

Core: Child Maltreatment Identification, Part I

Workbook Materials

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Child Maltreatment Identification

Part 1: Neglect, Emotional Abuse and Physical Abuse

COMPETENCIES and LEARNING OBJECTIVES

CORE COMPETENCIES

The trainee will accurately identify factors that constitute abuse and/or neglect as defined by the Welfare & Institutions Code Section 300 (a) - (j) and recognize parenting behaviors that promote child safety and family well-being outcomes.

The trainee will distinguish scenarios of child maltreatment from those that are not child maltreatment based on a constellation of factors such as physical injuries and behavioral indicators, within a cultural context.

The trainee will value the importance of diversity as it relates to child maltreatment.

LEARNING OBJECTIVES

Knowledge:

- K1.** The trainee will be able to identify indicators of physical abuse.
- K2.** The trainee will be able to identify indicators of neglect.
- K3.** The trainee will be able to identify indicators of emotional abuse.
- K4.** The trainee will understand the legal basis of identifying abuse and neglect in California, and understands the associated sections of the Welfare & Institutions Code Section 300 (a) - (j).
- K5.** The trainee will be able to identify strength-based information gathering strategies (that include exploration of family strengths, resources, and risk and safety factors) necessary for working with children, families, and others in the context of making a child maltreatment determination.
- K6.** The trainee will be able to identify physical, emotional, and behavioral characteristics of children who have been maltreated, while attending to the cultural and ethnic context of the children.
- K7.** The trainee will be able to identify three cultural practices that may be mistaken for child maltreatment.

Skills:

- S1.** Given a case scenario, the trainee can identify child maltreatment.
- S2.** Given a case scenario, the trainee will be able to distinguish child maltreatment from benign cultural factors.

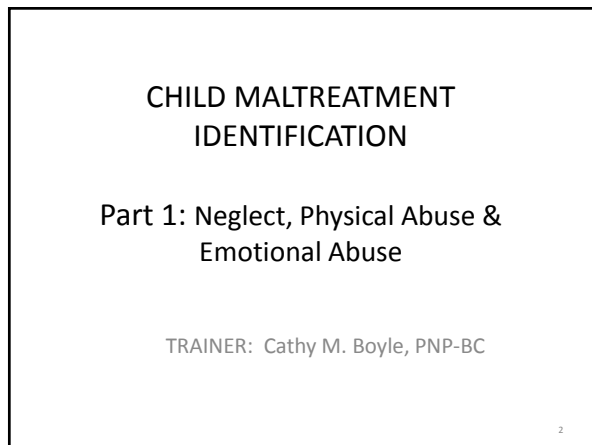
Values:

- V1.** The trainee will be aware of their personal values related to abuse and neglect as they relate to the legal definitions described in the Penal Code and the Welfare & Institutions Code Section 300 (a) - (j).
- V2.** The trainee will make decisions consistent with the legal definition as described in the Penal Code and Welfare & Institutions Code Section 300 (a) - (j).
- V3.** The trainee will value the benefit of acquiring and utilizing up-to-date information about cultural differences to identify child maltreatment.
- V4.** The trainee will value the importance of working with families and communities utilizing a strength-based model of practice.

RELATED TITLE IV-E CURRICULUM COMPETENCIES

- CF 5.a.** Demonstrate, through assessment, intervention and evaluation practices, a working understanding of the role and function of historical, social, political, and economic factors as the underlying causes and mechanisms of oppression and discrimination.
- CF 7.a.** Demonstrate beginning ability to apply conceptual behavioral frameworks to social environments involved in assessment, intervention and evaluation.
- CA 7.1.** Integrate knowledge and theory of human behavior and the social environment from diverse perspectives to conduct reliable and valid assessments, comprehensive service plans, effective interventions, and meaningful evaluations in child welfare.
- CP 7.1.** In evaluation of child welfare practice (engagement, assessment, planning, intervention, and evaluation), demonstrate the ability knowledgeably to apply information about human behavior and the social environment from diverse perspectives.
- CF 7.b.** Demonstrate beginning ability to gather and interpret behavioral knowledge in perceiving person and environment.








Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

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Introduction

- Tell us your name
- Where you work
- How long you have worked there
- Then tell us a goal you have for yourself

A stack of five smooth, rounded stones of varying sizes and colors (grey, tan, brown) balanced on top of each other against a blue sky background.

Mirror Work: Take care of yourself!

- Mirrors reflect back to us our feelings about ourselves
- Look into your eyes and say something positive
- Then say "I love and accept you exactly as you are"

A hand holding a round mirror, reflecting a person's face. The image is framed with a red border.

I Believe in Simple Things: Smile

- Smile- it takes 43 muscles to frown but only 17 muscles to smile
- You feel better
- People around you feel better

A close-up photo of a baby smiling. The image is framed with a red border. Text overlay: "If someone is too tired to give you a smile, leave one of your own, because no one needs a smile as much as those who have none to give."
dsong@surgev.bsd.uchicago.edu

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If You Begin Feeling Like This...



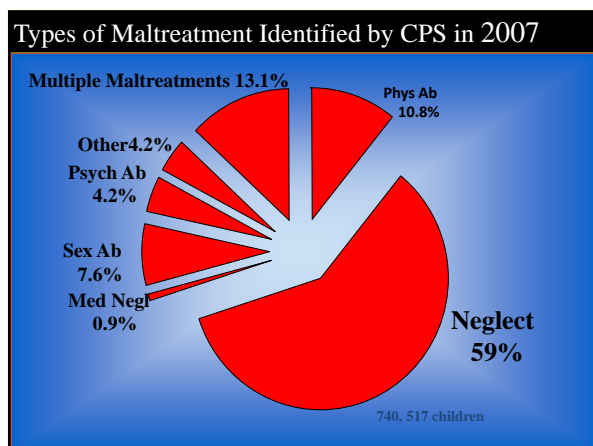
Please let me know!

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Learning Objectives and Competencies



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Child Abuse Statistics 2011

- **78.3% suffered neglect**
- **17.6% suffered physical abuse**
- **9.2% suffered sexual abuse**
- **1560 died from child maltreatment**

(U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2011)

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National numbers.....

- In 2007, 740,517 children were victims of abuse or neglect
- For 2011, a nationally estimated 1556 children died of abuse or neglect – a rate of 2.00 children per 100,000 in the national population (this is an increasing number)

(U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2011)

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Child Maltreatment

What Are Some Risk Factors Of Child Maltreatment?

- Mental health issues of P or C
- Mother's early age
- Lack of education
- Hx of child maltreatment
- Premature birth
- Lack of social support
- Unemployment
- Immigration
- Crises in family life
- Temperament of child
- Families with lots of kids

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What is Child Abuse & Neglect?

- California's legal definitions:
 - W&I Code (a-j)
 - Penal Code (11164 & 11165)

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Elements of Neglect

- Poverty as an issue
- **BIAS**
- Poverty itself does not constitute neglect
- Other factors: chaos, lack of interpersonal or job skills, disorganization, apathy, drug addiction
- Others?

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Elements of Physical Abuse

- Location of incident/scene
- Locations of injuries on the body
- Types and severity of injury
- Explanation of injury
- Overall condition /appearance of child
- Age and developmental abilities of child
- Caregivers own history or CPS history

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Intent

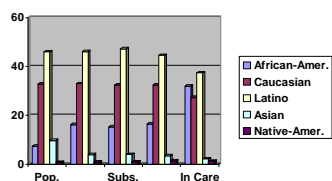
- Do you have to prove intent?



16

Why start with cultural context and values?

California 2003: Ethnicity and Path Through the Child Welfare System



(Barbara Needell, 2004)

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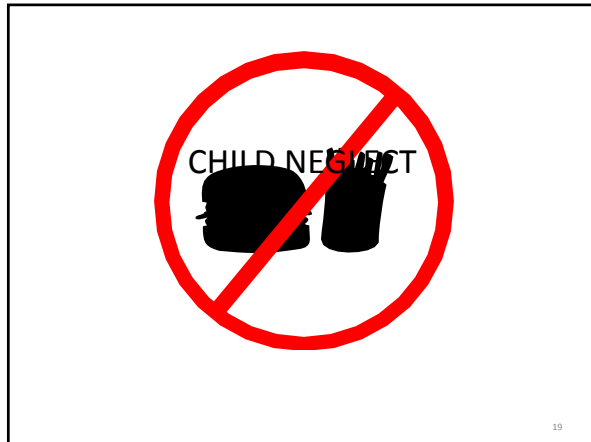
Context for Child Maltreatment

- Cultural context
- Child rearing standards
- Environmental factors

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Neglect is # 1

- 59% of victims experience neglect.
If we add medical neglect, this number goes up to 59.9%! (U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2007)
- Child neglect continues to be the largest single category of child maltreatment representing over 59% of the 2.97 million reports of child maltreatment nationwide. (Chalk, Gibbons, & Scarupa, 2002)

What is it?

- Child neglect is the failure of caretakers to provide adequate emotional and physical care for a child.

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Learning Objectives and Competencies



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General Neglect

-

Penal Code

300 (b) Welfare & Institutions Code

PC 111.65.2, 11165.5, 11165.6 (read b,e,f,j)

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15 Minute Break Come
Back at 10:25



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SEVERE NEGLECT

300 (e) W I or 300 (b)

- Withholding food/water on a prolonged, willful basis
- Severe malnutrition
- Non-organic failure to thrive
- Failure to provide medical treatment which will result in permanent and/or severe illness or death.

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Child Maltreatment

“Families live in perpetual crisis”

Kagan and Scholosberg (1989)

(Page 21) 26

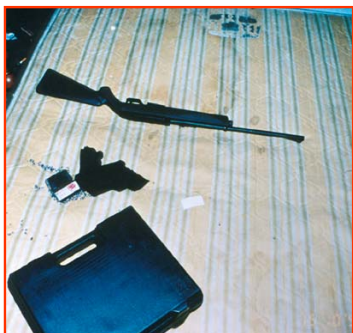
You Make the Call

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You Make the Call



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Sometimes It's a Slippery Slope



Be Flexible

Pictures Speak a Thousand Words



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You Make the Call



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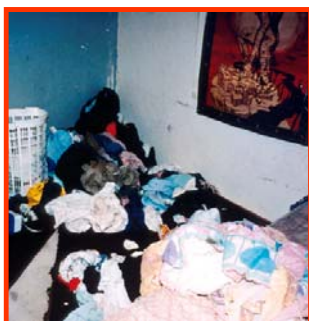
Neglect

- Maltreatment deaths were more associated with neglect (35%) than with any other type of abuse.
- Fatalities resulting from multiple maltreatment types account for another 28.9%
- (U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2003)

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You Make the Call

- Co-sleeping
 - In 2008 between Jan.- March (18 infant deaths 9 from co-sleeping)
 - In 2007 there were 7 infant deaths
- SIDS Protocol
 - Back to sleep
 - In a crib



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How's Everyone Doing?



34

BEHAVIORAL INDICATORS OF NEGLECT

Exercise
(What they look like and how they behave)

35

Profile of The Neglected Child

- Large percentage of neglected children are developmentally delayed
- May present as unresponsive, placid, dull, uninterested in their surroundings
- May appear hungry or tired
- May be out of control
- May have school/learning issues

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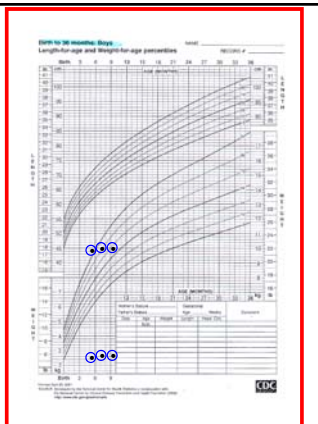
What does neglect look like?

- Absence from school
- Lack of supervision
- "Dirty" home
- Dental or medical neglect
- Psychological needs not met
- FTT (Failure To Thrive)
- Chronic lice/scabies
- Drug exposure (in utero and beyond)

AFTER

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Failure to Thrive



Part II

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Case No. 1

You Make the Call



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Challenges & Dilemmas of Neglect

- Different standards, values and norms re: child rearing in different cultural groups
- Marginal child rearing issues
- Ross & Meezan study



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You Make The Call



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PHYSICAL ABUSE



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Why Intervene...Break The Cycle

PCIT
(example)



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Physical Abuse:

- Non-accidental, inflicted injury/trauma
 - 300 (a) W I – physical abuse
 - 300 (e) W I – severe physical abuse
 - Injuries causing death, permanent disfigurement, significant bleeding, deep bruising, significant internal or external swelling, fractures, unconsciousness, prolonged withholding of food.
- ★ SUBSTANTIAL RISK of physical harm

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WARNING !!!

This presentation contains graphic images of children and adolescents with injuries sustained from physical abuse and neglect.

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ABUSE VERSUS ACCIDENTS(non-inflicted trauma)

ABUSE VERSUS DISCIPLINE

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What are your “buttons”
-- and what do you do about them?

- Race
- Discipline
- LGBTQ
- Age
- Religion
- Gender
- Sexual abuse
- Language

Values exercise

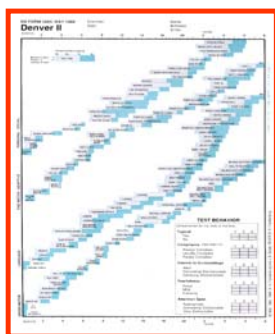
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Physical Abuse in a Cultural Context

- Do our personal values, experiences and biases influence our decisions?

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Developmental Milestones

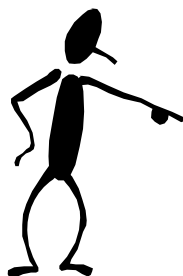


- Personal-Social
- Fine Motor-Adaptive
- Language
- Gross Motor

DDST 2014

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Developmental Milestones: Common Physical Abuse Triggers



- Playing doctor
- Refusal to help
- Problems with sharing
- Spilling and breaking
- Talking back
- Tantrums
- Thumb sucking
- Toilet training
- Whining

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Developmental Milestones: Common Physical Abuse Triggers



- Being Afraid
- Bedtime Problems
- Biting
- Crying
- Dawdling
- Feeding Problems
- Saying "No"
- Picky Eater

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Child Physical Abuse

When it's okay to spank your kids...



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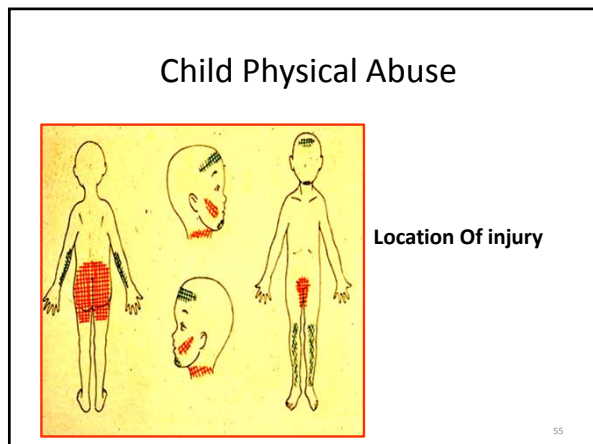
Elements to consider in evaluating abuse:

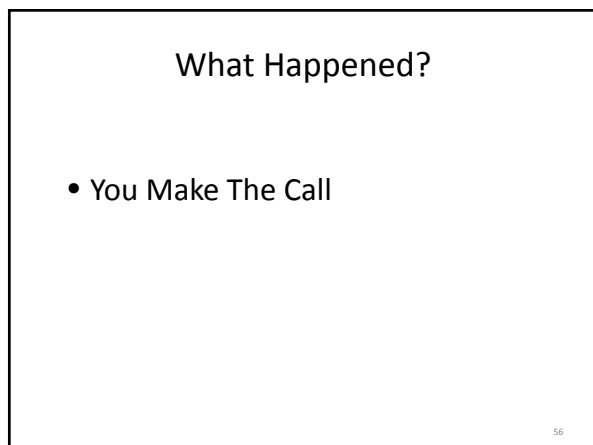
- | | |
|------------------------------------|-------------------------------------|
| • Location of injury | • Severity of injury |
| • Explanation of injury | • History of abuse/CPS priors |
| • Location of incident/scene | • Condition of child |
| • Age of child | • Parental history of abuse/neglect |
| • Developmental abilities of child | • Parental substance abuse |

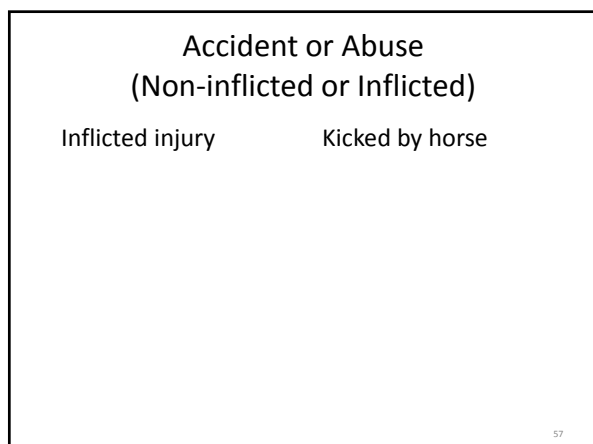
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Non-inflicted or Inflicted

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Inflicted or Non-Inflicted?

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Explanation of Injury – Parent/Caretaker

- People do lie
- People do take children to ER after abuse
- People can love their kids & abuse them
- May take truth, change it a little
- Changing stories very suspicious
- Absence of explanation suspicious
- Unknown perpetrator high risk
- Blaming sibs suspicious

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Questions for the Dr.:

- What is the nature of the injury?
- Is injury consistent with explanation?
- What mechanism would cause this injury?
- Spell it – what does it mean?
- Put it in writing.
- How old is the injury?
- Would child be in pain?
- Cry out when injured/reaction?

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15 Minute Break

Come back at 2:45



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COLLABORATION

- WHO IS ON YOUR TEAM?



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Teamwork



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Strength-based approaches & engagement strategies

- Remember your “Framework” class?
- Think about strategies that may be used in the different cases.

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What Possible Injuries Will Be Seen?

- Bruises/ Pattern Bruising
- Broken Bones/Fractures (deformities, tenderness)
- Bites
- Burns
 - Contact
 - Liquid
 - Immersion
 - Flame
- Internal Injuries (bruise, tenderness, symptoms)
- Head Injury (unsteady gait, headache, vomiting)

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Bruising As a Motor Skill

- 3 months - beached whale
- 4 months - rolling over
- 6 months - sitting up
- 8-9 months - crawling
- 9-12 months - cruising
- > 12 months - crashing and burning

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Bruising As a Motor Skill

- If you ain't cruising, you ain't bruising (at least you shouldn't be)

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Child Physical Abuse



Age of injuries

- Recognize our limitations
- Most useful comparing injuries


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Child Physical Abuse

Bruises

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Child Physical Abuse



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Physical Abuse

Pinch marks:

- Oval shape
- Commonly located on upper arm, shoulder and extremities.
- Characteristic pattern

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Physical Abuse

- Multiple injuries
- Loop/curvilinear
- Petechiae/bruise

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Physical Abuse

- Multiple injuries
- What is the history?
- Is this a common area of injury?

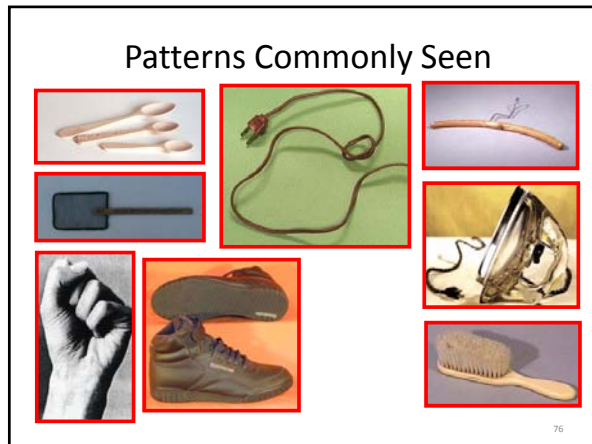
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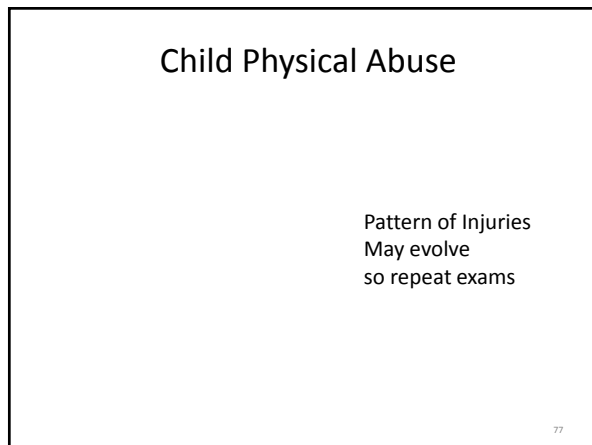
Patterned Injuries

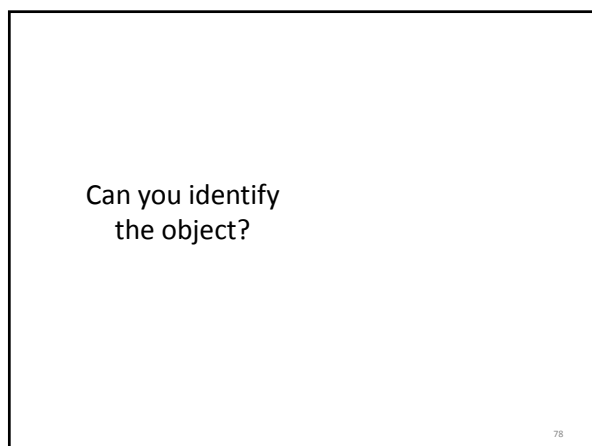
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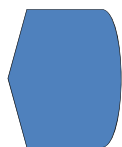
Part III

You make the call?

- What do you think?

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Things That Mimic Abuse



- Mongolian spots or slate gray spots
- Present at birth or shortly thereafter
- Will fade as the child grows older but may always be present

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Things That Mimic Abuse

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Things That Mimic

- Easy bruising
- Laboratory tests to rule out bleeding disorders such as hemophilia, or illness such as leukemia

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Things That Mimic

Lots of bruises in unusual places
No story for bruises
Lab tests: bleeding studies

84

Physical Abuse

- Ligature marks
- Around wrists, ankles, or neck
- May indicate child was restrained by being tied up

85

You Make The Call

3 years old
Hispanic female

History: Child in foster care with 3 other similar age children. Each child blames the injuries on another child.

What do you do?

86

You Make The Call

Medical exam revealed:

- Healing abrasions/scars over back of wrists.
- Suggestive of ligature marks or contact dermatitis from bracelets.

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You make the call

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Human Bite Marks

- Child's bite measuring is usually no greater than 3cm
- Adult bite marks measure 3.5 cm or greater

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Photographing Bite Marks

- Take far away picture first to orient you to the body
- Camera should be at a 90 degree angle
- One picture without measuring tool
- Measure from side to side

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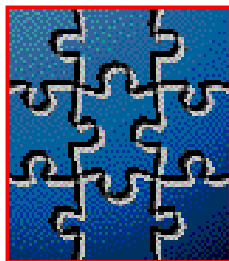
Abuse or Neglect

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Inflicted or Non-Inflicted

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Fractures



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Child Physical Abuse

Injuries From Falls

- Short falls – common no injury.
- Studies on fatal injuries don't die from falls of less than 3 stories.



94

Child Physical Abuse

Injuries From Falls

- Short falls – happen commonly with usually no injury.
- Studies on fatal injuries have found that children generally don't die from falls of less than 3 stories.



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Fractures

- The most common non-accidental/inflicted fractures in children of all ages involve the skull, the long bones, and the ribs.
- In infants, the most common fractures are in the skull, ribs, and metaphyses.

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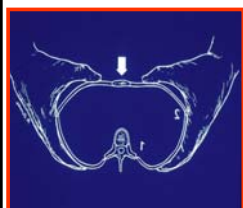
Fractures

- Children younger than two , most common inflicted fractures are femur, humerus, tibia, and ribs.
- Fractures under one are suspicious.
- Age is the single most important risk factor: 55% to 70% of all skeletal inflicted trauma occur in infants younger than age one year.

Merten, Radowski, and Leonidas, 1983; Gross, & Stranger, 1983

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Rib Fractures



Levering over vertebrae

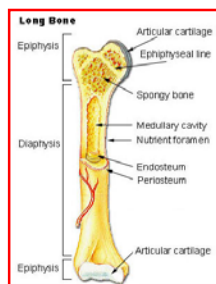


- Multiple rib fractures
- Healing present
- Squeezing, pressure or slammed
- *Posterior rib fractures pathognomonic of child abuse

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Extremity Fractures

- Long bone fractures most frequent
- Hands and feet unusual
- Metaphyseal imply abuse
- Diaphyseal (shaft) 4x more common
- Diaphyseal may be from accidental injury




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Extremity Fractures


- 2 month old
- Premature
- Recurrent abuse



© AAP


Fractures

- Multiple fractures
- Toddler
- Received no medical care for the first two fractures



© AAP

Fractures




- Non-accidental
- Fractures seen here are rarely accidental
- Mechanism of injury is probably forceful jerking up on the arm or a direct blow to the shoulder

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An X-ray image of a child's arm showing a spiral fracture of the humerus. The fracture line winds around the bone, characteristic of a twisting injury.

Spiral Fracture

- Two year old boy without history
- * Significant rotational force is required to cause a spiral fracture


© AAP 103

Metaphyseal fractures are highly suggestive of abuse

An X-ray image of a child's pelvis. Red arrows point to metaphyseal fractures at the ends of the femurs, which are highly suggestive of child abuse.

© AAP 104

Osteogenesis Imperfecta

An X-ray image of a child's arm showing Osteogenesis Imperfecta. The bone is significantly deformed and brittle, with a clear fracture line visible.

- Obvious deformities
- Weakness
- More prone to fracture from normal activity

© AAP 105

Femur Fracture



- Acute, angulated transverse fracture
- 9 month old
- Caught in the crib rail
- Skeletal survey showed a skull fracture, and subdural hematomas

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Facts About Fractures

- There may be a delay in seeking medical treatment in cases of abuse.
- In many abuse cases, minor falls are blamed for fractures
- In one study of 246 children, only 3% suffered fractures, and none involved the femur.

107

Emotional Abuse



“Concerted attack by an adult on a child’s development of self and social competence...”

108

What is Emotional Abuse?



- Inadequate nurturance/affection
- Drug/alcohol abuse
- Refusal or delay of psychological care
- Applying expectations inappropriate for age and development

109

DEFINITIONS OF EMOTIONAL ABUSE

- PENAL CODE
(11165.3)
- W & I CODE
(300c, i)

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Challenges with Emotional Abuse Investigations

- Difficult to define and evaluate
- Difficult in the court process
- Often combined with other factors of abuse
- Often requires great effort to get documentation

111

What does it look like?

- Rejection
- Isolation
- Terrorizing/bullying
- Ignoring/depriving
- Corrupting
- Humiliating
- Confusing
- Scapegoat
- Setting unrealistic expectations
- Verbally assaulting
- Putting child in "double binds"
- Parental unpredictability
- Exposure to DV

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"Sticks and Stones will Break My Bones But Words Will Never Hurt Me"



Emotional

Neglect/Abuse—a pattern of emotional unavailability of the parent or caretaker, such as; chronic substance abuse, physical or psychological absence, mental illness, rejection of the care of the child which produces harm or risk to the child.

113

Domestic Violence

- 30% female homicide in US are killed by husband or boyfriend
- Effects at least one out of four American families
- Prevention and intervention
- When DV or CA, 30-60% of families will also have the other form of family violence.
- 25-40% sexual abuse

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Emotional Distress



- Stomach aches
- Headaches
- Medical exams can be helpful
- Psychological evaluations

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Behavioral Elements: Emotional Distress

General physical exams can find
other medical
and emotional problems

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Sometimes you just need to know
someone's there!



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Part IV

Welcome Back



Thank You For Doing The Work That You Do!

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Self care

- How was your evening?
- What did you do special for yourself?
- Remember: "I love and accept you exactly as you are".



120

Perpetrator Relationship

- Four-fifths (81.3%) of victims were maltreated by a parent either acting alone or with someone else.
- Nearly two-fifths (37.2%) of victims were maltreated by their mother acting alone.
- One-fifth (19.1%) of victims were maltreated by their father acting alone.
- One-fifth (18.5%) of victims were maltreated by both parents.
- Thirteen percent of victims were maltreated by a perpetrator who was not a parent of the child.

(U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2011)

121

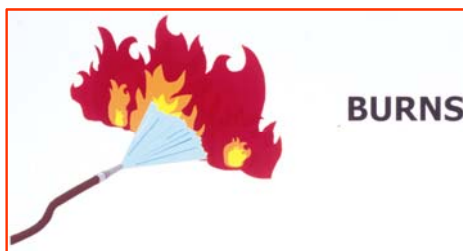
Self care

- Be prepared, burns are difficult to look at.
- Likewise, this is parallel to your need to take care of yourself as a child welfare worker
- High burnout if you don't!
- Take time to debrief



122

Child Physical Abuse



123

Child Physical Abuse: Burns

- Contact burns: cigarette, hot plate, iron, curling iron, radiator
- Scald burns:
 - Immersion (glove, stocking, groin)
 - Splash (water, coffee, etc.)

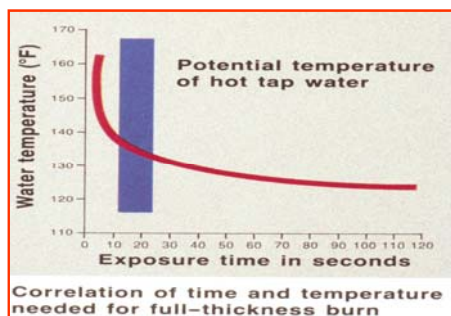
124

Tap Water Burns

- Tap water scald burns account for 87% of inflicted burns.
- Burns represent 10% of all physical abuse cases.
- The peak age of burn victims is 13 to 24 months.
- They are often associated with toilet training accidents.

125

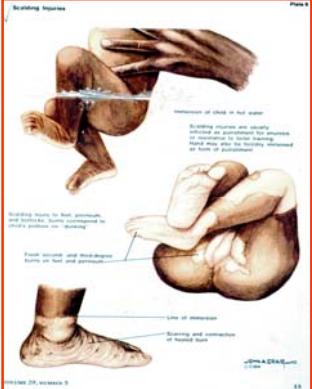
Temperature and Duration



126

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1/26/2016



Scalding Injuries

Immersion of limb in hot water

Scalding injuries are usually limited to the extremities or restricted to some burning band over the body, depending on form of contact.

Scalding injury to foot, proximal and distal areas, surrounded by a pale area - sparing

From second and third degree burns on foot and proximal

Line of demarcation

Scarring and contraction of healed burn

128

Immersion Burns

- Well demarcated lines
- Sparing

Child Physical Abuse

- Real burn picture next

128

Child Physical Abuse

- Acute burn- note well demarcated line and sparing

129

Child Physical Abuse

- Healed burn scar-
classic donut
configuration

130

Burns

Immersion Burn-Inflicted

Accidental Hot Tub Injury

131

Child Physical Abuse

- Liquid spill burn-
note gravity flow
pattern

132

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Typical Accidental Splash Burns

Hot water from bathtub faucet

Hot water pulled onto chest

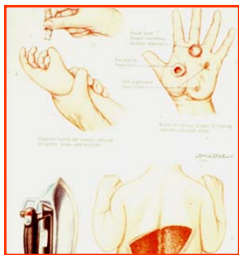
133

Case 2: 27-month-old demonstrating bullae, diamond-shaped distribution, and no sparing of perianal area.

Leventhal J M et al. Pediatrics 2001;107:178-179
©2001 by American Academy of Pediatrics

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Child Physical Abuse



135

Child Physical Abuse

136

You Make The Call

Burn from a car seat.

137

Conditions That Mimic

- Impetigo
- Flea bites
- Scabies
- Ringworm
- Chickenpox
- Poison Ivy

138

Contact Burns

- Take on the pattern of the object
- Sometimes difficult without the object present

139

Child Physical Abuse
You Make The Call

Inflicted burn from iron

140

You Make The Call

141

Child Physical Abuse You Make The Call

Heater Burn

142

Provide A History For This Injury

143

Forced Ingestion/Poisoning

- Forced to drink caustic liquid
- Internal injuries can be severe

144

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Part V

Cultural Folk Treatments

- Moxibustion – Asian medicine practice of burning herbs to the abdomen
- Cao Gio – SE Asian practice of rubbing hot coins over the back of chest to cure fever, pain, congestion
- Cupping – Mexican/S. American practice of placing warm cup over the chest to draw out illness

146

Cultural Differences

Folk Remedies

Some folk remedies leave marks, bruises, or other injuries. Folk remedies are cultural expressions of love and healing. However, jurisdictions have developed different policies regarding the response to folk remedies.

147

Cultural Practice/Folk Remedy

- Moxibustion, An herbal substance is burned onto the child's abdomen to cure discomfort or disease

148

You Make The Call

149

Injuries To The Mouth

- Injuries to the frenulum can be caused by
 - Force feeding
 - Falls directly to the mouth

150

Injuries In The Mouth

- What caused this?
This child has no teeth. If the child did have teeth would it make sense?

151

Patterned Injury

Describe what you see.

152

Injuries To Back Of Ear

- Ears can be bruised by pulling, pinching, or grabbing.
- Pulling or boxing will leave bruises
- Ear bruising can be associated with serious head or brain trauma

153

Injuries To The Mouth

- Injuries to the lips can be from direct blows
- Accidental falls
- Hands over mouth attempt to quiet or suffocate child

154

Abusive Head Trauma

- Head trauma means injury to the face, scalp, skull, meninges and/or brain as a result of mechanical force
- May be a result of direct impact, asphyxiation, or shaking

155

Abuse Head Trauma (Shaken Baby Syndrome)

- Usually under 1 year, may be up to 8 years
- Held by chest and shaken at arm's length
- Requires considerable strength
- Deceleration occurs when chest and occiput strikes the back
- Cerebral edema & hemorrhage (subdural)
- Retinal hemorrhages often present



Abusive Head Trauma

- Head injuries from inflicted trauma are the primary cause of death of infants.



safesoundbabies.com

157

Abusive Head Trauma

- Concussion is the most common brain injury and usually has a brief period of loss of consciousness with memory loss for the event.
- Diffuse axonal injury is the term for a more severe brain injury. Unconsciousness is immediate and lasts more than 6 hours.

158

Abusive Head Trauma

- The skull of the small child is thinner than that of an adult. The larger head size and lesser muscle strength results in more acceleration-deceleration injury.



159

Coup-Contracoup Injury

- Coup = Primary impact site when struck
- Contrecoup = Secondary impact site when brain travels back and slams into reverse side of skull

160

Abusive Head Trauma

- *Skull fractures* do not predict the amount of brain injury – large fractures can be associated with minor brain injury and severe brain injury can occur without a fracture
- Skull fractures may be simple or complex.
- Approximately 1/3 of skull fractures in children under 3 are non-accidental.

161

Caution

Autopsy photo

162

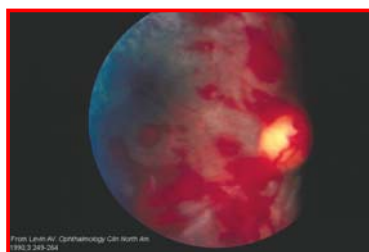
Subdural Hematoma



163

Retinal Hemorrhages

- Seen in 80% of recognized abusive head trauma
- Normal newborns with hemorrhages clear within a few weeks



164

Internal Injuries

- Abdominal injuries are the second leading cause of mortality in child abuse cases.
- The liver is the most often involved organ in abdominal child abuse fatalities.

165

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

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Internal Organs include:

- Liver
- Stomach
- Pancreas
- Spleen
- Kidney
- Spinal column
- Duodenum

166

Child Fatalities

- 1560 children died from maltreatment in the United States in 2011.
- Children under age 6 account for 85% of all child abuse deaths.
- Children under 1 account for 44% of all child abuse fatalities.

((U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2011))

167

Physical Abuse Statistic

- Almost half of children who are maltreated experience more than one type of maltreatment!

(U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families. 2003)

168

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REVIEW OF PREVIOUS DAY AND THIS MORNING

Exercise- what did you learn?



169

15 Minute Break



170

EMBEDDED EVALUATION



Time to apply what you have learned!

171

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Prevent Child Abuse Through Education



172

Closure for Child Maltreatment I

THANK YOU. HAVE A
GREAT CAREER IN
CHILD WELFARE
WORKING WITH
CHILDREN AND
THEIR FAMILIES



173

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Basic Child and Adolescent Sexual Abuse

Cathy M. Boyle, PNP-BC
University of California Davis Extension

Child Sexual Abuse



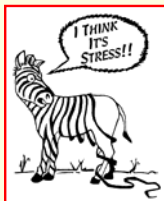
Agenda

- Sexual abuse definition, statistics/incidence
- Child Accommodation Syndrome
- Children's sexual development
- Talking with children about the medical exam
- Interview considerations
- Taking care of yourself

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

WARNING!

The subject of child maltreatment for some people is difficult to talk about, to hear, and real photographs can cause added stress for participants. Please be aware of how your feeling and to seek help if necessary.



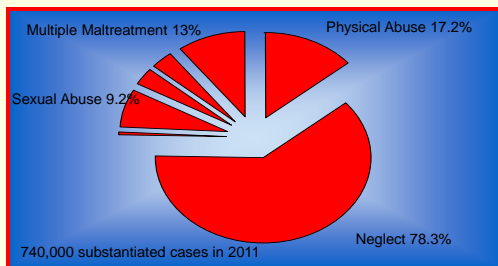
Mirror Work: Take care of yourself!

- Mirrors reflect back to us our feelings about ourselves
- Look into your eyes and say something positive
- Then say "I love and accept you exactly as you are"



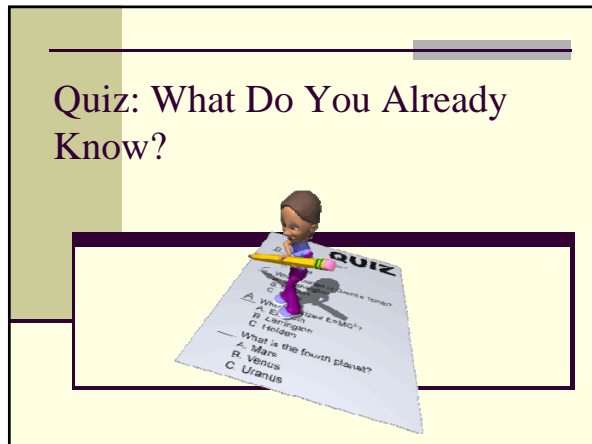
(Hay, 1990)

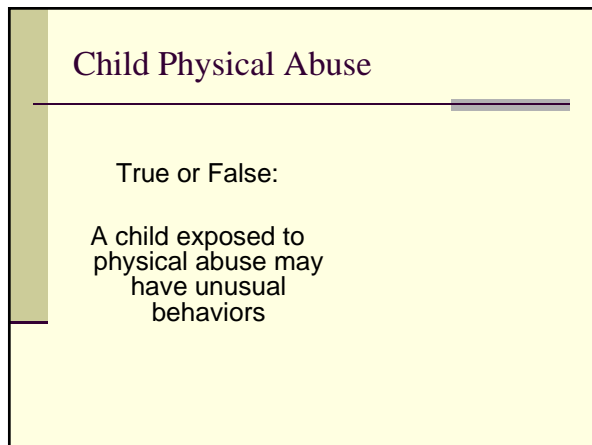
Types of Child Maltreatment

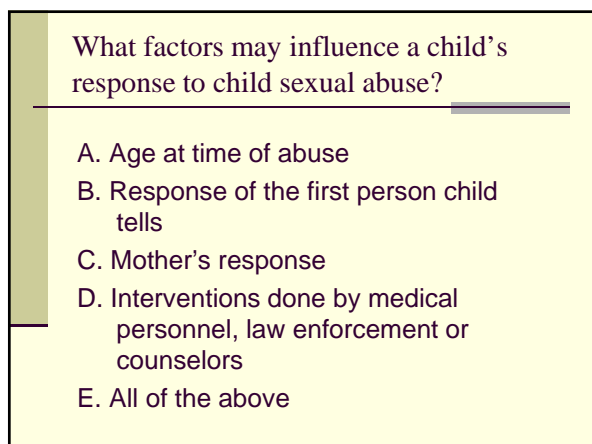


(U.S. Dept. of Health & Human Services, Adm. Of Children, Youth & Families, 2011)

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.







Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

You are talking with a child and she spontaneously describes to you that her grandpa touches her kitty cat?

- How would you respond?
 - a. Tell me more about that?
 - b. That is really special.
 - c. You are really lucky that your grandpa likes your kitty cat.
 - d. When does he do that?
 - e. a, and d



What do you tell a teenager about the sexual abuse examination?

- A. It's awful
- B. It's embarrassing
- C. It is fast and the only person that has to know about it is your mom.
- D. None of the above



What do you say to a child that is having a sexual abuse exam?

- A. Don't worry everything will be alright
- B. There are no shots
- C. Be quiet and just do it!
- D. A and B
- E. None of the above



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Child and Adolescent Sexual Abuse

What is the incidence of sexual abuse in girls prior to their 18th birthday?

- A. 1 out of 3
- B. 1 out of 5
- C. 1 out of 10



Child and Adolescent Sexual Abuse

What is the incidence of sexual abuse in boys prior to their 18th birthday?

- A. 1 out of 4
- B. 1 out of 15
- C. 1 out of 30



Great Job!



Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Questions For You...

- Where and under what conditions you were taught or learned about sex, sexuality, and what is appropriate or inappropriate sexual behaviors?
- Who informed you?
- What were your emotions and what caused them?
- Girls were told by? Boys were told by?
- Cultural Differences?

Definition of Child Sexual Abuse

The involvement of children or adolescents in sexual activities they do not understand, to which they cannot give informed consent, or that violate social taboos. *Kempe 1978*

W&I Code: 300(d) The child has been sexually abused, or there is a substantial risk that the child will be sexually abused, as defined in Section 11165.1 of the Penal Code ➤

Types of Child Sexual Abuse

- Contact / Direct
 - Assault
 - 1 time event
 - Evidence on acute forensic medical exams
 - Incest
 - Family/ persons legally forbidden to marry
 - Conditioning/grooming
- Non - Contact / Indirect
 - Exploitation -
 - Pornography
 - Prostitution
 - Internet crimes ➤



Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Internet Crimes: My Space

Man pleads no contest to molesting girl, 12

SACRAMENTO – Richard Alan Butenhof, who was accused of molesting a 12-year-old Folsom girl he lured online, pleaded no contest Tuesday to six of his 16 charges.

According to the plea agreement, the 36-year-old Rancho Cordova man faces 18 years in prison at sentencing May 23 before Sacramento Superior Court Judge Emily E. Vasquez.

Butenhof was arrested in May after the victim's parent's found sexually explicit messages from Butenhof on their daughter's home computer at the Web site myspace.com.

– Ramon Coronado

Child Sexual Abuse

Child Sexual Abuse:

- Frequently occurs over an extended period of time
- Involves a conditioning process of the child
- Molester usually holds a position of power
- Molester is careful not to hurt the child
- Physical findings are subtle or nonexistent
- Victim may recant story as family disintegrates ➤

Adolescent Sexual Assault

Adolescent Sexual Assault:


- Perpetrator is usually a male
- May be a one-time event
- May be ongoing/consensual
- May be an acquaintance or a stranger
- Victim may have been in a high risk situation (party)
- Physical evidence/findings more likely to be present ➤

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Child Sexual Abuse Accommodation Syndrome

Five Basic Components

- Secrecy
- Helplessness
- Accommodation
- Delayed or unconvincing disclosure
- Retraction



Roland Summit, MD

Child Sexual Abuse Accommodation Syndrome

Retraction:

- Lack of belief by family member(s)
- Child may be blamed
- Family may urge retraction
- Perpetrator uses continued access to child ➤

Disclosure Studies for Sexual Abuse

- Delay in disclosing
 - Only 24% of children reported within one week of incident Gomes-Schwartz, 1990
 - 75% victims did not disclose within 1 year of first incident Briere and Elliott, 1994
- Denial
 - 75% of children denied abuse or gave only partial information when first questioned Sorensen and Snow, 1991
- New study out of Canada 2011

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Disclosure

- Predictors of Disclosure
 - Age effects
 - Demographics
 - Fear/Violence/Severity
 - Relationship of Perpetrator
- Influence of Abuse Experience



Psychological Effects of Child Sexual Abuse

Factors that influence a child's response:

- Duration of abuse
- Severity of abuse
- Relationship with perpetrator
- Response of the first person child tells
- Mother's/ Caregiver's response
- Interventions-medical, LE, counselors ➤

Children's Sexual Development

Normal

- general curiosity about body parts, intercourse, babies
- uses "dirty" words for body functions, body parts, and sex
- plays doctor
- touches self when going to sleep, when tense, excited or afraid
- plays house, may simulate roles of Mommy and Daddy

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Child Sexual Development

- Similar in age, size, and development
- Voluntary
- Sexual behaviors are limited in type and frequency
- Occur in several periods of life
- Balanced by other aspects of his or her life





Children's Sexual Development

Concerning

- Endless questions about sex, interest too great for age
- Continues use of "dirty" words even after being told not to
- Forces other children to play doctor or take off clothes
- Touches self in public or private to exclusion of normal childhood activities, rubs on other people
- Humping naked, intercourse with another child, forcing sex on other child

Lets Practice

- Read the question
- If it is a concerning behavior when asked lift the red card. 
- If you think it is a normal behavior lift the green card. 

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Lets Practice

- A five year old little girl playing house with a developmentally delayed 25 year old man were caught French kissing by her mother.
- Ten year old boy disclosed that his three friends all showed their penis's to each other in the bathroom.
- Two three year old boys were found touching each others privates at preschool.
- A five year old female was seen putting her fingers inside her seven year old sister vagina a during bath.

What do you think?

Mother reports her five year old son grabs his penis more often when he returns from visits to dad's home.

60% of 2-5 year old boys and 44% of 2-5 year old girls touch their private parts at home.

What do you think?

Mom picks her 2 year old daughter up from a weekend visit at dad's home and during a bath notices her vagina is "red" and "open".

•Ninety-nine percent of all little girls are born with an opening in their hymen.

•Openings can change based on lots of reasons- not all abuse; position, estrogen, and water.

•There are a lot of different reasons for little girls to be red; poor hygiene, bubble bathes, not potty trained and others.

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

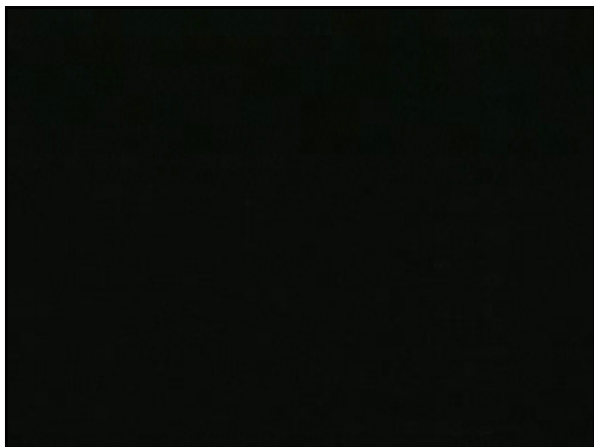
What do you think?

Seven year old placed in protective custody for neglect reports to social worker vaginal discharge. She discloses step father has touched her privates with his fingers. She later discloses that her P.E. teacher has been sexually abusing her.

She tests positive for Chlamydia.

Does It Always = Sexual Abuse?

- Inappropriate sexual behaviors can be indicative of other problems
- Concerning sexual behavior is a common indicator, but it is not exhibited by many victims
- Many victims exhibit no outward signs that they have been abused



Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

The Forensic Interview

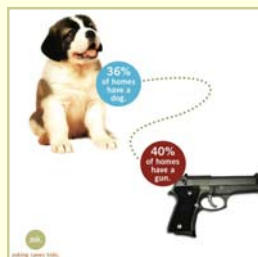
- Has a crime occurred?
- Is the child a credible witness?
- Is the historical information consistent?
- Is there additional forensic information?
- Is there additional medical information?
- Is a medical examination needed?
- Should charges be filed?

The Medical Interview

- Is the child returning to a safe environment?
- Is the history or symptoms suggestive of sexual abuse?
- Does the history suggest other causes?
- Does this case need to be reported to CPS or LE?
- Does the child need a forensic interview?
- Does the child require treatment?

Questions You Should Always Ask (Preferably alone with child)

- Has anyone ever touched your private parts or bottom?
- Guns in the house?
- What happens when you get in trouble at home?

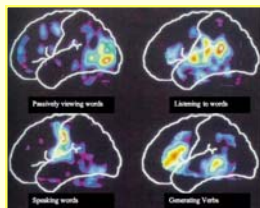


Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Time To Think

- It is important when talking with children to have pregnant pauses. How long should you wait for a child's response to your question?

- A. 30 seconds
- B. 1 minute
- C. 2 minutes



Interview Considerations

- Target developmental capacity, not chronological age
- Use child's language (i.e. words for private parts)
- Neutral, comfortable environment, no pressure
- Invite a narrative
- Remain unbiased
- Avoid "Why" questions
- Avoid making promises

Questions for Adolescents

- The adolescent should be given an opportunity to answer the following questions without a parent present
 - Menstrual history
 - Sexual history
 - Prior intercourse, consenting or coerced
 - Prior STD, pregnancy
 - Use of contraception
 - Drug or alcohol use



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Interview Considerations: Cultural Aspects

- Responsibility for the abuse
- Failure to protect
- Fate
- Damaged goods/ No longer a virgin
- Predictions of a shameful future
 - Promiscuity, homosexuality, sexual offending
- Re-victimization

43

Cultural Practice

- Seven month old male with a history of constipation and bad diaper rash.
- Mother has been putting diaper cream on this, but does state that he visited a folk healer (curanderos) and she gave him something for his constipation.



Case 2: 27-month-old demonstrating bullae, diamond-shaped distribution, and no sparing of perianal area.

Leventhal J M et al. Pediatrics 2001;107:178-179

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Documenting Language

The Cal EMA 925 form provides a space for children's own words

Important identify what children call their "private parts"

Patient Consent Issues:



- No written consent necessary if < 12 years of age in protective custody and it is an emergent exam (non-acute parental consent)
- Patient consent necessary if > 12 years of age
- Must attempt to notify parents of a minor (12 to 17) unless parents are suspected perpetrators.
- Patient >12 years of age may refuse exam ➤

Childhood Sexual Abuse

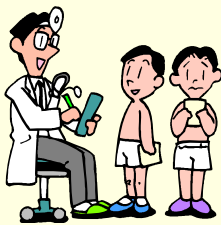
Types of Examinations

- Acute Evidentiary Exam (<72 hours)
 - *Adolescent describing penis to vaginal penetration with ejaculation can be seen up to 7 days post assault
- Non-acute Exam (>72 hours)



Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Purpose of the Medical Exam



- Emphasize “whole child” during exam
- Perform complete examination
- Avoid potentially painful/uncomfortable exam (ears)
- Incorporate anal/genital exam into general exam

Who Is Traumatized?

- Difficult on some kids- giving them control helps
- Exam hardest on the person watching or supporting the child.
 - May be social worker
 - Other caregiver who may have their own sexual abuse history



Colposcopic Exam



- Colposcope
 - Light source
 - Magnification
 - Photography/video
 - Remote shutter release
- Motorized exam table

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

What to Tell The Kids About The Exam



Colposcopic Examination

Real Colposcopic Photos to Follow

What might see through the colposcope are findings that actually mimic sexual abuse injuries and cause a report of sexual abuse to be reported. These exams can/could help to clarify findings other providers are concerned about.

Let's Practice: Read the scenario and decide if you would refer for an exam and why.

Does this child need an exam for sexual abuse?

To Be, or Not to Be Examined

For Acute Evidentiary Exam

Disclosure of Sexual Abuse, last contact with suspect greater than 72 hours non-Acute Exam

"72 hour rule"

Disclosure last contact with suspect less than 72 hours

Seen immediately for Acute Evidentiary Exam (EE)

No disclosure but "possible suspicion"

Appear for sexual abuse"

Pain, Bleeding, Discharge, Blisters, Injuries, Abrasions, Bruises, Lacerations

Mismatch: Extent of Acute Injuries versus History Given

Exceptions "72 hour rule"

Last contact greater than 72 hours

Within 7 days Known sexual contact with body fluids.

Within 14 days Hx of Pain, Bleeding, Discharge.

Anytime Ongoing unexplained complaints of Pain, Bleeding, Discharge.

Recent Positive Cultures: Neisseria Gonorrhea Chlamydia

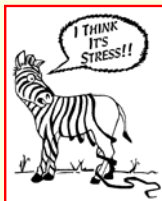
Seen immediately for Acute Evidentiary Exam (EE)

Behavioral Changes Alone do not generally warrant immediate (EE). See Child Protection Sexual Activity, Eating Disorders, Unusual Fears, Unusual Anger, Sleep Disturbances, Telling Changes, Avoidance Behaviors

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Does this child need an exam for sexual abuse?

To Be, or Not to Be Examined	
For Acute Evidentiary Exam	
Disclosure of Sexual Abuse, last contact with suspect <i>greater than</i> 72 hours; non-Acute Exam	
<p>"72 hour rule"</p> <p>Disclosure last contact with suspect <i>less than 72 hours</i>; Seen immediately for Acute Evidentiary Exam (EE)</p> <p>No disclosure but "reasonable suspicion" for sexual abuse: Pain, Bleeding, Discharge, Blisters, Injuries, Abrasions, Bruises, Lacerations</p> <p>Mismatch: Extent of Acute Injuries verses History Given</p>	<p>Exceptions: "72 hour rule"</p> <p>Last contact <i>greater than 72 hours</i>:</p> <ul style="list-style-type: none"> Within 7 days: Known sexual contact with body fluids. Within 14 days: Pains, Bleeding, Discharge. Anytime: Ongoing unexplained complaints of Pain, Bleeding, Discharge. Recent Positive Cultures: <i>Neisseria Gonorrhoea</i>, <i>Chlamydia</i> <p>Seen immediately for Acute Evidentiary Exam (EE)</p>
<p>Behavioral Changes Alone do not generally warrant immediate (EE). See Child Protection Sexual Activity, Eating Disorders, Unusual Fears, Unusual Sleep, Sharp Height/Weight, Telling Changes, Avoidance Behaviors</p>	

What you hear on the phone and picture in your mind may be something entirely different when seen in person!

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

“It’s Normal To Be Normal”



9 year old white female sexually molested by father

Foreign Body Implications

- Herman-Giddens(1994) 12 girls <10yrs with VFBs
 - 2 had STDs
 - 8 confirmed SA
 - 3 suspected SA
 - 1 unknown abuse

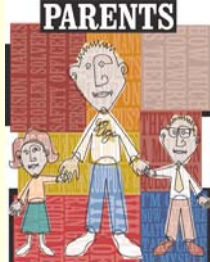
Coping With Trauma

- Not all victims develop mental health problems
- The best indicators for a successful recovery following a traumatic event are the quality of family support and the child's coping strategies

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Parent Reactions

- Parents experience a wide range of reactions
- Parents experience many reactions similar to their child's
- Denial, anger, guilt, depression, anxiety



Treatment Research

- Research trends indicate that group format and psycho-education are most effective treatments for parents of child trauma survivors

Interventions

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Many Different Modalities

- Interventions:
 - Therapy for parents
 - Focus groups
 - Support groups
 - Workshops
 - Library
 - PCIT

Taking Care of the Care-Takers

Do You Have These Symptoms?

- Intrusive thoughts and images
- Emotional numbing
- Hyper-arousal symptoms
- Psychosomatic problems
- Alcohol or other stimulant use
- Doubt in self or doubt in the good of others
- Spirituality crisis

Factors That Influence

- Listening to graphic detailed descriptions
 - Going to CORE training on abuse
- Personal event-related loss
- Consecutive interactions with trauma survivors
- Coping skills of the professional
- Current stress of the professional
- Physical and mental health of the professional

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

What To Do?

- Spending time with others, not isolating
- Asking for support
- Engaging in activities that provide a sense of purpose
- Attend to your own personal needs
 - Physical health
 - Balance work and personal life
 - Be aware of your own limits

Job Site Help

- Forums for talking to co-workers
- Access to continuing education
- Respectful and supportive environment
- Encouraging vacations

The Multi-Disciplinary Team

- Law Enforcement
- Children's Protection Services
- District Attorney
- Medical
- Advocates
- Victim Witness



(Team work exercise)

Note: Graphic images of abuse victims have been removed from this version of the presentation due to this content being accessible to the general public.

Thank you for all the work you do for the kids and families in your county!



Mirror Work

- Now look into your mirrors and say "I did a fabulous job".
- And from here on out every time you pass a mirror say something positive to yourself.



Great Job! Thanks.



You're Awesome

California Penal Code, Sections 11164-11165 (from <http://www.leginfo.ca.gov>)

Sections 11164 and 11165 of the California Penal Code provide definitions of neglect, physical abuse, emotional abuse, and sexual abuse. The primary purpose of the Penal Code in CWS is to provide definitions that support the W&I Code.

The Penal Code relates to criminal proceedings, and defines when laws have been broken that could be prosecuted. It also defines who is mandated to report child abuse. It is important for child welfare workers to know the definitions of abuse and neglect in the Penal Code, particularly as this defines what is abuse punishable by law, and what is not. This is helpful in working with law enforcement personnel, as well as in helping to explain the law to parents and caregivers.

11164.

- (a) This article shall be known and may be cited as the Child Abuse and Neglect Reporting Act.
- (b) The intent and purpose of this article is to protect children from abuse and neglect. In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim.

11165.

As used in this article "child" means a person under the age of 18 years.

11165.1. (Note: Sexual Abuse Identification will be covered in CMI, Part 2)

As used in this article, "sexual abuse" means sexual assault or sexual exploitation as defined by the following:

- (a) "Sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (sexual penetration), or 647.6 (child molestation).
- (b) Conduct described as "sexual assault" includes, but is not limited to, all of the following:

- (1) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
 - (2) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
 - (3) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that, it does not include acts performed for a valid medical purpose.
 - (4) The intentional touching of the genitals or intimate parts (including the breasts, genital area, groin, inner thighs, and buttocks) or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that, it does not include acts which may reasonably be construed to be normal caregiver responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.
 - (5) The intentional masturbation of the perpetrator's genitals in the presence of a child.
- (c) "Sexual exploitation" refers to any of the following:
- (1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).
 - (2) Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.
 - (3) Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

11165.2.

As used in this article, “neglect” means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.

- (a) “*Severe neglect*” means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. “Severe neglect” also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.
- (b) “*General neglect*” means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultations with a physician or physicians who have examined the minor does not constitute neglect.

11165.3.

As used in this article, “the willful harming or injuring of a child or the endangering of the person or health of a child,” means a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered.

11165.4.

As used in this article, “unlawful corporal punishment or injury” means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It

also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

11165.5.

As used in this article, the term "abuse or neglect in out-of-home care" includes physical injury inflicted upon a child by another person by other than accidental means, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, unlawful corporal punishment or injury as defined in Section 11165.4, or the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, where the person responsible for the child's welfare is a licensee, administrator, or employee of any facility licensed to care for children, or an administrator or employee of a public or private school or other institution or agency. "Abuse or neglect in out-of-home care" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

11165.6.

As used in this article, the term "child abuse or neglect" includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4. "Child abuse or neglect" does not include a mutual affray between minors. "Child abuse or neglect" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

California Welfare & Institutions Code, Section 300 (A-J) (from <http://www.leginfo.ca.gov>)

The California Welfare and Institutions Code (W&I Code)

Section 300 of the California W&I Code defines when the child protective services agency may intervene in cases of child abuse or neglect. It forms the basis for petitions in Juvenile Court, and determines when a child may be considered a Dependent of the court. Child welfare workers must have a working knowledge of the W&I Code in order to know when they can legally intervene with a family.

In some instances, the W & I Code refers to the California Penal code. The primary purpose of the Penal Code in CWS is to provide definitions that support the W&I Code.

For example, section 300 (d) of the W & I Code refers to section 11165.1 of the Penal Code to define the term “sexual abuse”. The text of the sections related to child welfare practice follow, and the full text of the codes can be found at:

<http://www.leginfo.ca.gov>.

Section 300 (A-J) of the W&I Code

300. Any child who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge that person to be a dependent child of the court:

- (a) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm inflicted non-accidentally upon the child by the child's parent or guardian.
For the purposes of this subdivision, a court may find there is a substantial risk of serious future injury based on the manner in which a less serious injury was inflicted, a history of repeated inflictions of injuries on the child or the child's siblings, or a combination of these and other actions by the parent or guardian which indicate the child is at risk of serious physical harm. For purposes of this subdivision, "serious physical harm" does not include reasonable and age-appropriate spanking to the buttocks where there is no evidence of serious physical injury.
- (b) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child, or the willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left, or by the willful or negligent failure of the parent or guardian to provide

the child with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse. No child shall be found to be a person described by this subdivision solely due to the lack of an emergency shelter for the family. Whenever it is alleged that a child comes within the jurisdiction of the court on the basis of the parent's or guardian's willful failure to provide adequate medical treatment or specific decision to provide spiritual treatment through prayer, the court shall give deference to the parent's or guardian's medical treatment, nontreatment, or spiritual treatment through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, by an accredited practitioner thereof, and shall not assume jurisdiction unless necessary to protect the child from suffering serious physical harm or illness. In making its determination, the court shall consider (1) the nature of the treatment proposed by the parent or guardian, (2) the risks to the child posed by the course of treatment or nontreatment proposed by the parent or guardian, (3) the risk, if any, of the course of treatment being proposed by the petitioning agency, and (4) the likely success of the courses of treatment or nontreatment proposed by the parent or guardian and agency. The child shall continue to be a dependent child pursuant to this subdivision only so long as is necessary to protect the child from risk of suffering serious physical harm or illness.

- (c) The child is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care. No child shall be found to be a person described by this subdivision if the willful failure of the parent or guardian to provide adequate mental health treatment is based on a sincerely held religious belief and if a less intrusive judicial intervention is available.
- (d) The child has been sexually abused, or there is a substantial risk that the child will be sexually abused, as defined in Section 11165.1 of the Penal Code, by his or her parent or guardian or a member of his or her household, or the parent or guardian has failed to adequately protect the child from sexual abuse when the parent or guardian knew or reasonably should have known that the child was in danger of sexual abuse.
- (e) The child is under the age of five and has suffered severe physical abuse by a parent, or by any person known by the parent, if the parent knew or reasonably should have known that the person was physically abusing the child. For the purposes of this subdivision, "severe physical abuse" means any of the following: any single act of abuse which causes physical trauma of sufficient severity that, if

left untreated, would cause permanent physical disfigurement, permanent physical disability, or death; any single act of sexual abuse which causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness; or the willful, prolonged failure to provide adequate food. A child may not be removed from the physical custody of his or her parent or guardian on the basis of a finding of severe physical abuse unless the social worker has made an allegation of severe physical abuse pursuant to Section 332.

- (f) The child's parent or guardian caused the death of another child through abuse or neglect.
- (g) The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered pursuant to Section 1255.7 of the Health and Safety Code and the child has not been reclaimed within the 14-day period specified in subdivision (e) of that section; the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent are unknown, and reasonable efforts to locate the parent have been unsuccessful.
- (h) The child has been freed for adoption by one or both parents for 12 months by either relinquishment or termination of parental rights or an adoption petition has not been granted.
- (i) The child has been subjected to an act or acts of cruelty by the parent or guardian or a member of his or her household, or the parent or guardian has failed to adequately protect the child from an act or acts of cruelty when the parent or guardian knew or reasonably should have known that the child was in danger of being subjected to an act or acts of cruelty.
- (j) The child's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the child.

It is the intent of the Legislature that nothing in this section disrupt the family unnecessarily or intrude inappropriately into family life, prohibit the use of

reasonable methods of parental discipline, or prescribe a particular method of parenting. Further, nothing in this section is intended to limit the offering of voluntary services to those families in need of assistance but who do not come within the descriptions of this section. To the extent that savings accrue to the state from child welfare services funding obtained as a result of the enactment of the act that enacted this section, those savings shall be used to promote services which support family maintenance and family reunification plans, such as client transportation, out-of-home respite care, parenting training, and the provision of temporary or emergency in-home caregivers and persons teaching and demonstrating homemaking skills. The Legislature further declares that a physical disability, such as blindness or deafness, is no bar to the raising of happy and well-adjusted children and that a court's determination pursuant to this section shall center upon whether a parent's disability prevents him or her from exercising care and control.

As used in this section "guardian" means the legal guardian of the child.

Values Clarification Exercise

Group 1

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 1:

- ❑ *At what age were you left alone to care for yourself?*
- ❑ *Under what circumstances?*
- ❑ *Whom were you told to contact in an emergency?*
- ❑ *At what age were children in your family given responsibility to care for other kids in the family?*
- ❑ *At what age were you allowed to babysit when your parents weren't at home?*

Values Clarification Exercise

Group 2

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 2:

- ❑ *What form of discipline or punishment did your family use most often*
- ❑ *Did this form of discipline affect how you felt about your parents?*
- ❑ *How so?*
- ❑ *Were there any kinds of discipline or punishment that your parents wouldn't use because they felt it would be harmful to you?*
- ❑ *Did your friends receive the same type of discipline from their parents?*

Values Clarification Exercise

Group 3

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 3:

- ❑ *Did you ever have injuries as a child?*
- ❑ *How did your parents find out?*
- ❑ *What did they do and how soon after discovery of the injury did they act?*
- ❑ *What was done, if anything, to reduce the risk of future injury?*

Values Clarification Exercise

Group 4

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 4:

- ❑ *At what age did your family toilet train?*
- ❑ *Was the same expected for both boys and girls?*
- ❑ *What methods were used for toilet training?*
- ❑ *What happened when there was an "accident"?*

Values Clarification Exercise

Group 5

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 5:

- ❑ *How did your family respond to babies crying?*
- ❑ *Were boys and girls treated the same way when they were crying?*
- ❑ *At what age was it expected that children would not cry?*

Values Clarification Exercise

Group 6

TRAINER: Distribute a copy of this page to a group in the training. There are six separate sets of questions (1 for each group for a total of 6 groups).

INSTRUCTIONS TO TRAINEES:

- ❑ As a group, please discuss one question at a time.
- ❑ Each member should respond to each question by describing how the issue was addressed in their own culture and family.
- ❑ Compare each other's answers, consider differences in attitudes and values, and identify ways in which failure to recognize cultural differences could lead to misunderstandings or misjudgments about one another.

QUESTIONS FOR GROUP # 6:

- ❑ *How were tantrums handled in your family?*
- ❑ *Who was expected to deal with the acting-out child?*
- ❑ *Was the response different if the tantrum happened in public?*
- ❑ *At what age was a child considered too old to have tantrums?*

To Be, or Not to Be Examined

For Acute Evidentiary Exam

Disclosure of Sexual Abuse, last contact with suspect *greater than 72 hours* non-Acute Exam, **Call Team:** _____

“72 hour rule”

Disclosure last contact with suspect *less than 72 hours*

Seen immediately for Acute Evidentiary Exam (EE)

Call Team Pager

★ **No disclosure** but “reasonable suspicion /concern for sexual abuse”
Pain, Bleeding, Discharge,
Blisters, Injuries *Abrasions,*
Bruises
Lacerations

Mismatch: Extent of Acute Injuries verses History Given

Exceptions “72 hour rule”

Last contact *greater than 72 hours*:

Within 7 days Known sexual contact with body fluids.

Within 14 days Hx of Pain, Bleeding, Discharge.

Anytime: Ongoing unexplained complaints of Pain, Bleeding, Discharge.

Recent Positive Cultures:
Neisseria Gonorrhea
Chlamydia

Seen immediately for Acute Evidentiary Exam (EE)

Call Team Pager:

★ **Behavioral Changes** Alone do not generally warrant immediate (EE).
New Onset Precocious Sexual Activity, Eating Disorders, Unusual Fears,
Unusual Angers, Sleep Disturbances, Toileting Changes, Avoidance Behaviors

Any Questions Call Team Pager

(_____) _____