



The National Training Institute
for Child Care Health Consultants

Caring for Children Who are Maltreated



- Your name
- Your agency
- Date of training



Introductions

- Share with the group:
 - Your name
 - Your agency
 - The number of years you have worked in child care



Mythbusters

- Read aloud the child maltreatment myth on your card.
- Statistics are from the report *Child Maltreatment 2006*, published by the Children's Bureau of the US Department of Health and Human Services (DHHS, 2008).



Training Objectives

- Name the four types of child maltreatment.
- Describe common indicators of child maltreatment.
- Discuss the role of child care staff in reporting child maltreatment.
- Understand the role of the CCHC in preventing and responding to child maltreatment.



Why Get Involved?

- Move into your small group.
- Choose a group leader and a recorder/reporter.
- Work with your group to complete the worksheet.
- Take 5 minutes to discuss.



Defining Child Maltreatment

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.



Emotional Abuse

- Defined as “a repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs”



Emotional abuse might include:

- Blaming, belittling, or rejecting a child
- Threatening violence toward a child
- Placing a child in isolation
- Exploiting or corrupting
- Failing to express affection
- Constantly treating siblings unequally
- A persistent lack of concern for the child's welfare



Physical Abuse

- Defined as any intentional injury to the child causing tangible physical harm
- May result from hitting, pushing, burning, biting, shaking, etc.
- May be the result of physical punishment, such as spanking



Sexual Abuse

- Refers to the use, persuasion, or coercion of any child to engage in any sexually explicit conduct.
- Might include touching such as fondling, penetration, or any type of inappropriate conduct with a child's genitals, buttocks, or breasts. Might also be exposure to sexually explicit materials.



Neglect

- Is the failure of a child's caretaker to provide for the child's basic needs.
- Three types:
 - Physical neglect
 - Educational neglect
 - Emotional neglect



Physical Neglect

- Includes refusal or delay of health care, abandonment, inadequate or unsafe supervision, and/or failure to provide for basic needs such as shelter, clothing, hygiene, and food



Educational Neglect

- Includes failure to follow state laws with regard to children's education
 - by allowing excessive absenteeism
 - failure to enroll a child in school
 - failure to respond to special educational needs



Emotional Neglect

- Includes
 - Inattention to a child's emotional needs
 - Exposure to domestic violence
 - Permission of drug and alcohol abuse, or other illegal/inappropriate behaviors
 - A refusal or delay of needed psychological care



Incidence of Maltreatment

- 64.1% of victims experienced neglect
- 16% were physically abused
- 8.8% were sexually abused
- 6.6% were emotionally abused

(Percentages total more than 100% because children may be victims of more than one type of maltreatment.)



Indicators

- Recognition of child maltreatment is based on the detection of a cluster of indicators rather than observation of one or two clues (Koralek, 1992).
- Appearance of indicators does not necessarily mean that abuse has occurred. When observed, they should be explored to determine the cause.



Physical Indicators of Physical Abuse

- Intentional injuries often appear on the face, lips, mouth, torso, back, buttocks, and thighs.
- Bruises may be at various stages of healing.
- Infants who are not yet mobile may have abnormal bruising or other injuries.



Behavioral Indicators of Physical Abuse

- Behavioral extremes – passive or aggressive
- Wariness of adult contact
- Inappropriate or precocious maturity
- Vacant or frozen stares
- Apprehension when other children cry
- Indiscriminant seeking of affection
- Wearing clothing inappropriate for the weather (to cover bruises/injuries)



Physical Indicators of Sexual Abuse

- Pain, itching, bruises, swelling, or bleeding around the genital area
- Stained or bloody underclothing
- Demonstrated difficulty sitting or walking
- Bedwetting or nightmares
- Sexually transmitted diseases (STDs) can be an indicator, but are not common.



Behavioral Indicators of Sexual Abuse

- The report of sexual abuse
- Frequent touching/fondling of genitals or masturbation
- Inappropriate sexual expression with trusted adults
- “Clinginess” or fear of separation
- Excessive bathing



Behavioral Indicators of Sexual Abuse

- Excessive bathing
- Reenactment of abuse using dolls, drawings, or friends
- Neglected appearance
- Avoidance of certain staff, relatives, or friends
- Lack of involvement with peers



Physical Indicators of Emotional Abuse

- Delayed physical, emotional, or intellectual development
- Habits inappropriate for the child's developmental stage, such as rocking, or sucking on fingers
- Displays signs of suicide attempts or physical harm to self



Behavioral Indicators of Emotional Abuse

- Withdrawal
- Apathy
- Low social interaction
- Fear of parent/caregiver/guardian
- Behavioral extremes – passive or aggressive
- Developmental delays



Physical Indicators of Neglect

- Inappropriate dress
- Poor hygiene
- Consistent hunger
- Unattended medical needs
- Recurring cases of lice/scabies
- Fatigue or listlessness



Behavioral Indicators of Neglect

- Fatigue or listlessness
- Whispering speech
- Expressionless face
- Frequently absent or tardy
- Begging for or hoarding food
- Reports no caretaker at home



Pay Attention to the Child

- Changes in behavior or attitude
- Reports of maltreatment from the child
- Fearfulness of parents/caretakers/guardians and/or fear of going home



Pay Attention to Parents/Caretakers/Guardians

- Aggressiveness and/or defensiveness when asked about problems
- Apathy
- Little or no concern about child
- Overreaction to child's behavior
- Not forthcoming with events surrounding injury



Language Indicators

- Blaming or belittling the child
- Makes negative comments about the child
- Labels the child as “bad” or “evil”

Activity: Risk and Protective Factors



- Divide into 5 groups.
- Choose a group leader/reporter and two recorders.
- Read the “*Overview of Risk and Protective Factors*” handout and decide if the factors listed are risk factors or protective factors.
- Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

Reporting Child Maltreatment



- Anyone can report child maltreatment!
- After a report has been made, Child Protective Services will investigate to determine if maltreatment has actually taken place.
- Depending on the results, the family may receive treatment and services or may be referred to family or criminal court.



CFOC Standards for Reporting

- The facility should report to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. 3.4.4.1
- Every staff member should be oriented to what and how to report. Phone numbers and reporting system as required by state or local agencies should be clearly posted by every phone. 3.4.4.1



CFOC Standards for Reporting

- Caregivers/teachers who report suspected abuse and neglect in the settings where they work should be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious. 3.4.4.2
- Employees and volunteers in child care facilities should receive an instruction sheet about child abuse and neglect reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged/disciplined solely because they have made a child abuse and neglect report. 3.4.4.1



Prevention Strategies

- Three different levels
 - Primary: educating the general public
 - Secondary: providing preventive services to high-risk families
 - Tertiary: preventing recurrence among families in which maltreatment has already occurred



Prevention in Child Care Settings

- Written staff policies should allow caregivers/teachers who feel they may lose control to have a short, but relatively immediate break away from the children at times of high stress.
- Policies should allow caregivers/teachers to take an immediate break any time they feel that they may lose control.



Prevention in Child Care Settings

- The physical layout of child care facilities should be arranged so that there is a high level of visibility in the inside and outside areas as well as diaper changing areas and toileting area used by children. All areas should be viewed by at least one other adult in addition to the caregiver/teacher at all times when children are in care. (3.4.4.5)



Activity: Case Scenario

- Find the *Child Maltreatment Case Scenario* worksheet in your Participant's Packet.
- Divide the group into small groups of three or four. Choose a group leader and a recorder/reporter.
- Take 5 minutes to read the case scenario, then work with your group to answer the questions on the worksheet.



Training and Referral

- Provide training or training referrals on the topic of child maltreatment and establish a practice for documenting that training.
- Ensure awareness of the common behaviors, symptoms, and signs displayed by children who have been abused or neglected.
- Assist in connecting with medical professionals with expertise in child maltreatment and/or with Child Protective Services (CPS) for consultation and advice.



Policy Development

- Ensure that child care programs have written policies regarding the monitoring, confirming, and reporting of child maltreatment and assist with policy development in these areas if needed.
- Make certain that child care facilities provide required instructions about child abuse reporting to all staff and volunteers.



Staff Support

- Ensure that child care programs have policies in place that ensure staff receive proper supervision, training, and education, as well as consistent breaks.
- Help develop policies or provide suggestions on dealing with caregiver stress. Develop a list of resources for child care staff on stress management.



Reporting

- Become familiar with mandated state reporting laws and the procedures for filing a maltreatment report.
- Support and work with the child care facility when making a report of child maltreatment.



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Next Steps

- Find the “Learning Assessment - *Next Steps*” worksheet in your Participant Packet.
- Find someone to work with that you haven’t already worked with today.
- Working with your partner, take 5 minutes to complete the worksheet.



Evaluation

- Take 5 minutes to complete the evaluation.
- Thank you!