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Charting the Course towards Permanency for Children in Pennsylvania

Module 2: Identifying Child Abuse and Neglect

SECTION 1

Welcome and Introduction

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Agenda

✓ Welcome and Introduction
✓ Legal Definitions: Why we do what we do when we do
✓ Indicators of Abuse and Neglect
✓ Interacting with Medical Professionals
✓ The Six Domains
✓ Traumatic Stress and Self-care
✓ Summary

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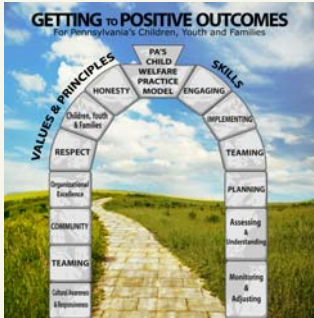The Pennsylvania Child Welfare Resource Center

Learning Objectives

- ✓ List the nine phases of casework practice
- ✓ Reference state law to identify child abuse or neglect
- ✓ Identify potential physical, emotional, and behavioral indicators of child abuse and neglect and their impact on child development and behavior
- ✓ Identify the medical information that is necessary to make a determination of abuse and methods of documenting this information
- ✓ Use information gathered in the six domains to assist in identifying child abuse and neglect
- ✓ Describe at least one strategy for self-care that child welfare professionals can use to cope with stress and exposure to trauma

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Introductions

- Your name
- Background and experience
- Personal learning objective for the course

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PA Child Welfare Practice Model

The Practice Model provides:
- A consistent basis for decision making
- Clear expectations of outcomes
- Shared values and ethics
- A principled way to evaluate your skills and performance

GETTING TO POSITIVE OUTCOMES
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Brainstorm

What do you think a child welfare professional might do in this phase of practice?

What skills from the Practice Model does a child welfare professional need to demonstrate in each phase?

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Questions and Comments?

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SECTION 2

Legal Definitions: Why we do what we do when we do

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Section 2 Objectives

Upon completing this section, participants will be able to:

- ✓ Identify State legislation that is relevant to the work of the child welfare professional
- ✓ Review key definitions outlined in the CPSL
- ✓ Describe CPSL mandates related to reporting child abuse

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Section 2 Objectives, continued

Upon completing this section, participants will be able to:

- ✓ Explain the function of a MDIT (multidisciplinary investigative team) and the role of a child welfare professional
- ✓ Review current Pennsylvania-specific statistics in regard to child abuse and neglect

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Two Components of Child Abuse

A Child

An Act or Failure to Act

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Defining 'Perpetrator'

Perpetrator

The definition of perpetrator includes several factors:
- Act or failure to act
- Relationship to child
- Caregiving role and responsibility

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Culpability

The law places responsibility on the individual who did something to cause harm to or endanger a child either:

- *Intentionally* - Done with the direct purpose of causing the type of harm that resulted

- *Knowingly* - Understanding that the harm is "practically certain to result"

- *Recklessly* – Conscious disregard for foreseeable risk

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Definition of Child Abuse - Activity

What does your assigned category cover?
- Pay attention to key terms such as:
  - *Causing*
  - *Contributing to*
  - *Creating a reasonable likelihood*
  - *Act/Failure to act*
  - *Recent act/Recent failure to act*

- Define other key terms (refer to glossary):
  - *Bodily injury*
  - *Serious mental injury*
  - *Sexual abuse or exploitation*
  - *Serious physical neglect*

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Exclusions to Child Abuse

- Environmental factors
- Practice of religious beliefs
- Use of force for supervision, control, and safety purposes
- Rights of parents
- Participation in events that involve physical contact with child
- Child-on-child contact
- Defensive force

(23 Pa. Cons. Stat. § 6304. Exclusions from child abuse.)

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Exclusions: Think, Pair, Share

Identify strength-based questions that you could ask for each category to determine whether or not an exclusion applies.

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Reporting Suspected Child Abuse: Pre-Work Review

Key Points:
- Two types of reporters
- Basis to report
- How to report
- Protections for reporters
- Penalties for failure to report
- Child welfare professional's role

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Responsibility for Investigation
(23 Pa. Cons. Stat. § 6334.1. Responsibility for investigation.)

Perpetrator Only	Violator Only
The county children and youth agency (CCYA) investigates the allegations	Law enforcement officials investigate the allegations
Both Perpetrator/Violator	**Neither Perpetrator/Violator**
The CCYA and law enforcement officials jointly investigate the allegation.	The county agency assesses needs of child for other protective services

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Investigation Timeframes

- <u>Immediately</u> if emergency protective custody is required or if it cannot be determined from the report whether emergency protective custody is needed

- <u>Within 24 hours</u> in all other cases

(23 Pa. Cons. Stat. § 6368. Investigation of reports.)

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Oral Notification of Investigation

Prior to interviewing a subject of a report, the county agency shall orally notify the subject, except for the alleged victim, who is about to be interviewed of the following information:

- (i) The existence of the report.
- (ii) The subject's rights under 42 Pa.C.S. §§ 6337 (relating to right to counsel) and 6338 (relating to other basic rights).
- (iii) The subject's rights pursuant to this chapter in regard to amendment or expungement.
- (iv) The subject's right to have an attorney present during the interview. (23 Pa. Cons. Stat. § 6368(k). Investigation of reports.)

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Written Notice of Investigation

Written notice shall be given to the subject within 72 hours following oral notification, unless delayed as provided in subsection (m).

- (m) Delay of notification.--The notice under subsection (l)(2) may be reasonably delayed, subject to the following:
- (1) If the notification is likely to:
  - (i) threaten the safety of a victim, a subject of the report who is not a perpetrator or the investigating county agency worker;
  - (ii) cause the perpetrator to abscond; or
  - (iii) significantly interfere with the conduct of a criminal investigation.

(23 Pa. Cons. Stat. § 6368 (m). Investigation of reports.)

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Components of Investigation

- Determination of safety or risk of harm to child or any other child if remain in home
- Determination of the nature, extent and cause of any condition listed in report
- Action necessary to provide for safety of child or any other child in household
- Photographic identification of the child or any other child in household
- Communication with the department

(23 Pa. Cons. Stat. § 6368. Investigation of reports.)

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Investigative Actions

- Provide or arrange for services necessary to protect child during investigation
- If bodily injury is present the county may require a medical examination
- Where there is reasonable cause to suspect a history of abuse or current abuse additional medical tests can be requested by the medical practitioner or the county agency
- Interviews with all subjects of the report, including alleged perpetrator – if subject is not able to be interviewed or cannot be located county agency shall document reasonable efforts to interview and reasons why interview could not occur

(23 Pa. Cons. Stat. § 6368. Investigation of reports.)

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The Child Welfare Professional's Responsibility When Child Abuse Occurs Outside of Pennsylvania

Child and alleged perpetrator are both residents of Pennsylvania	Only the alleged perpetrator is a resident of Pennsylvania	Only the child is a resident of Pennsylvania

(23 Pa. Cons. Stat. § 6334 (h)(i)(j). Disposition of complaints received.)

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Multidisciplinary Investigative Team (MDIT)

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Case Status Determination

1. Underlined <u>Unfounded report</u> – a report in which it is determined that there is not substantial evidence to make an indicated report

2. <u>Indicated report</u> – a report in which it is determined that substantial evidence exists that supports the allegation of abuse

3. <u>Founded report</u> – a report in which there is a judicial finding that the subject child has been abused

(23 Pa. Cons. Stat. § 6303. Definitions.)

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Components of Final Determination

1. Status of report
2. Perpetrator's right to request amendment or expunction of report
3. Right of subjects to receive services from county agency
4. Effect of the report upon future employment opportunities with children
5. Name of perpetrator, nature of abuse and final status will be entered in Statewide database
6. Perpetrator's right to file appeal of indicated finding within 90 days of notice
7. Perpetrator's right to fair hearing on merits of appeal
8. Burden on investigative agency to prove case by substantial evidence in appeal (23 Pa. Cons. Stat. § 6368(f). Investigation of reports.)

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General Protective Services (GPS)

Primary purpose:

- To protect the rights and welfare of children so that they have an opportunity for healthy growth and development
- To provide assistance to parents in recognizing and remedying conditions harmful to their children and in fulfilling parental duties more adequately

(23 PA. Cons. Stat. § 6374. Principles and goals of general protective services.)

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GPS Assessment: Drug and Alcohol Exposed Infants

- Perform a safety assessment or risk assessment, or both, for the child and determine whether child protective services or general protective services are warranted
- Immediately ensure the safety of the child and see the child immediately if emergency protective custody is required or has been taken, or if it cannot be determined from the report whether emergency custody is needed
- Physically see the child within 48 hours of receipt of the report
- Contact the parents of the child within 24 hours of receipt of the report
- Provide or arrange reasonable service to ensure the child is provided with proper parental care, control, and supervision

(23 Pa. Cons. Stat. § 6386. Mandatory reporting of children under one year of age.)

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Identifying Child Abuse Situations

- Count off by seven (7)
- Read situation with corresponding number beginning on page 54 of the Participant Guide
- Answer questions
- Be prepared to share
- If complete situation before time is up, choose another one

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Pennsylvania Child Abuse Statistics

In 2013…

- ChildLine, PA's child abuse hotline, registered 26,944 reports of suspected abuse or neglect
- 3,425 reports (13%) were substantiated
- 38 substantiated child fatalities
- 53% of all substantiated reports were sexual abuse

Department of Public Welfare, 2013
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Questions and Comments?

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SECTION 3

Indicators of Abuse and Neglect

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Section 3 Objectives

Upon completing this section, participants will be able to:

✓ Give an example of factors that may lead an individual to act in an abusive manner
✓ Give at least two examples of indicators of potential abuse
✓ Describe potential impacts of abuse and neglect on a child's behavior and development
✓ Describe ways in which personal experience and cultural awareness may affect a child welfare professional's assessment of abuse and neglect

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Child Indicators of Potential Abuse

• Physical indicators

• Behavioral indicators

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Brainstorm

What do you think might lead to a person acting abusively toward a child?

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Adult Indicators of Abuse and Neglect

Dr. Brandt Steele's conditions of abuse:

1. Parent's predisposition to abuse
2. Parent's abuse as a child
3. Family crisis
4. Lack of support

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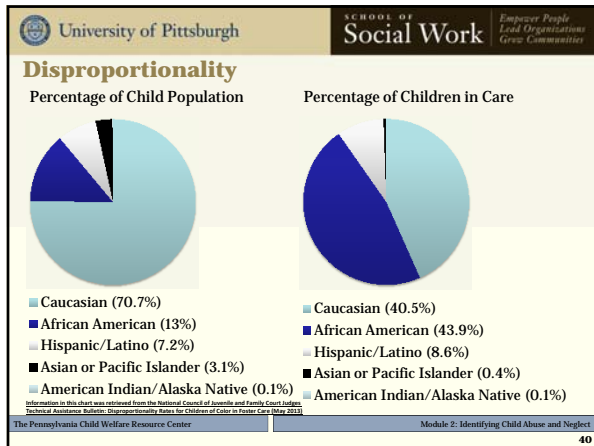
Indicators Warning

There are many behaviors that a child might demonstrate that could indicate that abuse has occurred, or is occurring. An indicator should not be considered in isolation since it may not be the result of abuse; however, some behaviors may provide helpful clues when determining reasonable cause to suspect that abuse has occurred.

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Disproportionality

Percentage of Child Population

- Caucasian (70.7%)
- African American (13%)
- Hispanic/Latino (7.2%)
- Asian or Pacific Islander (3.1%)
- American Indian/Alaska Native (0.1%)

Percentage of Children in Care

- Caucasian (40.5%)
- African American (43.9%)
- Hispanic/Latino (8.6%)
- Asian or Pacific Islander (0.4%)
- American Indian/Alaska Native (0.1%)

Information in this chart was retrieved from the National Council of Juvenile and Family Court Judges Technical Assistance Bulletin: Disproportionality Rates for Children of Color in Foster Care (May 2013)

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Disproportionality, cont'd

- Over-representation in the system is apparent when the number in the right side column is larger than the number in the left side column

- In Pennsylvania, African American and Latino children are over-represented in out-of-home care

- Under-representation is also a problem. When certain groups of children are under-reported, they do not receive services and negative outcomes can result

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Questions and Comments?

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SECTION 4

Interacting with
Medical Professionals

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Section 4 Objectives

Upon completing this section, participants will be able to:

- ✓ List seven different types of physical abuse as classified by the medical model
- ✓ Understand the process physicians use to diagnose physical abuse
- ✓ Cite ways a child welfare professional may support a physician's ability to determine whether abuse has occurred

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Sharing Information: Medical to County

- Relevant medical information known to the licensed practitioner regarding the child's prior and current health
- Information from a subsequent examination
- Information regarding treatment of the child
- Relevant medical information regarding any other child in the household, where such information may contribute to the assessment, investigation, or provision of services by the county agency to the child or other children in the household

(23 Pa. Cons. Stat. § 6340.1. Exchange of information.)

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Sharing Information: County to Medical

- The final status of any assessment of general protective services or an investigation of child abuse, if the report of child abuse is indicated or founded
- Information on an unfounded report of child abuse if the licensed certified medical practitioner made the report as a mandated reporter under Section 6311
- If accepted for services, any service provided, arranged for or to be provided by the county agency

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The 7 B's of Physical Abuse

External: Visible

- Bruises
- Bites
- Burns

Internal: Test for

- Bones
- Brain
- Belly

The 7th B: Brothers
Other children living in a home in which another has been physically abused

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External Injuries: Significance

- **Bruises**
- **Bites**
- **Burns**

May:
- Be a marker of violence
- Be a window to deeper injury

Remember that:
- Most children have at least one
- They may just be part of normal childhood

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Internal Injuries: Significance

- **Bones**
- **Brain**
- **Belly**

May:
- Be life threatening
- Show a pattern

Remember that internal injuries are:
- Not visible
- Identified through medical tests and evaluations

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Internal Injuries: Significance

- **Brain**

Abusive head trauma – trauma to the brain – is the leading cause of death and disability from child abuse

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Bruises and Fractures Activity

- Assign half the room "bruises" and the other half "fractures"
- Turn to pages 65 – 66 in the Participant Guide and review information
- Complete the box in the lower right hand corner of the page
- Be prepared to share

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Physical Abuse: A Medical Diagnosis

Doctors make a diagnosis of physical abuse in the same way that they make other medical diagnoses:

Take a Patient History + Perform a Physical Exam + Order Needed Tests = Make a Diagnosis

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Patient History

Obtained from patient, caregiver, medical records

Relevant information may include:

- Medical and surgical history
- Birth history
- Developmental history
- Family medical history
- Social history
- Diet
- Medications the child takes

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Diagnosis and Patient History

Consider this situation:

- A five-month old infant sustains a fracture of the humerus after a reported fall
- There are no other injuries on the skeletal survey
- The injury is highly concerning for abuse, but a diagnosis of physical abuse cannot be given

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Diagnosis and Patient History

Now consider:

- 2 months later, the same infant sustains another fracture
- The injury occurs while the baby is in the care of the same caretaker
- The baby is seen by a new physician in a different practice, with *no knowledge* of the prior injury

How might this affect the diagnosis?

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Patient History: Importance

The doctor uses patient history to determine:

- Explanations for injuries
- Possible patterns of injury, prior injuries
- Evaluations to obtain
- Developmental compatibility
- Prior medical treatment
- Discrepancies between history and findings
- Likelihood that injury may be due to abuse

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Patient History: How You Can Help

Usually, injuries cannot be evaluated in isolation.
A history of how and when they occurred is essential.
If the doctor cannot obtain history from the patient or caregiver, the child welfare professional may assist in several ways:

- Obtain existing records
- Share knowledge about child and family
- Share knowledge about significant events
- Point out any discrepancies between history shared with physician and facts that have been gathered

- Share supporting observations:
  - Delay in seeking medical attention
  - Actions of caregivers
- Interview caregiver to obtain history
  - Medical
  - Developmental
- Interview caregiver about what happened

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Physical Examination

Physical Examination includes:

- Removing clothing
  - ➢ Areas of the body on which **bruising** is most concerning for abuse, for example, would not otherwise be visible
- Inspecting every body part and the entire body surface area

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Physical Examination: Injuries Diagnostic of Abuse

In a very small number of cases, doctors see injuries for which *nothing* would adequately explain how they might have occurred in a non-abusive manner. These injuries, in and of themselves, are considered diagnostic of abuse.

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Injuries Diagnostic of Abuse

The exception, *not* the rule:

In most cases, injuries do *not* give the diagnosis of abuse. In all cases, injuries need to be evaluated in the context of the history provided and all of the medical information obtained. In some instances, you may provide that needed history and information.

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Evaluations

Based on data from the **history** and the **physical examination**, a doctor then decides whether additional testing (**evaluation**) is needed to complete the **diagnosis**.

Evaluations may include:
- Blood tests
- X-rays
- MRIs
- CT Scans
- Other medical tests

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Diagnosis: An Informed Conclusion

Child Welfare professionals often provide needed information that contributes to the accurate diagnosis of child abuse.

Take a Patient History → Perform a Physical Exam → Order Needed Tests = Make a Diagnosis

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Is It or Is It Not Physical Abuse?

- In an ideal world, doctors would always be able to say definitively whether or not a child has been abused
- In the real world, results can be indeterminate
- In any case, the principal need is to determine how to best ensure the safety of the child

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Is It Child Abuse?

To obtain a diagnosis of physical abuse:

Sometimes a doctor needs to wait to see a pattern
- History

Sometimes a doctor needs to wait for follow-up testing
- Prior records

Sometimes non-medical data helps to make the medical diagnosis of abuse
- Family situation and environment
- Developmental data on child

What information might a child welfare professional be able to provide?

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Diagnosing Physical Abuse

Physical abuse itself is a medical diagnosis, but whether a report is substantiated/indicated as a result of investigation depends on meeting the CPSL definition of physical abuse.

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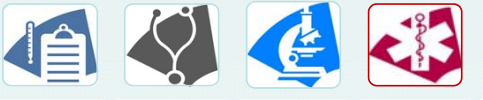**Let's talk about….**

SEX

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The Medical Evaluation for Sexual Abuse

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Sexual Abuse: A Medical Diagnosis

Doctors make a diagnosis of sexual abuse in the same way that they make other medical diagnoses:

Take a Patient History → Perform a Physical Exam → Order Needed Tests = Make a Diagnosis

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Take a Patient History:
What Does the Doctor Need to Know?

What can we physically tell happened to the child?
- Anal or vaginal penetration
- Contact with bodily fluids

What are the potential medical outcomes?
- Pregnancy
- STDs including HIV/AIDS

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Perform a Physical Examination

Full Body Exam
- Bruises, scratches, other injuries
- Document pertinent positives and negatives
  - What was seen
  - What was NOT seen

Genital Exam
- Signs of trauma: blood, bruising, swelling
- External exam, but need to visualize vaginal entrance
- Document pertinent positives and negatives
  - What was seen
  - What was NOT seen

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Order Needed Tests: 2 Types of Sexual Abuse Evaluations

ACUTE ASSAULT Less than 72 hours from occurrence	NON-ACUTE ABUSE DISCLOSURE More than 72 hours from occurrence
• Pregnancy • STD testing and treatment • Evidence kit collection • Toxicology screen	• Pregnancy • STD testing and treatment

In both acute and non-acute evaluations, a ChildLine Report, if not yet made, may be required, and the physician may need to provide information for investigative follow-up.

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Sexual Abuse Series

Child Welfare Professionals must be certified before working on sexual abuse cases.

Please speak with your supervisor about when you should plan to take the Sexual Abuse Certification, which includes:
- Overview of Child Sexual Abuse
- Sexuality of Children
- Investigative Interviewing in Child Sexual Abuse Cases
- Working with Juveniles Who Sexually Offend
- Sexual Abuse Family Reunification

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Questions and Comments?

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SECTION 5

The Six Domains

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Section 5 Objectives

Upon completing this section, participants will be able to:

✓ Name the six domains
✓ Generate questions to ask when gathering information in regard to each of the six domains

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The Six Domains

1. Extent of the maltreatment
2. Circumstances accompanying the maltreatment
3. Discipline
4. General Parenting
5. Adult Functioning
6. Child Functioning

(Action for Child Protection, 2010)

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Six Domains Activity

- Review situation #1 in Participant Guide page 69 as a large group
- Assign remaining situations to small groups (tables)
  - Identify at least one question that would inform each of the six domains

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SECTION 6

Traumatic Stress and Self-Care

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Section 6 Objectives

Upon completing this section, participants will be able to:

✓ Define primary and secondary traumatic stress
✓ Identify the symptoms of traumatic stress
✓ Cite at least one strategy for managing traumatic stress and promoting resilience

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Traumatic Stress

• Primary Traumatic Stress

• Secondary Traumatic Stress

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Brainstorm

What are some symptoms of traumatic stress?

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Think, Pair, Share

How do you manage stress?

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Questions and Comments?

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SECTION 7

Summary

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Final Questions?

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Learning Objectives

✓ List the nine phases of casework practice
✓ Reference state law to identify child abuse or neglect
✓ Identify potential physical, emotional, and behavioral indicators of child abuse and neglect and their impact on child development and behavior
✓ Identify the medical information that is necessary to make a determination of abuse and methods of documenting this information
✓ Use information gathered in the six domains to assist in identifying child abuse and neglect
✓ Describe at least one strategy for self-care that child welfare professionals can use to cope with stress and exposure to trauma

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Summary and Evaluation

Your feedback helps PACWRC to continuously improve the quality and relevance of our courses.

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