitate skill practice –Tuning in to Self
- Facilitate skill practice –Identifying physical abuse
- Explain behavioral indicators of abuse

Section IV: Understanding Physical Abuse

Trainer Note: Prepare this section by ensuring the photographic presentation with narrative is ready for viewing.

Step 1: (5 minutes)

Lecture

Ask participants to locate PA Standard I:C in their **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**. Ask one participant to read the Standard and another participant to read Staff Responsibilities (1) a, c, d, f, g.

Trainer Note: Explain that in the CPSL, the words “serious physical injury” are used to describe “physical abuse”. Most counties will use the term “physical abuse” when talking about the abuse category “serious physical injury.” For the purposes of this training, the commonly accepted term physical abuse will be used.

The trainer should open this section by informing the participants that we will now start taking a more in-depth look at each of the types of abuse one at a time, starting with physical abuse. Using **Overhead #6 (Definition of Physical Abuse)**, remind the group of the operational definition of physical abuse and the definition of serious physical injury.

Tell participants that “recent” is defined as an incident that occurred within 2 years of the report of physical abuse to Childline. Additionally, remind the participants of the CPSL definition of perpetrator.

Conclude this section by telling participants they are now going to answer questions to review the information they just learned.

Step 2: (15 minutes)

Large Group Discussion

Review situations that would be accepted for investigation under the CPSL by a children and youth agency. Remind participants to remember the guidelines set by the Child Protective Services Law. Inform participants that it is important that they know this information because any worker in the course of their work or personal life may hear of an allegation of abuse. Clearly, an intake worker receives allegations with every case they receive. An ongoing worker may receive a report in the context of working with a family from a relative or school. A placement worker may hear something from a child they are working with. The possibilities are endless. It is important the worker knows the clear guidelines set by the law.

Ask: should these cases be accepted for CPS investigation by Children and Youth?

1. Question

- A 12-year-old child goes to school with a black eye. He reports his younger brother hit him when they were fighting.

Answer

- No, this is not physical abuse under CPSL. The household member must be 14 years of age unless he/she is a caretaker for the child.

2. Question

- A mother reports that her 7-year-old daughter came home with a welt mark on her face after a court-ordered visit with her non-custodial father and stepmother. Her daughter reports that her stepmother smacked her.

Answer

- Yes, this would be accepted for investigation as the stepmother is considered a caretaker and a welt on the face may have resulted in severe pain. Note that the case would be accepted by the county where the abuse occurred. The stepmother being the significant other of the birth/legal parent qualifies her as a perpetrator under the CPSL.

3. Question

- The gym teacher reports that 6 year old Johnny has several large bruises on his legs. Johnny reports that after school, while his parents are still at work, his 14-year-old brother often hits him.

Answer

- Yes, this would be accepted for investigation as the older brother is a household member and over the age of 14.

4. Question

- A school nurse calls stating that a child reported that his father smacked his hands because he stole money from his mother's wallet. The school nurse reports that the child does not have any marks on his hands and the child does not appear to be hurt in anyway.

Answer

- No, this is not physical abuse under the law, as the injury must be serious.

5. Question

- You are visiting an 18 ½ year old male at his foster home. He shows you a large bruise on his side and says his foster father hit him for talking back. Note that he is still under the jurisdiction of children and youth so he can finish high school.

Answer

- No, this is not physical abuse under the law because the youth is over 18 years old. This does require a report to the agency, as the foster parent may be a risk to the child's safety.

6. Question

- A hospital social worker reports that a 3-year-old female was brought to the emergency room with a swollen and inflamed ear. The mother reports that the child was hit by a football when her brothers were playing catch. The child only says, "it hurts". The emergency room doctor is not sure if a football caused the injury and is concerned that this is the third time the child has been brought to the ER in 2 months.

Answer

- Yes, this would be accepted for investigation as there is a possibility that the child received the injury as a result of abuse. A thorough investigation is warranted. The perpetrator at the time of the report would be listed as unknown.

7. Question

- You are working with a family to finalize an adoption of a 5-year-old, and the adoptive parents report that during a family outing, the child's 12-year-old cousin punched him in his face, resulting in a black eye.

Answer

- No, this is not physical abuse under the law because the cousin was not a caretaker of the child and he is not 14 years old. If severe injury resulted, you could recommend the parents file a criminal report.

Summarize the exercise by stating that it is important that all Child Welfare Professionals know the guidelines of the law so they can clearly respond to situations like the ones we just reviewed. Workers must be able to provide clear, concise, accurate answers to people when they are asked questions about child abuse/neglect.

Step 3: (10 minutes)

Lecture

Ask: "What is severe pain?" Discuss the following: this raises the question of how does one determine if an act caused a child severe pain. The first thing the Child Welfare Professional must keep in mind is that this is not an opening or loophole for them to declare abuse in order to impose their own values. In other words, if a Child Welfare Professional felt that spanking was an unacceptable form of discipline, they could say the spanking caused the child severe pain. Rather, the Child Welfare Professional must use the intent of the law, which is to protect children from abusive harm, as opposed to, "it hurt." The Child Welfare Professional needs to determine if it actually caused the child severe pain, so that the Child Welfare Professional is able to take the necessary action to protect the child, but not infringe on the parent's rights.

Discuss the following: Parents are not prohibited from using corporal punishment to discipline their children; however, corporal punishment may not be used if it is designed or known to create a substantial risk of death, serious bodily injury, disfigurement, extreme pain, or mental distress or gross degradation.

Conclude this step with the following: there are many Commonwealth of Pennsylvania cases that involve the Court's ruling involving child abuse cases. All of those cases make it clear that it is imperative that the Child Welfare Professionals making the status determinations of child abuse cases must not interject their own values into the determination but instead make the determination based on the law. Additionally, it is imperative that the Child Welfare Professionals meticulously document the facts that lead to the determination so that should the case come before an appeals court years later, the facts in record will speak for themselves.

Step 4: (20 minutes)
Small Group Activity, Large Group Discussion

Inform participants that in order to determine if a child has been physically abused, they must be able to ask effective questions. Tell them to use **Handout #8 (Questioning)** as a guide for the next activity.

Provide blank flipchart paper and markers to participants at their table groups. Give the participants ten minutes with their table group to develop a list of methods and questions that could be used in determining whether a child suffered severe pain. When the time is up, solicit an example from each table; discuss its effectiveness, and summarize each example. The trainer must demonstrate constructive feedback to the individuals as they share their ideas. Then ask the group if anyone would like to comment on the examples given by their peers. The following is a list of some of the ideas they may generate:

- Ask a medical professional for their opinion of how much pain such an injury might cause. (Note: The request is for an opinion, not a decision; the ultimate decision is the Child Welfare Professional's.)
- Observe the child's treatment of the injury.
- Consider the seriousness of the injury.
- Ask the child how it feels.
- Ask the child scaling (on a scale of 0-10) type questions.
- Ask the child (compared to) type questions.
- For a young or non-verbal child, find out if the child cried, and for how long he/she cried.

Summarize with the following: in deciding the status of a child abuse report, it is important that Child Welfare Professionals use valid means to make a correct determination that both meets the CPSL mandates and agency policies, while respecting the cultural variances they will certainly come across.

Trainer Note: This may be a good time to have the afternoon break.

Step 5: (15 minutes)
Large Group Discussion

Engage the participants in a discussion about the potential barriers to getting information while conducting interviews with various family members during the investigation process. These include but are not limited to the following:

- Reasons the children may not be truthful about abuse:
 - ✓ They may not realize they are being abused.
 - ✓ They may fear the caretaker.
 - ✓ They may have been told what to say.
 - ✓ They may not understand the Child Welfare Professional's questions.

- ✓ They may be afraid of the Child Welfare Professional.
- ✓ They may assume responsibility for the behavior.
- ✓ The Child Welfare Professional may be unskilled in how to interview and/or leading the child's responses.
- Reasons the caretakers may not be truthful:
 - ✓ They are probably fearful of the consequences.
 - ✓ They may know their behavior was wrong.
 - ✓ They may not trust the Child Welfare Professional.
 - ✓ They may fear the worker is going to take the child.
 - ✓ The Child Welfare Professional is not using proper skills to obtain information in an interview.

Step 6: (15 minutes):

Lecture

Explain to the group that since we are on a fact-finding mission and the information being told to us may not be factual, we must use other means to sort fact from fiction. These other means include considering physical and behavioral indicators of abuse. Physical indicators are things about the injury and the child's body that may be indicative of intentional vs. accidental injury. Behavioral indicators are ways a child behaves which suggest emotional harm resulting from abuse.

First, we will take a look at physical indicators of physical abuse. Using **Handout #9 (Indicators of Physical Abuse)**; explain that there are four basic areas of consideration when looking at physical indicators:

1. Location: There are certain areas of the body that are typical sites of accidental injury as well as other areas that are more suggestive of inflicted injury.
2. Appearance: Often what the injury looks like—seriousness, coloration, size, shape, depth—can lead us in determining how it happened or what implement may have caused the injury. The age of the child and her cognitive, social and emotional level must also be considered.
3. Frequency: How often a child is injured or how and where she was injured can be very revealing. The frequency can sometimes be determined by physical evidence on the child such as scars or injuries at different stages of healing.
Caretaker's Explanation: If a caretaker of the child is denying that she is the perpetrator of abuse (when in fact she is the named perpetrator), she will need to give some explanation for how the injury occurred. The Child Welfare Professional must look for consistency and compatibility between the injury and the "story" given by the alleged perpetrator.
4. Caretaker's Explanation: If a caretaker of the child is denying that they are the perpetrator of abuse (when in fact they are the named perpetrator), they will need to give some explanation for how the injury occurred. The Caseworker must look for consistency and compatibility between the injury and the "story" given by the alleged perpetrator.

When the investigator considers the above, she will be able to more accurately determine the method of the injury.

Step 7: (10 minutes):

Lecture

The Trainer explains that in the next section, the participants will view narrated slides that depict several forms of child physical injuries. These slides show physical evidence of different types of injuries, particularly fractures and internal injuries that may or not be the result of maltreatment. The purpose of these slides is to help participants recognize the physical evidence of injuries in child abuse cases and be able to distinguish between accidental and non-accidental injuries.

The CPSL defines an indicated report as “A child abuse report made . . . if an investigation by the county agency . . . determines that substantial evidence of the alleged abuse exists based on any of the following:

1. Available medical evidence
2. The child protective services investigation
3. An admission of the acts of abuse by the perpetrator

Note: If the investigation indicates serious physical injury, a medical examination shall be performed on the subject child by a certified medical practitioner.

These pictures are graphic and some parts of the presentation may be hard to watch. In fact, more of these pictures depict abuse that is more violent than you may usually see in your daily work with children, but it is possible that you may see this. If you need to leave the room during the slide show, please feel free to do so. We will spend some time at the end of the presentation processing reactions to the slides, and to physical indicators of child abuse.

Step 8: (20 minutes)

Slide Show, lecture

Trainer Note: Not all of the narrated slides are listed in the curriculum.

Show the first set of **Slides [Visual Diagnosis of Child Physical Abuse (Set 1)]** with narration. Use the following information in the narration:

Slide 1 The purpose of this section is to train workers to recognize the physical and behavioral indicators of child maltreatment. The slides contain pictures of children who have been severely abused, and you may have strong emotional reactions to the presentation as you view it. This is expected, and you will have an opportunity to discuss these reactions and feelings at the completion of the presentation.

Slide 2

Bruises

The first series illustrates inflicted bruises and abrasions. Bruises from child abuse can occur on any body area or surface. However, certain locations are more commonly affected because of ready access or because of common patterns of abuse. The most common surfaces for accidental bruising are the lower arms, lower legs, knees, and elbows. Truncal bruising is rare, even in active children. Toddlers will often have bruises on their foreheads from pitching forward when learning to walk.

Children who can only crawl rarely show any bruising because of their lack of muscle strength. Any bruises in young infants who are not yet pulling to standing should raise concerns of abuse or of an unsafe environment.

Slide 3

Acute extensive facial bruising on a child who is not yet crawling. Addressed in previous slide.

Slide 4

Bruised buttocks. The buttocks and lower legs are commonly bruised from paddling of children. This child was beaten with a plastic pipe. The outline of the pipe can be seen.

Slide 5

Bruises of different ages. Finding suspicious bruises of different ages on a child is very concerning when evaluating abuse, particularly if they are located on the same area of the body. Such bruising suggests repeated episodes of injury.

Dating bruises can be difficult. Descriptions of color changes vary. The rate of healing of bruises depends on:

- The location of the bruise: Bruises on the face or genitals often heal faster than bruises on other parts of the body because of the excellent blood supply in those areas. Bruises on the shins are slow to heal because of comparatively poor blood supply.
- The depth of the bruise: Deep tissue bruises in areas such as the thighs or hips may take longer to become apparent and longer to heal.
- The amount of bleeding in the tissues: Bruises resulting from large amounts of blood in the tissues take longer to heal.
- The circulatory status of the bruised area: Bruises will appear and resolve more slowly if circulation is impaired.

Generally, bruises progress through a series of color changes as the acute inflammation subsides, the red blood cells break down, and the hemoglobin breaks down. Colors change from red to blue, green, yellow, and brown before clearing. Since there is so much variability in the speed of this progression, it probably is safest to describe bruises as either "new" (red, purple, or blue) or "old" (green, yellow or brown).

Slide 6

Normal bruising encountered on the lower legs of an active child

Slide 7 "Black eyes". Toddlers and young children can have bruises on their foreheads from accidental falls. The blood from these bruises can pool under the eyes, causing bilateral black eyes that appear alarming but are benign. However, abusive facial injuries can also cause "black eyes".

Hand marks

Marks from hands often are identified on abused children. The hand is frequently used as an instrument of force. It is difficult to rule in or rule out a perpetrator based on the size of such marks unless the marks are very clear and very complete. Often the fingers will not be the cause of marks but bruising or redness will occur in the tissues between the fingers, where tissue is squeezed or deformed during the blow.

Slide 8 Slap mark. This slap mark on an infant's cheek was caused by a human hand. The outline of fingers is seen.

Slide 9 Grab marks. The oval grab marks on the arms of this infant were caused by the fingertips of an abuser. Oval finger marks sometimes can be seen on the arms or trunk of a shaken infant.

Slide 10 Identified as a human bite mark photographed with a size standard.

Slide 11 Skin lesions caused by a wire brush.

Slide 12 Belt marks. Linear lesions can be caused by being hit by a whip or belt.

Slide 13 Cord marks. Looped marks are often caused by a cord doubled over and used as a weapon.

Slide 14 Pattern marks. These marks were caused by a child being hit with a plastic track for a toy race car.

Slide 15 Ligature marks. Ligature marks around a child's wrists or ankles may indicate the child was restrained by being tied.

Slide 16 Marks from thorns. This child was made to walk barefoot through thorny vegetation as punishment for a minor transgression.

Slide 17 Mongolian spots. Mongolian spots and other birthmarks are easily confused with bruising. Mongolian spots are especially likely to cause concern because of their common location on the buttocks and lower back. They can also occur on other areas of the body. Acquired lesions will fade over a few weeks' time while birthmarks will remain stable. The best way to differentiate birthmarks from trauma is to document the lesion

well and wait a few weeks. If the lesion fades over a few weeks time, it is not a birthmark.

Slide 18 Mongolian spots on the face.

Fractures

Slide 19 Any fracture can be caused by abuse. Certain patterns of fractures have come to be recognized as virtually pathognomonic for abuse.

When evaluating a fracture, consider the mechanism of trauma and the direction of forces required to fracture the bone. Compare these factors to the history given by the child's caretaker. Certain diseases and conditions may make a child vulnerable to fractures. In most cases, these diseases and conditions are obvious on radiographs or are recognized by a diagnostic physical examination, medical history, or family history.

Slide 20 Skull fracture, - Two parietal and occipital skull fractures are shown (short arrows). The fractures are split and widened; the widened fractures and sutures imply increased intracranial pressure. These findings are often associated with significant brain injury. The indication is Subdural Hematoma (bruised brain) which causes the brain to swell which builds pressure within the skull, decreases blood flow and creates potential brain damage. This injury can be caused by a blow to the head or a severe shaking in infants (Shaken Baby Syndrome).

Slide 21 Acromion fracture - arm radiograph. This abused child has acromial-clavicular disruption. Fractures of the acromion process in infants and toddlers are rarely accidental. The mechanism of injury is probably traction forces when jerking up of the arm, or a direct blow to the shoulder.

Slide 22 Rib fractures - chest radiograph. Multiple, bilateral, nearly symmetric rib fractures are present on both the lateral chest wall and in the posterior aspects of the ribs. This baby had squeezing or pressure injuries to the chest. The fractures are healing and show hard and soft callous, representing fractures of different ages. Posterior rib fractures are virtually pathognomonic of child abuse.

Slide 23 Spiral fracture of humerus -humerus radiograph. There is a comminuted supracondylar fracture of the humerus extending to the lateral epicondyle in this 2-year-old.

Slide 24 Multiple fractures of different ages - upper extremity radiograph. Multiple fractures of different ages are present in this toddler. An acute transverse fracture of the mid-diaphysis of the humerus with adjacent soft tissue swelling, a healing transverse fracture of the distal radius with periosteal

reaction, and an older fracture (nearly completely healed) of the distal ulna with sclerosis at the fracture line are seen. These three fractures of differing ages are very suspicious for child abuse. The child did not receive medical care after the first two fractures occurred.

- Slide 25 Metaphyseal fracture, - This is a classic example of a "corner" or "chip" fracture, in this case of the ankle. This is caused by a sudden and sharp yank or jerking of a joint which causes the two bones to bang into each other potentially causing a "chip" in one of the bones.
- Slide 26 Metaphyseal fracture; this is again of the ankle but demonstrates a larger "chip" or "bucket-handle" (arrow). This is representative of greater force used which is highly suggestive of, if not specific for, child abuse.
- Slide 27 This slide shows an acute, angulated, transverse fracture of the femur in a nine month old child. The caretaker explained the child got her leg caught in the crib rail. The story given is inconsistent with the amount of force necessary to cause the fracture. On skeletal survey, a skull fracture was found. A young child with a severe injury is at a high risk of having been abused other times or of being abused in the future.

Injuries to the face, ears, mouth and neck

- Slide 28 Abused children often sustain injuries to the face, ears, mouth, and neck.
- Slide 29 Ear bruises. The ears can be bruised by pulling, pinching, or grabbing them. Typically, these bruises are found on top of the external ear (pinna). Bruising from pulling or "boxing" the ears will leave petechial bruises inside the external ear. Pulling the ears can also cause bruising in the crease where the ears meet the head posteriorly. These bruises will be missed if the examiner does not specifically look for them.
- Slide 30 Frenulum tear. The mouth is not uncommonly a site of abrasions or bruising from forced feeding. When a bottle, spoon, or other object is forced into a child's mouth, the frenulum of the upper or lower lip or the frenulum of the tongue may be bruised or ruptured. The frenulum of the lip can also tear with a direct fall onto the mouth. In this slide, the frenulum of the tongue is ruptured.
- Slide 31 Lip injury. Injuries to the inside of the lip can be from accidental falls, from direct blows to the mouth, or from putting a hand over a child's mouth in an attempt to quiet or suffocate the child.
- Slide 32 Tongue laceration. In this case, an infant was found to have a tongue laceration. The child was not yet walking and had no teeth. This injury was determined to have been inflicted.

- Slide 33 Chemical burns to the mouth. This child sustained chemical burns to the mouth when she was forced to drink a caustic substance.
- Slide 34 Ocular findings in child abuse
- Slide 35 Blow out fracture of the orbit. This 13-year-old sustained a blow out fracture of the orbit after a direct blow to the eye during an assault. Blunt trauma causes a sudden increase in intraorbital pressure, leading to fractures of the thin bones of the orbital floor or medial wall.
- Slide 36 Retinal hemorrhage. Retinal and preretinal hemorrhages are seen in 80% of children with recognized abusive head trauma. Although the differential diagnosis of retinal hemorrhage is extensive, large blotchy hemorrhages on the retina of infants are likely to be caused by shaking. However, normal newborn infants will often have retinal hemorrhages that clear within a few weeks after birth.
- Slide 37 Estimates of the percentages of burns caused by child abuse range from 2% to 30%.

Immersion and other hot liquid burns

- Slide 38 Immersion burn. Immersion burns are the most common burns caused by child abuse. In this case, the burn has a typical "glove" distribution caused by the hands being dunked in very hot water. No splash marks are noted.
- Slide 39 Immersion burn. This child has typical "stocking" burns caused by holding the child's feet in hot water. Note the splash marks on the less severely burned foot. The child was able to wrest that foot away from the person holding him.
- Slide 40 Immersion burn. Immersion burns are often associated with toileting accidents. This girl was plunged into hot water after soiling herself. She shows sparing of the buttocks, which contacted the surface of the bathtub and avoided being burned.
- Slide 41 Hot liquid burn. This child shows a burn caused by a hot liquid thrown in his face in anger.
- Slide 42 Hot liquid burn. This is an example of an accidental hot liquid burn. The pattern of the burn is indistinguishable from the previous abuse burn. The histories in these cases are very important in making the diagnosis of accident or abuse.

- Slide 43 Burn from hot liquid spilling on to clothes. In this case, the child had on clothes when hot water spilled onto her. The fabric held the hot liquid to her skin. The pattern resembles the running water burn in the previous slide, but the margins are blunted because the fabric absorbed the water.
- Slide 44
And 45 Flash burn. The nightgown seen in Slide 44 was accidentally soaked in nail polish remover. The fluid was ignited by a cigarette lighter, causing the flash burn seen in slide 45.
- Slide 46 Grid burn. In any injury, the history given for the injury is compared with the injury observed when evaluating the child for possible abuse. In this case, the history given was that the 2-year-old stepped on a floor gas heater with both feet. On the one hand, it seems unlikely the child would have put his second foot down after experiencing pain in the first foot when exploring the surface. On the other hand, he may have put the second foot down quickly in response to the pain caused by the burn on the first foot. No determination was made in this case as to whether or not the burns were caused by abuse.
- Slide 47 Cigarette burn. Cigarette burns appear as round, symmetrical burns, often occurring in clusters. They usually show an inner circle of tissue that is more deeply burned than the peripheral mark. The average diameter of a cigarette burn is 8 mm.
- Slide 48 Contact burn. The severity of the burn depends on the heat of the material contacted and the length of time the contact is sustained. This child received full-thickness burns after being forced to sit on a radiator during a time out. The lower temperature was counteracted by the length of exposure.
- Slide 49 Symmetrical burns. Symmetrical burns are often caused by child abuse. This child had both thumbs burned by a cigarette lighter to teach her not to suck her thumbs.

Step 9: (10 minutes)

Individual Activity, Large Group Discussion

At the conclusion of the presentation, refer participants to **Handout #10 (Reaction to Pictures of Physical Injuries to Children)**, and ask them to take at least 60 seconds to Tune in to Self and then complete the handout. Allow at least 5 minutes for this.

When everyone is done, facilitate a large group discussion. To ensure everyone has an opportunity to share, the trainer may want to go around the room and have each person say something. Depending on the size of your group, two or three people may answer the same question. The trainer can offer a closing comment at the end after each trainee has had the opportunity to share.

It is important that the trainer identifies that it is normal to have reactions to these slides. It is disturbing when children are injured. The skills they need to learn are: 1) how to Tune in to Self so they maintain objectivity, and 2) How to take care of themselves after being exposed to these challenging situations.

Step 10: (15 minutes)

Slide Show, Large Group Discussion

Trainer Note: If time is tight, only show the first 5-6 slides in this section.
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The trainer informs the large group that they are going to watch a second set of slides, but this time, they will have the opportunity to practice their skill: identifying indicators of physical abuse by analyzing each slide and explaining whether they feel the slide represents a likely accidental or inflicted injury.

To begin this discussion, list the 4 Basic areas for considerations on a flipchart: location, appearance, frequency, and caretaker's explanation. Remind participants that **Handout # 9 (Indicators of Physical Abuse)** is available as reference material.

Explain that they will need to clearly identify the reason for their determination.

Display one slide at a time and after displaying the slide process the injury with the large group.

The follow content provides the answer for each slide:

- Slide 1 These are common sites for inflicted bruises. These are likely inflicted based on the location on the body. This child was paddled.

- Slide 2 This child has multiple cuts and bruises on the scrotum, penis and abdomen. Again, these are unusual areas of the body for a child to receive accidental injury. Bruises found on the genital area or on the inner thighs, in this age group, are almost always inflicted for toilet training mishaps. Injuries to this area should also raise questions of possible sexual abuse.

- Slide 3 This child has a somewhat subtle slap mark. There are parallel lines running through a fading yellow bruise. These lines represent the outlines of fingers. One must also consider the child's age and physical abilities when determining the cause of an injury.

- Slide 4 This child has bruises inside and outside of his upper lip. Considering the child's age and limited physical abilities, these are non-accidental, probably caused by a bottle during an angry and/or forced feeding. This child also has bruises on his neck and cheek, perhaps from grabbing his jaw.

- Slide 5 These are grab or squeeze marks. The oval-shaped, pressure bruises on the child's arm are actually fingerprints from being forcibly held during a violent shaking.
- Slide 6 This 12-month old child has grab marks on the cheek. His right cheek has one bruise from the thumb and the left cheek has a couple of bruises from the fingers. Detecting minor, non-accidental trauma in young babies and providing early intervention can prevent more severe abuse in the future, abuse of a child often progresses in severity over time.
- Slide 7 This child has at least 6 human bite marks on his back. It was reported that they were caused by a sibling. Whether or not that is true could be determined by taking measurements and teeth patterns to determine who caused them. One might question the quality of supervision even if they were caused by a sibling.
- Slide 8 This girl has 2 strap marks on her back. A strap will typically cover the curved shape of the body. This is typical of a belt whipping, sometimes the eyelets or buckles are visible within the bruise. In this slide the tongue of the belt can be seen in the bruise.
- Slide 9 This girl has multiple belt mark bruises on her back. They are more difficult to diagnose because they overlap. However, on close inspection we can see the lines and the end of the belt in a few locations.
- Slide 10 Loop marks on the skin are often caused by hitting with a doubled over electrical cord, rope, or fan belt. If the skin is broken, scarring is very common.
- Slide 11 This child has marks on his feet ankles and wrists. The child was tied to a bed with a cord or narrow rope on several occasions while the mother went out for the evening.
- Slide 12 This three-year old child has a gag mark of the mouth. There are abrasions that run from both corners of the child's mouth. The parents gagged him for too much screaming and yelling.
- Slide 13 This girl has many old and new scars on her body. Multiple scars are extremely diagnostic of repeated beatings.
- Slide 14 These are Mongolian spots, a birth mark, not a bruise. Mongolian spots are present at birth and typically last for 2-3 years. They are grayish blue, do not change color and have a clear cut margin. They commonly occur on the buttocks and back but may occur anywhere. According to Dr. Elvin Jacobs they are more common in babies of the darker skinned races.

Slide 15 The most common inflicted burns seem to be caused by a cigarette. They are circular, punched out and of similar size. They can vary in the degree of burn they caused based on the length of time the cigarette was kept in contact with the skin.

The only diagnoses that might be confused with a cigarette burn is a type of impetigo, which is a skin disease caused by staph bacteria. In such a case the sores are of varying sizes, they tend to increase in number over time and there is pus present.

Slide 16 This 2-month old boy has a heating grate burn on his back. The shape, degree of the burn and the location, along with the limited physical abilities, are indicative of a forced dry contact burn. A dry contact burn is typically a second degree burn but without blisters.

Slide 17 This is a hot water scalding burn. It is the most common of inflicted or forced emersion burn. A burn of this type is caused by holding the child in a jack-knife position and lowering the buttocks into the hot water, which would cause a circular burn to the buttocks and genital area. Burns inflicted to this site are almost always punishment for toilet training or bed wetting incidents. The isolated location of the injury rules out almost any other explanation for its cause.

Slide 18 This burn, nick-named the “donut hole burn”, is caused by forcing the child to sit in a tub of hot water. The buttock makes contact with the tub, forcing the hot water away and spares that area from contact for the length of time necessary to cause the skin to burn.

Slide 19 This is a forced emersion burn, nick-named “stocking burns”. It is considered forced or inflicted because of the shape, location and degree of burn. Children who are capable of stepping into the hot water themselves are not foolish enough to put their foot or feet that deep and long into the hot water.

Slide 20 This is a 5-week old baby who presents with a “bucket handle” fracture. A “bucket handle” fracture is probably caused by a force greater than that necessary to cause a “chip” fracture. This along with child’s age and the fact that this child also has a “chip” fracture at the same site is strong evidence of inflicted injury.

Close the discussion by identifying that physical indicators of abuse are not always evident at the time of a referral. Therefore, the Child Welfare Professional must be able to recognize other indicators of abuse. Abused children often develop and behave in characteristic ways. A child's behavior and emotional responses to any typical

circumstance can alert a Child Welfare Professional to the presence of abuse in a family when there are no clear physical indicators.

Step 11: (15 minutes)

Lecture

The trainer states that now we have covered the physical indicators of physical abuse, we need to take a look at the behavioral indicators. Children who have been maltreated often display a variety of problems that may benefit from special services. Child Welfare Professionals will need to look out for potential developmental, emotional, and behavioral problems in maltreated children so that they can better address the child's safety and well-being through appropriate service provision.

Facilitate a large group discussion by asking participants what behavior might they observe that indicates he/she may have been abused? List their response on a flipchart sheet.

Distribute **Handout #11 (Behavioral Indicators of Physical Abuse)** and briefly review the behavioral indicators of physical abuse.

Conclude this section by informing participants that they will be learning more about the behavior indicator of all types of abuse in Module 9, Child Development.

<p>Trainer Note: This is the end of day 1 of Module 5.</p>

Module 5: Identification and Assessment of Child Abuse/Neglect

Section V: Neglect

Estimated Length of Time:

1 hour

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of serious physical neglect and general neglect as defined in the Child Protective Service Law;
- ✓ Recognize the physical, behavioral and emotional indicators of serious physical neglect and general neglect.

Methods of Presentation:

Lecture, Small Group Activity, Large group discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Overhead Projector and Screen
- ✓ **Handout #12 (Severe Physical Neglect or General Neglect)**
- ✓ **Overhead #7 (Definition of Neglect)**
- ✓ **Overhead #8 (Neglected Children)**

Outline of Presentation:

- Explain the definition of neglect
- Facilitate group discussion of behavioral and emotional indicators of neglect
- Explain confounding factors of neglect
- Facilitate discussion how you identify neglect
- Facilitate knowledge review

Section V: Neglect

Step 1: (15 minutes)

Lecture

Trainer Note: The trainer should take 10 minutes and do a brief review of day one and a preview of day two.

Trainer Note: Advise the participants that in Pennsylvania there are two types of neglect defined by the CPSL: serious physical neglect, which is a form of child abuse, and general neglect. Oftentimes, the difference is a very fine line and somewhat open to interpretation. Both of these forms of neglect will be discussed in this section.

Using **Overhead #7 (Definition of Neglect)**, explain the two Child Protective Services definitions of neglect.

General protective services are defined as “services to prevent the potential for harm to a child.” General Protective services insure the safety and well-being of a child. “Potential for harm” is defined as: “likely, if permitted to continue, to have a detrimental effect on the child’s health, development or functioning.” General protective services are provided by each county for non-abuse cases.

Briefly discuss neglect statistics:

- According to the National Child Abuse and Neglect Data System (NCANDS), Child neglect is the most prevalent form of child maltreatment in the United States. In 2004, 62.4% of maltreated children were victims of neglect.
- The most prevalent rate of neglect was in children ages 0-3.
- Unlike other types of abuse, neglect does not have to be a recent act.
- 2006 Pennsylvania child abuse statistics: Out of 6,323 total substantiated cases of child abuse (including student abuse), only 257 were substantiated serious physical neglect cases, 172 of which were children under the age of 5.

Step 2: (15 minutes)

Lecture

Facilitate a large group discussion by asking participants to brainstorm the emotional and behavior indicators that they may observe in a child(ren) who is neglected. List those indicators on a flipchart. Ensure that all of the following are listed and explained.

Note that behavioral and emotional indicators can also alert a Child Welfare Professional to the presence of neglect in a family when there are no clear indicators of illness or injury.

- ✓ A very large percentage of neglected children are developmentally delayed in some or all developmental domains. One can determine the degree of delay by comparing the child’s developmental level with expected developmental achievements for the child’s chronological age. Neglected children may display mild to serious delays in

physical/motor development, cognitive ability, school achievement, social skills, interpersonal relationships, and emotional development. Severely neglected children may develop mental retardation as a result.

- ✓ Neglected children are often described as unresponsive, placid, apathetic, dull, lacking in curiosity and uninterested in their surroundings.
- ✓ They may not actively approach other people, nor do they exhibit a normal degree of interest or exuberance in interpersonal interactions. They may not play, or they may play half-heartedly. In cases of serious neglect, the child may exhibit signs of depression.
- ✓ The child may appear to be hungry, or always tired, such as falling asleep in school. Some older children who are inadequately fed use their own resources by scrounging for, or stealing food.
- ✓ Some neglected children may be "out of control" as a result of not having the chance to learn limits of behavior from adult caregivers. They may exhibit a variety of behavior problems, anxiety, and other signs of emotional distress. At times, a false bravado can be seen.
- ✓ School failure may be an indicator of abuse, particularly when it is combined with an inability to concentrate, falling asleep in class, and a lack of interest in the school environment. School failure by itself cannot be considered the result of neglect, but can support a diagnosis of neglect when other indicators are also present.

It is not difficult to identify children who are seriously neglected and at-risk. However, the Child Welfare Professional will encounter many family situations in which an accurate determination of neglect, and of risk to the child, is more difficult. These "gray areas" may create difficult dilemmas for the Child Welfare Professional. Further, families may be meeting a child's basic needs then experience an event that changes their ability to meet the child's need on the same level as before. The crisis may be loss of a job, adult injury, increased drug use, loss of loved one, onset of depression. Again, as with all forms of abuse, ensuring child safety and well-being requires an on-going assessment by the Child Welfare Professional.

Step 3: (10 minutes)

Lecture

Explain to participants that several factors may confound a determination of neglect. These include:

- Differences in values, norms, and standards of acceptable child-rearing in different cultural groups. A failure to understand these differences might lead a worker to misinterpret the parents' behavior.
- "Marginal" child-rearing, in which the child is not at immediate risk, but there is potential for permanent detrimental outcomes from long-term exposure to marginal care. Whether and how to intervene in such cases is a difficult decision.
- Poverty can prevent parents from meeting their children's basic needs in many ways. Families in poverty often have inadequate shelter, at times have no food, can not afford medical care, and may be so overwhelmed that they have little emotional

energy to attend to their children. Yet, the parents may be providing for their children to the best of their ability under extremely difficult circumstances.

Step 4: (20 minutes)
Large Group Discussion

Using **Overhead #8 (Neglected Children)** as a guide lead a discussion about neglected children. This discussion should be conducted as a large group discussion by asking participants to give examples of what they might observe at any stage in the casework process that might be considered neglect. List the responses on a flipchart.

It is the trainer's role, using the legal definitions of neglect and their expertise, to provide clarification for each response they might receive. After you have listed observations that would be neglect, ask participants to identify some things they may observe that may be concerning to them due to their own value system, which under the law, would not be considered neglect. Possible answers to what a Child Welfare Professional might observe that may be considered neglect as defined by the CPSL:

1. Young children home alone or any children left home alone for extended periods of time.
2. A child who is noticeably underweight/overweight.
3. A child who is sick and has not been taken to the doctor.
4. Deplorable housing conditions (electrical wires exposed, missing windows in winter, no heat in winter, feces throughout the house, vermin throughout the house.
5. Kids with rotten teeth, chronic lice, scabies.
6. Dressed in summer clothes in winter.
7. Do not attend school at all or not on a regular basis.
8. Undiagnosed and untreated developmental delays.
9. Undiagnosed and untreated mental illness.

Possible answers to some things Child Welfare Professional may observe that may be concerning them due to their own value system, but under the law might not, depending on the seriousness, be considered neglect.

1. Children who are dirty and generally unkempt.
2. Children who are starved for attention.
3. Children who are not doing as well in school as they could.
4. Children who live in marginal housing conditions.

Continue this, going around the room, until you discuss all the categories outlined on the overhead. It is important to continually reinforce the difference between the legal definitions of neglect and our values regarding what living situations we would like for all children.

Also state that it is important that workers document the exact facts because they become part of the official case record that will be used to make casework decisions and possible legal recommendations in juvenile court.

Connect neglect to CFSR outcomes, by asking participants, “Does neglect impact child safety, well-being, or permanency?”

Briefly review **Handout #12 (Serious Physical Neglect or General Neglect?)**. Review any materials not previously discussed above in Step 4.

Discuss the following: in situations of serious physical neglect, the outcomes are often easy to identify by physical indicators of malnutrition, illness, or injury.

In situations of general neglect, the indicators may not be as immediately visible. However, the long-term effects of chronic neglect can be very serious.

Child Welfare agencies have a responsibility to provide preventive and supportive services to families who are unable to meet the needs of their children because of economic and environmental limitations. The child welfare system's limited resources often preclude our ability to provide these services directly. We can, however, and should develop programs that link families to appropriate community services to provide the resources they need to care for their children. Providing preventive and supportive in-home services that are from a strengths-based perspective can strengthen the family and prevent the need for placement.

Trainer Note: Section 6373 of CPSL (related to General Protective Services) requires county agency's to aid the child and family in obtaining benefits and services for which they may qualify under Federal, state, and local programs.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section VI: Understanding Sexual Abuse

Estimated Length of Time:

2 hours

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of sexual abuse as defined in the Child Protective Service Law;
- ✓ Recognize the physical and behavioral indicators of sexual abuse.

Methods of Presentation:

Lecture, Small group activity, Large Group Discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead Projector and Screen
- ✓ **Handout #13 (Sexual Abuse Definitions)**
- ✓ **Handout #14 (Physical and Behavioral Indicators of Sexual Abuse)**
- ✓ **Handout #15 (Indicators of Sexual Abuse)**
- ✓ **Handout #16 (Child Sexual Behavior Activity)**
- ✓ **Handout #17 (Behaviors Related to Sex and Sexuality in Children)**
- ✓ **Handout #18 (Child Sexual Abuse Questions)**
- ✓ **Overhead #9 (Generic Definition of Sexual Abuse)**

Outline of Presentation:

- Increase participants awareness relative to sexual abuse
- Explain how to discuss sexuality with others
- Facilitate a small group activity regarding sexual terminology
- Explain definition of child sexual abuse
- Explain indicators of sexual abuse
- Facilitate skills practice: Identifying appropriate and inappropriate sexual behavior in children
- Review child sexual abuse

Section VI: Understanding Sexual Abuse

Step 1: (10 minutes)

Lecture

Say the word SEX, Say the word SEX again. Wait a few seconds and say the words SEX one more time. Tell participants that in our society sex is something you are taught to talk about in private. It certainly is not something you talk about in public or with strangers. Sex is something that is meant to be pleasurable between consenting adults. It certainly is not something that is meant to be abusive to children. No one wants to even think that a child could be sexually abused – but sadly, it is all too true.

Discuss the following Statistics on child sexual abuse:

National Child Sexual Abuse Statistics

- 1 in 4 girls and 1 in 6 boys will be sexually abused before they turn 16. (FBI, 1990)
- 75-95% of these victims know their offender. (FBI, 1990)
- According to National Child Abuse and Neglect Data System (NCANDS), 9.7% of substantiated child abuse cases in 2004 involved sexual abuse

2006 Pennsylvania Child Sexual Abuse Statistics

- Sexual abuse comprised 59% of all substantiated reports
- 78% of sexually abused children were girls, 22% were boys
- Total substantiated Sexual Injuries:
 - 3,976

The Trainer should emphasize that Module 5 provides a brief overview and beginning level knowledge and skills for assessing family dynamics in child sexual abuse. After completing the CORE curriculum, to develop more in-depth skills necessary to work with child sexual abuse cases, participants should take the 5 day Sexual Abuse Series Certificate Program offered by the Training Program.

1. Overview of Child Sexual Abuse
2. Sexuality of Children: Healthy Sexual Behavior and Behaviors Which Cause Concern
3. Investigative Interviewing in Child Sexual Abuse Cases
4. Juvenile Sex Offenders: Characteristics, Assessment, and Treatment
5. Family Reunification and Case Closure in Child Sexual Abuse Cases

Step 2: (5 minutes)

Lecture

Tell the group during the next activity they are going to discuss names for sexual parts of the body and sexual acts that are perpetrated against children. Tell participants that it is important that they list some of the acts that no one wants to think about like rape. As difficult as it may be, they need to acknowledge that sexual abuse happens, so they will be able to assess child safety and recognize when a child may be being abused.

Explain that we all have different comfort (or discomfort) levels with the topic of sex, yet we will be having very open and frank discussions about it with people. It is very important that a worker is comfortable, relaxed and in total control of her emotions when discussing sexual topics with others. In addition, the worker must understand that people use various words to describe sexual acts and parts. They must allow the interviewee to use her own language which can further add to a workers' discomfort. If they are unsure, what the person is referring to they must be comfortable asking the question do you mean ...? For example, if a parent says "my daughter told me the baby sitter touched her "box." You need to be able to say, "What do you mean by a box?" and she says her "snatch" you need to continue to ask what part of her body do you mean?

The following exercise will introduce participants with various sexual terms and slang words. The more they are able to talk about sex in a safe learning environment, the better prepared they will become to have the discussions with clients.

Step 3: (20 minutes) **Small Group Activity**

Divide the large group into smaller groups of 4 or 5 participants. Give each group a sheet of flipchart paper and ask them to mark the paper into three distinct columns. They can fold it and/or use a marker to make the columns.

Begin the exercise by having each group focus on the 1st column, brainstorm with their group and make a list of all the acceptable or proper language two adults may use to name body parts and traditional sexual acts.

When the group has had about 5 minutes to brainstorm, the trainer must go around the groups a few times, having a person in each group say one of the words aloud to the larger group. While conducting the exercise, the trainer must be modeling comfort by repeating or saying some of the words without embarrassment and, perhaps, with some light humor.

Repeat the above in column two, but this time, they are to brainstorm some street language or slang terms that often-older children or perpetrators use. If the word is unknown to another, the person must explain what it means. This column will generate a lot of nervous energy and laughter, so the trainer must maintain order and seriousness within the groups.

In the third column, have the group brainstorm typical "cutsie terms" that little children may use within a family. By "cutsie terms," we mean the kind that would not upset anyone if they heard a child say them, such as "pee-pee" or "wee-wee."

After the groups have finished making their lists, the flipcharts should be posted on the wall and each group (without repeating words that the previous group presented) should read their lists aloud.

Trainer Note: Due to the sensitive nature of the flipcharts generated by the above activity, the trainer must be sure to dispose of the flipcharts appropriately.

Summarize with the following: while this exercise may have made some individuals uncomfortable, understand that the intent was to provide an opportunity to practice using the terms with their peers in a safe environment. That way, they will be better prepared to handle their emotions in their casework practice. Anyone who was uncomfortable should continue to practice with a friend, co-worker, or supervisor before attempting to conduct a real interview. Finally, everyone must realize that while they allow or even instruct the interviewee to use the language they best understand, the worker must not assume a meaning of a word. She must ask the person what it means.

Trainer Note: This may be a good time for the morning break

Step 4: (15 minutes)
Lecture

Remind the participants of the CPSL definition of sexual abuse:

An act or failure to act by a perpetrator, which causes sexual abuse or sexual exploitation of a child under 18 years of age. Sexual abuse or exploitation is defined as:

- The employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist in any sexually explicit conduct, or
- The employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist another individual to engage in simulation of sexually explicit conduct for the purpose of producing visual depiction, including photographing, videotaping, computer depicting and filming
- rape, sexual assault, involuntary deviant sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, sexual abuse, or sexual exploitation

Using **Overhead #9 (Generic Definition of Sexual Abuse)**, open a discussion with the participants as to what constitutes sexual abuse. Begin by suggesting a very generic way of defining sexual abuse. That is to say any kind of sexual interaction, use, exploitation, pictures, prostitution, etc. of a child by a caretaker for sexual gratification.

Note the curious use of the term for sexual gratification, (the word in the Pa. Crimes code is arousing or gratifying sexual desire) and ask the participants if they have any idea why such a term would be necessary. The reason goes back to the purpose of the law, which is not to set a value or standard, but rather to protect children from harm. Use the following question and answer to make the point; ask everyone who has a child or children to put up their hands. Tell them to keep their hands up if they have any pictures of their child naked, at any age, under any circumstances. Inevitably, most hands will remain up. Continue by asking them why they have such pictures, and they

will certainly give common, acceptable reasons. Therefore, they are not engaging in child pornography. If they used such pictures for arousal or for someone else's use for arousal, then it would be for sexual gratification, and therefore, sexual abuse. You may continue the same process by asking them if they have ever, at any age, touched their child's private parts and follow the logic as the previous question.

You can refer to **Handout #13 (Sexual Abuse Definitions)**, which was developed from the definitions in the CPSL and the Pa. Crimes Code, for the legal definitions of child sexual abuse in Pennsylvania. Provide an overview of the handout. Remind participants that for CHILDREN AND YOUTH SERVICES to investigate the case as a child abuse case, the child must have been/be under the age of 18 when the abuse occurred and the alleged perpetrator must meet the CPSL definition of perpetrator.

Step 5: (15 minutes)

Lecture

Explain that we have reviewed the definition of child sexual abuse and listed various terms that may be heard during the discussion of child sexual abuse. Now we are going to look at the indicators of sexual abuse in children of different ages. Sexual abuse includes a wide range of behaviors and activities. A challenge is that, unlike physical abuse that often leaves physical signs, sexual abuse only leaves physical signs about 10% of the time.

Using **Handout #14 (Physical and Behavioral Indicators of Sexual Abuse)**, review the possible physical indicators of sexual abuse. The trainer must preface with the notation that diagnosis of sexual abuse can be medically confirmed in only a minority of cases, even with physical evidence such as a sexually transmitted disease in a young child. This is also true even when penetration has taken place. In cases where child sexual abuse cannot be medically confirmed because of lack of physical evidence, Child Welfare Professionals need to complete a comprehensive psychosocial and family dynamics assessment to substantiate child sexual abuse.

In addition to the Child Welfare Professional gathering basic information from the child, the parent/caretaker, the alleged perpetrator, and other household members, an in-depth evaluation by a professional who specializes in child sexual abuse may be necessary to determine the existence of child sexual abuse and the emotional harm to the child. The Child Welfare Professional must remember that children and youth services has the final authority to make a determination about the veracity of a child sexual abuse case so the more evidence to support children and youth service's finding the better.

Point out to participants that, although there are often no medical findings, medical exams are recommended. Child Welfare Professionals are often reluctant to make such a referral out of concern that the exam may re-traumatize the child. Some professionals, however, advocate that the medical exam can alleviate the child's and his or her

caregivers' fear that the child has been permanently damaged. In other words, negative findings become positive.

As stated, often times there are not any physical indicators of sexual abuse. Therefore, one must be aware of the behavioral indicators. Use **Handout #14 (Physical and Behavioral Indicators of Sexual Abuse)**, to review the possible behavioral indicators of sexual abuse.

Caution trainees that a significant number of these factors would also be present in the non-abused population of children (like bed-wetting or nightmares.) Some of these behaviors may also be symptomatic of non-sexual/non-abusive problems, which may indicate the need for professional therapeutic intervention. Other factors are highly associated with child sexual abuse and can be weighted more heavily. For instance, sexual knowledge and behavior beyond the developmental level of the child and/or compulsive masturbation or other sexual acting-out behaviors should be looked at carefully. The correlation between these behaviors and sexual abuse is relatively high. Another high-probability indicator is any attempt by a child to verbalize that they are being or have been sexually abused. For some of the other behaviors, the correlation is relatively low. Therefore, Child Welfare Professionals need to carefully evaluate behavior.

Ask participants if there are indicators they think should be added to this list. Many times they will notice the absence of fire-setting and cruelty to animals. If they do not point out that, in addition to the behaviors listed, many in the field are noting a correlation between fire setting and sexual abuse, as well as sexual manipulation or cruelty to animals.

Step 6: (30 minutes)
Small Group Activity, Large Group Discussion

Distribute **Handout #16 (Childhood Sexual Behavior Activity)** and explain to participants that they are going to practice identifying appropriate and inappropriate sexual behavior for the various age groups. They are to use the content in **Handout #14 (Physical and Behavioral Indicators of Sexual Abuse)**, **Handout #15 (Indicators of Sexual Abuse)** and **Handout #17 (Behaviors Related to Sex and Sexuality in Children)** as reference tools.

Divide the large group into 4 small groups. Using pages 1 and 2 of **Handout #16 (Childhood Sexual Behavior Activity)**, assign each group one scenario from each age group. For example, have group 1 answer all of the questions #1's, group 2 answer all questions #2's, etc.

Each group must answer the following questions on the handout for the situations assigned to them.

- Identify if the behavior is:
 - Appropriate

- Of concern
- Needs immediate professional intervention
- If the behavior is appropriate, determine what inappropriate behavior would be
- If the behavior is inappropriate, determine what appropriate behavior would be

Each small group should select one situation to present to the larger group.

Trainer Note: List the following bulleted questions on a prepared flipchart.

Give participants 15 minutes to complete the exercise and then process out the activity as a large group. The trainer should ask each group:

- Which age group did you choose?
- Read the scenario.
- Was the behavior appropriate or inappropriate?
- Did the behavior concern you? Why?
- Is there a need for professional intervention?
- What kind of intervention?

The trainer should state these points if they are not part of the presentation: The first indicators of sexual abuse may not be physical signs or complaints, but behavioral changes or abnormalities. These are different at various ages, are not necessarily seen just in sexually abused children, and the absence of any or all of them does not rule out sexual abuse.

Trainer Note: The trainer should briefly review the content of **Handout #15 (Indicators of Sexual Abuse)** when processing out this exercise.

- Toddlers and young children (ages 2 to 5).
 - (1) Fear of a particular person or place.
 - (2) Regression to earlier forms of behavior such as bed-wetting, stranger anxiety, separation anxiety, thumb-sucking, baby talk, whining, fear of abandonment, and clinginess.
 - (3) Sexualized behaviors with other children.
 - (4) Unusual mood swings, temperament changes, excessive sadness, or loss of interest in age-appropriate activities.
 - (5) Feelings or expressions of shame, low self-esteem, or guilt.
 - (6) Excessive masturbation.
 - (7) Cruelty to animals.
 - (8) Fire-setting.
- Six- to eight-year-old children. Any of the above symptoms or changes and/or:
 - (1) Nightmares and other sleep disturbances.
 - (2) Sexualized behaviors with other children or directed towards adults.
 - (3) Sexually inappropriate or graphic language or drawings.
 - (4) Phobias about specific school or community activities, places or people.

- (5) Withdrawal from family and friends and previously enjoyed activities
- (6) Regressive behaviors.
- (7) Eating disturbances.
- (8) Physical complaints such as abdominal pain or urinary or bowel difficulties.
- Preadolescents (10 to 12 years). Any of the above symptoms or changes and/or:
 - (1) Depression, anxiety, mood swings, unusual anger or aggression.
 - (2) Nightmares and other sleep disturbances.
 - (3) Poor school performance.
 - (4) Sexualized behaviors with other children or directed towards adults.
 - (5) Sexually inappropriate or graphic language or drawings.
 - (6) Promiscuity.
 - (7) Pregnancy.
 - (8) Use of illegal drugs or alcohol.
 - (9) Fear that the abuse will reoccur (Post Traumatic Stress Disorder symptoms).
 - (10) Eating disturbances or disorders such as anorexia.
 - (11) Regression to earlier behaviors.
 - (12) Withdrawal from family and friends or previously enjoyed activities.
 - (13) Suicidal thoughts, gestures, or attempts.
- Early adolescents (13 to 15 years). Any of the above symptoms or changes and/or:
 - (1) Running away from home.
 - (2) Depression.
 - (3) Promiscuity or prostitution.
 - (4) Recurrent physical complaints.
 - (5) Pregnancy.
 - (6) Use of illegal drugs or alcohol.
 - (7) Suicidal thoughts gestures or attempts.
 - (8) School truancy.
 - (9) Poor school performance.
 - (10) Fear that the attack will reoccur (Post Traumatic Stress Disorder symptoms).
 - (11) Anger and rage about being forced into a situation beyond one's control or with attempted disciplinary action by a parent or caregiver.
 - (12) Withdrawal from family and friends or previously enjoyed activities.

Discuss the following on early adolescents: the developmental work of this period involves learning to develop close relationships with others. This requires development and refinement of social skills with their peers and others; and teens usually distance themselves from parents during this stage of development.

The most common type of sexual behavior in this age group is masturbation. Because of the physical changes of puberty, teens develop greater purpose and control of their activities. Teens are intensely interested in viewing others' bodies, especially the

opposite sex and the bodies of adults. They seek out sexual materials--pictures, magazines, and videos, some of which may be pornographic. Teens sometimes initiate group peeks at the opposite sex- --in locker rooms for example. Teens often explore interactive sexual behaviors. This ranges from open mouth kissing and fondling or rubbing each other's breasts or genitals to simulating intercourse, to various types of behaviors that involve sexual penetration. Most often this is with a partner of the opposite sex but same sex activity occurs often as well.

It is important to note that the behavior is with peers. Usually, preadolescent and adolescent boys and girls do not meet their social needs with younger children. Most teens will not seek out the company of, or voluntarily choose to spend significant amounts of time with, younger children. However, there are individual differences in every age group. There are teens that truly enjoy the company of young children in a healthy, nurturing way.

Step 7: (10 minutes)
Large Group Discussion

Close this section by distributing **Handout #18 (Child Sexual Abuse Questions)**. As a large group, review each question. Below are the "answers".

1. Question

- During a home visit you observe a 3-year-old male fondling himself. Do you suspect he has been sexually abused?

Answer

- No, It is normal developmental behavior for a three-year-old male to fondle himself.

2. Question

- You are providing on-going services to a family who has moved around and lived with lots of different people. The day-care mother reports that she has observed 4-year-old Susie frequently masturbating herself, the dolls and humping on the teddy bear.

A. Does this child need a further assessment for possible victimization?

B. Would this report be accepted as a child abuse investigation?

Answer

A. Yes, the child is displaying obsessive sexual behavior beyond what is developmentally age-appropriate for a 4-year-old female. She needs to be assessed by a professional.

B. No, This would not be accepted for investigation, as there is not a specific report/allegation of abuse, however further assessment may be needed.

3. Question

- A father reports that his 17-year-old extremely cognitively limited daughter (developmental age 5) came home crying because a "boy" had sex with her. Would this be accepted as a child sexual abuse investigation?

Answer

- No, the “boy” that allegedly had sex with her does not meet the definition of perpetrator as defined in the CPSL. However, CHILDREN AND YOUTH SERVICES should refer the matter to the appropriate police department.

4. Question

- A neighbor calls to report that the woman next door is “taking advantage” of her 8-year-old son. Specifically, he still sleeps with her at night. Would this case be accepted for a child sexual abuse investigation?

Answer

- No, it is not illegal to sleep with your child. There are no data that indicates that the mother is doing anything for her own sexual gratification. People have different values regarding children sleeping in their own beds.

5. Question

- A teacher reports that she learned her 14-year-old female student is having consensual sex with her 15-year-old brother. Would this case be accepted for investigation?

Answer

- Possibly, with the parents of the children named as perpetrators by omission for not providing adequate supervision. More likely the case would be accepted for assessment as a General Protective Services case.

6. Question

- A 12-year-old female admits she is fondling her one-year old brother. Is this investigated for child sexual abuse?

Answer

- Depends, is the 12-year-old the caretaker of the one-year old when the abuse is occurring? If so, yes, it is investigated. Another possibility is that the parents could be named as perpetrators by omission for not providing adequate supervision. The 12 year old should be assessed to determine her own victimization.

7. Question

- School reports that an eight-year-old boy brought pornographic pictures to school. When he was talking to the teacher, he said he gets the pictures from his uncle and they watch “dirty” movies together when his uncle baby-sits. Would this be accepted for child sexual abuse?

Answer

- Yes, the uncle is a caretaker and the child is too young to be exposed to pornographic material.

Close this section by stating that it is important for workers to be aware that there is not a specific situation or pre-condition that dictates that child sexual abuse will or what occur. It is their role to be observant and listen to clues that may be provided by children or other people. Discussing sexual topics is very difficult and often, people do not state

their concerns directly. Yet, do not assume that because a child displays one or two concerning behaviors that he or she has automatically been sexually abused.

Further, state that the Child Welfare Professional that begins to work with child sexual abuse cases needs extensive training and should take the 5 day Sexual Abuse Series prior to conducting any sexual abuse investigations. The goal of this section was to provide an overview so workers know the definition of sexual abuse, can recognize a possible case of sexual abuse, and make the referral to an experienced sexual abuse investigator, if necessary.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section VII: Human Trafficking

Estimated Length of Time:

40 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of human trafficking;
- ✓ Recognize how to identify a potential victim of human trafficking.

Methods of Presentation:

Lecture, Individual Activity, Large Group Discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ **Handout #19 (Questions for Victims of Human Trafficking)**
- ✓ **Handout #20 (Human Trafficking Activity)**

Outline of Presentation:

- Explain dynamics of Human Trafficking
- Explain interviewing approaches to assess situations of Human Trafficking
- Facilitate skills practice exercise

Section VII: Human Trafficking

Step 1: (15 minutes)

Lecture:

Discuss the following with participants: human trafficking is modern day slavery. Every day, children are trafficked into the U.S. for forced labor in homes, farms, commercial sex, sweatshops, and other work. Traffickers prey on the emotional and physical vulnerability of children, who are brutally held captive while they receive little or no pay for their labor. Human trafficking is punishable as a serious crime under U.S. law. The Trafficking Victims Protection Act of 2000 defines “severe forms of trafficking in persons” as:

- sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

After drug dealing, human trafficking is tied with the illegal arms industry as the second largest criminal industry in the world today, and it is the fastest growing.

Trafficking Victims

- Yearly, between 18,000 to 20,000 victims are trafficked into the U.S., according to the U.S. Department of State. These estimates include women, men, and children. Victims are generally trafficked into the U.S. from Asia, Central and South America, and Eastern Europe. Many victims trafficked into the U.S. do not speak or understand English and are therefore isolated and unable to communicate with service providers, law enforcement and others who may be able to help them.

How Victims Are Trafficked

- Many victims of trafficking are forced to work in prostitution or sex entertainment. However, trafficking also takes place as labor exploitation, such as domestic servitude, sweatshop factories, or migrant agricultural work. Traffickers use force, fraud, and coercion to compel children to engage in these activities.
- Force involves the use of rape, beatings, and confinement to control victims. Forceful violence is used, especially during the early stages of victimization, known as the ‘seasoning process’, which is used to break victims’ resistance to make them easier to control.
- Fraud often involves false offers of employment. For example, women and children will reply to advertisements promising jobs as waitresses, maids and dancers in other countries and are then forced into prostitution once they arrive at their destinations.
- Coercion involves threats of serious harm to or physical restraint of, any person; any scheme, plan or pattern intended to cause victims to believe that failure to

perform an act would result in restraint against them; or the abuse or threatened abuse of the legal process.

Victims of trafficking are often subjected to debt-bondage, usually in the context of paying off transportation fees into the destination countries. Traffickers often threaten victims with injury or death, or the safety of the victim's family back home. Traffickers commonly take away the victims' travel documents and isolate them to make escape more difficult.

Victims often do not realize that it is illegal for traffickers to dictate how they have to pay off their debt. In many cases, the victims are trapped into a cycle of debt because they have to pay for all living expenses in addition to the initial transportation expenses. Fines for not meeting daily quotas of service or "bad" behavior are also used by some trafficking operations to increase debt. Most trafficked victims rarely see the money they are supposedly earning and may not even know the specific amount of their debt. Even if the victims sense that debt-bondage is unjust, it is difficult for them to find help because of language, social, and physical barriers that keep them from obtaining assistance.

A child will rarely identify him/herself as a victim of trafficking. Therefore, it is crucial that Children and Youth Child Welfare Professionals have a heightened sense of awareness of trafficking. If a child presents any indication that s/he may have been trafficked, the Child Welfare Professional must pursue further screening. It is strongly recommend that you collaborate with a licensed clinician, psychologist, or a professional with relevant child welfare experience to conduct such interviews. The child should be approached in a manner that reflects his/her age, development, culture, language, and what is known about the nature of her experience.

Ask participants to give some examples of signs that a child is the victim of human trafficking and needs further screening. List the answers on a flipchart: Some examples may be:

- Evidence of abuse (physical, mental or sexual)
- Employer is holding identity and/or travel documents
- Working unusually long hours
- Unpaid or paid very little
- Not in school or significant gaps in schooling in the U.S.
- Living at workplace or with employer
- Living with multiple people in a cramped space
- Heightened sense of general fear (for safety of self and family), unusual distrust of law enforcement
- Inability to speak to child alone
- Engaged in prostitution or induced to perform a commercial sex act

Step 2: (15 minutes)

Lecture

Trainer distributes **Handout #19 (Questions for Victims of Human Trafficking)** and discussing its contents.

Interviewing a victim of trafficking may pose some unusual challenges for a Children and Youth Professional. Victims of trafficking may instinctively not establish trust easily due to their experiences and may even have been coached by their trafficker to answer questions in a certain way. The following questions and explanations are intended to assist the Child Welfare Professional in creating a framework to consider whether or not a child they are investigating could be a victim of trafficking.

Recruitment/migration:

- Why did you come to the U.S.?
- Who arranged your travel?
- How did you get here?
- Do you owe money for your trip?
- What did you expect when you came?
- What did you end up doing?
- Were you afraid?

Many child trafficking victims are smuggled into the U.S. or come on valid visas with the promise of being united with family, going to school or getting a legitimate job. Once here, they may be forced into exploitative work and/or forced to work off a travel “debt.” Children may also be kidnapped and/or sold. Many trafficking victims are recruited by acquaintances or people of their own ethnic group. Some children are trafficked by family members or friends. Traffickers use the emotional vulnerability of children to recruit and retain them. Their expectations of what they are going to do are often vague and they are surprised to find that they owe exorbitant debts for their travel, lodging, food, etc. Some children may come through fraudulent mail-order bride or matchmaking schemes.

Identification:

- Do you have any papers?
- Who has them?

Many trafficking victims have their immigration and identity documents, such as passports, birth certificates, or school IDs, seized by their traffickers or employers. The original documents may have been legitimate or fraudulently provided by the traffickers.

Working conditions:

- Are you in school?
- Are you working?
- What kind of work do you do?
- Are you paid?

- Do you owe money to your boss?
- Can you leave your job if you want to?

Most child victims of trafficking are not allowed to go to school while in the trafficking situation. Children may have been promised they could go to school and/or get a job with good pay but found instead that they must first work to pay off their travel debt. While doing so, they may be charged exorbitant fees for rent, food, and clothes leading them into a cycle of debt to their employer. Note how many hours a day/week the child works and how s/he is compensated or if earnings go directly to the employer.

Living conditions:

- Where do you live?
- Who else lives there?
- Where do you sleep?
- Are you afraid to leave?

Although many people receive unjustly low wages, victims of trafficking have their freedom restricted as well. They may be forced to live in the same place they work. They may not be allowed to leave the premises, and are sometimes guarded and/or their doors are locked. Traffickers may threaten their victims with deportation or arrest if they try to escape.

Coercion:

- Has anybody ever threatened you to keep you from running away?
- Has anybody ever hurt you to make you stay?
- Has your family been threatened?

In addition to physical harm, a child may also have been subject to psychological intimidation and/or coercion through threats to the child or his/her family members if s/he tries to escape. Victims of trafficking may also be frightened into staying with the trafficker due to their immigration status and lack of documents (if their trafficker has taken them).

Step 3: (15 minutes)

Individual Activity, Large Group Discussion

Trainer must distribute **Handout #20 (Human Trafficking Activity)**.

Have participants individually read the all of the scenarios and note on a piece of paper the answers to the following questions. After about 5-7 minutes, the trainer should ask for volunteers to answer the questions. After the volunteer has finished, the trainer should ask the large group if they have anything to add.

1. Might this child be a victim of human trafficking?
2. What indicators are there that this child might be a victim of human trafficking?
3. What questions would you ask this child/children to assist you in determining if she is a victim of human trafficking?
4. What other resources might you need?

Module 5: Identification and Assessment of Child Abuse/Neglect

VIII: Imminent Risk

Estimated Length of Time:

30 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of imminent risk as defined in the Child Protective Service Law;

Methods of Presentation:

Lecture, Small Group Activity, large Group Discussion

Materials Needed

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead Projector and Screen
- ✓ **Handout #21 (Imminent Risk)**
- ✓ **Handout #22 (Case Scenarios)**
- ✓ **Overhead #10 (Imminent Risk)**
- ✓ **Overhead #11 (Substantiating Imminent Risk)**

Outline of Presentation

- Explain CPSL definition of “imminent risk”
- Facilitate skill practice exercise

Section VIII: Imminent Risk

Step 1: (15 minutes)

Lecture

Ask participants to follow along with the lecture using **Handout #21 (Imminent Risk)**.

Explain that the Child Protective Services Law (CPSL) defines imminent risk as any recent act, failure to act or series of such acts or failures to act by a perpetrator, which creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child under 18 years old.

Using **Overhead #10 (Imminent Risk)**, explain that imminent means “ready to take place” so the time frame for consideration is the time during or immediately following the act or failure to act. Risk may be defined as a dangerous element or factor.

Imminent risk or physical abuse situations occur when a child is demonstrably at-risk, but for happenstance, third party intervention, or an action of the child, serious injury would have occurred and the injury would have been serious and/or caused severe pain or would have impaired the child’s physical functioning but the abuse did not actually occur. An example is (1) that a heavy object is thrown at a child and the child ducks at the final moment causing the object to hit the wall behind the child or (2) a father is dangling his 6 months old child from a hotel balcony, and because someone makes him bring the baby in, the child is not injured.

For alleged imminent risk of sexual abuse or sexual exploitation: (1) there must be substantial evidence that an action on the part of the alleged perpetrator placed the child at imminent risk of sexual abuse/exploitation; or (2) there must be substantial evidence that the alleged perpetrator had known or should have known of the risk of sexual abuse and failed to exercise reasonable judgment in preventing such risk.

Using **Overhead #11 (Substantiating Imminent Risk)** explain that in order to substantiate an act or failure to act as imminent risk, several findings must be made:

- The victim must be a child under age 18 and there must be an identified perpetrator.
- The act or failure to act must be non-accidental.
- The allegation must pertain to serious physical injury or sexual abuse or exploitation. Serious mental injury and serious physical neglect do not apply.
- It must be a recent act. In other words, it must have occurred within two years of the date of the report.
- A specific act or failure to act must have taken place and must be documented. It is not enough to say that a parent’s skills are so poor that the child is at-risk merely by living with the parent. That child may be at high risk and may be eligible for general protective services, but it is not abuse. Look to identify the specific act or failure to act.
- The risk of abuse must be imminent: (1) for serious physical injury, imminent means during and/or immediately following the act or failure to act, (2) for sexual

abuse/exploitation, imminent means the specific time frame during which the child was exposed to risk of such abuse.

What occurred or failed to occur has to be of such force or gravity that one can reasonably assume that should the act have come to fruition, abuse would have occurred. Not could have occurred, but would have.

What would have happened must fit the criteria for that type of abuse. Children are in imminent risk of serious physical injury or in imminent risk of sexual abuse or exploitation.

In case of imminent risk of serious physical injury, what would have occurred would have to cause the child severe pain or temporarily or permanently impair his/her functioning. An example of imminent risk of sexual abuse is leaving a child alone with a known perpetrator of sexual abuse.

Remind participants that the elements that must be combined to determine if child abuse exists are:

- Is there a child as defined by law?
- Is there a perpetrator as defined by law?
- Is there an act or failure to act that fits one of the categories of child abuse?

Step 2: (20 minutes)

Small Group Activity

Tell participants they are now going to practice identifying situations of imminent risk.

Distribute **Handout #22 (Case Scenarios)**, blank flipchart paper and markers to each table group. Instruct participants to read each case scenario and decide as a group what action to take. Have groups write their answers on flipchart paper and post them when they are finished. There are questions at the end of each scenario to aid the discussion of the small groups. Allow about 10 minutes for completion of the activity. If time is short, the trainer may wish to assign only one or two of the four scenarios to each group. Different assignments may be given to each group so that all four situations are discussed when the large group reconvenes.

Reconvene the large group. Solicit input regarding each of the scenarios from the small groups. Use the information below as a discussion guide.

1. There is a strained relationship between a father and his 15-year-old daughter. The father has set 11:00 p.m. as the curfew for his daughter. The daughter returns home at 1:00 am, the third time in the past two weeks that she has missed the curfew. After each incident, the emotion between father and daughter has been escalating. This time, the father has been drinking and he is enraged. The father chases his daughter but cannot catch her. In desperation, he picks up a chair and hurls it at her and she ducks down so that the chair narrowly misses her head. The legs of the chair are implanted in the drywall-constructed wall.

- Is this suspected child abuse? Yes
 - If so, what type and why? If not, why? Imminent Risk
 - What would you do? Report to ChildLine
2. A friend complains to you about her neighbors –a man, woman, and their six-year-old son. The friend fears that the young boy is not properly cared for. The man and woman yell loudly all the time and the boy appears unhappy and unclean. She doesn't think that he gets to school regularly, and he appears to be out-of-control and gets on his parents' nerves. The friend tells you about an incident when the son was three years old. The father grabbed the boy and hung him out of their third story apartment. He threatened to drop the boy if he did not behave. The boy was heavy and the father nearly lost his grip on the child when the mother grabbed the child and brought him back into the apartment.
- Is this suspected child abuse? No
 - If so, what type and why? If not, why? It is not a recent act. The boy is now six and it happened when he was three.
 - What action would you take? Can report to the county agency as general protective services.
3. A colleague reports to you that a child in your program has been spending time alone with a known child molester. The mother has been asking the molester to baby-sit on Friday nights since she cannot find another sitter. You believe that the mother knows that the man has molested other children and has not received treatment. You do not have any reason to believe that the child in your program has been molested.
- Is this suspected child abuse? Yes
 - If so, what type and why? If not, why? Imminent risk
 - Do you have any legal obligations in this matter? Yes, mandated reporters must report when they have reasonable cause to suspect that a child under their care is a victim of child abuse.
 - What would you do? Report to Childline.
4. A parent tries to obtain drugs through offering her daughter for sex. There are no offers.
- Is this suspected child abuse? Yes
 - If so, what type and why? If not, why? Imminent risk
 - What action would you take? Report to ChildLine

Close the activity by stating that workers who are not intake workers must be sure to consult with their supervisors if they have a situation that they think may be imminent risk.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section IX: Serious Mental Injury

Estimated Length of Time:

50 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of serious mental injury as defined in the Child Protective Service Law;
- ✓ Recognize the various forms of emotional abuse;
- ✓ Recognize techniques that may be used to assess the emotional abuse of a child.

- ✓ Identify the factors that suggest emotional abuse.
- ✓ Describe the range of behaviors that are considered to be emotional abuse.
- ✓ Identify the indicators of emotional abuse.
- ✓ Define serious mental injury according to the CPSL

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Flipchart stand
- ✓ Blank flipchart pad
- ✓ Colored markers
- ✓ Overhead Projector and Screen
- ✓ **Handout #23 (Forms of Emotional Abuse)**
- ✓ **Handout #24 (Assessment Techniques for Emotional Abuse)**
- ✓ **Overhead #12 (Definition of Emotional Abuse)**

Outline of Presentation:

- Discuss definition and assessment of emotional abuse

Section IX: Serious Mental Injury

Step 1: (15 minutes)

Lecture

Trainer Note: Explain that in the CPSL, the words “serious mental injury” are used to describe “emotional abuse.” Most counties will use the term “emotional abuse” when talking about the abuse category “serious mental injury.” For the purposes of this training, the commonly accepted term emotional abuse will be used.

Although other types of maltreatment, especially physical and sexual abuse, receive the lion’s share of the public’s attention, emotional maltreatment often causes more long-term damage to children. The social problems that play into emotional abuse are similar to the ones that underlie other forms of abuse, yet there is less societal consensus about when to intervene. There is also very little in the way of research to help us identify a specific family profile or treatment plan for emotional abuse. However, we will briefly discuss what we do know about family dynamics and major risk factors, assessment questions and factors that might protect children from emotional harm.

Using **Overhead #12 (Definition of Emotional Abuse)**, explain the definition of Emotional Abuse.

Provide participants with this example or an example of your own.

- As far back as anyone can remember, Carol has regularly told Mary how lazy and stupid she is. Everywhere they go, Carol is heard telling Mary what she is doing wrong. Carol routinely tells Mary, as well as anyone else who will listen, that all of Carol's problems began when Mary was born. Carol has long complained that she could not keep a job because Mary was so demanding. When Mary entered school, she was behind her age-mates, would not attempt new assignments, and did not appear to enjoy any activity. At the first parent conference, Carol told the teacher that she had always recognized that Mary was lazy, stupid, and a troublemaker. Mary had a very short attention span. In third grade, Mary was referred to the school psychologist for depression. Later that year, she was found sitting on the playground in below-zero-degree temperatures without a coat, gloves, or hat. When asked what was wrong, she said, “Nothing....” without looking at the teacher. Although Mary never complained to anyone, another student called the teacher's attention to the fact that Mary's hands “looked weird.” The school nurse referred Mary to a pediatrician. Mary had frostbite.

Explain that the CPSL has defined “serious mental injury” that may or may not be associated with physical or sexual abuse. Whether the child’s behavior indicates mental health problems or emotional trauma resulting from child abuse, they both cause mental injuries. They affect the child’s normal cycle of physical and emotional growth.

Emotional abuse interrupts the process of attachment, affective development, and social interaction capacities. Early detection and treatment of mental injuries and emotional problems are critical for lessening the child's developmental damage and maturational impairment.

During the investigation of child maltreatment reports, the Child Welfare Professional may be able to assess the extent of the emotional harm to the child. However, emotional abuse or neglect may not be reported at the intake level; its symptoms may be discovered during the ongoing casework with the child, parent/caretaker, or in the foster care placement. In both instances, mental health evaluation and a treatment plan would be necessary for the child.

Emotional abuse is a concerted attack on a child's self concept and social competence. It may or may not be a conscious act by the parents or other caregivers. Regardless of the intent, the consequences to the child are the same. Its pattern, of psychologically destructive behavior by an adult, can take the form of an act of omission, such as ignoring the child, or an act of commission, such as repeatedly telling the child that he or she is stupid. It is the most elusive and can be the most damaging of the types of maltreatment.

Emotional abuse can take many forms. The younger the child and the less developed the child's sense of self and identity, the more serious the physical, social, and emotional consequences. Emotional abuse of older children with a well-established sense of self may have less impact than the same action on a younger child or a previously maltreated child.

Emphasize that when Child Welfare Professionals identify the possibility of emotional trauma as a result of physical or sexual abuse, or that the child's emotional and behavioral maladjustments are indications of the mental illness, it is imperative that a physician or licensed psychologist evaluate the child and provide treatment recommendations. These medical and/or mental health evaluations must show that the emotional abuse is caused by the acts or omissions of a perpetrator as defined by the CPSL. Mental health consultations and evaluations must be part of the case record documentation.

Step 2: (10 minutes)

Lecture

Using **Handout #23 (Forms of Emotional Abuse)**, explain that emotional abuse varies in intensity from occasional, to mild, to extreme, over a sustained period of time. Some possible actions by a perpetrator that may cause a child to have a serious mental injury are:

- **Denying Emotional Responsiveness or Ignoring:** This includes the caregiver ignoring the child's attempts and needs to interact, and showing no emotion in interactions with the child. Denying emotional responsiveness includes:

- being detached and uninvolved through either incapacity or lack of motivation;
 - interacting only when necessary;
 - failing to express affection, caring, and love for the child.
- Spurning (or Hostile Rejecting/Degrading) includes verbal and non-verbal caregiver acts that reject and degrade the child. Spurning includes:
- belittling, degrading and other non-physical forms of overtly hostile or rejecting treatment;
 - shaming and/or ridiculing the child for showing normal emotion such as affection, grief or sorrow;
 - consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer reward;
 - public humiliation.
- Isolating includes caregiver acts that consistently deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. Isolation can come from a variety of caregiver motivations, but the resulting behavior prevents children from having opportunities for social relations with both adults and peers. Some isolating caregivers are themselves fearful of the outside world and want to protect the children from the dangers they believe exist from contact with others. Isolation is also present in sexually abusive families and in families where ritualistic abuse occurs. The isolation is to keep what happens in the family a secret and to keep the children from learning that there is any other way of life. Other isolating caregivers are themselves without social skills and merely lack social contacts and/or supports and do not provide the opportunity for their children. Isolating includes:
- Confining the child or placing unreasonable limitations on the child's freedom of movement within his/her environment;
 - Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community.
- Terrorizing includes caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or the child's loved ones/objects in recognizably dangerous situations. Terrorizing includes:
- placing a child in unpredictable or chaotic circumstances;
 - placing a child in recognizably dangerous situations;
 - setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met;
 - threatening or perpetrating violence against the child;
 - threatening or perpetrating violence against a child's loved ones or objects.
- Exploiting or Corrupting includes caregiver acts that encourage the child to develop inappropriate behaviors (self-destructive, anti-social, criminal, deviant, or other adaptive behaviors). In families where parents are corrupting their children, the parents could be repeating the parenting cycle. They pass on the type of parenting they received. Parents, who themselves have antisocial behaviors,

commonly transmit those values, actions, and attitudes to their children. These parental behaviors result from some events in their own lives.

Exploiting/corrupting includes:

- Modeling, permitting or encouraging antisocial behavior (e.g. prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others);
- Modeling, permitting, or encouraging developmentally inappropriate behavior (e.g., parentification, infantilization, living the parent's unfulfilled dreams);
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g. allowing little or no opportunity or support for child's views, feelings, and wishes; micromanaging child's life);
- Restricting or interfering with cognitive development.

- Mental health, medical, and educational neglect: This includes unwarranted caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health and educational problems or needs of the child.

Mental health, medical, and educational neglect includes:

- Ignoring the need for, failing or refusing to allow or provide, treatment for serious emotional/behavioral problems or needs of the child;
- Ignoring the need for, failing or refusing to allow or provide treatment for services for serious educational problems or needs of the child.

Step 3: (10 minutes)

Lecture

Use **Handout #24 (Assessment Techniques for Emotional Abuse)**, to explain that there are various sources that a Child Welfare Professional must use to assess if a child is at risk of being emotionally abused. These sources include:

Assessment techniques and sources of information

- The child-caregiver relationship:
Psychological maltreatment consists primarily of messages a child receives about him/herself and about important interpersonal relationships.

The child-caregiver relationship should be observed. Because of the chronic nature of much psychological maltreatment, repeated observations may be necessary to obtain a representative sample of behavior and to provide grounds on which to recognize patterns of child-caregiver interaction. Observations of the interaction have limitations because parents may not behave in their usual manner when being observed.

The child-caregiver relationship can also be assessed through interviews of the caregiver and the child, review of pertinent records, observation, consultation with other professionals, and collateral reports from siblings, grandparents, school and daycare personnel, neighbors, and others.

- **Child characteristics:**
Psychological evaluation procedures such as observations, interviews, questionnaires, and projective techniques, can provide clarifying and corroborative information about patterns of interaction, care, and treatment, and their impact on the child. Deviance or delay in the child's functioning is assessed through direct observation by the evaluator, testing, the observations of others, and available reports and records (e.g., school, health, therapy).
- **Caregiver/family competencies and risk factors:**
Evaluation of caregiver competencies and risk factors assists in determining the existence of psychological maltreatment, in developing a prognosis for improvement in the child-caregiver relationship, and in identifying issues to address in treatment. Relevant areas of functioning include: (1) Caregiver's representational models or attitudes toward past attachment figures, current partner, and child(ren); (2) Personal resources (intelligence, job skills, social skills, personality variables, mental health); (3) Social support/resources (marital status, family, friends, financial status, community involvement); and (4) Life stresses or transitions in the family.

Some caretaker characteristics associated with Emotional Abuse include:

- Substance abuse: Parents who abuse substances have a tendency to ignore and neglect and are not aware of their parental responsibility
- Interactional stress between the parent and child, resulting in power struggles
- Poverty
- Parental history of psychological maltreatment
- Parental impulsivity
- Low self-esteem
- Instability in the environment "Disruption, chaos and Deprivation": relationship between family members is unstable and the members of families are socially and emotionally deprived
- Social Isolation/lack of community support
- Lack of parenting skills

Assessment of the caregiver usually includes one or more interviews, review of collateral reports and records, and psychological testing.

- **Consideration of societal and cultural context:**
A family's community context and immediate social and economic circumstances should be taken into consideration when evaluating caregiver behavior. The psychological conditions jeopardizing a child's development may not be under the control of a caregiver. Homelessness, poverty, or living in a violent neighborhood can have an adverse impact on quality of care and child development. Caregivers are not responsible for conditions over which they have no control.

Professionals should be knowledgeable about and sensitive to cultural and ethnic differences in care taking styles and customs. If the evaluator is not familiar with the cultural context of the child and family, consultation with appropriate experts is required. Additionally, if the Child Welfare Professional does not feel competent or sees the need for further evaluation, a referral to a mental health professional should be made.

Step 4: (15 minutes)

Lecture, Large Group Discussion

Trainer must ask trainee to list some factors that may protect children from emotional and/or psychological harm. List those factors on a flipchart. Some possible answers are:

- Positive personality dispositions
- Parental warmth
- Supportive school environment that reinforced child's coping efforts
- Positive relationship with non-offending parent
- Other positive adult relationships
- Child's intelligence
- Emotional resiliency
- Self-efficacy and warmth
- Cohesion with extended family
- Child's participation and mastery in community activities

Module 5: Identification and Assessment of Child Abuse/Neglect

Section X: Student Abuse

Estimated Length of Time:

30 minutes

Learning Objectives:

Participants will be able to:

- ✓ Recognize the definition of student abuse as defined in the Child Protective Service Law.

Methods of Presentation

Lecture, Small Group Activity, Large Group Discussion

Materials Needed

- ✓ Overhead Projector and Screen
- ✓ **Handout #25 (Student Abuse Quiz)**
- ✓ **Overhead #13 (Student Abuse Is...)**

Outline of Presentation:

- Discuss the definition of student abuse in Pennsylvania

Section X: Student Abuse

Step 1: (5 minutes)

Lecture

Use **Overhead #13 (Student Abuse Is...)** to define Student Abuse per the CPSL.

Student abuse is the serious bodily injury or sexual abuse or sexual exploitation to a student by a school employee.

A student is an individual who is under 18 years of age and is enrolled in a public or private school, intermediate unit or area vocational-technical school.

School employees are persons employed by a school, unless they have no direct contact with students. This includes persons employed by an independent contractor of a school. Emphasis that the CPSL never refers to the school employee as a perpetrator. They are school employees suspected of abusing a child, or school employees responsible for abusing a child.

Per the CPSL, only two types of abuse are included in student abuse:

- Sexual abuse/exploitation. The act would need to fit one of the eleven types of sexual abuse that were previously discussed.
- Serious bodily injury. This type of abuse must cause:
 - ✓ substantial risk of death, or
 - ✓ serious permanent disfigurement, or
 - ✓ protracted (a long, drawn out or prolonged) loss or impairment of an organ or other body part.

Ask participants how serious bodily injury is different than the definition of serious physical injury? Explain that serious bodily injury is a higher standard of injury than the definition we discussed for physical abuse which is causes a child severe pain; or significantly impairs a child's functioning, either temporarily or permanently.

Clearly identify that these requirements apply whenever a school employee is functioning in the role of a school employee regardless of when or where the abuse occurred. They do not apply when a school employee is paid by the parents or student for what they are doing with the student, or if the employee is otherwise with a student and not functioning as a school employee.

For example, a teacher who helps a student with his or her studies, or is involved in an extracurricular activity, after school hours would be included in student abuse. However, if the teacher was being paid by a parent to tutor a student, the teacher would be considered a self-employed agent of the parent. In this case, the teacher could be considered a person responsible for a child's welfare and investigated under the other CPSL rules.

Step 2: (5 minutes)

Lecture

Explain that an important element that Child Welfare Professionals must know is that the referral process for suspected student abuse is very different than the process for reporting child abuse.

Referral sources for this type of abuse are generally school employees. They must make a referral to the school administrator when they suspect that a student coming before them is a victim of serious bodily injury or sexual abuse/exploitation by a school employee.

If the school employee learns about the abuse from another person, they must see the child and then make a report if they suspect student abuse.

The school employee suspecting student abuse makes the report to the school administrator, oftentimes the principal. The administrator does not make the referral to the county agency. Rather, he or she must immediately refer the case to law enforcement officials and the district attorney. No independent investigation by the administrator is allowed.

If the administrator is the suspect, then the school employee suspecting student abuse gives the information directly to law enforcement and the district attorney.

Law enforcement does an initial review. If they suspect that there is evidence of serious bodily injury or sexual abuse/exploitation by a school employee, then they make a referral to the county agency. The agency registers the report with ChildLine.

The law requires that the county agency and law enforcement coordinate their investigations. Interviews with the student must be conducted jointly. Law enforcement may exercise their right to interview the school employee before the county agency has any contact with him or her.

Step 3: (20 minutes)

Small Group Activity, Large Group Discussion

Distribute **Handout #25 (Student Abuse Quiz)**, a 10-part true - false quiz. Have participants answer the questions in their table groups. Review answers in large group format, using the information below.

1. All school employees, except the administrator, meet the definition of perpetrator under the CPSL.
 - False. No school employees are referred to as perpetrators under the CPSL. All school employees, including administrators, can be considered school employees responsible for student abuse. There is an exception for individuals who have no direct contact with students.

2. Any child under the age of 18 who is enrolled in a public or private school, intermediate unit or area vocational-technical school can be classified as a student.
 - True. This is the definition of student in the CPSL.
3. When a report of suspected student abuse is received by the county agency from the parent, the agency should direct the parent to contact the school administrator.
 - True, as far as the statement goes. The agency is also expected to take the information and report it to the administrator as well. If the parents state that they have notified the administrator and the administrator has refused to make a report, the agency shall take the information and report it to the administrator, law enforcement and the district attorney.
4. If the agency has a contract with a facility and a school employee of that facility is identified as a school employee suspected of student abuse, the agency should conduct a thorough investigation into the matter, prior to filing a report with ChildLine.
 - False. This school employee would be considered an agent of the county agency because the agency has a contract with the facility. Therefore, this would be investigated by a regional representative.
5. Administrators should report suspected student abuse to CPS and the police.
 - False. Administrators are mandated to report to law enforcement and the district attorney. They are not mandated to report to CPS or ChildLine.
6. A child who has multiple bruises as a result of being hit by a school employee is a victim of student abuse.
 - False. The child would not be considered a victim of student abuse because his injuries do not constitute serious bodily injury.
7. A teacher who is being paid by the parents to tutor their child would be considered a perpetrator of child abuse, rather than a school employee responsible for student abuse, if that teacher sexually abused the child while tutoring the child.
 - True. The school employee in this situation is the agent of the parent in the role of tutor paid by the parent. Therefore, the school employee would be considered a person responsible for the child's welfare, as found in the definition of perpetrator in the CPSL.
8. The interviews of the child shall be conducted jointly by law enforcement, CPS, and the school administrator.
 - False. The administrator is not part of the investigator process. Only CPS and law enforcement are. The CPSL requires joint interviews of the child by CPS and law enforcement.

9. If a school employee hits a student in the mouth and knocks out the student's permanent teeth, it could be considered student abuse.
 - True. The loss of the permanent teeth should be considered serious bodily injury because they cannot come back on their own and the child has suffered a permanent loss of a bodily function.
10. A school bus driver is not considered a school employee.
 - False. The school bus driver is a school employee under the CPSL.

Close the activity by again stating that Student Abuse has its own referral and response system. Therefore it is important they get support from their supervisor if they suspect an incident of student abuse.

Step 4: (5 minutes)

Lecture

Inform participants that they have now almost completed the 12-hour course on the introduction to identifying child abuse and neglect. It is important that they understand that this is an introductory overview to child abuse and neglect. It is the foundation to teach them the law and begin to build their skills in identifying the various types of abuse. To provide effective case intervention they will need to continue to get support and guidance from their supervisors or assigned experienced colleagues.

Module 5: Identification and Assessment of Child Abuse/Neglect

Section XI: Self-Assessment and Transfer of Learning Plan

Estimated Length of Time:

30 minutes

Learning Objectives:

Participants will be able to:

- ✓ Complete a self assessment and a plan for the successful transfer of learning to the workplace.

Methods of Presentation:

Lecture, Individual activity

Materials Needed:

- ✓ Trainer evaluation forms
- ✓ **Handout #26 (Self Assessment and Transfer of Learning Plan)**
- ✓ **Handout #27 (Transfer of Learning Activities Module 5)**

Outline of Presentation:

- Presenter facilitates trainer self-assessments and transfer of learning plans
- Participants complete evaluations

Section XI: Self-Assessment and Transfer of Learning Plan

Trainer Note: This is a critical section and will need the entire 30 minutes assigned.

Trainer Note: Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

Step 1: (5 minutes) **Lecture**

The trainer advises the group that they have reached the stage of the training that requires a transfer of learning plan to implement upon return to their agencies. The plan is their key to transferring what they learned to their work behavior.

Using **Handout #26 (Self-Assessment and Transfer of Learning Plan)** the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

Step 2: (10 minutes) **Individual Activity**

The trainer refers participants again to **Handout #26 (Self-Assessment and Transfer of Learning Plan)** instructing trainee to complete the Self-Assessment Transfer of Learning Plan. Inform the participants that it is important that they accurately assess their ability. It is not expected at this stage of training to have mastered all the areas of training. It is through their recognition of a need to continue to grow that they take the steps necessary to do so. For each item, participants list who, will do what, by when. Participants should not feel limited by the prescribed numbers and should list additional items if they choose.

The trainer then asks participants to individually complete their plans.

Step 3: (5 minutes) **Lecture**

When participants have completed their plans, the trainer concludes the activity by asking several volunteers to each share an action they will take to transfer their learning.

Step 4: (5 minutes) **Individual Activity**

Using **Handout #27 (Transfer of Learning Activities Module 5)**, remind participants that the pre-work activities relate to the next Module 6 - Safety Assessment. The Trainer must also emphasize how the pre-work, to be completed by each participant, will be used to discuss safety assessment task.

Step 5 (5 minutes):
Individual Activity

Ask trainees to complete the Training Program evaluation, encouraging them to include written comments in addition to the feedback scores. Tell them that the comments are usually the most useful information for us in improving the curriculum and presentation.

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