RISK & PROTECTIVE FACTORS

1.1 Introduction SL3

1. Protective Factors

1.1 Title

Notes:

Welcome to Recognizing and Responding to Suspicions of Abuse and Neglect.
A training for professionals working with children and families.
1.2 Introduction

Prevent Child Abuse North Carolina (PCANC) is the only statewide nonprofit dedicated to the prevention of child abuse and neglect. We work with communities across North Carolina to help build safe, stable, nurturing relationships for children.

To secure this goal, we support programs proven to prevent child maltreatment and build protective factors children need to thrive. We advocate for policies that support healthy children and families, and provide public awareness and professional education opportunities focused on effective prevention strategies.

To accomplish this work, we rely on collaborative partnerships with a number of key stakeholders including our Prevention Network, a group of over 250 professional organizations dedicated to strengthening families and communities throughout North Carolina.

To learn more about our programs and services, visit www.preventchildabusenc.org.
1.3 Target Audience

Notes:

This training is appropriate for professionals, volunteers, coaches, staff, directors, administrators, and members of the general public interested in learning more about child maltreatment prevention.

1.4 Five Protective Factors

Five Protective Factors

1. Parental Resilience
2. Social Connections
3. Knowledge of Parenting & Child Development
4. Concrete Support in Times of Need
5. Nurturing Children’s Social and Emotional Competence
Responding to child maltreatment is first and foremost about helping families succeed. Before exploring the topic of child maltreatment we must first understand that the families we encounter can and want to be better parents.

There is abundant research to support that increasing Protective Factors is an effective way to help parents be successful. The protective Factors Framework focuses on these five protective factors:

1. Parental Resilience: Parenting is hard and all parents will encounter crises at some point, but parents who can weather the challenges and bounce back have safer, healthier children.

2. Social Connections: Parenting is much easier if you don’t do it all alone. Having a support network is important for a person’s social and emotional needs. Parents connected to community and friends are better able to meet children’s needs.

3. Knowledge of Parenting and Child Development: Knowing what milestones are coming and how to effectively deal with them help prepare parents to care for their children. Knowledge of parenting and child development is like having directions to find your destination rather than hoping the signs you need will be clear and visible.

4. Concrete Support in Times of Need: We all need a hand now and then. Parents who have dependable support and are not afraid to turn to others for help are less likely to be involved in abuse and neglect.

5. Social and Emotional Competence of Children: Many of the activities professionals do with children promote a child’s ability to interact positively with others and parents’ ability to nurture that development. Giving a child language to express his or her emotions, role modeling how to respond sensitively to a child, and promoting attachment and bonding between parents and children are all ways to help prevent child maltreatment.

As you move through this course you may think of families that you have encountered in personal and professional settings, we hope the protective factors framework will enable to see the important role we all play in supporting families so that maltreatment is prevented from happening in the first place.
1.5 *What Causes Child Abuse & Neglect?*

The social-ecological model presents a continuum of risk and protective factors that can either increase resilience or vulnerability to specific behaviors or conditions. Examination of the ecological model reveals how society, community, families and the individual all contribute to the well-being of families and children.

Notice that child maltreatment is clearly not the result of a single cause but of complex interactions between individuals and their environment that influence both development and behavior.

This model also helps us look for opportunities to build protective factors within our society and communities.

Keep this ecological model in mind throughout the training as we cover the different types of child maltreatment and the factors involved.
1.6 R&R - Risk & Protective Factors

Notes:

Risk Factors are behaviors or conditions that, based on scientific studies, have been shown to increase vulnerability to a specific condition or other behaviors.

Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities, to increase the health and well-being of children and families.

Every family has risk and protective factors or strengths and needs. However, these risk and protective factors don’t define an individual’s outcomes.

The more protective factors and the fewer risk factors present, the less likely it is that child maltreatment will occur. Conversely, the more risk factors and the fewer protective factors that are present, the more likely it is that child maltreatment will occur.
1.7 Factors That Reduce Risk of Child Maltreatment

Notes:

Research shows that programs and strategies that facilitate friendship and mutual support, strengthen parenting, respond to family crises, link families to services and opportunities, facilitate children’s social and emotional development, observe and respond to early warning signs of child maltreatment, and value and support parents increase the five protective factors.

Increase Protective Factors shown here.

This increase in the protective factors leads to strengthened families, optimal child development and ultimately reduce the risk of child maltreatment.
1.8 Interrelated Outcomes

Notes:

Reduced child maltreatment, strong families and optimal child development are outcomes that are tied together. Risk is not predictive because of protective factors. There are many families who live with multiple high risk conditions but do not abuse nor neglect their children. Risk factors merely lend to more likelihood of abuse and neglect, especially when occurring simultaneously. The five protective factors are tied to reduced child maltreatment, strong families and optimal development. You can build these protective factor in many different settings.
1.9 *What we Know*

Notes:

We Know that families thrive when protective factors are robust in their lives and communities.

1.10 *Importance of Relationships*

Importance of Relationships

Relationships shape the intellectual, social, emotional, physical, behavioral, and moral development of children.
Research has shown that an environment of relationships shapes the intellectual, social, emotional, physical, behavioral and moral development of children.

Caregivers are the active sculptors of their children’s growing brains and the caregiver’s emotional availability and empathic responsiveness is an important part of that environment.

1.11 Want to Learn More

To access training visit: www.ctfalliance.org/onlinetraining
For questions contact: onlinetraining@ctfalliance.org

Notes:

Would you like to learn more about the Protective Factors Framework? There is online training available to support the implementation of the Strengthening Families Protective Factors Framework in multiple settings. These seven courses are each about two-hour in length. They provide:

- An introduction to the Protective Factors Framework
- A course on each of the 5 protective factors
- A wrap-up course that moves users from knowledge to action

These trainings are available at no cost. To learn move visit www.ctfalliance.org/onlinetraining. For questions you can contact onlinetraining@ctfalliance.org.
1.2 Risk Prot Factors SL3

1. Examples

1.1 Which of the following families are more likely to be affected by Child Maltreatment?

(Multiple Choice, 10 points, 1 attempt permitted)

- families living in poverty
- families with a history of abuse
- affluent families
- families experiencing more risk factors
- families experiencing more protective factors

Feedback when correct:
That is correct! While a variety of factors may increase a family’s risk experiencing child maltreatment, protective factors can mitigate those risks. Having more risk factors than protective factors is what makes a family more likely to experience child maltreatment.

**Feedback when incorrect:**

That is incorrect. While a variety of factors may increase a family’s risk experiencing child maltreatment, protective factors can mitigate those risks. Having more risk factors than protective factors is what makes a family more likely to experience child maltreatment.

**Notes:**

1.2 Meet John

John is a single father raising three daughters, Marie (5), Destiny (7), and Valerie (12). They live in a two-bedroom mobile home in a rural community. Marie and Destiny share a room, Valerie has the second bedroom, and John sleeps on the couch. John has had made numerous repairs on the roof, and is worried that the repairs might not last much longer. There are three houses within walking distance. John works at a processing plant and has been unable to find adequate child care. Currently Valerie cares for the
other two girls until he arrives home around 8:00 PM. Their closest neighbor, Betty, stops by or calls to check in with the girls each night.

Valerie has been frustrated with her increased level of responsibility and has been talking with John about spending more time with her friends after school.

Destiny’s teacher has been calling John to schedule a conference with him about her concerns that Destiny may have ADHD. John has had to cancel twice because of work.

Currently, all four family members are uninsured - they are income ineligible for Medicaid and the Affordable Care Act, and John does not receive health benefits through his job.

### 1.3 There are many risk and protective factors that impact the well-being of John’s family. Below are a few of the risk and protective factors that we have identified. Check the box to identify the following items.

*(Likert Scale, 0 points, 1 attempt permitted)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destiny’s potential diagnosis of ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John is a committed parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John is a single parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The family lacks extended family in the area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The availability of Betty, while John is at work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John is employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The additional responsibilities on Valerie</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
John is a single parent

The family lacks extended family in the area

The availability of Betty, while John is at work

John is employed

The additional responsibilities on Valerie

Feedback:

Developmental delays like ADHD, being a single parent, lack of extended family and unrealistic expectation placed on a child are all risk factors. However, having a committed parent, supportive neighbor and stable employment are protective factors that can help mitigate the impact of risk factors.

Notes:

There are many risk and protective factors that impact the well-being of John’s family. Below are a few of the risk and protective factors that we have identified. Check the box to identify if following item are risk or protective factors.

- Destiny’s potential diagnosis of ADHD
- John is a committed parent
- John is a single parent
- The family lacks extended family in the area
- The availability of Betty a helpful neighbor while John is at work
- John is employed
- The additional responsibilities on Valerie

Published by Articulate® Storyline www.articulate.com
WHAT IS CHILD MALTREATMENT?

2.1 Intro to CM SL3

1. Child Maltreatment

1.1 What is Child Maltreatment?

Child maltreatment encompasses both child abuse and neglect.

Child abuse is defined by North Carolina general statutes 7 B dash 101 as any non-accidental injury or pattern of injuries to a child, including the omission of acts to prevent injury to a child.

Child abuse includes physical abuse, sexual abuse, emotional abuse, child endangerment, and contributing to the delinquency of a minor—defined as encouraging children at least 6 years old, but not yet 16, to engage in delinquent acts that involve moral turpitude. Moral turpitude is defined as conduct that is considered contrary to community standards of justice, honesty, or good morals and includes offenses such as fraud, theft, assault and battery, and supplying alcoholic beverages and illegal substances.

Notes:

Child maltreatment encompasses both child abuse and neglect.
1.2 About Indicators...

About Indicators...

- **Indicators** can be signs of abuse or neglect *but are NOT definitive and should be considered red flags*.
- **Indicators** should always be documented.
- **Indicators** can occur individually but will usually occur together or repeatedly.
- **Indicators** can be physical, emotional or behavioral.

Notes:

Throughout this training reference will be made to indicators of child maltreatment. It is important to remember that indicators are considered red flags. They are not always definitive signs that maltreatment is occurring…children exhibit a variety of behaviors based on developmental stages and abilities or exposure to environmental stressors. Throughout this training we will talk about the variety of factors we should consider when red flags arise.

When indicators occur together or repeatedly, this is a strong sign that child maltreatment may be present. Indicators can be physical, emotional or behavioral.
2.2 Emotional SL3

1. Emotional Abuse

1.1 Look at this picture

Notes:

When you look at this picture, you can imagine what this parent could be saying to her
daughter. Maybe her daughter didn’t do her homework, forgot to clean her room, came home late,
or was picking on a sibling.

Parents may get frustrated with their children and sometimes may raise their voices…

But emotional abuse is very different….
1.2 Emotional Abuse

Notes:

Emotional Abuse is constant and recurring.
It’s not the mom raising her voice to her daughter shown in the picture, but sustained and repetitive verbal assaults or coercive measures, including…

· Criticizing a child for developmentally normal behavior like a toddler wetting her pants
· Setting unrealistic expectations like expecting a child to achieve straight A’s or do chores he or she is developmentally unable to do
· Belittling or shaming a child, like intentionally embarrassing him publicly or calling him names
· Blaming the child for things over which the child has no control, like a divorce;
· Consistently favoring one child over another, like giving special gifts or attention to one and not the other
· Taking little or no interest in the child
· Withholding love and affection
· Terrorizing the child by doing things like destroying possessions or torturing or killing a pet
· Isolating the child by preventing the child from forming friendships and supportive relationships

Emotional abuse can be one of the most damaging forms of abuse. It can exist alone,
and it is a component of all other types of maltreatment.

### 1.3 What are the indicators of emotional abuse?

(Short Answer, 0 points, 1 attempt permitted)

Feedback:

Hannah is old enough and has enough self-esteem to express her frustration with her mother. Parents who become frustrated and yell often lack more effective parenting strategies. This could perhaps be an opportunity for you to speak to Tina about your concerns or model more effective strategies.

Notes:

Hannah is a 14-year-old girl who loves gymnastics. Her mother Tina never misses a practice or a meet. Tina often corrects her daughter during practice, walking onto the mat to point out what she has done wrong. You overhear Tina criticizing Hannah before a regional gymnastics meet. She becomes so disruptive that it catches the attention of other parents and gymnasts. Hannah becomes frustrated and starts arguing with her mom.
The coach asks Tina to let her talk to Hannah in an effort to diffuse the situation. Tina walks away and returns to her seat to watch the first event. When Hannah falls off the beam, her mother sighs loudly and storms out of the gym. Hannah takes a deep breath and executes the remainder of her routine wonderfully. Hannah seems pleased with how she recovered and runs to her coach smiling and gives her a hug.

What are the indicators?
1.4 What are the indicators of emotional abuse?

(Short Answer, 0 points, 1 attempt permitted)

What are the indicators of emotional abuse?

Feedback:

John’s father’s attitude toward him is harsh and unsupportive. Mark’s repeated negative comments to you and to John are indicators that emotional abuse may be present. John’s acting out behavior is another indicator of his inability to appropriately interact with other children.

Notes:

John is a very shy, sensitive 7-year-old who has trouble getting along with the other children in your class. You ask his parents to come in and talk to you about his behavior. His father Mark comes in to talk with you and says his mother could not get off work. Mark says that John is a “trouble maker” and a “sneaky brat”.

Mark claims that his mother’s spoiling him is part of the reason that he has so much trouble, and it’s no wonder the other children dislike him. You overhear John’s dad ridiculing him in the hallway after your meeting, telling him that he is “bad news” and that, “now even your teacher hates you for being such a trouble maker”.

John looks down as he blinks hard, trying not to cry. Eventually a few tears roll down his cheek. The next day when John comes to school, he gets in a fight with a student who calls him a “crybaby”.

Published by Articulate® Storyline www.articulate.com
2.3 Physical

1. Physical

1.1 Physical Abuse

**Physical Abuse:** Non-accidental, serious injury or injuries to a child.

- An actual serious physical injury by other than accidental means
- A substantial risk of serious physical injury by other than accidental means
- Cruel or grossly inappropriate procedures, or use of cruel or inappropriate devices to modify behavior

**Notes:**

Physical abuse is defined as non-accidental serious injury or injuries to a child. It can include any serious injury or risk of serious injury to a child by other than accidental means.

General Statute fourteen dash three hundred eighteen point four makes child abuse a crime.

The law specifies that any non-accidental injury that causes a “Serious physical injury” is a class E felony. Serious physical injury is intentionally not defined in the law; however, these injuries typically require medical treatment.

Any non-accidental injury to a child that causes “serious bodily injury” is a class C felony. Serious bodily injury is one which results in permanent disfigurement, loss or impairment of a body part or requires prolonged hospitalization.

Examples of physical abuse include: Harmful restraint, beating, use of a weapon, punching, biting, burning, shaking and kicking.
1.2 Accidental vs. Suspicious Injuries

Notes:

Because children are objects in motion injuries are inevitable.

When trying to determine if an injury is suspicious consider the following things.

ONE. Children generally move in forward motion, resulting in injuries on the front of their bodies. For example, a child who falls is more likely to scrape the front of her hands than the back of her hands.

TWO. Children who accidentally injure themselves through play or developmentally appropriate exploration tend to injure the bony parts of their bodies such as the forehead, nose, chin, palms, knees or elbows.

THREE. Children tend to fall to one side or the other. When you see similar markings on both sides of the body there is often high probability that this injury is suspicious. An example of this would be bruises across the back of both legs.

FOUR. Be aware of common childhood illnesses and birthmarks that have physical indicators. Fifth Disease can leave a child’s cheeks red, as if they’ve been slapped. Birthmarks like Mongolian Spots can be mistaken for bruises. And allergies can sometimes cause dark smudges resembling black eyes.
1.3 Burns

Notes:

Children have thinner, more sensitive skin than adults and serious burns happen more quickly.

Immersion burns which result from a child being submerged into hot liquid are always highly suspicious. Immersion burns appear sock- or glove-like in shape.

Patterned burns include those resulting from cigarettes, electric burner coils, irons and other heated objects.

Rope burns are high cause for suspicion.

Burns that are accidental have a different appearance. For example, an eight-year old learning to cook may incur a small burn to the forearm from reaching into the oven, or hot water may cause a splash burn.

If you see burns in addition to bruises or other physical injuries there is high reason to suspect child maltreatment.
1.4 Questions to Consider

**Ask yourself...**
- Does the injury match the story?
- Is the child developmentally capable of injuring herself in the manner described?

**Notes:**

Children have thinner, more sensitive skin than adults and serious burns happen more quickly.

Immersion burns which result from a child being submerged into hot liquid are always highly suspicious. Immersion burns appear sock- or glove-like in shape.

Patterned burns include those resulting from cigarettes, electric burner coils, irons and other heated objects.

Rope burns are high cause for suspicion.

Burns that are accidental have a different appearance. For example, an eight-year old learning to cook may incur a small burn to the forearm from reaching into the oven, or hot water may cause a splash burn.

If you see burns in addition to bruises or other physical injuries there is high reason to suspect child maltreatment.
1.5 Abusive Head Trauma

Abusive Head Trauma

The shaking of a newborn, infant, or small child by the arms, legs, shoulders or trunk.

**Triggers include**
- Parental frustration regarding infant crying
- Child's misbehavior
- Discipline
- Argument/family conflict
- Toilet training conflict

Notes:

Abusive Head Trauma (formerly known as Shaken Baby Syndrome) is due to the weakness of neck muscles relative to the size of a baby's head, and it only takes a few seconds of strong shaking to cause serious damage to a child.

The indicators of Abusive Head Trauma may include breathing difficulties, poor sucking or swallowing, lethargy, unequal pupil size, inability to lift the head or track movement. Long-term shaking can cause blindness, seizures, learning disabilities, physical disabilities, and death.

- If you suspect abusive head trauma, get immediate medical attention for the infant.
- To learn more about abusive head trauma, visit [www.dontshake.org](http://www.dontshake.org).
### 1.6 Behavioral/Emotional Indicators

- Excessive absences
- Fear of parents or other adults
- Extreme aggressiveness
- Cognitive and intellectual impairment
- Deficits in speech and language
- Hyperactivity, impulsivity, and low frustration tolerance
- Depression, low self-esteem, and suicidal tendencies
- Constant tiredness and inability to stay awake
- Being easily agitated or defensive

**Notes:**

Physical abuse can also result in behavioral or emotional indicators which include:

- Excessive absences from school or child care
- Fear of parents or other adults
- Extreme aggressiveness
- Cognitive and intellectual impairment
- Deficits in speech and language
- Hyperactivity, impulsivity, and low frustration tolerance
- Depression, low self-esteem, and suicidal tendencies
- Constant tiredness and inability to stay awake
- Being easily agitated or defensive

It is important to consider the ecological model; there are multiple risk and protective factors that contribute to the likelihood of physical abuse. For example, research indicates that children are 15 times more likely to be physically abused in homes where domestic violence is occurring.

### 1.7 Your neighbor down the street asks you to watch her 10-year old son while she goes to the grocery store. While helping him climb a tree in the
yard, you notice he has many bruises on his belly and back. You notice that these bruises are of various sizes, shapes and colors. This is only your second time watching her son.

Is this injury likely accidental or suspicious?

(True/False, 10 points, 1 attempt permitted)

Your neighbor down the street asks you to watch her 10-year old son while she goes to the grocery store. While helping him climb a tree in the yard, you notice he has many bruises on his belly and back. You notice that these bruises are of various sizes, shapes and colors. This is only your second time watching her son.

Is this injury likely accidental or suspicious?

- Accidental
- Suspicious

Feedback when correct:

That is correct. Bruises of various shapes indicate that the injuries may have been caused by a variety of objects. The differences in color may indicate that the injuries may have been inflicted over a period of time. Remember when we discussed how children are forward moving
objects. The injuries are also located on the softer parts of his body and his back. The correct answer is, these injuries are suspicious.

**Feedback when incorrect:**

That is incorrect. Bruises of various shapes indicate that the injuries may have been caused by a variety of objects. The differences in color may indicate that the injuries may have been inflicted over a period of time. Remember when we discussed how children are forward moving objects. The injuries are also located on the softer parts of his body and his back. The correct answer is, these injuries are suspicious.
2.4 Sexual

1. Sexual

1.1 Sexual Abuse

Sexual Abuse is any sexual behavior imposed on a child.

Sexual Abuse Involves

- **Physical acts perpetrated upon a child**
  - Examples include: sexual intercourse, fondling, and oral-genital contact
- **Non-touching acts perpetrated upon a child**
  - Examples include: taking obscene pictures or video, prostitution, exhibitionism, and sending obscene emails

(Sexual Acts involving two minors may be handled as neglect)

Notes:

Sexual abuse includes both physical acts and non-physical or non-touching acts. Touching offenses include, but are not limited to:

- Anal or vaginal penetration
- Fondling
- Oral-genital contact

Sexual abuse also consists of non-touching offenses, including but not limited to the following:

- Masturbating in front of a child
- Preparation or distribution of obscene pictures or video of a child
- Promotion of prostitution of a child
- Exhibitionism or voyeurism
- Inappropriate discussion about sexual acts intended to arouse the perpetrator
• Obscene telephone calls or email and Internet contacts
• Intentionally letting down the doors of privacy so that a child can see or hear a sexual act

It is important to note that in North Carolina, children under the age of sixteen are not considered able to consent to a sexual act.

Sexual abuse is a criminal offense punishable by law. When a report is made to CPS about allegations of sexual abuse, the department is required to make a report to law enforcement. North Carolina General Statutes include detailed definitions of sex crimes; this information is included in the resources accessible at the end of this training.

1.2 Facts About Sexual Abuse

Facts About Sexual Abuse

• 1 in 4 girls and 1 in 6 boys will be sexually abused by their 18th birthday
• 90% of children are sexually abused by a family member or someone they know
• 40-60% of all child molestations are perpetrated by someone under the age of 18
• One-third of sexual abuse victims are under the age of five
• Less than two percent of sexual abuse allegations are false
• About 3% of all sex offenders are prosecuted
• No study indicates that public notification lowers recidivism

Notes:

As additional research becomes available, it sheds light on child sexual abuse. Research demonstrates that:
• 1 in 4 girls and 1 in 6 boys will be sexually abused by their 18th birthday
• 90% of children are sexually abused by a family member or someone they know
• 40-60% of all child molestations are perpetrated by someone under the age of 18. It is important to note that sexual abuse reports involving two minors may be handled neglect.
• One-third of sexual abuse victims are under the age of five
• Less than two percent of sexual abuse allegations are false
• About 3% of all sex offenders are prosecuted
• No study indicates that public notification lowers recidivism

Awareness of strangers and good touch/bad touch is important information for kids and can be helpful during the disclosure process. These programs, however, do not actually prevent children from being sexually abused or offended. Unfortunately, there is very little research about effective strategies for preventing child sexual abuse.

Two prevention programs that are being implementing throughout the state of North Carolina are Stewards of Children Darkness to Light and Stop it Now.

1.3 Stages of Sexual Abuse

Notes:

Sexual abuse often happens in stages:

Stage One is known as the engagement or grooming stage. During this stage the offender will give the child gifts and/or attention.

Stage Two is sexual interaction and includes touching or non-touching offenses.

Stage Three is secrecy in which the offender uses bribes or the differential in power to ensure the child does not disclose.

Stage Four, which is disclosure, does not always occur. According to research published by the American Psychological Association in 2005, only 42% of children disclosed within one year of the abuse.

Stage Five is suppression, during which the child is compelled to retract their statement
or say they “forgot”.

### 1.4 Internet Exploitation

- 34% - Unwanted exposure to online pornography
- 70% - accidental exposure of 15-17 year olds
- 14% - adolescents who report agreeing to meet a stranger online
- 22% of teen girls and 18% of teen boys report sending pornographic photos

**Notes:**

With society's continued reliance on technology, more children are exposed to sexual solicitation and sexually explicit pictures online.

According to research 34% of children in the United States report unwanted exposure to online pornography.

70% of youth between the ages of 15 and 17 report that they have accidentally come across pornography online.

14% of adolescents report agreeing to meet an online stranger in person.

Forwarding of pornography via text messages, also known as “sexting” is another growing concern.

22% of teenage girls and 18% of teenage boys report sending semi-nude or nude photographs. Federal statute eighteen USC 2256 defines child pornography as "any visual depiction" of a minor "engaging in sexually explicit conduct."

Those caught possessing or receiving child pornography may be sentenced to up to five years in prison, while those convicted of distributing child pornography, which includes the sending sexually explicit text messages, may face up to 15 years in federal prison.

In North Carolina, general statute 14-199.1 makes it illegal to intentionally disseminate obscenity, which is defined as any material depicting sexual conduct in a patently offensive way. In some circumstances, sexting could also constitute first degree sexual exploitation of a minor under general statute 14-190.16. This is a Class D felony,
punishable by up to 12 years in prison.

Under the state's current Sex Offender and Public Protection Registration Program, anyone convicted of sexual exploitation of a minor is obligated to register as a sex offender. Depending on the nature of the crime, someone found guilty of a sexting-related crime could be required to maintain this registration for ten years, and for some, the rest of his or her life. Job opportunities, college applications and career choices all could be endangered by one irresponsible act. To date, no North Carolina court has yet heard a sexting case.

To learn more about how to keep children safe while on the Internet visit the North Carolina Department of Justice website at www.ncdog.com.

1.5 Sex Trafficking

Human trafficking includes labor and sex trafficking. For the purposes of this training we will discuss child sex trafficking.

Notes:

Human trafficking includes labor and sex trafficking. Sex trafficking can be a form of child maltreatment. For the purposes of this training we will discuss child sex trafficking.
1.6 Sex Trafficking Definition &

Risk Factors

Any minor engaged in commercial sex work is considered a victim of sex trafficking.

Men, women, and children can be victims of sex trafficking.

Notes:

One form of child sexual abuse is child sex trafficking. In the United States, the Trafficking Victims Protection Act of 2000 defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age”

Note that minors engaged in commercial sex are considered to be trafficked even when no force, fraud, or coercion is involved.

Remember the social ecological model? There are risk factors for trafficking at every level of the social ecological model, including norms about commercial sex work, lack of community resources for homeless and runaway youth, domestic violence, and a history of trauma. There is no single profile of a trafficking victim, however.

Some children or youth may be exploited and induced into commercial sex by a third party, some may trade sex for basic needs in order to survive. Some may be victims of child sexual abuse who are trafficked by their abusers.

Vulnerable populations may include homeless and runaway youth, a significant proportion of whom identify as lesbian, gay, bisexual, or transgender; individuals with language or legal barriers such as immigration status; or those with a history of trauma or abuse.

Studies estimate that a large percentage of runaways who don’t return home are trafficked or forced to trade sex in exchange for basic needs. In addition, Shared Hope
International has found that 65% of minors arrested for prostitution have a prior history of sexual abuse

1.7 Sex Trafficking Prevalence

There is extremely limited data on trafficking.

- 1,450 youth involved in sex trafficking came to the attention of law enforcement in 2005.
- In 2014, 41 North Carolina cases involved sex trafficking of minors were reported to NHTRC.

Notes:

There is limited data available to help us understand the prevalence of child sex trafficking. In 2013 the majority of trafficking crimes that were documented, were uncovered during the course of another investigation. Because only a small percentage of sex crimes or sexual abuse cases come to the attention of any system, we can assume the numbers of children and youth being trafficked are far larger than statistics indicates.

United States estimates of trafficked persons have ranged from 1,400 to 2.4 million; none of these estimates have a strong scientific foundation. We do know that in 2005 over 1,400 youth involved in sex trafficking within the United States came to the attention of law enforcement. In 2014, 41 trafficking cases involving minors in North Carolina were reported to the National Human Trafficking Resource Center hotline.

1.8 Which of the following would be considered a form of sexual abuse?

(Multiple Choice, 10 points, 1 attempt permitted)
Which of the following would be considered a form of sexual abuse?

- A 13 year old female sends her boyfriend Jim a text containing a provocative picture wearing her panties and bra.
- A 14 year old freshman who has begun having a sexual relationship with an 18 year old senior at his school.
- Having obscene and sexually provocative conversation with a child.
- A 17 year old runaway who begun trading sex for money with the help of her boyfriend.

X All of the above

None of the above

Feedback when correct:
That is correct. Sexting, statutory rape, obscene phone calls and sex trafficking are all considered sexual abuse. All of the above would be considered child sexual abuse.

Feedback when incorrect:
That is incorrect. Sexting, statutory rape, obscene phone calls and sex trafficking are all considered sexual abuse. All of the above would be considered child sexual abuse.
Notes:

Which of the following would be considered a form of sexual abuse?

• a 13 year old female send your boyfriend Jim a text containing a provocative picture wearing her panties and a bra

• a 14 year old freshman has begun having a sexual relationship with an 18 year old senior at his school

• having obscene and sexually provocative conversation with a child

• a 17 year old runaway has begun trading sex for money with the help of her boyfriend

• all of the above

• none of the above
2.5 Neglect SL3

1. Neglect

1.1 Child Neglect

Child Neglect: Failure to provide for the child’s basic needs. It can be physical, medical, educational or emotional.

“Neglect” means that, despite available resources, a child’s needs are not met.

NC Court of Appeals stated the following guidelines:

“In general, treatment of a child which falls below the normative standards imposed upon parents by our society is considered neglectful.”

Notes:

Child Neglect is a failure to provide for the child’s basic needs. It can be physical, medical, educational or emotional. “Neglect” means that, despite available resources, a child’s needs are not met.

Neglect is the most basic and frequently charged form of child mistreatment.

50% of all child fatalities resulting from child maltreatment are due to neglect.

While North Carolina Physical Abuse statutes are narrowly defined, the neglect statute is very broad. In North Carolina the majority of substantiations made by CPS are for neglect.

Take a moment to reconsider the Ecological Model discussed earlier. Parents live in complex environments and there are a variety of stressors that impact their ability to meet the most basic needs of their children.

Some of the things that can impact a parent’s ability to meet a child’s basic needs are lack of resources, parenting skills, support, knowledge, judgment or dealing with substance abuse or mental health disorders.
1.2 Types of Neglect

- Lack of Proper Care and Supervision
- Injurious Environment
- Inappropriate Discipline
- Lack of Medical or Remedial Care
- Illegal Placement of a Child
- Abandonment

Notes:

North Carolina General Statute 7B-101 identifies the following as neglectful. Click the tabs to learn more.

LACK OF PROPER CARE, which is failure to provide adequate shelter nutrition or appropriate clothing for a child in adequate shelter—might include a home with no panes in the windows or holes in the floor, a lack of heat in cold weather or no space to sleep, eat, or be in adequate shelter. It can also include unsanitary home conditions, such as an excessive amount of garbage in the home or fecal matter on the floor. Improper supervision could include leaving children home before they are developmentally capable of caring for themselves or others.

It is important to note that North Carolina law does not specify the age at which a child may be left alone. The law assumes parents and guardians will use discernment basing their decisions not just on age, but also on the child’s maturity, comfort level, and other relevant circumstances.

The North Carolina general statute 14-318, the Fire Code Law, specifies that children under the age of 8 cannot be left alone. Lack of proper care and supervision can also include failure to meet the child’s educational needs. Willfully not enrolling your child in school or even therapeutic child care come under the neglect law. In North Carolina, the legal school age for compulsory attendance applies to children between the ages of 7 and 16; and children aged 5 or 6, as long as they are enrolled in public school. Initial responsibility for dealing with school attendance issues or truancy rests with the school principal. After 10 unexcused absences, the principal must determine whether the parent has made a good faith effort to comply.

If the parent or Guardian has made a good faith effort to comply, the principal is
authorized to refer the matter to a juvenile court counselor. If the principal determines that the parent has not made a good faith effort to comply, the principal is required to notify the District Attorney and DSS. Parents' failure to make a good faith effort to comply with the attendance law may be neglect.

INJURIOUS ENVIRONMENT includes harm and risk of harm to a child. Note that the child does not need to sustain injury to be substantiated for neglect. Exposure to drugs, violence, domestic violence, and insecure living conditions can fall under this portion of the neglect law. It is important to keep in mind that a safe home is the primary need for children to grow and develop.

While poverty can create several risk factors that may put children at increased risk of neglect-because a family is experiencing poverty-it does not mean they are neglectful. A child living in a small apartment may have more adequate shelter than a child who lives in a more spacious home that is unsanitary, because there is garbage or animal or human waste inside the home. Note that child neglect is more often unnoticed in affluent homes and tends to be easily overlooked.

INAPPROPRIATE DISCIPLINE. By law, physical abuse must cause serious physical injury. In North Carolina, corporal punishment is not against the law. In homes or schools, corporal punishment that leaves bruises or other marks may constitute neglect and can be considered inappropriate discipline. Strong beliefs about what constitutes proper discipline can vary greatly among parents, communities, religious groups and cultures.

LACK OF MEDICAL OR REMEDIAL CARE. Parents who refuse to seek medical care or attend to their children’s special health care needs may be considered neglectful under the law. Lack of medical care could include a parent refusing to allow treatment for his child’s serious burns. Remedial care is defined as supplying a remedy for something intended to correct or improve a deficiency.

Lack of remedial care could include a parent refusing treatment for her child’s severe hearing and speech defects. It is important to note that North Carolina does not make exceptions for parents’ religious beliefs. These situations are heard on a case by case basis.

ILLEGAL PLACEMENT OF A CHILD. North Carolina General Statute 7B-101 also includes placing a child illegally for care or adoption. An example of this could be a child placed in a foster home or put up for adoption by an unlicensed individual or agency. North Carolina adoption laws specifically prohibit payment for placement of a child.

ABANDONMENT. The courts have described abandonment as parents’ willful refusal to care for and support a child. Abandonment can be a gradual process, in which a child is left for increasing periods of time. North Carolina has a Safe Surrender Law, which states that a parent can surrender an infant with no information given, other than the intent not to return. The law requires the person receiving the child to take certain
actions, including contacting DSS or law enforcement immediately. DSS will stay complete with the investigation process to attempt to determine the biological parent of the child. The parent is, however, free from criminal prosecution for abandonment.

1.3 Read the scenario, and identify if neglect is present.

After being out of work for three months Robert, a former factory worker, takes a job at a store working 11 PM - 7 AM shift. Robert’s job doesn’t pay much; the family is still in need of money. His wife begins to look for work, but the only job she could find required her to leave home at 3 AM. The children, ages two and six, were alone for a few hours until Robert got home.

Is this neglect?

(Multiple Choice, 10 points, 1 attempt permitted)
Correct Choice

<table>
<thead>
<tr>
<th>X</th>
<th>Neglect is likely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Neglect is not likely</td>
</tr>
</tbody>
</table>

**Feedback when correct:**

That is correct. We know that most children who are neglected come from families that really could use more support. Robert and his wife clearly want to be able to provide for their family. Despite their well-meaning intentions, the children ages two and six fall below the minimum age requirement of eight outlined in the NC fire code. It is likely that neglect is present and the family could benefit from additional support.

**Feedback when incorrect:**

That is incorrect. We know that most children who are neglected come from families that really could use more support. Robert and his wife clearly want to be able to provide for their family. Despite their well-meaning intentions, the children ages two and six fall below the minimum age requirement of eight outlined in the NC fire code. It is likely that neglect is present and the family could benefit from additional support.
1.4 Read the scenario, and identify if neglect is present.

Janet, a 13-year old girl who attends your class is always complaining that she is “hungry” and never brings lunch. Upon questioning, she states that her mother “works all the time” and “doesn’t make her breakfast or lunch”.

Is this neglect?

(Multiple Choice, 10 points, 1 attempt permitted)

<table>
<thead>
<tr>
<th>Correct Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect is likely</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Neglect not likely</td>
</tr>
</tbody>
</table>
Feedback when correct:

That is correct. Janet’s mother’s long hours at work may make it difficult for her to prepare Janet’s breakfast and lunch. It is also possible that Janet’s mother believes that she is eating breakfast and lunch at school. It is likely that this is not neglect; however it could present an opportunity to speak to Janet’s mother and connect her with support and resources that can help her.

Feedback when incorrect:

That is incorrect. Janet’s mother’s long hours at work may make it difficult for her to prepare Janet’s breakfast and lunch. It is also possible that Janet’s mother believes that she is eating breakfast and lunch at school. It is likely that this is not neglect; however it could present an opportunity to speak to Janet’s mother and connect her with support and resources that can help her.
DISCLOSURE & REFERRAL

3.1 Disclosure SL3

1. Disclosure

1.1 Disclosure of Child Maltreatment

Notes:

If you work with children for an extended period of time there is a possibility that a child may disclose to you. Sometimes it is relatively clear, but more often children will test the water or disclose indirectly.

There are different types of disclosure. These can include:

• **Indirect hints** — “My babysitter keeps bothering me.”

• **Disguised disclosure** — “What would happen if a someone in my class didn’t have food at home and she told someone about it?”

• **Disclosure with strings** — “I have a problem but if I tell you about it, you have to promise not to tell.”
1.2 How to Respond to a Disclosure

Notes:

What should you do when a child discloses?

• Don’t make promises you cannot keep, such as this will never happen again, I won’t tell anyone, or we are getting you out of that house.

• Include an age appropriate explanation of what will happen next. For example, you may want to tell the child you will have to share what she told you with your supervisor or another adult so that you can get her help.

• Stay calm. If you overreact the child may shut down or become fearful; listen carefully to what the child is saying and be aware of your reaction

• Compile notes using the child’s words.

• Let the child know you believe him and that it is not his fault. The child has chosen to disclose to you because he trusts you and believes that you are a person who can help him.

• Observe boundaries. Secure a safe, semi-private place to talk, and don’t touch the child without permission

• Safeguard a potential criminal investigation by not asking Investigative questions or putting words into the child’s mouth. Each time a child is questioned her story will inevitably change, and when it does, this may compromise future investigations, especially in cases of severe physical abuse or sexual abuse. In those cases, a child advocacy center will conduct a forensic interview and record the interview, so the child won’t have to repeat the story and relive the trauma.

• Use the child’s language. Avoid words he might not understand or might find embarrassing; ask him to clarify any words you don’t understand
- Refrain from judgment and blame. When a family member is involved the child will have an allegiance and loyalty to the family member or may seek to justify their behavior. Blaming the parent or caretaker will only cause the child to feel worse.
- Ensure that a report is made. Your organization may have specific organizational policies identifying a liaison or agency reporter. As a mandated reporter you are still required to ensure that the report is made.

1.3 If a child discloses maltreatment, you should:

*(Multiple Choice, 10 points, 1 attempt permitted)*

<table>
<thead>
<tr>
<th>Correct Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask plenty of questions so you can gather as much information as possible.</td>
</tr>
<tr>
<td>Tell the child that they are safe, and you will make sure that they are not hurt again.</td>
</tr>
<tr>
<td>Listen carefully, and let the child do the talking.</td>
</tr>
<tr>
<td>Call Prevent Child Abuse North Carolina to find out what to do next.</td>
</tr>
<tr>
<td>All of the above</td>
</tr>
<tr>
<td>None of the above</td>
</tr>
</tbody>
</table>

Published by Articulate® Storyline www.articulate.com
**Feedback when correct:**

If a child discloses it is important you listen, let the child do the talking to avoid compromising any possible investigation with DSS or the Police.

**Feedback when incorrect:**

If a child discloses maltreatment, it is important that you listen and let the child do the talking to avoid compromising any possible investigation with DSS or the Police.

**Notes:**

- Ask plenty of questions so you can gather as much information as possible.
- Tell the child that they are safe, and you will make sure that they are not hurt again.
- Listen carefully, and let the child do the talking.
- Call Prevent Child Abuse North Carolina to find out what to do next.
- All of the above.
- None of the above.
3.2 Make Referral SL3

1. Making a referral

1.1 Reporting/Referring

Notes:

Before exploring how to make a report or refer a family to the Department of Social Services let's learn a little more about the department and its role.

First, notice the title of this slide is “Referring a Family to DSS for Assistance”. Reporting is the legal and standard term used for making a referral to DSS. Over the past 5 years DSS has undergone extensive reforms to improve the way they work with families. When you think of making a report to DSS, think of it as assisting the family in obtaining resources which they would not otherwise be able to access. Because change is a process and not necessarily a fast one, we will often use the terms referral and report interchangeably as we make this shift or transition.
1.2 Child Protective Services (CPS)

The purpose of CPS is to ensure the safety of the child and provide services that can help preserve, strengthen, and support families in time of need.

- The role of CPS is to screen, assess and/or investigate child abuse & neglect referrals within the family
- Each county Department of Social Services (DSS) has a CPS Department
- DSS now uses the Multiple Response System (MRS) Family-Centered Approach

Notes:

The unit within the Department of Social Services which handles reports of child maltreatment within a family is Child Protective Services. The purpose of CPS is to ensure the safety of the child and provide services that can help preserve, strengthen, and support families in time of need.

CPS staff...

Assess suspected cases of child maltreatment
Assist the family in diagnosing the problem
Provide in-home counseling and supportive services to help children stay at home with their families
Coordinate community and agency services for the family

In serious cases, if necessary, or if the family will not cooperate and the child’s safety is at risk, they will petition the court for removal of the child.

CPS staff also provide the public with information about child abuse, neglect, and dependency.

In 2006, DSS began using the Multiple Response System Family Centered Model, which was a legal reform of the entire continuum of the child welfare system.
1.3 Child Protective Services – Screening Process

DSS makes a determination about the referral

- **Referral is screened out**
  - The information does not meet the legal definition of abuse or neglect
  - Insufficient information to warrant CPS involvement

DSS determines the appropriate approach for the case using the Multiple Response System

- Investigative assessment approach
- Family assessment approach

**Notes:**

When CPS is contacted, a determination is made about the referral.

If there the information does not rise to the legal definition of abuse or neglect-or there is insufficient information to warrant a CPS investigation-the report will be screened out.

If the case is accepted, CPS will use one component of the multiple response system to determine whether the Investigative Assessment or Family Assessment is the most effective way to screen the family for services.

CPS will consider a variety of factors including the type of maltreatment to assist them in making this decision.
1.4 Child Protective Services – MRS

Notes:

The goal of the Multiple Response System is to ensure the safety, stability, and well-being of children and their families.

These two approaches:

• Ensure that the children are safe
• Work in partnership with parents
• Provide services and resources matched to families’ needs
• And allow for early engagement with families

The Multiple Response System first addresses the safety of the child, then works with the family to enhance or build protective factors and reduce risk factors.
1.5 Assessment Approaches of the MRS System

**Notes:**

There are many ways the Investigative Assessment is Different from Family Assessment. In an investigative approach, there are two possible outcomes. Families are either substantiated, meaning DSS determined that abuse, neglect or dependency occurred; or unsubstantiated, meaning that DSS was unable to prove that child maltreatment has occurred. However, services may still be recommended if DSS determines there is a need.

With the family assessment approach there are four possible outcomes. Families are identified as those for whom:

- Services Needed, indicating that child protective services are required;
- Services Recommended, indicating that services are voluntary but recommended;
- Services Not Recommended, indicating that no service need has been identified.
- Services Provided, Child Protective Services are no longer needed, indicating that appropriate services were provided during the assessment phase, and Child Protective Services intervention is no longer needed. This finding option was added in February 2006 to address ambiguity in how counties recorded situations when services were provided during the assessment period and were no longer needed at the time of case decision.

In the investigative approach, the type of maltreatment is identified, while in the family assessment no specific type of maltreatment is identified.

In the investigative assessment, the caregiver’s name is entered into a centralized database, while during the family assessment, no name is entered into the centralized database.
During the investigative assessment, services are only received after the case has been substantiated, while in the family assessment, services are initiated as soon as contact is made with the family.

It is apparent that the Family Assessment uses a collaborative, strength-based approach.

The family assessment approach is most often used in cases of neglect and dependency, while abandonment, physical abuse, sexual abuse, and fatalities are usually screened through an investigative approach.

A CPS social worker or supervisor may switch the approach being used to screen a case if it is determined to be a better fit.

### 1.6 6 Family Centered Principles of Partnership

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

**Notes:**

The Multiple Response Systems focuses on the six Family Centered Principles of Partnership and respects the families they work with by…

- Listening to what they have to say,
- Focusing on their strengths,
- Refraining from making hasty judgments,
- Sharing power with families as partners, and
Remaining engaged with them in the process of partnership.

1.7 Here to help
3.3 Who Why SL3

1. Who & Why

1.1 North Carolina General Statute 7B-301

North Carolina General Statute 7B-301 defines who should REPORT suspected abuse or neglect as: Any person or institution that has cause to suspect that a child is being abused or neglected is required by law to report it.

Keep in Mind:
- If you make the report in good faith, you will receive immunity from possible civil or criminal liability that may result from your report.
- This means there is a legal obligation to report. This legal obligation supersedes organizational policies.

Notes:

North Carolina General Statute 7B-301 defines who should REPORT suspected abuse or neglect as: Any person or institution that has cause to suspect that a child is being abused or neglected is required by law to report it. This means that “Everyone is a mandatory reporter in North Carolina, and everyone is protected by law” from liability if they make a report in good faith.

It is acceptable to have organizational policies that include a designated liaison, for example a supervisor, administrator, social worker, nurse, or other designee who is responsible for making reports for your organization.

It is important to note that:

- It is the liaison’s duty is to convey the report, not screen whether or not a report needs to be made
- The individual who is the source of the report is still responsible for ensuring the report is made.
- The individual who is the source of the report is free to personally communicate with DSS
- You cannot lose your job for making a report
1.2 Voices from the field


Notes:

1.3 Why Should I Make a Referral?

Why Should I Make a Referral?

- Professional responsibility
- Moral and ethical obligation for the safety of the child and other children in the home
- To prevent ongoing child maltreatment
- To educate & provide resources to the family
- To prevent the long-term consequences and impact of abuse and neglect for the adult survivor
Notes:

What are some of the themes you heard in that video?

- Professional responsibility
- Moral obligation
- For the safety of the child and other children in the home

In addition to what you heard in the video referring a family to DSS can prevent ongoing maltreatment to the child or other children in the home,

Making a referral can put the family in touch with resources, information or tools to help with the challenges of raising children;

Lastly, making a referral may save a child’s life…. It’s the right thing to do, because Child Maltreatment has serious and long-lasting consequences, as we will see on the next slide…

1.4 Impact Over the Lifespan

![CDC ACE Study Pyramid](www.cdc.gov/nccdphp/ace/pyramid.htm)

Notes:

Although the economic impact is great, the effects of Child Abuse and Neglect have serious implications not just during the childhood years but over the entire lifespan.

The Adverse Childhood Experiences or ACE study was conducted in the late 1990s by the Centers for Disease Control and Prevention at a Kaiser Permanente site in San Diego, California, and included retrospective study and physical examination given to over 17,000 adult patients. The survey asked questions about adverse childhood
experiences including different types of child maltreatment.

The study found that the more Adverse Childhood Experiences children have, the more likely they are to develop social, emotional and cognitive impairments. These impairments literally impact the way their brains are wired and lead to adoption of risky behaviors such as smoking, sexual activity, substance abuse, and others.

Over time the adoption of these risky behaviors leads to health problems and disease, including diabetes, heart disease, cancer, obesity, and high blood pressure. These illnesses ultimately result in early death. Furthermore, the study found a correspondence between the number of ACEs a person experienced and the long-term impact on their health. This study reveals that child maltreatment is not simply a child welfare issue but rather a public health issue.

The impacts of child maltreatment can come at great cost to our society, and research continues to show that not only can it be more difficult to undo the damage of child maltreatment. It can also be far more costly.

1.5 Impact on Brain Development

Notes:

Humans are born with brains that have more than 100 billion neurons-cells that are specialized to receive, transmit, and store information. Chains of neurons, communicating with each other, create the functional systems of the brain that control everything from our breathing to our thinking.

Brain development is the process of creating, strengthening, and discarding these connections among neurons. A single neuron can connect with as many as 15,000 other cells. This incredibly complex network of connections often is referred to as the
brains circuitry or wiring. Negative experiences impact the wiring of the brain and can have a negative impact on brain development. Maltreated children may experience what researchers are now calling toxic stress.

Toxic stress and repeated negative experiences will literally rewire the developing brain of the child and create connections that jeopardize the foundation for future growth and development. The brain develops based on the ‘use it or lose it’ principle.

For example, adults who frequently talk to their children will create very strong language connections, or pathways, between neurons that become part of the permanent architecture of the brain. However, if a pathway is not used overtime, it will be eliminated, based on this ‘use it or lose it’ principle.

Thus, children who are not exposed to a rich environment of language will lose some of the synapses for language overtime. Beginning at about age 11, a child’s brain gets rid of extra connections in a process called pruning, gradually making order out of a thick tangle of wires. During this process, the brain will prune away connections not being used.

Understanding brain development helps us understand some of the challenging behaviors children in youth settings may exhibit and why it is so critical that we intervene when we suspected that a child may be maltreated.

PCANC offers a more in-depth training on the impact of child maltreatment on brain development. Visit the training page of our website for more information.

### 1.6 Impact on Attachment

- Low self-esteem
- Needy, clingy or pseudo independent
- Decompensating when faced with stress and adversity
- Lack of self-control
- Unable to develop and maintain friendships
- Alienated from and oppositional with parents, caregivers, and other authority figures
- Antisocial attitudes and behaviors
- Aggression or violence
- Difficulty with genuine trust, intimacy and affection
- Negative, hopeless or pessimistic view of self, family and society
- Lack empathy, compassion and remorse
- Behavioral and academic problems at school

**Notes:**

Over time child maltreatment can lead to attachment disorders. Children experiencing
attachment disorders may be difficult to manage in a group setting.

According to Evergreen Psychotherapy Center Attachment and Treatment and Training Institute children with attachment disorder are at greater risk of:

- Having low self-esteem
- Being needy, clingy or pseudo-independent
- Decompensating when faced with stress and adversity
- Showing lack of self-control
- Inability to develop and maintain friendships
- Becoming Alienated from and oppositional with parents, caregivers, and other authority figures
- Displaying Antisocial attitudes and behaviors
- Showing Aggression or violence
- Having difficulty with genuine trust, intimacy and affection
- Having a Negative, hopeless or pessimistic view of self, family and society
- Showing lack empathy, compassion and remorse
- Having Behavioral and academic problems at school
3.4 How SL3

1. How?

1.1 Referral Process

Click the tabs to learn more…

Notes:

Click the tabs to learn more…

MAKING THE REFERRAL. It is preferred that the report is made where the child lives or is found. However, we realize that this is not always possible. If you are not sure where the child lives, you can make a report to any DSS, and they should route your report to the appropriate CPS unit who can complete the assessment.

NC statutes require the reporter to give name and address. While DSS is still required to investigate anonymous referrals, anonymous referrals may prevent DSS from obtaining very important information or may raise questions about your motivation or reliability. DSS cannot screen out an anonymous referral that meets the legal definition of abuse or neglect. The Child Protective Services worker may need to contact you for clarification or more information.

Remember, you have valuable information about the family that can help the CPS worker speed delivery of services to the family, including indicators you may have seen, information that child has revealed to you, risk factors you may have noticed in the family, as well as what the family's strengths are. If you make the report anonymously, DSS will not be able to provide you with any information about the case or notify you of the outcome.
DSS is required to keep the reporter’s identification confidential. In rare instances, a judge will request the information during a court case. All you need to make a referral is reasonable suspicion of abuse or neglect. You do not need proof. CPS bears the responsibility to determine if maltreatment occurred.

Various emotions may be associated with making the referral. Whether you find it difficult to make the referral, or you feel a sense of resolve or anger, it is important to assess your emotions and process them with someone you trust without sharing any confidential information. If you believe a child is in immediate danger, call 911. There may be a temptation to try to keep the child from going home with a parent or caregiver, but you do not have the authority to do so. You are strongly encouraged to call 911, and leave it up to the authorities.

HELPFUL INFORMATION. When you are ready to make a referral, be sure to have your notes and all necessary documents, such as indicators, history, patterns, family's strengths, and other important information in front of you. Be certain that you are in a quiet room without distractions and that you have the following information written down:

- Name, age, race, sex, and date of birth of child
- Address and phone of the child and parents, if known
- Name, address, and phone of the caregiver
- Names of anyone else with knowledge of abuse
- Description and nature of injuries (any past observations or indicators)
- Description of family strengths
- Any known pets and or weapons in the home
- Any known history of substance abuse
- Any known history of domestic violence

Keep in mind that you do not have to know the answer to all of these questions to make a referral. This is designed as a guide to assist in preparing for the questions that the intake worker will ask when you call.

THINGS TO CONSIDER. Notifying parents is something that may be covered in your agency’s organizational policies. If your organization has a policy about discussing referrals with families, it may relieve you of making that decision. This decision is not always black and white and can be difficult to make.

When trying to determine if you should notify the family, consider the following factors:

In situations of neglect, it is best to air on the side of honesty and transparency with parents. By being honest, you avoid anger and hurt feelings later. It also takes some of the stigma out of the reporting to DSS event for the family.

Remember, these families may likely be screened through the Family Assessment Approach and may need you to advocate on their behalf, if you are asked to participate in child and family team meetings. However, in cases of physical or sexual abuse, where
an Investigative Assessment and/or a criminal investigation might be initiated, you should notify CPS and allow them to contact the family. Notifying the family may hinder a potential investigation.

If the child is in immediate danger, refrain from notifying the parent. It is recommended that you contact DSS to notify them of your concerns, in addition to calling law enforcement or 911 to tell them you feel the child is in immediate danger.

If the family has demonstrated a history of violent or aggressive behavior, or you believe notifying the family would be detrimental to your personal safety, you should exercise extreme caution. Referring a family to DSS when domestic violence is present, can be dangerous to the non-offending parent and any children in the home.

When domestic violence is present the perpetrator will feel a loss of power and, as a result, may become hostile and demand that the non-offending parent or children prevent DSS from intervening or recant any disclosure. If you are considering referring a family to DSS, and you suspect domestic violence is present, you should carefully assess the situation.

When appropriate, talk to the non-offending parent, and inform them of your obligation as a mandated report. Encourage them to contact DSS with you. Remind them that asking for help is a sign of strength. Tell them that you would like to support them. Try to assist the non-offending parent or caregiver in preparing a safety plan, and provide them with a list of emergency contacts.

If you determine it is not safe to notify the parent because of the history and patterns of violence, or the type of child maltreatment suspected, consider distributing information on domestic violence services available in your community to all parents being served at your organization.

DOMESTIC VIOLENCE PRESENT. The goal of CPS intervention in cases involving domestic violence are to:

- Ensure the safety of the child
- All family members will be safe from harm
- The non-offending parent/adult victim will receive services designed to protect and support him or her
- The children will receive services designed to protect support and help them cope with the effects of domestic violence
- The alleged perpetrator of domestic violence will be held responsible for his or her abusive behavior
- The incidents of child maltreatment co-occurring with domestic violence will be reduced

Research has shown that there is a high rate of co-occurrence between domestic violence and child maltreatment. However, a CPS report in which the only allegation is domestic violence does not in itself meet the statutory criteria for child abuse and neglect. When domestic violence, is present it is best to air on the side of caution. Express your concerns about child and family to a DSS intake worker, and allow them to determine if it meets the statutory criteria for child abuse or neglect.
NOTIFYING PARENTS. If you decide to notify parents:

- Discuss your legal obligation as a mandatory reporter in North Carolina.
- Discuss your ethical responsibility to support the families and children in your community and the support and resources available within DSS and the community.
- Discuss your desire to partner with him
- Show empathy for how challenging caring for a family can be.
- Use more support and less judgment.
- Let them know that you would like to advocate for the services and supports they believe are most beneficial to their family.
- Have a plan of action in case the parent caregiver becomes hostile.

1.2 Referral Process – Your Actions After the Referral

Referral Process – Your Actions After the Referral

- Document the referral according to your organizational policy
- Allow investigators to do their job and support and advocate for the child while the process is ongoing
- Respect confidentiality
- Use less judgment and more support of parents

Notes:

Document the referral according to your agency’s policies. Write down the date and time you made the referral, the name of the person or persons with whom you spoke, and any other relevant information.

When you make the report, you can let the intake worker know what you are willing to do to help the family. For example, are you willing to participate in child and family team meetings or act as an advocate for the family?

While you are waiting for the disposition of the case, respect the confidentiality of the
parents and try not to be judgmental. Remember that good parents are made, not born, and we can help in that process.

1.3 Referral Process - DSS Actions

Notes:

If your report is screened in, or accepted, by Child Protective Services for further investigation, the investigation begins no later than:

- 24 hours after Child Protective Services has received your report of suspected physical and/or sexual abuse
- 72 hours after Child Protective Services has received your report of suspected neglect or dependency

DSS will screen the referral out if it does not meet the legal definition of abuse, neglect, or dependency or there is insufficient information to warrant an investigation.

At the conclusion of the investigation DSS will send the reporter written notification of the outcome of the decision, unless the report was made anonymously. Anonymous reporters will not be notified of the outcome.
1.4 Referral Process – DCDEE Actions

Notes:

DCDEE investigates all allegations of Child Maltreatment that occur within child care. If a person suspects maltreatment in a child care facility, the law mandates a report be made directly to the Department of Health & Human Services Division of Child Development and Early Education, also known as DCDEE.

- Reports alleging misdemeanor or felony child maltreatment will be referred to local law enforcement.

- Reports alleging sexual abuse will be referred to the state bureau of investigation.

- Reports alleging child maltreatment, occurring within a family, requires DSS involvement. These cases are referred to the local county DSS. DCDEE may also refer cases to DSS in some emergency situations, such as when a DCDEE staff person is unavailable to conduct the investigation in a timely manner.

DCDEE is obligated to conduct an inspection or determine whether maltreatment occurred within 7 days of receiving the report.

DCDEE will work with local law enforcement, the county department of social services, and the State Bureau of Investigation to ensure that an investigation of specific allegations of maltreatment has been occurred. If substantiated, perpetrators of maltreatment will have their name entered into DCDEE’s Child Maltreatment Registry.

If a report is made to child protective services about a suspicion of maltreatment within a child care facility, CPS staff is required to refer the report to DCDEE.
1.5 Referral Process – If You Disagree With the Outcome

Notes:

In the state of North Carolina there is no appeal process for cases requiring a DSS investigation. There are however several steps that may be taken if you have concerns about an assessment or disagree with the outcome of DSS’ findings.

- First, you should contact the CPS intake worker to get more clarity about the decision, and provide any additional information that you may have.
- If you are still unsatisfied, you should follow the CPS supervision chain, up to the department director and state your concerns.
- If you are unhappy with the outcome after you have spoken to the DSS Director then you can contact policy division of the state Division of Social Services. It is important to note that the Division, while unable to reverse a decision made at the local level, is able to provide feedback on practice issues. The policy department can be reached at 919 733-4622.

For cases involving a DCDEE investigation, the process is a little different.

- Child care providers who disagree with the findings of an investigation may file an appeal. Instructions about the appeal process will be included in the letter they receive regarding the outcome of the investigation.
- As mentioned in the previous slide, reporters who feel that the reasons for making a referral have not been addressed may contact DCDEE and provide any new information that they have.
1.6 Overcoming System Barriers - CPS

Notes:

• One common barrier is a lack of information about where and how to file a report. Although it is preferred that the reporter contact the CPS office in the county where the child lives or is found, this may not always be possible due to a number of barriers, including lack of information. Recently DSS has begun training CPS intake workers how to handle referrals that involve children living in other counties. Regardless of which county you call DSS should take your report and refer it to the appropriate county.

• Another common barrier is the perception that reports cannot be accepted after 5:00 PM. After five p.m. reports can be made to the local police department or by calling nine one one. A social worker on duty will take your information and route it to the appropriate DSS.

• Some people may be hindered by a past negative experience with attempting to report suspected child maltreatment. Remember the reforms we discussed that have taken place within DSS. Keep in mind that your legal obligation as a mandated reporter should empower you to prioritize the well-being of the child over any other barrier you may encounter.

• North Carolina is a diverse state. While our diversity adds to the richness of our state’s culture, it can also present a barrier to reporting for individuals who don’t speak English fluently. If you know of someone who has expressed a concern about the safety or well-being of a child but is hindered from contacting DSS by a language barrier, inform them that the Department of Social Services should have a qualified interpreter or competent bilingual staff available to take their report and through all points of contact with the family.
1.7 A Note to Early Education Professionals

Notes:

In the state of North Carolina there is no appeal process for cases requiring a DSS investigation. There are however several steps that may be taken if you have concerns about an assessment or disagree with the outcome of DSS' findings.

First, you should contact the CPS intake worker to get more clarity about the decision, and provide any additional information that you may have.

• If you are still unsatisfied, you should follow the CPS supervision chain, up to the department director and state your concerns

• If you are unhappy with the outcome after you have spoken to the DSS Director then you can contact policy division of the state Division of Social Services. It is important to note that the Division, while unable to reverse a decision made at the local level, is able to provide feedback on practice issues. The policy department can be reached at 919 733-4622.

For cases involving a DCDEE investigation, the process is a little different.

• Child care providers who disagree with the findings of an investigation may file an appeal. Instructions about the appeal process will be included in the letter they receive regarding the outcome of the investigation.

• As mentioned in the previous slide, reporters who feel that the reasons for making a referral have not been addressed may contact DCDEE and provide any new information that they have.
3.5 Overcoming Barriers SL3

1. Why not?

1.1 Types of families where maltreatment can occur

Notes:

Which of these families do you think would be most likely to incur child maltreatment?
Would it be this family?
Would it be this family?
It can occur in a family, regardless of their race or ethnicity.
It can occur in a family, regardless of their religion.
   It can occur in any family structure.
Child maltreatment cuts across all segments of our society.
1.2 Personal Barriers to Making Referrals

Notes:

There are barriers that prevent people from referring families to DSS.

One barrier is our belief system and culture.

Groups tend to have very different ideas, values and beliefs when it comes to corporal punishment and discipline. Something one person may view as abuse, another may view as discipline, and vice versa.

Some people prefer not to get involved, thinking that families deserve the right to privacy or that what happens in one person’s family is not anyone else's business. This is sometimes referred to as the “family bubble”. We know from the ecological model that families do not exist in isolation, and that our interactions with each other and support for one another is critical to preventing maltreatment.

Sexual Abuse versus sexual activity.

Some people may find sexual activity between adults and minors to be a difficult issue to address, especially when perceived as a cultural issue.

Misinformation can lead to reluctance to report; some people believe that maltreatment only occurs in certain types of households or is only an issue in poor or minority families.

There are also barriers stemming from the complicated relationships that we have with families.

Someone may have a close relationship with the family and feel like a report could get the family in trouble. Other times, someone might have trouble believing that someone they know is capable of child maltreatment.

There is a psychological phenomenon known as the bystander effect. This is when we do not intervene on someone else’s behalf because we think someone else will. If we
all believe that, no one will act on behalf of an abused or neglected child. We all bear responsibility for the safety of children in our community.

### 1.3 Personal Barriers to Making Referrals

**Drawing the line between discipline and abuse**
- Discipline is a learning process with a goal of teaching appropriate behavior.
- Abuse is unpredictable.
- Abuse teaches fear rather than alternative, acceptable behaviors.
- Abuse teaches violence rather than reason.

**Notes:**

Professionals and parents may both struggle with drawing line between what is discipline and what is abuse.

- Keep in mind that discipline is consistent and is part of learning process with the goal of teaching appropriate behavior.
- Abuse is unpredictable and has no clear boundaries as to what will trigger it.
- Abuse teaches fear rather than an acceptable alternative to the child’s behaviors.
- Abuse teaches violence rather than reason.
- Abuse is not only damaging to the child, it is also ineffective in changing a child’s behavior. When a parent continues to struggle with a child’s behavior, there is risk of increasingly severe punishments.
1.4 Overcoming Personal Barriers

Notes:

Our legal obligation as a mandated reporter should supersede our fears.
We have discussed the long lasting affects and cost to society of inaction. We all be
responsibility for the safety and well-being of children in our community.

1.5 Overcoming Organizational Barriers

1. Know your legal & ethical responsibilities
2. Include policies in your organization’s policy and
   procedure manual
   • Include your county CPS phone number
   • Include reporting law and organizational procedures
   • Include your organization’s documentation
     procedure and forms
   • Include your organization’s confidentiality policy
3. Train and support staff
4. Educate parents about your referral policies
Notes:

• Organizational policies and procedures can sometimes make it difficult to report. The organization’s leadership may worry that making a report will cause a loss of revenue or lead to a poor reputation in the community.

• Organizations should have policies and procedures that encourage making and documenting referrals and should provide training to all staff on legal mandates as well as organizational policies.

• All parents should be advised of the organization’s responsibilities to report maltreatment, as well as your policies and procedures for notifying them when a report is made. In the event that a report needs to be made, parents will be aware of what to expect.

1.6 Increasing Protective Factors in our Professional Lives

Increasing Protective Factors in our Professional Lives

• Model healthy relationships
• Highlight families’ strengths
• Listen, be aware, and be an ally to families
• Provide a community resource list
• Look for ways to partner with community agencies

Notes:

• At the beginning of the training we discussed risk and protective factors. As adults who care about the well-being of children and families it is our goal to increase protective factors in our communities. Let’s review a few simple ways to increase protective factors for the parents we interact with in our agencies.

• Modeling nurturing and responsive interactions with children and families is a great way to provide parents with effective techniques for forming healthy relationships with their children.

• Generously offer praise to both parents and children. Remind parents of their strengths and accentuate the positive aspects of children’s development.
• Become partners with your parents; you have the shared goal of success for their child and family

• Reach out to families who may be dealing with increased economic or personal stressors and be supportive by providing a non-judgmental listening ear if clients need to talk.

• Create a resource sheet for your agency, listing the available resources in your community such as respite, childcare, financial assistance, support groups, domestic violence programs, food pantries and other community resources.

• Look for opportunities to partner with other community organizations to provide additional services and resources to families.

1.7 Increasing Protective Factors in our Personal Lives

<table>
<thead>
<tr>
<th>Increasing Protective Factors in our Personal Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support parents who need help</td>
</tr>
<tr>
<td>• Help yourself when you feel overwhelmed with the challenges of parenting</td>
</tr>
<tr>
<td>• Work to eliminate corporal punishment in schools and to model effective discipline techniques without spanking</td>
</tr>
<tr>
<td>• Act when you see a parent struggling in public</td>
</tr>
<tr>
<td>• Participate in April - Child Abuse Prevention Month - activities</td>
</tr>
<tr>
<td>• Volunteer to help child abuse prevention agencies</td>
</tr>
<tr>
<td>• Respond to suspicions of child maltreatment</td>
</tr>
<tr>
<td>• Advocate for child abuse prevention by supporting public policies and programs that promote the well-being of children and families</td>
</tr>
<tr>
<td>• Give a donation to a child abuse prevention agency/program</td>
</tr>
</tbody>
</table>

Notes:

Our interactions with families do not end when we leave work. Each of us has the opportunity to support families and build protective factors in our personal situations as well.

• Support parents who need help by offering to babysit or providing parents with a break.

• Help yourself when you feel overwhelmed with the challenges of parenting by reaching out for support.

• Work to eliminate corporal punishment in schools and to model effective non-spanking discipline techniques to other parents you come in contact with.

• Act when you see a parent struggling in public by offering words of encouragement or
distracting the child.

- **Participate** in Child Abuse Prevention activities in your community during the month of April.
- **Volunteer** to help at agencies working with children and families.
- **Report** suspected child maltreatment.
- **Advocate** for children and families by supporting policies and programs that promote the well-being of children and families.
- **Give** a donation to agencies working to build strong, healthy families in your community.

Everyone has a role to play in building strong families. The investments we make in children and families today will pay dividends for many years to come.

For more tips on supporting families visit [www.preventchildabusenc.org](http://www.preventchildabusenc.org).