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CHILD PHYSICAL ABUSE AND NEGLECT INSTRUCTOR STUDY GUIDE

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CHILD PHYSICAL ABUSE AND NEGLECT INSTRUCTOR STUDY GUIDE

Prepared by

The National Association of State Directors of Law Enforcement Training

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U.S. Department of Justice
National Institute of Justice

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INSTRUCTOR STUDY GUIDE

CHILD PHYSICAL ABUSE AND NEGLECT

TABLE OF CONTENTS

I. INTRODUCTION TO STUDY GUIDE

The purpose of the Study Guide is to assist the Child Abuse and Neglect course instructors in following the course content in an organized fashion. An outline of each Lesson Plan Worksheet is provided along with a Topical Bibliography for each lesson. Also included with each Lesson Plan Worksheet are the handouts used for that particular lesson.

Pre and Post-training evaluations in Child Physical Abuse and Neglect are included for the participants.

II. CHILD PHYSICAL ABUSE AND NEGLECT TRAINING MODULES

A. LESSON TITLE: Introduction and Overview of Physical Abuse and Neglect Victims (Core)

FUNCTIONAL AREA: This section will introduce participants to an overview of the nature and effects of child physical abuse, physical and emotional neglect, and emotional maltreatment. Child Sexual Assault information is not included in this module.

B. LESSON TITLE: Developmental Crisis Theory and the Child Victim (Core)

FUNCTIONAL AREA: This section will discuss with participants crisis theory as it relates to the child victim and the family dynamics of the physically abusing family. A prerequisite to this course is the Crisis Theory and the Impact of Victimization module offered in the General Victimology course.

C. LESSON TITLE: Forms of Child Physical Abuse and Neglect (Core)

FUNCTIONAL AREA: This section will introduce the participants to three categories of child physical abuse and neglect: physical violence, physical and emotional neglect, and emotional abuse.

D. LESSON TITLE: Crisis Intervention and Interviewing with the Child Victim (Core)

FUNCTIONAL AREA: This section will introduce participants to the problems associated with interviewing child victims in child physical abuse and neglect cases. Strategies the law enforcement officer can utilize when interviewing child victims are also discussed.

E. LESSON TITLE: Investigative Strategies in Child Physical Abuse (Core)

FUNCTIONAL AREA: This section will introduce participants to guidelines for investigation and arrest in child physical abuse cases along with problems associated with interviewing offenders and adult family members in such investigations.

F. LESSON TITLE: Child Victim Services and the Law (Core)

FUNCTIONAL AREA: This module will discuss with participant to local statutory provisions regarding child physical abuse and neglect, and the role of law enforcement officers in the civil and criminal litigation of child physical abuse and neglect cases. Prosecutorial procedures will also be addressed.

G. LESSON TITLE: Child Welfare Services (Core)

FUNCTIONAL AREA: This section will give participants an overview of the local child welfare system as it relates to child physical abuse and neglect cases.

H. LESSON TITLE: Medical Issues and the Child Victim (Elective)

FUNCTIONAL AREA: This elective module will introduce the participant to a discussion of the medical issues involved in Child Physical Abuse and Neglect cases. Relevant physical examination and forensic issues are also addressed.

III. PRE-TRAINING EXAMINATION

(SUGGESTED SAMPLE)

CHILD PHYSICAL ABUSE AND NEGLECT

PRE-TRAINING EXAMINATION

DIRECTIONS: Circle the correct answer.

INTRODUCTION AND OVERVIEW

1. Law enforcement officers in most states are mandated statutorily to report suspected child physical abuse cases to:

   a. their state child protective service department
   b. their state board of education
   c. their local bar association

2. Family violence only occurs in lower socio-economic families.

   a. true
   b. false

3. Abusive parents come from:

   a. slum areas
   b. non-christian homes
   c. all walks of life

DEVELOPMENTAL CRISIS THEORY

1. In 1961, the "The Battered Child Syndrome" was presented by:

   a. Dr. Sigmund Freud
   b. Dr. C. Henry Kempe
   c. Dr. Benjamin Spock

2. There are individuals who believe punishment is an inherent right of parents.

   a. true
   b. false

3. Abusive parents are often individuals who were physically abused as children:

   a. true
   b. false

FORMS OF CHILD PHYSICAL ABUSE AND NEGLECT

1. There are _____ types of child abuse:

   a. four
   b. one
   c. five

2. Physical indicators of physical abuse may not include:

   a. educational neglect
   b. fractures
   c. burns

3. A behavioral indicator of neglect may not include:

   a. begging or stealing food
   b. bruises and welts
   c. truancy

CRISIS INTERVENTION

1. Children under ten can often give an account of an event when gently probed by a sympathetic listener.

   a. true
   b. false

2. Small children have an attention span of approximately:

   a. forty-five minutes
   b. fifteen minutes
   c. thirty minutes

3. When interviewing children it is important for the officer:

   a. to lead the interview
   b. to yell at the child
   c. not to put words "in the child's mouth"

INVESTIGATIVE STRATEGIES

1. One purpose for interviewing in child physical abuse cases is to:

   a. determine a child's weight
   b. assess the danger of a child
   c. file a hospital report

2. Sudden Infant Death Syndrome is the result of Child Physical Abuse:

   a. true
   b. false

3. In considering probable cause to arrest in a child physical abuse case, the officer must determine:

   a. where the child attends school
   b. was a crime committed
   c. if the child is toilet trained

CHILD VICTIM SERVICES AND THE LAW

1. Under the Child Abuse Mandatory Reporting Statute, law enforcement officers are mandated reporters.

   a. true
   b. false

2. Every state in the nation does <u>not</u> have a child abuse mandatory reporting statute.

   a. true
   b. false

3. A possible legal defense used in child physical abuse cases is:

   a. jump bail
   b. lie on the witness stand
   c. claim defendent was intoxicated

CHILD WELFARE SERVICES

1. The role of a social worker/protective service worker is:

   a. to assess and provide treatment
   b. to arrest
   c. to obtain new clothes for the child

2. When making a community referral the law enforcement officer should:

   a. call the parents
   b. call the Governor
   c. bring the victim to the referral agency

IV. CHILD PHYSICAL ABUSE AND NEGLECT

CORE MODULES

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Introduction and Overview of Physical Abuse and Neglect Victims

FUNCTIONAL AREA: This section will introduce the participant to an overview of the nature and effects of child physical abuse, along with a brief discussion of the family dynamics involved in child physical abuse cases.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Define, verbally or in writing, the law enforcement officer's role in child physical abuse and neglect cases.
2. List, in writing, five effects of child physical abuse.
3. Define, verbally or in writing, your local law enforcement policy toward child physical abuse and neglect cases.
4. List, verbally or in writing, four factors that may be present when child physical abuse occurs.

TOPICS:

I. Training in this area will decrease the law enforcement officer's frustration. By giving an overview of the social factors that cause child physical abuse and neglect, law enforcement officers will have a basic understanding of the problem and why it continues to occur.

II. The role of the law enforcement officer in child physical abuse and neglect cases varies with each department's policies.

III. Historical perspective of Child Physical Abuse and Neglect

IV. Nature of Problem

V. Possible Effects of Child Physical Abuse and Neglect

A. Child may abuse own children

B. Failure to thrive which can result in stunted growth

C. Inability of a child to trust

D. Physical scars and deformation

E. Negative, aggressive or hyperactive behavior

F. Learning dysfunctions

G. Death

METHODS:

- Lecture
- Group Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Easel/Blackboard
- Topical Bibliography

TIME REQUIREMENT:

- One Half Hour

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

INTRODUCTION AND OVERVIEW OF PHYSICAL ABUSE AND NEGLECT VICTIMS

Topics I & II - Role of the Law Enforcement Officer

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 7-9, 51 to 53, August 1979.

McGovern, James I., "Delicate Inquire: The Investigator's Role In Child Abuse", Victimology: An International Journal, Volume 2, Number 2, pp. 277-284, Summer 1977.

Topic III - Historical Perspective of Child Physical Abuse and Neglect

Helfer, R.E. and Kempe, C.H., Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publications, Introduction and Chapter 1, 1976.

Kempe, Ruth S. and C. Henry., Child Abuse. Cambridge, MA: Harvard University Press, Chapter 1, 1978.

Topic IV - Extent of Child Physical Abuse and Neglect

Local state statistics on reported cases.

Topic V - Possible Effects of Child Physical Abuse and Neglect

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, p. 6, August 1979.

Helfer, R.E. and Kempe, C.H. Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publications, Chapters 4 and 5, 1976.

Helfer, R.E., and Kempe, C.H., eds., The Battered Child. Chicago, Illinois: University of Chicago Press, Chapters 3-5, 1974.

Kempe, Ruth S. and C. Henry., Child Abuse. Cambridge, MA: Harvard University Press, Chapters 3 and 4, 1978.

McNeese, M.C. and Hebeler, J.R., "The Abused Child - A Clinical Approach to Identification and Management", Clinical Symposia, V29, N5, pp. 3-11, 1977.

CHILD PHYSICAL ABUSE EDUCATIONAL MATERIAL

1. Ciba Child Abuse Slides

   From:

   Medical Education Division
   CIBA Pharmaceutical Company
   Summit, New Jersey 07901
   201-575-6510

2. Child Abuse/Neglect
   The Visual Diagnosis
   of Non-Accidential Trauma
   and Failure to Thrive (slides)

   From:

   American Academy of Pediatric:
   Publications Department
   P.O. Box 1034
   Evanston, IL 60204

3. Child Abuse: The Silent Epidemic (slides)

   Call Toll Free:

   US: 1-800-841-9532
   LA: 1-504-821-4922

   Syndistar, Inc.
   1424 S. Jeff Davis Parkway
   New Orleans, Louisiana 70125

4. Child Abuse: Physical and Behavioral Indicators
   (28 minute color video cassette)
   Media Library
   University of Michigan Medical Campus
   R440 Kresgel, Box 56
   Ann Arbor, MI 48109
   313-763-2074

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Developmental Crisis Theory and the Child Victim

FUNCTIONAL AREA: This section will discuss crisis theory as it relates to the child victim and the family dynamics of the physically abusing family. A prerequisite to this course is the Crisis Theory and the Impact of Victimization Module offered in the General Victimology Course.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will:

1. Explain, verbally before the class, the concept of cycle of violence.
2. List, verbally or in writing, four factors that may be present when child physical abuse occurs.
3. List, in writing, three characteristics of physically abusing parents and three characteristics of battering juveniles.

TOPICS:

I. The trainee should have a general understanding of crisis theory as outlined in the Lesson Plan Worksheet for Crisis Theory and the Impact of Victimization in the General Victimology Course of the NASDLET National Victim Assistance Law Enforcement Training Manual.

II. Dynamics of Child Physical Abuse and Neglect

III. Substance Abuse as it relates to Child Physical Abuse

IV. Child Physical Abuse may occur in the presence of several factors

V. Characteristics of Physically Abusive Caretakers

METHODS:

- Lecture
- Group Exercise
- Group Discussion
- Case Study

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Case Study #1
- Easel/Blackboard
- Topical Bibliography

TIME REQUIREMENTS:

- Two Hours

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

DEVELOPMENTAL CRISIS THEORY AND THE CHILD VICTIM

Topic I - Crisis Theory

Erikson, Erik, Identity: Youth and Crisis. New York: W.W. Norton and Company, Chapters 2-51, 1968.

National Association of State Directors of Law Enforcement Training, National Victim Assistance Law Enforcement Trainer's Manual, 1985.

Topics II & III - Dynamics of Child Physical Abuse and Neglect

McNeese, M.C. and Hebeler, J.R., "The Abused Child a Clinical Approach to Identification and Management", Clinical Symposia, V29, N5, pp. 6-13, 1977.

Topic IV - Factors Present in Child Physical Abuse and Neglect

Broadhurst, D.D. and Knoeller, J.S. The Role of Law Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education, and Welfare, DHEW Publication No, (OHDS) 79-30193, pp. 4-5, August 1979.

McNeese, M.C. and Hebeler, J.R., "The Abused Child A Clinical Approach to Identification and Management", Clinical Symposia, V29, N5, pp. 13, 1977.

Straus, M.A., Gelles, R.J., and Steimetz, S.K., Behind Closed Doors: Violence in the American Family. New York: Anchor Books, Conclusion, 1980.

Topic V - Characteristics of Physically Abusive Caretakers

Broadhurst, D.D. and Knoeller, J.S. The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education, and Welfare, DHEW Publication No, (OHDS) 79-30193, pp. 21-23, August 1979.

Topic VI - Characteristics of Neglectful Caretakers

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 21-23, August 1979.

Green, Arthur H. "Societal Neglect of Child Abusing Parents", Victimology: An International Journal, V. II, No. 2 pp. 285-293, Summer 1977.

Kempe, Ruth S. and C. Henry, Child Abuse. Cambridge, MA: Harvard University Press, Chapter 5, 1978.

Maden, M.F. and Wrench, D.F. "Significant Findings in Child Abuse Research," Victimology: An International Journal, V. II No. 2, pp. 196-213, Summer 1977.

MANAGEMENT OF INTERNAL/DEVELOPMENTAL CRISIS

ERIK ERIKSON

Internal/Developmental Crisis corresponds to stages of the life cycle. It is the normal, internal development that an individual encounters. The periods of transition from one crisis to another may be characterized by disorganized behavior, however, the individual may cope with the crisis by employing his/her experience from the pervious stage.

Infancy (0 to 2 years): Trust - In this stage the internal conflict is between trust vs. mistrust. If trust is broken the child will describe the situation as a "painful" one. "She hurt me.", "I screamed.", etc.

Childhood (2 to 3 years): Autonomy - In this stage the internal conflict is between autonomy vs. shame and doubt. If a child is victimized he/she might appear shy to a police officer, but may in actuality be embarrassed.

Play Age (4 to 7 years): Initiative - In this stage the internal conflict is between initiative vs. guilt. Distinction between right and wrong develops at this age. The child seeks a role model (usually the mother) for imitation. Also, the child displays an interest in parts of the body. Thus, the child might describe an assault as "He did bad stuff to me."

School Age (8 to 12 years): Industry - In this stage is the internal conflict is between industry vs. inferiority. The child concentrates on school life and has a tendency to become involved in his/her projects devoting all his/her energies to them. If the child is victimized at this stage he/she will abandon his/her friends, become introverted and his/her schoolwork will suffer.

Adolescence (13 to 20 years): Identity - In this stage the internal conflict is between identity vs. role confusion. The child - parent relationship becomes conflict-ridden and the adolescent begins to want to handle issues him/herself. This is the most frequent non-reportal period of crime because victims feel their parents won't understand the situation or circumstances.

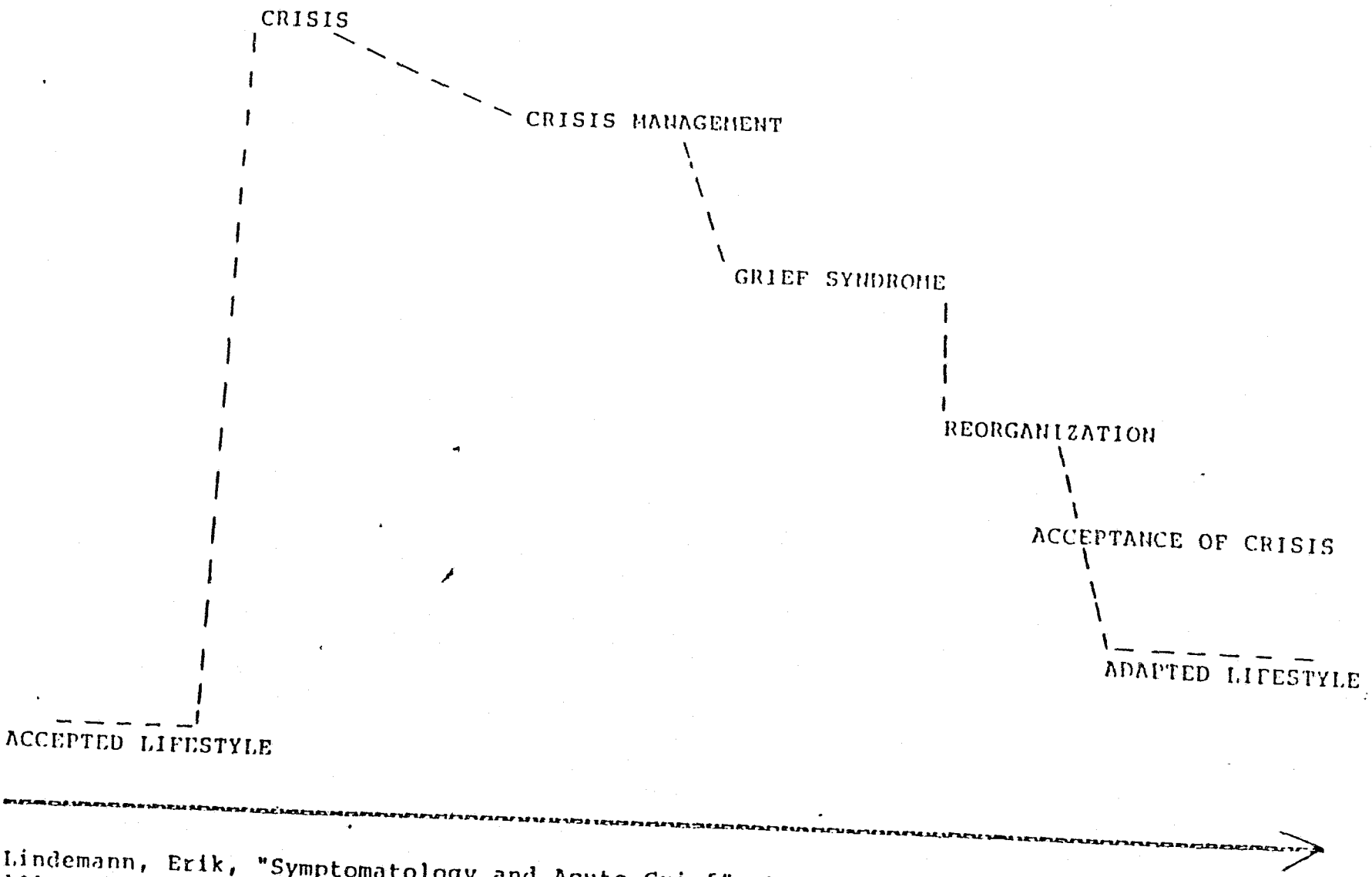
The Young Adult (21 to 35 years): Intimacy - In this stage the internal conflict is between intimacy vs. isolation. Sexual style of life is usually a sensitive issue as the young adult is still searching for his/her own identity. The danger during this stage is that a "crisis" situation may have an effect on the young adults future relationships.

Adulthood (36 to 65 years): Generativity - In this stage the internal conflict is between generativity vs. stagnation. The adult considers productivity and caring about the next generation important, and is especially concerned about how a victimization will affect others in their family.

Older Adult (65 years and older): Ego Integrity - In this stage the internal conflict is between ego integrity vs. despair. The lack or loss of this ego integration is signified by fear of death. Ego integrity implies an emotional integration and a sense of wisdom in one's life. If an older adult is victimized they tend to feel that they don't deserve this. They often feel that the crime was a worse fate than death.

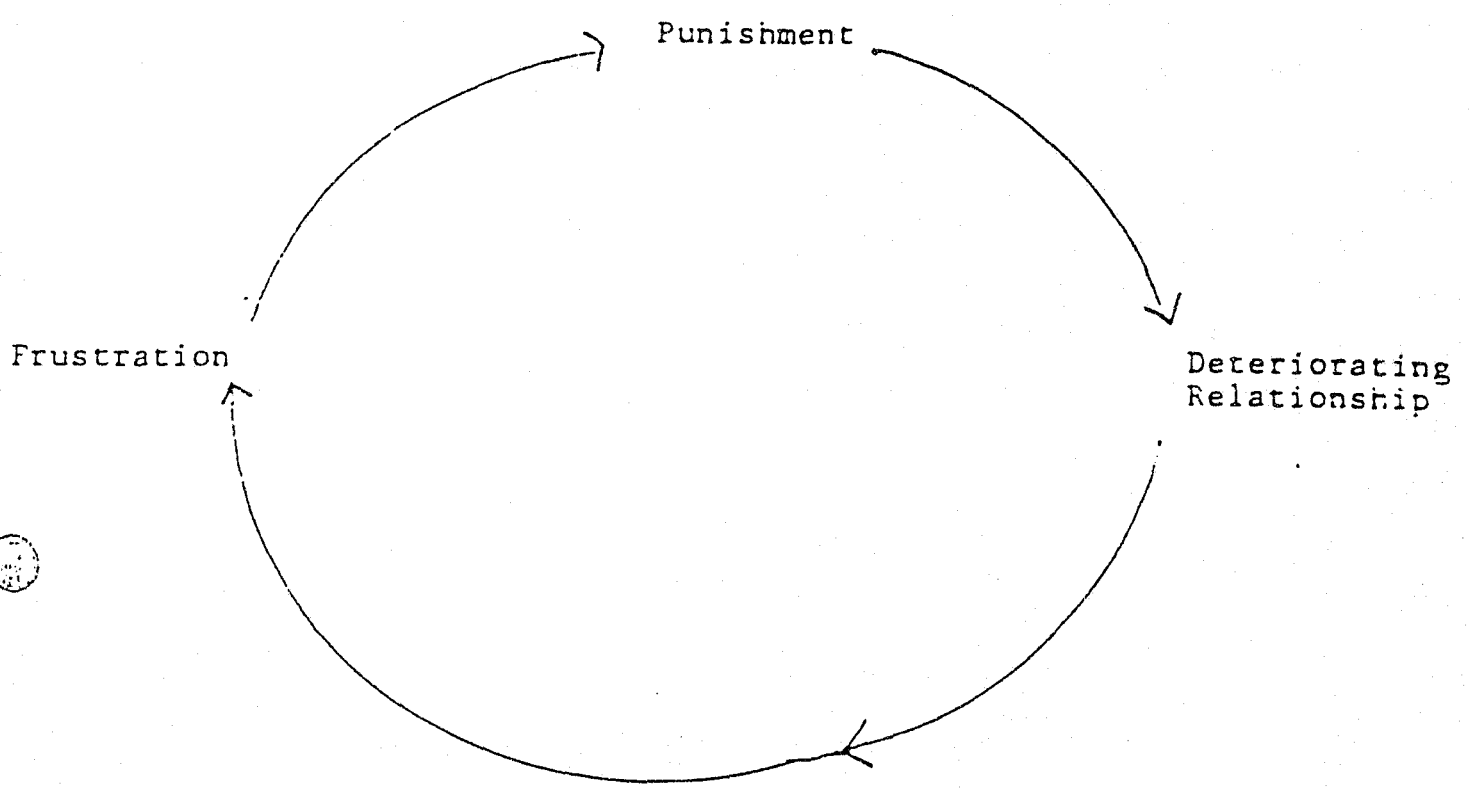
SOURCE: Erikson, Erik. Childhood and Society. 2nd ed. New York, New York: W.W. Norton and Company, Inc., 1963, p. 273.

THE MANAGEMENT OF EXTERNAL CRISIS



Lindemann, Erik, "Symptomatology and Acute Grief", American Journal of Psychiatry, 101, 141-148, 1944.

CYCLE OF VIOLENCE



CHARACTERISTICS OF PHYSICALLY ABUSIVE AND NEGLECTFUL CARETAKERS

Characteristics of Abusive Caretakers:

seem unconcerned about the child

see the child as "bad", "evil", a "monster" or "witch"

offer illogical, unconvincing, contradictory explanations or have no explanation of the child's injury

attempt to conceal the child's injury or to protect the identity of the person responsible

routinely employ harsh, unreasonable discipline which is inappropriate to the child's age, transgressions, and condition

were often physically abused as children

were expected to meet high demands of their parents

were unable to depend on their parents for love and nuturance

cannot provide emotionally for themselves as adults

expect their children to fill their emotional void

have poor impulse control

expect rejection

have low self-esteem

are emotionally immature

are isolated, have no support system

marry a spouse who is not emotionally supportive and who passively supports the abuse

Characteristics of Neglectful Caretakers:

may have a chaotic home life

may live in unsafe conditions-no food; garbage and excrement in living areas; exposed wiring; drugs and poison kept within the reach of children

may abuse drugs or alcohol

may be mentally retarded, have low I.Q., or have a flat personality

may be impulsive individuals who seek immediate gratification without regard to long-term consequences

may be motivated and employed but unable to find or afford child care

generally have not experienced success in life

have emotional needs which are not met by their own parents

have low self-esteem

have little motivation or skill to effect changes in their lives

tend to be passive

CASE STUDY #1

The T. family became involved with a treatment program when Jack T. sought help in controlling his impulses to hit Jacky, his 10 month old son. Mr. T., a 40 year old, intermittently employed housepainter, was referred from an alcoholism treatment center. He could not tolerate Jacky's crying, which he felt was designed to manipulate him. Mr. T.'s request for help was perceived with a sense of urgency, since he had previously abused two young daughters several years ago. Both of these children sustained multiple fractures and were subsequently placed in foster homes and eventually adopted. The T.'s first child died as a result of a crib death, but may have also been abused. Jacky was apparently conceived to relieve T.'s emptiness and depression caused by the loss of the 3 older children. This represented their final attempt to succeed as parents since Mrs. T. requested a tubal ligation after Jacky was born.

Rita T., Jack's 36 year old wife, presented herself as a depressed, confused woman who appeared much older than her age. She was obviously ineffective in caring for Jacky and managing the household, and often delegated these responsibilities to her husband. She was sad and embittered about the loss of her older children, for which she blamed Mr. T. After several Joint interviews with both parents and the child, it was clear that Mr. T. was the dominate parent who usually held and tried to comfort Jacky, while Mrs. T. passively blended into the background. When she became more assertive with the baby at our urging, her husband would often criticize her.

Mr. T.'s impulses to hit his son were mainly when he returned home for dinner, hungry and tired. At this time, he became enraged if Jacky was not quietly sleeping. If Jacky was being fed by Mrs. T. or if he was crying or fussing, Mr. T. experienced mounting resentment. After a short period in individual psychotherapy, Mr. T. recognized that he felt neglected and jealous of his son, when the latter was being cared for by Mrs. T. Mr. T. recalled painful memories about his early childhood, as a foundling, and a foster child. He remembered being hungry and lonely. He was always the last to be fed as the natural children of the foster parents "came first". Mr. T. also could identify with Jacky's cries of hunger, as he has suffered from malnutrition in one of his foster homes. He realized how these experiences left him ill prepared to function as a devoted parent.

WHAT ARE THE FAMILY DYNAMICS PRESENT IN THIS CASE?

SOURCE: Freen, A.H., "Societal Neglect of Child Abusing Parents", Victimology: An International Journal, V II, No. 2, pp. 285-293, Summer 1977.

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Forms of Child Physical Abuse and Neglect

FUNCTIONAL AREA: This section will introduce the participant to three categories of child physical abuse and neglect: physical violence, physical and emotional neglect, and emotional abuse. Child sexual assault will not be discussed in this module.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Define, verbally or in writing, three categories of child physical abuse and neglect.
2. List, verbally, three behavioral indicators of child neglect.

TOPICS:

I. There are four categories used to classify abuse: PHYSICAL VIOLENCE, PHYSICAL AND EMOTIONAL NEGLECT, EMOTIONAL ABUSE AND CHILD SEXUAL ASSAULT. Child sexual assault will not be discussed in this training module.

II. Most injuries to children are inflicted by the hand.

III. Neglect can be detected both physically and behaviorally.

IV. Emotional Maltreatment generally occurs in two distinct ways and can leave a child with emotional scars.

V. Slide Presentation.

METHODS:

- Lecture
- Group Discussion
- Slide Presentation

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Easel/Blackboard
- Topical Bibliography
- Slide Presentation

TIME REQUIREMENT:

- One Hour and Thirty Minutes

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

FORMS OF CHILD PHYSICAL ABUSE AND NEGLECT

Topics I-IV - Forms of Child Physical Abuse and Neglect

Broadhurst, D.D. Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 13-20, August 1979.

Helfer, R.E. and Kempe, C.H., Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publications, Chapters 2-4, 1976.

Helfer, R.E., C.H., eds., The Battered Child. Chicago, Illinois: University of Chicago Press, Chapter 2, 1974.

Jacoby, Susan, "Emotional Child Abuse: The Invisible Plague", Glamour, October 1984.

Kempe, Ruth S. and C. Henry., Child Abuse. Cambridge, MA: Harvard University Press, Chapters 2-4, 1978.

HANDOUT #1

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
<u>Bruises and Welts</u>:	<u>Timing of Bruises</u>:		
infant less than 9 months old	few hours red	Any bruises or welts which there is a good explanation	the child is wary of physical contact with adults. (the child will often avoid it, sometimes even shrinking at the touch or approach of an adult)
on face, lips, mouth	6-12 hours blue		
on torso, back buttocks, thighs	12-24 hours blk-purple	Single bruise on toddler's forehead or chin: child falls against hard surface	
in various stages of healing	4-6 days-green tint dark		the child becomes apprehensive when other children cry
clustered, forming regular patterns	5-10 days-pale green to yellow	front lower legs (shins) several bruises in preschool children	
reflecting shape of article used to inflict (electric cord, belt buckle.)		irregular shaped bruises over bony prominences (knees, elbows)	the child behaves much differently than other children (extreme aggressiveness or extreme withdrawal are examples)
both sides of face			the child seems frightened of the care-takers
both eyelids (black eyes)			
human bite marks			
appear regulary after absence, weekend or vacation			

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury		Accidental Explanations	Behavioral Indicators
Abrasions:	**Timing of Abrasions**			
to mouth, lips gums, eyes	few hours	raw surface with oozing blood, clear fluid, moist surface.	Any abrasions for which there is a good explanation	SAME AS ABOVE PAGE
to external genitalia			scraped knees and elbows- not uncommon with skate- board accidents	
multiple as with bruises	more than 6 hours	dry red		
location as with bruises	24 hours	scabs formed	massive, over large areas of the body and extremities, on several surfaces of the body: not uncommon as a result of an automobile accident vs. where the child is dragged a distance under the car	
			Linear scraps on infant's face: from infant's finger- nails (self inflicted)	

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
Lacerations:			
multiple to mouth, lips, gums to external genitalia amputation: ear, genitalia, sharp incisional rather than compression		Any lacerations for which there is a good explanation. 3/4" horizontal at the point of the chin in a toddler or preschooler- very common from fall on hard surface Fingers, hands: often self inflicted from play with sharp instruments, razors	The child states that he or she is afraid to go home or cries when it is time to leave The child reports injury by a parent or caretaker
Scars:			
multiple caretakers have no good explanation		Any scars for which there is a good explanation Multiple small round areas 1/4 to 1/2 inch may result from healed chicken pox, mosquito bites, impetigo or other skin infections; may be mistaken for cigarette burns	

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
Burns:	Distribution:		
liquid, forced immersion pattern, stocking or glove distribution, both ankles or hands and wrists, sharp edge which matches depth of liquid	immersion burn	Any burns for which there is a good explanation	
	spatter or liquid burn	Child is burned playing with matches, building fires	
	contact burn "branding"		
	open flame or cigarette burn	Small child pulls percolator off a counter or pot off a stove	
doughnut shaped on buttocks or genitalia from being held in tub of hot water: the doughnut "hole" is the skin area forced against the bottom of the tub and prolonged contact with the water		Child is burned by gasoline fire in go-cart, toy airplane or lawn mower	
		Child is burned playing with gun powder or explosives	
flame, holding hand in gas stove burner flame, or incense stick "to teach child it is hot"			
hot surface - pattern of instrument "brands skin" as in waffle marks of wallheater grill (a dry contact burn)			
spatter or liquid burn caused by throwing scalding liquid which burns a "splash" pattern in the skin			

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators

Burns Cont:

rope burns on arms, legs, neck or torso, caused by being bound or tied to furniture

gag burns caused by being bound and gagged

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators/ Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
Cigarette Burns:	**Timing of Cigarette Burns:**		
usually multiple, especially on soles of feet, palms of hands, back or buttocks	Fresh-deeper center 1/8 to 1/4 inch deep, red ring around center healing-central scab-heals from center out to edges healed-round 1/4 inch scar		
Fractures:			
*must be diagnosed by x-ray		Any fracture for which there is a good explanation	
to skull, nose, facial structure		Single fracture in older child	
in various stages of healing		Skull fracture in infant without evident other injury; this may result from a surprisingly minor fall with or without local evidence of overlying injury to scalp, and the whole spectrum of no brain injury to brain death	
multiple fractures			
rib fractures			
chip fracture of tubular bones in child under 13 months caused by sharp yanking of arm or leg away from body with or without twisting			

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
Subdural Hematoma *must be diagnosed by physician	Mechanism of Subdural Hematoma		
Collection of blood under the dural membrane of the skull if large amount presses against the soft brain, distorting vital brain tissue and function, the child may lose consciousness, experience seizures, blindness, paralysis or death	Blunt trauma - shifts brain toward point of impact then away from this point causing rupture of blood vessels (shearing); may also occur as a result of vigorous shaking; often associated with other hear injuries.	Falling, striking head, usually in infant, but may occur at any age	
Internal Injuries *must be diagnosed by a physician	General Symptoms		
blunt trauma to abdomen often has no surface bruises because skin gives with impact	shock-loss of blood	Automobile accident	
rupture of liver	unconscious	Accidental injury in contact sports	
rupture of spleen	vomiting	falls from bicycles or trees onto projecting objects such as handle-bars or branches	
bruising or actual rupture of kidney	fever		
	seizures		
	swelling of abdomen		

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Physical Indicators Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
Ruptured small intestine causing spilling of intestinal contents into abdomen requires surgery hemorrhage or bruising of the pancreas	Intestinal obstruction - severe abdominal pain All of these may occur within a few hours or 2-3 days depending on the severity of the injuries		

Source: Linda J. Romano, Training Specialist -National Association of State Directors of Law Enforcement Trainers

HANDOUT #2

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL NEGLECT

Physical Indicators Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
nutritional neglect	consistent hunger malnourished poor skin tone abnormalities of mouth		begging, stealing food
poor hygiene	diapers are rarely changed ears, nose, and fingernails, are never clean clothes always dirty		
consistent lack of supervision, especially in dangerous activities or long periods	failure of caretaker to account adequately for a child's actions and whereabouts	first time run away from home, after an argument-may be gone one day	extended stays at school (early arrival and late departure) constant failure, listlessness, or falling asleep in class
	inappropriate or insufficient clothing	Note: if child is gone more than 24 hours or in the case of a small child the police should have been called	alcohol or drug abuse
	caretaker encourages youth to steal		delinquency (ie thefts)

PHYSICAL AND BEHAVIORAL INDICATORS OF PHYSICAL NEGLECT

Physical Indicators Suspect Inflicted	Observable Features of Injury	Accidental Explanations	Behavioral Indicators
unattended physical problems, medical or dental neglect	failure to obtain eyeglasses rotting or discolored teeth poor hearing chronic unattended illness		
abandonment:leaving a child unattended or inadequately supervised for excessively long periods	leaving a young infant in an unlocked car while caretakers attend a movie		states there is no caretaker
educational neglect	caretaker refuses to permit child to attend school	youth truants school w/o parents knowledge and school has not notified family of such absences	truancy

SOURCE: Linda J.Romano, Training Specialist
National Association of State Directors of Law Enforcement Training

EMOTIONAL MALTREATMENT...it leaves scars, too

Each of us is guilty of having unkindly snubbed a child or of having criticized him too harshly, but emotional maltreatment is characterized by its being consistent and chronic behavior.

There are generally two types of emotional maltreatment: emotional neglect (an act of omission) - chronic failure by a parent to provide the child with the support and affection necessary to the development of a sound and healthy personality; emotional abuse (an act of commission) - chronic attitude or acts of a parent which are detrimental to the child's development of a sound and healthy personality.

The Model Child Protection Act, developed by the National Center on Child Abuse and Neglect provides criteria to aid in identifying emotional maltreatment: Emotional maltreatment causes emotional or mental injury. The effect can be observed in the child's abnormal behavior and performance. The effect constitutes a handicap to the child. The effect is lasting rather than temporary.

EXAMPLES OF EMOTIONAL MALTREATMENT

The Parent Chronically:

* belittles the child so he is made to feel he can do nothing right
* criticizes the child harshly
* blames the child for things over which the child has little or no control
* uses the child as a scapegoat when things go wrong
* ridicules and shames the child
* threatens the child's safety and health
* takes little or no interest in the child and his activities and seems not to care about the child's problems
* treats the child coldly and is not demonstrably affectionate; actually withholds love
* treats the child differently from other children in the household
* engages in bizarre acts of torture or torment, such as locking the child in a closet

BEHAVIORAL CHARACTERISTICS THAT MAY INDICATE THE EMOTIONALLY MALTREATED CHILD

The signs of emotional maltreatment are less obvious to the untrained eye than physical abuse or neglect of a child. The child's behavior is the best indicator that emotional maltreatment is occurring. The child who persistently exhibits several of these behavioral characteristics is experiencing difficulties or family problems which need some type of intervention:

* habits, such a biting, rocking, head-banging, thumbsucking in an older child
* feeding disorders
* daytime anxiety and unrealistic fears
* sleep disorders, nightmares
* enuresis (involuntary bed-wetting in an older child)
* speech disorders, such as stuttering and stammering
* defiant
* withdrawn and antisocial
* poor relations with children of his own age
* distrustful and overly fearful of strangers
* irrational and persistent fears, dreads, or hatreds
* hypochondriacal (abnormally anxious about his health or imagines he is ill)
* low self-esteem
* lack of creativity and healthy exploration; seems not to know how to play
* apathetic; feels little or no emotion; indifferent and listless
* lacks purpose and determination
* seems oblivious to hazards and risks
* destructive
* obsessive or compulsive
* behavior extremes: aggressive or passive-dependent; assumes the parental role with other children or in infantile; behavior is rigid or overly impulsive
* daydreams frequently; has hallucinations; overfantasizes; seems removed from reality
* academic failure in that he does not achieve up to his ability; may seem almost mentally retarded
* sadomasochistic behavior (seems cruel and to get pleasure from hurting other children, adults, or animals; or, conversely, seems to get pleasure from being mistreated)
* self-destructive, may attempt suicide

SOURCE: Child Abuse and Exploitation Investigative Techniques Training Program Manual, Department of the Treasury, Federal Law Enforcement Training Center, Glynco, Georgia, February 1985.

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Crisis Intervention and Interviewing with the Child Victim

FUNCTIONAL AREA: This section will focus on problems associated with interviewing child victim's in Child Physical Abuse and Neglect cases and strategies the law enforcement officer can utilize when interviewing child victims. This module should be taught directly before Investigative Strategies in Child Physical Abuse and Neglect.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. List, verbally or in writing, two reasons why children "keep the secret" of their physical abuse.
2. Discuss, with the class, at what age a child would be more likely to lie to a law enforcement officer.
3. Conduct a mock interview of a child using the techniques provided in this module.

TOPICS:

I. Law enforcement interviewing of children is not an easy task to perform. There are a number of barriers which may prevent any adult's immediate alliance with a child.

II. Factors that determine the law enforcement officer's approach in interviewing a child.

III. Preliminary Considerations Prior to Interviewing

IV. Interviews with Child Victims Should be Private

V. Strategies for Interviewing Child Victims

VI. Children lie - myth or reality?

VII. Many states require joint interviewing in Child Physical Abuse and Neglect cases or do so as a matter of policy.

VIII. Mock interview exercise

METHODS:

- Lecture
- Group Discussion
- Mock Interview

RESOURCE MATERIALS:

- Lesson Plan Worksheet
- Interview Guide
- Topical Bibliography
- Easel/Blackboard

TIME REQUIREMENTS:

- One Hour and One Half

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

CRISIS INTERVENTION AND INTERVIEWING WITH THE CHILD VICTIM

Topics I to VII - Interviewing with Child Victims

Berliner, Lucy, "Interviewing Child Victims", in Giarretto, H., Sexual Abuse of Children: Selected Readings, U.S. Department of Health and Human Services, National Center for Child Abuse and Neglect. Washington, D.C.: Government Printing Office, 1982.

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health Education and Welfare, DHEW Publication No. (OHDS) 79-30193, August 1979.

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Hulse, W.C., "The Emotionally Disturbed Child Draws this Family", Quarterly Journal of Child Behavior, Vol. 3, 1951.

Klepsch, M. and Logie, L., Children Draw and Tell. New York: Brunner - Mazel, 1982.

Koppitz, E.M., "Emotional Indicators on Human Figure Drawings of Children: A Validation Study", Journal of Clinical Psychology, Vol. 22, 1966.

Koppitz, E.M., Psychological Evaluation of Children's Human Figure Drawings. New York, New York: Grune and Stratton, 1968.

Laszlo, A.T., "The Management of the Child Victim of Sexual Abuse", Journal of the Criminal Justice Association, September 1979. Also quoted in National College of District Attorney's, 1979.

Solheim, J.S. and Johnson, E.L., When a Child Needs You: Emergency Intervention for Law Enforcement Officers. Denver, Colorado: The C. Henry Kempe Center, 1982.

MANAGEMENT OF INTERNAL/DEVELOPMENTAL CRISIS

ERIK ERIKSON

Internal/Developmental Crisis corresponds to stages of the life cycle. It is the normal, internal development that an individual encounters. The periods of transition from one crisis to another may be characterized by disorganized behavior, however, the individual may cope with the crisis by employing his/her experience from the pervious stage.

Infancy (0 to 2 years): Trust - In this stage the internal conflict is between trust vs. mistrust. If trust is broken the child will describe the situation as a "painful" one. "She hurt me.", "I screamed.", etc.

Childhood (2 to 3 years): Autonomy - In this stage the internal conflict is between autonomy vs. shame and doubt. If a child is victimized he/she might appear shy to a police officer, but may in actuality be embarrassed.

Play Age (4 to 7 years): Initiative - In this stage the internal conflict is between initiative vs. guilt. Distinction between right and wrong develops at this age. The child seeks a role model (usually the mother) for imitation. Also, the child displays an interest in parts of the body. Thus, the child might describe an assault as "He did bad stuff to me."

School Age (8 to 12 years): Industry - In this stage is the internal conflict is between industry vs. inferiority. The child concentrates on school life and has a tendency to become involved in his/her projects devoting all his/her energies to them. If the child is victimized at this stage he/she will abandon his/her friends, become introverted and his/her schoolwork will suffer.

Adolescence (13 to 20 years): Identity - In this stage the internal conflict is between identity vs. role confusion. The child - parent relationship becomes conflict-ridden and the adolescent begins to want to handle issues him/herself. This is the most frequent non-reportal period of crime because victims feel their parents won't understand the situation or circumstances.

The Young Adult (21 to 35 years): Intimacy - In this stage the internal conflict is between intimacy vs. isolation. Sexual style of life is usually a sensitive issue as the young adult is still searching for his/her own identity. The danger during this stage is that a "crisis" situation may have an effect on the young adults future relationships.

Adulthood (36 to 65 years): Generativity - In this stage the internal conflict is between generativity vs. stagnation. The adult considers productivity and caring about the next generation important, and is especially concerned about how a victimization will affect others in their family.

Older Adult (65 years and older): Ego Integrity - In this stage the internal conflict is between ego integrity vs. despair. The lack or loss of this ego integration is signified by fear of death. Ego integrity implies an emotional integration and a sense of wisdom in one's life. If an older adult is victimized they tend to feel that they don't deserve this. They often feel that the crime was a worse fate than death.

SOURCE: Erikson, Erik. Childhood and Society. 2nd ed. New York, New York: W.W. Norton and Company, Inc., 1963, p. 273.

Initial Interview Guide for the Child Victim of Crime
Recommended Model

I. Introductory Phase

SETTING: The interview should be conducted in a private setting, away from intrusion and if possible away from the crime scene. Police departments may have a private room in which to conduct the interview.

INTRODUCTION: The officer should identify himself, state the purpose of the interview and ask the child victim if he/she prefers to have a support person present during the interview. It is recommended that the child be interviewed separately from the parents. The officer should be aware that a child's attention span is relatively short and that a series of interviews may be necessary in order to establish a complete account of the crime.

II. Working Phase

The Crime

1. Circumstances of the crime:

What kind of crime happened? When and where did the crime occur? When and where was the child victim approached? Why was the child victim there? Children may have difficulty accounting for specific dates and times. The officer may ask the child to recount the time of the crime by associating it with an activity familiar to the child (i.e. going to school, watching T.V., etc.)

2. Assailant (if applicable):

Does the child victim know the assailant and does the child have a name for the assailant (i.e. either a proper name or a slang name for the assailant.) Can the victims give a physical description of the assailant, including any distinguishing characteristics, marks, or odor? Number of assailants? Can the victim give a description of what the assailant was wearing?

3. Conversation:

What kind of conversation occurred, if any, prior to the crime being committed? Did the offender attempt to help or con the child victim? Were any verbal threats made? Were any humiliating comments made? Did the child victim respond to any conversation and in what way?

4. Physical and Verbal Threats:

Did the offender have a weapon? Did the offender indicate he had a weapon, but did not show the weapon? Did the offender threaten the child victim physically or verbally? Did the offender exert violence, such as slapping, kicking or hitting?

5. Struggle:

Was there a struggle between the child victim and the offender?

6. Alcohol/Drug Use by Offender/Victim:

Did the offender appear to be under the influence of drugs or alcohol?

AFTER THE CRIME

1. Seeking Help:

Where did the child victim go for help? Did the child victim talk to anyone immediately after the crime? Did the child victim do anything immediately after the crimes?

2. Family and Friends:

Who are the child victim's family? Does the victim wish to tell other members of their family about the crime? Does the child victim family who can care for the victim?

3. Medical Intervention:

Does the child victim need or wish to go to a hospital? Does the child victim have a personal physician he/she would rather see?

4. Pressing Charges:

What are the child victim's concerns about the criminal justice process?

III. Concluding Phase

CLOSING THE INTERVIEW

1. Thank the child victim for answering all the questions.

2. Inform the child victim of any referrals/temporary care arrangements which are being made for the child.

3. Advise the child victims of follow-up procedures that the police department will have (i.e. additional officers arriving at scene, need to tell circumstances of the crime to others, etc.)

4. Prepare the child victim for future contact with the criminal justice system.

5. Advise child victim that you may need to speak with him/her again.

6. Ask the child victim if he/she has any questions for you.

NON-VERBAL AND VERBAL INTERVIEWING TECHNIQUES

Non-Verbal Techniques that Assist in Interviewing:

1. Language: The officer should use language which the child victim understands and is age-appropriate to the child.

2. Eye Contact: The officer who keeps looking directly at an individual's eyes will eventually establish contact. Direct eye contact is important for communicating to the victim that one is listening and concerned.

3. Body Posture: When interviewing victims, it is a good idea to monitor one's body posture to determine what is being communicated. For example, leaning towards the victim during the interview will indicate attentiveness; holding your head upright and sitting rigid indicates impersonality.

4. Personal Distance. Generally, the closer one stands the more one expresses intimacy. The greater the distance, the greater the feeling of formality. Make an attempt to be in a position "equal" to child. Do not sit or stand over child.

5. Vocalization. This term refers to the volume, speed, and pacing of speech. It is a good idea to speak to victims in a soft and slow voice, while allowing a few seconds to lapse between questions. Pacing questions slowly gives an impression of patience and concern.

6. Play and Art. Puppets, dolls and allowing a child to draw may ease the child during the interview and facilitate the interview process.

Verbal Techniques that Assist in Interviewing:

CLARIFICATION

We clarify when we interrupt the speaker to ask a question about what was just said. This indicates that we have been listening and that the details are important to us. It is best to clarify when the person has finished a segment of the story and not to interrupt repeatedly to ask about details. Once a child begins to talk, it is best to allow him/her to continue without interruption.

SUMMARIZATION:

When a person has completed a statement, one can show interest by summarizing what has been said so far. The summary need not be long. Its purpose is to demonstrate to the child victim that one has been following what was said. For example, an officer might say to the child victim just mentioned, "Let me see if I understand...Your Mom was angry and hit you with a telephone cord."

ALLOWING SILENCE:

Paradoxically, allowing silence to last is a way of showing that one is listening. Child victims often and need time to collect their thoughts. The officer who lets a silence last after a question is asked demonstrates to the victim an awareness of this fact. The tendency is to rephrase a question if it is not immediately answered, and this can often be confusing to child victim, especially if he/she is somewhat anxious that the police are going to be impatient.

SOURCE: Adapted from Burgess, A.W. and Holmstrom, L.L., "Crisis and Counseling Requests of Rape Victims," Nursing Research, V. 23 N3, May - June 1974.

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Investigative Strategies in Child Physical Abuse

FUNCTIONAL AREA: This section will focus on guidelines for investigation and arrest in child physical abuse cases along with problems associated with interviewing offenders, adult family members and child victims in such investigations.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. List, verbally or in writing, two (2) problems commonly encountered in an interview with an offender or adult family member in cases of suspected child physical abuse.

2. List, verbally or in writing, two (2) strategies for an interview with parents in cases of suspected child physical abuse.

3. List, verbally or in writing three (3) strategies for establishing an alliance with child victims.

TOPICS:

I. The trainee should have a general understanding of Crisis Intervention as outlined in the Lesson Plan Worksheet for Crisis Intervention in the General Victimology course of the NASDLET National Victim Assistance Law Enforcement Training Manual.

-Note to Trainer: Refer to Study Guide.

II. There are five purposes of interviewing in child physical abuse cases.

III. Three questions need to be immediately addressed by law enforcement officers conducting a child abuse and neglect investigation.

IV. Factors to Consider for Probable Cause to Arrest in Child Physical Abuse Cases

V. Strategies and Issues when Interviewing in Child Physical Abuse Cases

VI. Problems encountered in interviewing adults in child physical abuse and neglect cases

VII. Discipline: Where does discipline end and physical abuse begin?

VIII. Mock Interview Exercise

METHODS:

- Lecture
- Group Discussion
- Mock Interview

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Interview Guide
- Easel/Blackboard
- Video Equipment (optional)
- Topical Bibliography

TIME REQUIREMENTS:

- Three Hours

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

INVESTIGATIVE STRATEGIES IN CHILD PHYSICAL ABUSE

Topic I - Crisis Intervention

NASDLET, National Victim Assistance Law Enforcement Trainer's Manual, 1985.

Warner, C.G. ed., Conflict Intervention in Social and Domestic Violence. Bowie, Maryland: Robert J. Brady Co., Chapters 10 and 13, 1981.

Topic II - Purpose of Interview

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 34-43, August 1979.

McGovern, James I., "Delicate Inquiry: The Investigator's Role in Child Abuse", Victimology: An International Journal, Volume 2, Number 2, pp. 277-284, Summer 1977.

Topics III & IV - Protective Custody, Decisions and Guidelines for Arrest

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McGovern, James I. "Delicate Inquire: The Investigator's Role in Child Abuse", Victimology: An International Journal, Volume 2, Number 2, pp. 277-284, Summer 1977.

Topic V - Effective Investigation

Broadhurst, D.D. and Knoeller, J.S. The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 34-39, August 1979.

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Topics VI & VII - Problems Encountered in Interviewing Child Physical Abuse and Neglect Cases

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, pp. 34-53, August 1979.

Warner, C.G. ed., Conflict Intervention in Social and Domestic Violence. Bowie, Maryland: Robert J. Brady Co., Chapter 13, 1981.

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SOURCE: Erikson, Erik. Childhood and Society. 2nd ed. New York, New York: W.W. Norton and Company, Inc., 1963, p. 273.

PHYSICAL INJURIES

Guidelines for Identifying the Abused Child

* Where is the injury? Is this type of injury what one expects for the child's age group? Bruises on a preschooler found on the elbow, knees, shins, and forehead are considered normal for his age group. Bruises on the back, thighs, genital area, buttocks, back of the legs, or face should make one suspicious.

* How many injuries does the child have? Are there several injuries occurring at one time? Or several injuries over a period of time? The greater the number of injuries, the more likely abuse has occurred. The presence of many injuries at various stages of healing should make one suspicious.

* What is the size and the shape of the injury? Many injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. A stick or a rope could cause a bruise in a straight line. A Brush might resemble the shape of a belt buckle or a hair brush or a looped

electric wire. A small round burn could have been caused by a cigarette or cigarette lighter. Bruised or infected lips or chipped teeth on a small child may indicate forced feeding.

* How did the injury occur? If an injury is said to be accidental, there should be a reasonable explanation of how it happened, its severity, type, and location. When the history of how the injury occurred and the appearance of the injury do not seem related, one should be suspicious. Could a fall on the head have produced bruises all over the body? In view of the child's age, is the explanation reasonable?

IF THERE IS REASON TO SUSPECT ABUSE, IT SHOULD BE REPORTED.

SOURCE: Child Abuse and Exploitation Investigative Techniques Training Program Manual, Department of the Treasury, Federal Law Enforcement Training Center; Glynco, Georgia, February 1985.

GUIDELINES THAT MAY DETERMINE WHETHER PROTECTIVE CUSTODY IS INDICATED

1. The maltreatment in the home, present or potential, is such that a child could suffer damage to body or mind if left there. Caretaker's anger at the investigation must be considered (i.e. will the caretaker take their anger out on the child after the officer leaves?).

2. Although a child is in imminent need of medial or psychiatric care, the caretakers refuse to obtain it.

3. A child's age, physical, or mental condition makes self-protection impossible.

4. The child has some characteristics that the caretakers find completely intolerable.

5. The caretakers are torturing the child or resorting to physical force too severe to be considered reasonable discipline.

6. The physical environment of the home is an immediate threat to the child.

7. The caretakers physical or mental condition poses a threat to the child.

8. The family has a history of hiding the child from outsiders.

9. The family has a history of prior incidents or allegations of abuse and neglect.

10. Caretakers abandon the child.

SOURCE: Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare. DHEW Publication No. (OHDS) 79-30193, August 1979.

FACTORS TO CONSIDER FOR PROBABLE CAUSE TO ARREST IN CHILD PHYSICAL ABUSE CASES

A. Elements of the Crime.

1. What crime was committed?
2. Knowledge of state statutes applicable to child physical abuse is necessary.

B. Injury to the Child Victim.

1. Severity.
2. Characteristics of the Injury.

C. Explanation of how the injury occurred.

1. Identification of responsible party.
2. Injury inconsistent with the account given.
3. Vague or evasive attitudes by caretaker.
4. Conflicting stories.

D. Protection of Legal Rights of Caretaker/Offender.

NON-VERBAL AND VERBAL INTERVIEWING TECHNIQUES

Non-Verbal Techniques that Assist in Interviewing:

1. Eye Contact: The officer who keeps looking directly at an individual's eyes will eventually establish contact. Direct eye contact is important for communicating to the victim that one is listening and concerned.

2. Body Posture: When interviewing victims, it is a good idea to monitor one's body posture to determine what is being communicated. For example, leaning towards the victim during the interview will indicate attentiveness; holding your head upright and sitting rigid indicates impersonality.

3. Personal Distance. Generally, the closer one stands the more one expresses intimacy. The greater the distance, the greater the feeling of formality. A middle area, comfortable stance is recommended in Child Physical Abuse and Neglect Cases.

Verbal Techniques that Assist in Interviewing:

1. Vocalization. This term refers to the volume, speed, and pacing of speech. It is a good idea to speak to victims in a soft and slow voice, while allowing a few seconds to lapse between questions. Pacing questions slowly gives an impression of patience and concern.

2. Clarification. We clarify when we interrupt the speaker to ask a question about what was just said. This indicates that we have been listening and that the details are important to us. It is best to clarify when the person has finished a segment of the story and not to interrupt repeatedly to ask about details. For example, when a burglary victim has finished telling about finding the door open and is ready to begin describing what has been stolen, one might clarify by asking, "I didn't get about what time this was?"

3. SUMMARIZATION. When a person has completed a statement, one can show interest by summarizing what has been said so far. The summary need not be long. Its purpose is to demonstrate to the child victim that one has been following what was said. For example, an officer might say to the hypothetical burglary victim just mentioned, "Let me see if I have this straight...You came home from work about five and found the glass broken on the window and evidence that someone has entered the house...Is that the heart of it?"

ALLOWING SILENCE: Paradoxically, allowing silence to last is a way of showing that one is listening. Child victims often and need time to collect their thoughts. The officer who lets a silence last after a question is asked demonstrates to the victim an awareness of this fact. The tendency is to rephrase a question if it is not immediately answered, and this can often be confusing to child victim, especially if he/she is somewnat anxious that the police are going to be impatient.

Source: Abstracted from Broadhurst, D.D., and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, August, 1979 and Burgess, A.W. and Holmstrom, L.L., "Crisis and Counseling Requests of Rape Victims," Nursing Research, V. 23 N3, May - June 1974.

OBSERVATIONS IN THE HOME

SAMPLE INDICATORS FOR LAW ENFORCEMENT PERSONNEL

A. Non-Emergency Case

1. Observe the physical condition of the child.
2. Consider the attitude of the caretakers toward him.
3. Consider the child's general environment including living conditions and health and moral hazards.
4. Interview all parties involved including companions, child caretakers, neighbors, relatives and friends.
5. Check records of caretakers for previous child abuse involvement.
6. Check child's medical history for previous indications of abuse. This may require an inquiry to area hospitals and doctors, as well as determination that old and or repeated injuries are in different stages of healing.
7. Evaluate evidence of the abuse to determine if it may continue and endanger the safety of the child.
8. Record the incident fully and forward the report to the appropriate social agency.

B. Emergency Case

1. Remove child from home if he is endangered.
2. Ensure that injured child receives immediate medical attention.
3. Photograph injuries.
4. Write complete report of injuries including physician's remarks.
5. Collect physical evidence such as instrument used to inflict injuries.

6. Resume normal investigative actions as outlined in non-emergency cases after the emergency conditions have been met.

7. Also, check child's medical history for previous indications of abuse.

C. Indicators that should arouse the suspicions of law enforcement personnel.

1. The injury to the child is inconsistent with the account given by the caretaker. An example would be a report of a child's hand being accidently scalded by hot water and lacking from the report is any explanation of why the child did not withdraw his hand from the water before it was severely injured. In an instance like this, it is reasonable to suspect that someone held the child's hand in the water.

2. Certain characteristics of injuries provide signals to the officer, such as cigarette burns, the shape of an instrument imprinted on the skin or distended fingers and limbs.

3. Attitude of the caretaker may arouse suspicions. The caretaker may be purposely vague or evasive or may not volunteer any information.

4. Abusive caretakers often take the child to many different physicians for treatment. If the abused child has been taken to a hospital or physical located far from his house, this could be an indicator of abuse.

5. The child's behavior may also arouse suspicions. Statistically, the vast majority of abused children are under three years old. Nearly half of all reported cases involve children under six months old. Abused or neglected children of this age seldom cry. When they do, it is a hopeless, mournful sound that merely accompanies pain and sorrow. The cry is not urgent. It contains no expectation of comfort and relief. Abused children may also be wary of physical contact with adults. Sometimes the child will exhibit extreme fright, reacting to any physical contact with whimpering or with attempts to hide. Others show extreme apathy and unresponsiveness.

D. Questions to ask in determining where discipline ends and physical abuse begins.

1. Is the purpose of the discipline to correct the child's behavior, or primarily to punish or hurt?

2. Is the discipline appropriate to the child's age?

3. Is the discipline appropriate to the child's condition?

4. Is the discipline appropriate to the child's transgression (does the "punishment fit the crime")?

5. When physical force is used as a disciplinary measure, is the force applied in a safe location (i.e., buttocks) or an unsafe location (i.e., head)?

Note: Sample indicators of living conditions, health hazards and emotional hazards are noted because law enforcement officers statutorily are mandated reporters of suspected child physical abuse which they may view when answering any routine call.

E. Living Conditions

Officers should consider the child's complete ENVIRONMENT and make particular effort to avoid associating low income as being synonymous with neglect.

1. Burned-out or condemmed buildings should be regarded as unsafe housing.

2. Unsanitary conditions, such as human and animal waste on the floors, are indicative of neglect.

3. Lack of heat in the house during winter months is neglect.

4. Danger of fire from open heating units such as buckets or burning wood or coal should be considered as unsafe conditions.

5. Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste are neglected.

6. Infestation of rodents (rats and mice) demonstrates neglected homes.

F. Health Hazards

1. Malnutrition of children is indicated by them being underweight and small in stature.

2. Although failure to thrive and grow can be due to a number of medical conditions, most neglected children will appear obviously undernourished. When undernourished is considered in light of the environment it indicates parental neglect.

3. Officers should also be aware of the condition of the food in the house. If there is not any food for the children to eat, or what food there is has spoiled, it indicates neglect.

4. The child's failing to thrive may be due to a legitimate medical condition that a doctor is attempting to cure.

5. Neglected children will not be receiving doctor's care.

G. Emotional Hazards

1. Children who are continually exposed to vice conditions are considered to be neglected, such as prostitution of stealing.

2. They may be subject to sexual assault by patrons of prostitute mothers.

3. They may be beaten or maltreated by alcoholic or drug-addicted parents.

4. They may suffer emotionally from family discord.

5. They may lack proper supervision, resulting in school truancy, for example.

SOURCE: Abstracted from "The Training Keys", Professional Standards Division of the International Association of Chiefs of Police and Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, August 1979.

GUIDELINES FOR INTERVIEWING CARETAKERS

When talking to the caretaker

DO:

* Observe the due process rights granted by the Fourth, Fifth, and Fourteenth Amendments.
* Give Miranda warnings if there is potential for criminal prosecution.
* Conduct the interview in private.
* Tell the caretakers why the interview is taking place.
* Be direct, honest and professional.

DON'T:

* Try to "prove" abuse or neglect by accusations or demands.
* Display disgust, anger, or disapproval of caretakers, child, or situation.
* Pry into family matters unrelated to the specific situation.
* Place blame or make judgements about the caretakers or the child.
* Reveal the source of the report.

SOURCE: Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, August 1979.

SUGGESTED INTERVIEW EXERCISE

THE PURPOSE OF THE INTERVIEW EXERCISE IS TO ASSIST THE TRAINEE IN USING THE SUGGESTED INTERVIEW GUIDE EFFECTIVELY.

FOUR PARTICIPANTS ARE NEEDED TO PLAY THE FOLLOWING ROLES:

THE LAW ENFORCEMENT INVESTIGATOR

THE FEMALE CARETAKER, MRS. C

THE MALE CARETAKER, MR. C

THE CHILD VICTIM, TOMMY C

SITUATION: IT IS 10:00 A.M. ON A MONDAY MORNING AND THE LAW ENFORCEMENT INVESTIGATOR ARRIVES AT THE C'S HOME TO INVESTIGATE AN ANONYMOUS REPORT, EARLIER THAT MORNING, ALLEGING THAT TOMMY C IS BEATEN REGULARLY WITH AN EXTENSION CORD.

THE INVESTIGATOR WILL MEET THE FAMILY TOGETHER AND INTERVIEW EACH SEPARATELY FOR FIVE MINUTES.

NOTE TO THE TRAINER: IT IS SUGGESTED THE TRAINER STRUCTURE THE EXERCISE BY PICKING WHO WILL PARTICIPATE.

FOLLOWING THE INTERVIEWS THERE WILL BE CLASS DISCUSSION AND QUESTIONS.

SUGGESTED TIME: TWENTY FIVE MINUTES

NOTE: IF LOCAL STATUTE OR POLICY REQUIRES CHILD ABUSE/NEGLECT INTERVIEWS TO BE DONE JOINTLY WITH A SOCIAL WORKER, ADD THE ROLE OF SOCIAL WORKER.

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Child Victim Services and the Law

FUNCTIONAL AREA: This module will discuss local statutory provisions regarding child physical abuse and neglect, and the role of law enforcement officers in the civil and criminal litigation of child physical abuse and neglect cases. Prosecutorial procedures will also be addressed.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Define, in writing, "abuse and neglect" under the terms of the state statute.
2. Discuss, verbally with the class, the provisions and procedures of the mandatory child abuse reporting statute, with emphasis on the reporting procedures.
3. Discuss, verbally with the class, three possible legal defenses used in child physical abuse and neglect cases.

TOPICS:

I. Every state in the nation has a child abuse mandatory reporting statute under which law enforcement officers are mandated reporters.

II. Child protection orders are often used by judges to place children outside the home pending a child physical abuse and neglect investigation.

III. Roles and Procedures of Civil Court and Criminal Court

IV. Prosecutorial Procedures and Issues

METHODS:

- Lecture
- Guest Speaker: It is recommended that the local prosecutor either team teach this module or be invited as a guest speaker.
- Group Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Chalkboard
- Topical Bibliography
- Model Legislation

TIME REQUIREMENT

- Four Hours

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

CHILD VICTIM SERVICES AND THE LAW

Topic I - Local Mandatory Reporting Statute

Topic II - Local Child Protection Procedure

Topic III - Local civil and criminal procedures applicable to child abuse and neglect cases

Topic IV - Prosecutorial Procedures and Issues

Department of Treasury, Child Abuse and Exploitation Investigative Techniques Training Program Manual. Glynco, Georgia: Federal Law Enforcement Training Center, February 1985.

Hennepin County, Minnesota vs. Sullivan, Minnesota Court of Appeals, January 8, 1985.

Whitcomb, D., Shapiro, E.R., Stellwagen, L.D., When the Victim is a Child: Issues for Judges and Prosecutors (Draft Report). Cambridge, MA.: Abt Associates, Inc., pp. 14-17 , 27-35, 41-52, March 4, 1985.

MODEL STATUTE

FAILURE FO REPORT

S E N A T E O F M A R Y L A N D

51r1762 No. 550 17

By: The President (Administration) and Senators Winegrad and Yeager
Introduced and read first time: February 1, 1985
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Child Abuse and Neglect - Failure to Report - Penalties

FOR the purpose of protecting children from harm by authorizing the imposition of a civil penalty against certain individuals required by law to report suspected child abuse and neglect and who knowingly fail to make a report; providing certain administrative sanctions against certain health professionals who knowingly fail to report suspected child neglect and abuse; expanding the jurisdiction of the District Court to include certain cases for failure to report suspected child abuse and neglect; imposing a certain criminal penalty for child neglect; and generally relating to penalties and knowingly failing to report suspected child abuse or neglect.

BY repealing and reenacting, with amendments,

Article - Family Law
Section 5-704, 5-903, and 5-904
Annotated Code of Maryland
(1984 Volume and 1984 Supplement)

BY adding to

Article - Family Law
Section 5-703.1
Annotated Code of Maryland
(1984 Volume and 1984 Supplement)

BY repealing and reenacting, with amendments,

Article - Health Occupations
Section 7-313(a)(11) and (12), and 14-504(24) and (25)
Annotated Code of Maryland
(1981 Volume and 1984 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

BY adding to

Article - Health Occupations
Section 7-313(a)(13) and (14), and 14-504(26) and (27)
Annotated Code of Maryland
(1981 Volume and 1984 Supplement)

BY repealing and reenacting, with amendments,

Article - Courts and Judicial Proceedings
Section 4-401(10) and (11)
Annotated Code of Maryland
(1984 Replacement Volume and 1984 Supplement)

BY adding to

Article - Courts and Judicial Proceedings
Section 4-401(12)
Annotated Code of Maryland
(1984 Replacement Volume and 1984 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Family Law

5-703.1.

(A) A PARENT, GUARDIAN, OR CUSTODIAN MAY NOT WILLFULLY CAUSE A CHILD IN THE INDIVIDUAL'S CARE OR CUSTODY TO BE NEGLECTED.

(B) AN INDIVIDUAL WHO VIOLATES THIS SECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING $3,000 OR IMPRISONMENT NOT EXCEEDING 3 YEARS OR BOTH.

5-704.

(a) Notwithstanding any law on privileged communications, each health practitioner, law enforcement agency, police officer, educator or social worker who contacts, examines, attends, or treats a neglected child, or who has reason to believe that the child is a neglected child shall:

(1) notify the local department; and

(2) if acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, notify immediately the head of the institution or the designee of the head.

(b) A person who notifies the local department under subsection (a) of this section shall make:

(1) an oral or written report to the local department as soon as possible; and

(2) a written report to the local department not later than 48 hours after the contact, examination, treatment, or other circumstances that caused the individual to believe that the child is a neglected child.

(c) Any person other than a health practitioner, law enforcement agency, police officer, educator or social worker who has a reasonable belief that a child is a neglected child may file with the local department an oral or written report of the suspected neglect.

(d) Insofar as is reasonably possible, a person who makes a report under this section shall include in the report the following information:

(1) the name, age, and home address or last known address of the child;

(2) the name and home address or last known address of the child's parent or other person who is responsible for the child's care;

(3) the whereabouts of the child;

(4) the name and age of every other child in the household;

(5) the reason why the individual believes that the child is a neglected child, including a statement of the facts and circumstances that gave rise to this belief; and

(6) any other information that would help the local department to determine:

(i) the cause and extent of the suspected neglect; and

(ii) the identity of any individual responsible for the neglect.

(E) A PERSON WHO IS REQUIRED TO MAKE THE NOTIFICATION UNDER SUBSECTION (A) OF THIS SECTION OR TO MAKE THE REPORT UNDER SUBSECTION (B) OF THIS SECTION AND WHO KNOWINGLY FAILS TO MAKE THE NOTIFICATION OR REPORT IS LIABLE FOR A CIVIL PENALTY NOT EXCEEDING $1,000 TO BE COLLECTED IN A CIVIL ACTION BROUGHT BY THE LOCAL DEPARTMENT OR LOCAL STATE'S ATTORNEY.

5-903.

(a) Notwithstanding any law on privileged communications, each health practitioner, police officer, educator or social worker who contacts, examines, attends, or treats a child and who

has reason to believe that the child has been subjected to abuse shall:

(1) notify the local department or the appropriate law enforcement agency; and

(2) if acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, [immediately] notify IMMEDIATELY and give all information required by this section to the head of the institution or the designee of the head.

(b) (1) An individual who notifies the appropriate authorities under subsection (a) of this section shall make:

(i) an oral report, by telephone or direct communication, to the local department or the appropriate law enforcement agency as soon as possible; and

(ii) a written report to the local department, with a copy sent to the local State's Attorney, not later than 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse.

(2) An agency to which an oral report is made under paragraph (1)(i) of this subsection shall [immediately] notify IMMEDIATELY the other agency. However, nothing shall prohibit a local department and an appropriate law enforcement agency from agreeing to cooperative arrangements.

(c) Insofar as is reasonably possible, an individual who makes a report under this section shall include in the report the following information:

(1) the name, age, and home address of the child;

(2) the name and home address of the child's parent or other person who is responsible for the child's care;

(3) the whereabouts of the child;

(4) the nature and extent of the abuse of the child, including any evidence or information available to the reporter concerning previous injury possibly resulting from abuse; and

(5) any other information that would help to determine:

(i) the cause of the suspected abuse; and

(ii) the identity of any individual responsible for the abuse.

(D) A PERSON WHO IS REQUIRED TO MAKE THE NOTIFICATION UNDER SUBSECTION (A) OF THIS SECTION OR TO MAKE THE REPORT UNDER

SUBSECTION (B) OF THIS SECTION AND WHO KNOWINGLY FAILS TO MAKE THE REQUIRED NOTIFICATION OR REPORT IS LIABLE FOR A CIVIL PENALTY NOT EXCEEDING $1,000 TO BE COLLECTED IN A CIVIL ACTION BROUGHT BY THE LOCAL DEPARTMENT OR LOCAL STATE'S ATTORNEY.

5-904.

(a) A person other than a health practitioner, police officer, educator or social worker who has reason to believe that a child has been subjected to abuse shall report the belief to the local department or the appropriate law enforcement agency.

(b) An agency to which a report is made under subsection (a) of this section shall [immediately] notify IMMEDIATELY the other agency. However, nothing shall prohibit a local department and an appropriate law enforcement agency from agreeing to cooperative arrangements.

(c) A report made under subsection (a) of this section may be oral or in writing.

(d) A report made under subsection (a) of this section shall be regarded as a report within the provisions of this subtitle, whether or not the report contains all of the information required by § 5-903 of this subtitle.

(E) A PERSON WHO IS REQUIRED TO MAKE A REPORT UNDER SUBSECTION (A) OF THIS SECTION AND WHO KNOWINGLY FAILS TO MAKE THE REPORT IS LIABLE FOR A CIVIL PENALTY NOT EXCEEDING $1,000 TO BE COLLECTED IN A CIVIL ACTION BROUGHT BY THE LOCAL DEPARTMENT OR LOCAL STATE'S ATTORNEY.

Article - Health Occupations

7-313.

(a) Subject to the hearing provisions of § 7-314 of this subtitle, the Board may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke the license of a licensee if the applicant or licensee:

(11) Submits a false statement to collect a fee; [or]

(12) Is professionally, physically, or mentally incompetent[.];

(13) FAILS TO REPORT SUSPECTED CHILD NEGLECT IN VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE; OR

(14) FAILS TO REPORT SUSPECTED CHILD ABUSE IN VIOLATION OF § 5-903 OF THE FAMILY LAW ARTICLE.

14-504.

Subject to the hearing provisions of § 14-505 of this subtitle, the Commission, on the affirmative vote of a majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(24) Performs an abortion outside a licensed hospital; [or]

(25) Willfully submits false statements to collect fees for which services are not provided[.];

(26) FAILS TO REPORT SUSPECTED CHILD NEGLECT IN VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE; OR

(27) FAILS TO REPORT SUSPECTED CHILD ABUSE IN VIOLATION OF § 5-903 OF THE FAMILY LAW ARTICLE.

Article - Courts and Judicial Proceedings

4-401.

Except as provided in § 4-402 of this subtitle, and subject to the venue provisions of Title 6 of this article, the District Court has exclusive original civil jurisdiction in:

(10) A proceeding for adjudication of a civil penalty for any violation under Section 8-1411.1 of the Natural Resources Article of the Code or under Section 15B(c-1) of Article 41 of the Code or any rule or regulation issued pursuant to those sections[.];

(11) A proceeding to enforce a civil penalty assessed by the Maryland Division of Labor and Industry under Article 89, §§ 28 through 49 where the amount involved does not exceed $10,000[.]; AND

(12) A PROCEEDING FOR ADJUDICATION OF A CIVIL PENALTY FOR ANY VIOLATION UNDER § 5-704, 5-903, OR 5-904 OF THE FAMILY LAW ARTICLE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed only prospectively and may not be applied or interpreted to have any effect upon or application to any event or happening occurring prior to the effective date of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1985.

MODEL STATUTE

CHILD ABUSE PROTECTIVE ORDER

SENATE OF MARYLAND

51r1763 No. 551 17

By: The President (Administration) and Senators Winegrad and Yeager
Introduced and read first time: February 1, 1985
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Child Abuse - Protective Order - Mitigation of Harm

FOR the purpose of authorizing certain procedures in a child abuse case to mitigate psychological and physical harm to an alleged victim of child abuse subject to certain safeguards; providing that certain persons may file a petition with a court on behalf of a child to relieve a child from abuse under certain circumstances; providing that the petition include certain information; requiring a court to send a copy of the petition to the local department of social services; requiring that department to conduct an investigation and send a report to the court; defining terms; providing that a temporary ex parte order may contain a prohibition against an alleged child abuser entering the home; providing that a court may continue a temporary ex parte order for a certain period of time; providing that a protective order shall order an alleged child abuser to refrain from abusing a household member and may provide other relief in certain cases of abuse of a household member; providing that a court may reissue an order after a certain time in a case of child abuse; providing that a child who is removed from a home to avoid abuse retains certain rights to relief; providing that a petitioner who acts on behalf of a child in a case of child abuse retains certain rights; and generally relating to procedures for removing a household member who is an alleged child abuser from the home to protect another household member under certain circumstances.

BY repealing and reenacting, without amendments,

Article - Family Law
Section 4-507 and 4-510
Annotated Code of Maryland
(1984 Volume)

BY repealing and reenacting, with amendments,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

Article - Family Law
Section 4-501, 4-504, 4-505, 4-506, 4-508, and 4-509
Annotated Code of Maryland
(1984 Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Family Law

4-501.

(a) In this subtitle the following words have the meanings indicated.

(b) "Abuse" means any of the following acts committed by a household member against another household member:

(1) an act that causes serious bodily harm;

(2) an act that places another in fear of imminent serious bodily harm; or

(3) [sexual] abuse of a child, as defined in Title 5, Subtitle 9 of this article.

(c) "Court" means the District Court or a circuit court in this State.

(d) "Family home" means the property in this State that:

(1) is the principal residence of the household members; and

(2) is owned, rented, or leased by at least 1 household member at the time of a proceeding under this subtitle.

(e) "Household members" means spouses, parents, STEPPARENTS, children, STEPCHILDREN, [or] blood relatives, OR OTHER PERSONS who live together at the time of an act of abuse.

(F) "LOCAL DEPARTMENT" MEANS THE LOCAL DEPARTMENT OF SOCIAL SERVICES THAT HAS JURISDICTION IN THE COUNTY:

(1) WHERE THE FAMILY HOME IS LOCATED; OR

(2) IF DIFFERENT, WHERE THE ABUSE IS ALLEGED TO HAVE TAKEN PLACE.

4-504.

(a) (1) A household member may seek relief from abuse by filing with a court a petition that alleges abuse of any household member by another household member.

(2) THE FOLLOWING PERSONS MAY SEEK RELIEF FROM ABUSE ON BEHALF OF A MINOR HOUSEHOLD MEMBER BY FILING WITH THE COURT A PETITION THAT ALLEGES ABUSE OF THE CHILD BY ANOTHER HOUSEHOLD MEMBER:

(I) THE STATE'S ATTORNEY FOR THE COUNTY WHERE THE CHILD LIVES, OR IF DIFFERENT, WHERE THE ABUSE IS ALLEGED TO HAVE TAKEN PLACE;

(II) THE DEPARTMENT OF SOCIAL SERVICES THAT HAS JURISDICTION IN THE COUNTY WHERE THE CHILD LIVES, OR IF DIFFERENT, WHERE THE ABUSE IS ALLEGED TO HAVE TAKEN PLACE;

(III) A LAW ENFORCEMENT OFFICER;

(IV) A BLOOD RELATIVE OF THE CHILD; AND

(V) AN ADULT HOUSEHOLD MEMBER.

(b) (1) The petition shall:

[(1)] (I) be under oath; and

[(2)] (II) include any information known to the petitioner of:

[(i)] 1. each previous action between the parties in any court; and

[(ii)] 2. each pending action between the parties in any court.

(2) IN A CASE OF ALLEGED CHILD ABUSE, THE PETITION ALSO SHALL INCLUDE:

(I) ANY INFORMATION KNOWN TO THE PETITIONER OF:

1. THE WHEREABOUTS OF THE CHILD; AND

2. THE NATURE AND EXTENT OF THE ABUSE, INCLUDING ANY EVIDENCE OR INFORMATION AVAILABLE TO THE PETITIONER CONCERNING PREVIOUS INJURY RESULTING FROM ABUSE;

(II) ANY OTHER INFORMATION RELATING TO THE ABUSE OF THE CHILD; AND

(III) THE NAME AND WHEREABOUTS OF THE ALLEGED ABUSER.

(c) (1) The court may waive or defer in advance the cost of filing a petition on a showing by affidavit that:

(i) the petitioner is indigent; or

(ii) because of the circumstances, the petitioner, otherwise able to pay, is unable to pay the cost at the time of filing.

(2) Under these circumstances, the court later may waive costs, or assess costs against the petitioner or the ALLEGED abuser.

(D) (1) WHEN A COURT RECEIVES A PETITION THAT ALLEGES ABUSE OF A CHILD BY A HOUSEHOLD MEMBER UNDER THIS SECTION, THE COURT SHALL FORWARD A COPY OF THE PETITION TO THE LOCAL DEPARTMENT.

(2) WHEN THE LOCAL DEPARTMENT RECEIVES THE PETITION FROM THE COURT, THE LOCAL DEPARTMENT SHALL:

(I) INVESTIGATE THE ALLEGED ABUSE AS PROVIDED IN TITLE 5, SUBTITLE 9 OF THIS ARTICLE; AND

(II) FORWARD A COPY OF THE REPORT OF THE INVESTIGATION TO THE COURT.

4-505.

(a) (1) If a petition is filed under this subtitle and the court finds that the petitioner has shown that a household member has been abused, the court, in an ex parte proceeding, may enter a temporary order to protect the petitioner or another household member from abuse.

(2) The temporary ex parte order [may:] SHALL

[(i)] order the alleged abuser to refrain from abusing household members[;] AND MAY:

[(ii)] (I) EXCEPT IN A CASE OF ALLEGED CHILD ABUSE, order the alleged abuser to vacate the family home immediately and grant temporary possession of the family home to the petitioner for not more than 5 days after service of the ex parte order;

(II) IN A CASE OF ALLEGED CHILD ABUSE, ORDER THE ALLEGED ABUSER TO VACATE THE FAMILY HOME IMMEDIATELY AND GRANT TEMPORARY POSSESSION OF THE FAMILY HOME TO AN ADULT HOUSEHOLD MEMBER FOR NOT MORE THAN 5 DAYS AFTER SERVICE OF THE EX PARTE ORDER;

(iii) award temporary custody of a minor household member;

(IV) DIRECT ANY OR ALL OF THE HOUSEHOLD MEMBERS TO PROHIBIT THE ALLEGED ABUSER FROM ENTERING THE FAMILY HOME;

[(iv)] (V) direct any or all of the household members to participate in a professionally supervised counseling program; and

[(v)] (VI) order any other relief as necessary.

(b) A law enforcement officer immediately shall serve the temporary ex parte order on the [household member named as an abuser in the petition] ALLEGED ABUSER under this section.

4-506.

(a) [A household member served with a temporary ex parte order] AN ALLEGED ABUSER under § 4-505 of this subtitle shall have an opportunity to be heard on the question of whether the court should issue a protective order.

(b) (1) The temporary ex parte order shall state the date and time of the protective order hearing.

(2) The protective order hearing shall be held no later than 5 days after the temporary ex parte order is served on the [household member named as an abuser in the temporary ex parte order] ALLEGED ABUSER.

(c) (1) If the [household member named as an abuser in the temporary ex parte order] ALLEGED ABUSER is served the temporary ex parte order and fails to appear for the protective order hearing, the court may continue the temporary ex parte order for not more than 15 days.

(2) IN A CASE OF ALLEGED CHILD ABUSE, THE COURT MAY CONTINUE THE TEMPORARY EX PARTE ORDER FOR NOT MORE THAN 60 DAYS.

(d) If the [household member named as an abuser in the temporary ex parte order] ALLEGED ABUSER appears for the protective order hearing and if the court finds by clear and convincing evidence that the alleged abuse has occurred, the court may grant a protective order to stop the abuse.

(e) The protective order [may:] SHALL

[(1)] order the alleged abuser to refrain from abusing household members[;] AND MAY:

[(2)] (1) EXCEPT IN A CASE OF ALLEGED CHILD ABUSE, order the alleged abuser to vacate the family home immediately and grant temporary possession of the family home to the petitioner for not more than 15 days;

(2) IN A CASE OF ALLEGED CHILD ABUSE, ORDER THE ALLEGED ABUSER TO VACATE THE FAMILY HOME IMMEDIATELY AND GRANT TEMPORARY POSSESSION OF THE FAMILY HOME TO AN ADULT HOUSEHOLD MEMBER FOR NOT MORE THAN 60 DAYS;

(3) award temporary custody of a minor household member;

(4) direct any or all of the household members to participate in a professionally supervised counseling program; [and]

(5[DIRECT ANY OR ALL HOUSEHOLD MEMBERS TO PROHIBIT THE ALLEGED ABUSER FROM ENTERING THE FAMILY HOME; AND

[(5)] (6) order any other relief as necessary.

4-507.

An order issued under § 4-505 or § 4-506 of this subtitle shall state that violation of the order may result in:

(1) a finding of contempt;

(2) criminal prosecution; and

(3) imprisonment or fine or both.

4-508.

(a) A copy of any order issued under this subtitle shall be served on:

(1) each party to the proceeding; [and]

(2) the appropriate law enforcement agency; AND

(3) ANY HOUSEHOLD MEMBER TO WHOM THE ORDER APPLIES.

(b) (1) The court that issues an order under this subtitle may:

(i) direct immediate service of the order; and

(ii) reissue the order until service is effected.

(2) [The] EXCEPT IN A CASE OF ALLEGED CHILD ABUSE, THE court that issues an order under this subtitle may not reissue the order more than 15 days after the date of the petitioner's initial appearance.

(c) Return of service shall be filed with the court.

4-509.

(a) (1) The fact that a petitioner leaves the family home to avoid further abuse does not affect the petitioner's right to relief under this subtitle.

(2) IN A CASE OF ALLEGED CHILD ABUSE, THE FACT THAT A CHILD IS REMOVED FROM THE FAMILY HOME TO AVOID FURTHER ABUSE DOES NOT AFFECT THE CHILD'S RIGHT TO RELIEF UNDER THIS SUBTITLE.

(b) By proceeding under this subtitle, a petitioner, INCLUDING A PETITIONER WHO ACTS ON BEHALF OF A CHILD, is not limited or precluded from pursuing any other legal remedy.

AGE 83

4-510.

A person who violates an order to vacate the family home under this subtitle is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $500 or imprisonment not exceeding 60 days or both.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed only prospectively and may not be applied or interpreted to have any effect upon or application to any case of alleged child abuse occurring prior to the effective date of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1985.

MODEL STATUTE

CHILD ABUSE COMPETENCY OF A CHILD VICTIM TO TESTIFY

SENATE OF MARYLAND

51r1764 No. 549 09

By: The President (Administration) and Senators Winegrad and Yeager
Introduced and read first time: February 1, 1985
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Child Abuse - Competency of a Child Victim to Testify

FOR the purpose of providing that in a case of alleged child abuse the age or mental capacity of a child victim may not preclude the child victim from testifying.

BY adding to

Article - Courts and Judicial Proceedings
Section 9-102
Annotated Code of Maryland
(1984 Replacement Volume and 1984 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Courts and Judicial Proceedings

9-102.

IN A CASE OF ALLEGED CHILD ABUSE, AS DEFINED IN § 5-901 OF THE FAMILY LAW ARTICLE OR ARTICLE 27, § 35A OF THE CODE, THE AGE OR MENTAL CAPACITY OF A CHILD VICTIM MAY NOT PRECLUDE THE CHILD VICTIM FROM TESTIFYING.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1985.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

MODEL STATUTE

USE OF VIDEO TAPED TESTIMONY

S E N A T E O F M A R Y L A N D

51r1761 No. 555 09
CF 51r3072

By: The President (Administration) and Senators Winegrad and Yeager
Introduced and read first time: February 1, 1985
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Child Abuse - Child Victims - Use of Closed Circuit Television

FOR the purpose of reducing the psychological harm to a child victim testifying in a child abuse case by allowing a judge to order the child's testimony to be taken outside the courtroom and the physical presence of the defendant by means of closed circuit television under certain circumstances and subject to certain procedural safeguards for a defendant; limiting the persons allowed to be present when a child testifies in this manner; specifying those persons allowed to question the child; requiring certain persons operating certain equipment to take certain precautions; and generally relating to the use of closed circuit television for the testimony of certain child witnesses.

BY adding to

Article - Courts and Judicial Proceedings
Section 9-102
Annotated Code of Maryland
(1984 Replacement Volume and 1984 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Courts and Judicial Proceedings

9-102.

(A) (1) IN A CASE OF ABUSE OF A CHILD AS DEFINED IN § 5-901 OF THE FAMILY LAW ARTICLE OR ARTICLE 27, § 35A OF THE CODE, A COURT MAY ORDER THAT THE TESTIMONY OF A CHILD VICTIM BE TAKEN OUTSIDE THE COURTROOM AND SHOWN IN THE COURTROOM BY MEANS OF CLOSED CIRCUIT TELEVISION IF:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

(I) THE TESTIMONY IS TAKEN DURING THE PROCEEDING; AND

(II) THE JUDGE DETERMINES THAT TESTIMONY BY THE CHILD VICTIM IN THE COURTROOM WILL RESULT IN THE CHILD SUFFERING SERIOUS EMOTIONAL DISTRESS SUCH THAT THE CHILD CANNOT REASONABLY COMMUNICATE.

(2) ONLY THE STATE'S ATTORNEY, THE ATTORNEY FOR THE DEFENDANT IF THE ATTORNEY IS NOT THE DEFENDANT, AND THE JUDGE MAY QUESTION THE CHILD.

(3) THE OPERATORS OF THE CLOSED CIRCUIT TELEVISION OR VIDEOTAPE EQUIPMENT SHALL MAKE EVERY EFFORT TO BE UNOBTRUSIVE.

(B) (1) ONLY THE FOLLOWING PERSONS MAY BE IN THE ROOM WITH THE CHILD WHEN THE CHILD TESTIFIES BY CLOSED CIRCUIT TELEVISION:

(I) THE STATE'S ATTORNEY;

(II) THE ATTORNEY FOR THE DEFENDANT, IF THE ATTORNEY IS NOT THE DEFENDANT;

(III) THE OPERATORS OF THE CLOSED CIRCUIT TELEVISION EQUIPMENT; AND

(IV) UNLESS THE DEFENDANT OBJECTS, ANY PERSON WHOSE PRESENCE, IN THE OPINION OF THE COURT, CONTRIBUTES TO THE WELL-BEING OF THE CHILD, INCLUDING A PERSON WHO HAS DEALT WITH THE CHILD IN A THERAPEUTIC SETTING CONCERNING THE ABUSE.

(2) DURING THE CHILD'S TESTIMONY BY CLOSED CIRCUIT TELEVISION, THE JUDGE AND THE DEFENDANT SHALL BE IN THE COURTROOM.

(3) THE JUDGE AND THE DEFENDANT SHALL BE ALLOWED TO COMMUNICATE WITH THE PERSONS IN THE ROOM WHERE THE CHILD IS TESTIFYING BY ANY APPROPRIATE ELECTRONIC METHOD.

(C) THE PROVISIONS OF THIS SECTION DO NOT APPLY IF THE DEFENDANT IS AN ATTORNEY PRO SE.

(D) THIS SECTION MAY NOT BE INTERPRETED TO PRECLUDE, FOR PURPOSES OF IDENTIFICATION OF A DEFENDANT, THE PRESENCE OF BOTH THE VICTIM AND THE DEFENDANT IN THE COURTROOM AT THE SAME TIME.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed only prospectively and may not be applied or interpreted to have any effect upon or application to any case filed prior to the effective date of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1985.

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Child Welfare Services

FUNCTIONAL AREA: This section will give to the participant an overview of the local child welfare service system as it relates to child physical abuse and neglect cases.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Discuss verbally, with the class, the local services provided to child physical abuse and neglect cases by the child welfare system.
2. Explain, verbally or in writing, the difference between the social worker role and the law enforcement role in the assessment and treatment of child physical abuse and neglect cases.
3. Explain, verbally or in writing, how to make an appropriate agency referral.

TOPICS:

I. Organizational overview of the local Child Welfare Service System. In every state there exists a Child Welfare or Human Service agency that is primarily responsible for the detection, investigation, and provision of services to child physical abuse and neglect victims.

II. The role of the law enforcement officer in child physical abuse and neglect cases can vary from mandatory reporting, detection, and criminal investigation agreements with the local Human Services department.

III. The role of a social worker/protective service worker is primarily to see the appropriate treatment and/or placement is provided to the child and family.

IV. How the law enforcement officer can make a community referral.

V. Panel discussion with local professionals on the practical usage of the Child Welfare System and interdisciplinary agencies.

VI. The National Center of Child Abuse and Neglect (PO Box 1182, Washington D.C. 20013, Telephone (301)-251-5157) provides consulting and information to public and private agencies, volunteer groups and interested citizens about the prevention and treatment of child abuse and neglect.

The National Victims Resource Center Office for Victims of Crime, Office of Justice programs, U.S. Department of Justice, Washington, D.C. 20531, Telephone (202)-724-6134) also provides consulting and information.

METHODS:

- Lecture
- Group Discussion
- Guest Speaker: It is recommended that a representative from the local social service agency address the class about the social worker's role.
- Panel Discussion by local professionals on the practical usage of the local child welfare system and interdisciplinary agencies.

RESOURCE MATERIALS:

- Lesson Plan
- Course Handouts
- Easel/Blackboard
- Topical Bibliography

TIME REQUIREMENTS:

- Three Hours

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

Topics I - VI - Overview on Child Welfare Services in Child Physical Abuse Cases

Attorney General's Task Force on Family Violence, Final Report, pp. 105-113, p. 121-126, September 1984.

Local State Statistics on reported Child Physical Abuse and Neglect cases.

Written material from Local Child Welfare Agency.

V. VICTIM ASSISTANCE TRAINING PROGRAM

ELECTIVE MODULE

CHILD PHYSICAL ABUSE AND NEGLECT

LESSON PLAN WORKSHEET

LESSON TITLE: Medical Issues and the Child Victim

FUNCTIONAL AREA: This elective module will discuss the medical issues of the physically abused and neglected child along with relevant examination and forensic issues.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will:

1. Identify, verbally, characteristics of injuries and wounds sustained by victims of child physical abuse.
2. List, in writing, the local hospital's policies and procedures in regard to child physical abuse cases.

TOPICS:

I. Introduction and Overview.

II. The Medical Exam of the Physically Abused and Neglected Child.

III. Focus and Angle of Attack of Physical Injuries.

IV. Forensic Issues in Cases of Child Physical Abuse and Neglect.

METHODS:

- Lecture
- Guest Speaker: It is highly recommended that this module be taught with a physician specifically trained in identifying child physical abuse and neglect cases.
- Group Discussion
- Slide Presentation

RESOURCE MATERIALS:

- Lesson Plan
- Slide Projector and Screen
- Medical Dictionary
- Handout - List of Local Hospitals and Specialized Medical Units (to be developed by local trainer)
- Handout - List of Local Hospital Policies and Procedures for Child Physical Abuse and Neglect (to be developed by local trainer)
- Sample - Hospital Policy and Procedure for Child Physical Abuse and Neglect Cases
- Sample - Hospital Data Sheet for Suspected Child Abuse Cases
- Handout - Child Physical Abuse Educational Material

TIME REQUIREMENTS:

- Three and One Half Hours

CHILD PHYSICAL ABUSE AND NEGLECT

TOPICAL BIBLIOGRAPHY

TOPIC I - Introduction and Overview

"AMA Diagnostic and Treatment Guidelines Concerning Child Abuse and Neglect", Journal of the American Medical Association (JAMA), Vol. 254, No.6, August 9, 1985.

Helfer, R.E. and Kempe, C.H. Child Abuse and Neglect: The Family and the Community. Cambridge, MA: Ballinger Publications, Chapters 1-3, 1976.

Helfer, R.E. and Kempe, C.H., eds. The Battered Child. Chicago, Illinois: University of Chicago Press 1974.

Kirschner, R.H., and Stein, Robert J., "The Mistaken Diagnosis of Child Abuse", AJDC, Vol. - 139, September 1985.

List of local hospitals and specialized medical units. Local hospital policy and procedures for child physical abuse and neglect cases.

Sample Hospital Data Sheet for Suspected Child Physical Abuse Cases. Taken from Mid-Maine Medical Center, Waterville, Maine Policy No. 10-2, 115-712, Revised 9/84.

Sample Hospital Policy and Procedure for Child Abuse Cases. Taken from Mid-Maine Medical Center, Waterville, Maine, Policy No. 10-2, 115-712, Revised 9/84.

TOPIC II - The Medical Exam of the Physically Abused Child

Broadhurst, D.D. and Knoeller, J.S., The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health, Education and Welfare, DHEW Publication No. (OHDS) 79-30193, August 1979.

Child Abuse and Exploitation Investigative Techniques Program Manual. Department of the Treasury, Federal Law Enforcement Training Center, Glynco, Georgia, February 1985.

Christoffel, K.K., Zieserl, E.J., and Chiaramonte, J., "Should Child Abuse and Neglect be Considered when a Child Dies Unexpectedly?", AJDC, Vol. 139, September 1985.

McNeese, M.C. and Hebeler, J.R., "The Abused Child - A Clinical Approach to Identification and Management," Clinical Symposia, V29, N5, 1977.

Zumwalt, R.E. and Hirsch, C.S., "Subtle Fatal Child Abuse," Human Pathology, Vol. II, No. 2, March 1980.

CHILD PHYSICAL ABUSE EDUCATIONAL MATERIAL

1. Ciba Child Abuse Slides

   From:

   Medical Education Division
   CIBA Pharmaceutical Company
   Summit, New Jersey 07901
   (201) 575-6510

2. Child Abuse/Neglect
   The Visual Diagnosis of
   Non-Accidental Trauma
   and Failure to Thrive (slides)

   From:

   American Academy of Pediatric:
   Publications Department
   P. O. Box 1034
   Evanston, IL 60204

3. Child Abuse: The Silent Epidemic (slides)

   Call Toll Free:

   US: 1-800-841-9532
   LA: 1-504-821-4922

   Syndistar, Inc.
   1424 S. Jeff Davis Parkway
   New Orleans, Louisiana 70125

4. Child Abuse: Physical and Behavioral Indicators
   (28 minute color video cassette)
   Media Library
   University of Michigan Medical Campus
   R440 Kresgel, Box 56
   Ann Arbor, MI 48901
   (313) 763-2074

SAMPLE HOSPITAL DATA SHEET FOR SUSPECTED CHILD ABUSE CASES

SUSPECTED CHILD ABUSE DATA SHEET

1. a) Physician involved in the ER _____
NAME DATE TIME

   b) Pediatrician _____
NAME DATE TIME

2. a) Notify Social Worker on-call _____
NAME DATE TIME

   b) Social Worker following case _____
NAME DATE TIME

3. Notify Administrator on-Call _____
NAME DATE TIME

4. After interdisciplinary assessment the Social Worker will, as appropriate, notify immediately the State Department of Human Services.
_____
NAME DATE TIME

5. Case summation written within 48 hours by Social Worker is requested by CPS.

6. Pictures

   a) needed _____yes _____no _____
   b) on chart _____yes. _____no _____ If NO location of film or pictures.
   c) place pictures taken _____
   d) Follow-up pictures in unit - yes_____ no_____

7. Documentation needed:	YES	NO	Special Instructions
a) Parents visits	___	___	_____
b) Lab	___	___	_____
c) X-Ray	___	___	_____
d) Documentation & other injuries	___	___	_____
e) Abnormal child behavior	___	___	_____
f) Growth & development assessment	___	___	_____
g) Previous history	___	___	_____

MID-MAINE MEDICAL CENTER
Waterville, Maine

SUBJECT: Child Abuse Neglect

POLICY NO. 10-2, 115-712
Effective Date: 2/26/80 (Revise
Reviewed: 3/81
Revised 2/83
Revised 9/84

DEPARTMENTS RESPONSIBLE:

Administration
Social Work
ED, OPD
Well Child Clinic, Children's Development Project, Hill Center, and Prenatal Clinic
Medical Information Services
Nursing
Medical Staff

AUTHORIZATION:

President

Director, Social Work Services

Assistant to the President

Director of Emergency Services

Vice President - Nursing Affai

Chief of Staff

Chief of Pediatrics

Director of Learning Resource Center and Media

I. PURPOSE: To establish a policy and procedure for the Medical Center which provides for appropriate assessment, intervention, and treatment of suspected child abuse/neglect and to establish a framework for institutional reporting of same consistent with the requirements of Chapter 1071 of the Maine Public Laws. (See Appendix IV)

II. POLICY: The State Law of Maine makes it mandatory for all health professionals to report any situation in which there is "reasonable belief to suspect" child abuse/neglect. The professional does not have an option in the matter of reporting such cases for investigation. Reporting in good faith frees the professional from any liability if the report proves to be unfounded. Willful failure to report opens the professional to criminal or civil liabilities. The right to privileged communication and confidentiality between the physician and patient is waived by State Law in suspected child abuse cases.

Maine's reporting laws are endorsed by Mid-Maine Medical Center and are fully in effect. At this hospital, all suspected cases of child abuse/neglect must be reported to the MMMC Social Work Department.

To avoid duplication of effort, nurses are encouraged to confer with one another and with the attending physician (and vice versa) to determine whether contact has already been initiated with the MMMC Social Work Department and, if it has not, to decide who will notify. While a single, joint notification of MMMC's Social Work Department is preferred, this may not always be possible. When there is disagreement among staff as to the relative level of suspicion in

a given case, individual notification to MMMC's Social Work Department is appropriate.

It is the policy of the Medical Center to organize and complete a multidisciplinary -- medical, nursing, and social work -- assessment of minor patients (children under the age of 18) whenever there is cause to suspect abuse/neglect. Recommended approaches to this assessment are appended to this policy and filed in the following locations:

- Emergency Department
- Out-Patient Department
- Social Work Department
- Administrator On-Call Manual
- 3-11 Administrator Manual
- All nursing stations

Whenever the assessment leads to "reasonable belief" that a child has been abused or neglected, or is at risk of abuse or neglect, the Social Worker will make immediate telephone reports to the Administrator On-Call and to the State Department of Human Services, Office of Child Protective Services, and will prepare a follow-up written report within 48 hours.

In summary, it is the responsibility of all health professionals within Mid-Maine Medical Center to be alert to the signs of possible child abuse/neglect, and to conscientiously report such signs immediately to the MMMC Social Work Department.

III. RESPONSIBILITY: Departments and settings involved in the care and treatment of children; nurses; physicians; Social Work; Administration; and Medical Information Services as described below.

IV. PROCEDURE:

A. Definitions under State of Maine Law Chapter 1071, Subchapter I.

1. "Abuse or neglect' means a threat to a child's health or welfare by physical or mental injury or impairment, sexual abuse or exploitation, deprivation of essential needs, or lack of protection from these by a person responsible for the child"

2. "Jeopardy to health or welfare' or 'jeopardy' means serious abuse or neglect as evidenced by:

   a. serious harm or threat of serious harm;

   b. deprivation of adequate food, clothing, shelter, supervision or care, including health care, when that deprivation causes threat of serious harm;

   c. absence of any person responsible for the child, which creates a threat of serious harm; or

   d. the end of voluntary placement when the imminent return of the child to his custodian causes a threat of serious harm."

Child Abuse/Neglect

3. "Serious harm' means:

   a. serious injury

   b. serious mental injury or impairment, evidenced by severe anxiety, depression or withdrawal, untoward aggressive behavior, or similar dysfunctional behavior, or

   c. sexual abuse or exploitation."

B. General procedure for all [illegible] health professionals.

If any employee or member of the Medical Staff suspects possible child abuse/neglect, he/she should:

1. Obtain the following facts:

   a. name and address of the child;

   b. name of parent or caretaker, if known;

   c. child's age, sex, and race; and;

   d. ascertain the nature and extent of injuries, including evidence of previous injuries.

2. Immediately contact the [illegible] Social Work Department (Extensions 260, 287, or 2657, or the Social Worker On-Call after 4:30 p.m.

3. Refer to guidelines (attached) and to summaries below for additional instructions.

CLINICIAN' NOTE: If possible, before treating the child, wait for the Social Worker to arrive so that the patient and concerned others only have to be questioned once.

C. Summary of Nurse's Role in Suspected Child Abuse/Neglect Cases:

(For further information, see Guideline (A) attached.)

1. Expedite the evaluation of child abuse/neglect patients.

2. Participate in multidisciplinary assessment of child abuse/neglect patients.

3. Help physician arrive at correct diagnosis.

4. Direct physician to protocols on medical evaluation of these problems.

5. Help physician arrive at correct disposition of case.

6. Maintain helping approach toward child abuse/neglect parents.

7. Complete check list/data sheet of actions taken (see appendix V)

8. If the family becomes uncooperative after the child is admitted, the Social Worker and/or AOC should be notified immediately.

D. Summary of Physician's Role in Suspected Child Abuse/Neglect Cases.

(For further information, see Guideline (B) attached.)

1. Secure adequate history and physical exam, including full body x-rays, if appropriate.

2. Provide accurate diagnosis and treatment for physical problems.

3. Enter detailed documentation in medical record including photographs, if appropriate.

4. Hospitalize child in need of further study and/or protection.

5. In cooperation with MCMC's Social Work Department, assure attention to the child's manifold personal, medical, and psychological needs.

PHYSICIANS' NOTE: The physician is not responsible for determining with certainty that abuse did/did not occur or who the abusing person is; rather, ascertain whether there is reasonable belief to suspect and report same.

E. Summary of Social Workers' Role in Suspected Child Abuse/Neglect Cases.

(For further information, see Guideline (C) attached.)

1. Assist physician and nursing staffs in multidisciplinary assessment of suspected cases, with particular reference to psychosocial aspects of child/family unit.

2. Establish relationship with family/significant others.

3. Formulate plan for treatment, including arranging for other support services, as appropriate.

4. Notify Administrator On-Call of findings and of intention to report to Child Protective Services. Request that AOC alert police if police hold felt to be needed.

5. Contact Child Protective Services.

6. Provice formal written notification/report on suspected case to Administrator On-Call for signature and forward to Child Protective Services within 48 hours.

7. Follow-up to evaluate implementation of plan.

F. Summary of Administrator On-Call Role in Suspected Child Abuse/Neglect Cases.

(For further information, see Guideline (D) attached.)

1. Provide consultation/advice when requested by Social Worker.

2. Negotiate additional support and arrangements as needed. If child is in immediate jeopardy, contact the police for police hold. If there are legal questions, the AOC will arrange for necessary legal consultation at Social Workers request.

3. Receive oral notification from Social Worker if suspected child abuse/neglect is to be reported to Child Protective Services.

4. Receive and cosign written report of same prepared by Social Work Department.

G. Summary of Medical Information Services' Role in Suspected Child Abuse/Neglect Cases.

(For further information, see Guideline (E) attached.)

1. When requested, seek out all prior information pertaining to the patient.

2. Issue unit record number and start a unit record, if no previous record exists.

3. If requested by Social Work, flag the outside of the patient's chart with "Social Work" stamp.

4. Provide copies of medical records and related contents to Child Protective Services, as requested.

5. When reports of suspicion are proved by Child Protective Services to be negative, a notice to this effect will be placed in the patient's record by Social Work. Expunge flags from outside of the record.

H. Procedure when photos needed.

1. Photos will be taken by attending physician or nurse in whatever unit the child is, and attached to the medical record.

2. The Director of the Learning Resources Center and Media will be requested to make duplicates as soon as possible by the Social Worker or Medical Information Services. It takes two (2) hours to complete the duplicates if the Director of the Learning Resources Center and Media is avaiable. He prefers a workup time of two (2) days, if advised of an unusual situtations, he will try to speed up the process.

3. The duplicate photos will be returned to Medical Records and released from there to Child Protective Services.

4. The Department of Human Services is billed for the photos.

I. Release of confidential information:

1. If MMMC makes a report to Child Protective Services, the necessary medical and psychosocial information to substantiate the report may be released with out a Release of Information signed by the parents. Parental consent is not needed to take photos of injured.

2. In order to involve the parents in the plan and promote a positive outcome however, every effort should be made to advise the parents of what is happening to have them sign a release of information by the Social Worker.

3. If MMMC had not made a report to Child Protective Services, information about a child or family should not be released without a properly signed release of information in the child's record. Requests for information from Child Protective Services should be referred to the MMMC Social Worker or Medical Records, and not be responded to directly by nursing or other staff until the Social Worker has been involved.

V. DISTRIBUTION: This policy shall be distributed to all Master Manuals and hospital wide. Guidelines shall be distributed and maintained on file in the following locations: Emergency and Out-Patient Departments, Social Work , Administrator On-Call Manual, 3-11 Administrator Manual, and all nursing stations.

VI. FILING INSTRUCTIONS: This policy is to be filed in the MMMC Policy Manual under Section 10, Administration. This policy supersedes any former policy on this subject.

CHILD ABUSE/NEGLECT GUIDELINES

(Guideline A)

A. ROLE OF THE NURSE IN SUSPECTED CHILD ABUSE/NEGLECT CASES.

1. Expedite the evaluation of child abuse/neglect patients.

Cases of suspected child abuse/neglect should be given high priority. Even when they are not medical emergencies, suspected child abuse cases are social emergencies. Within the Emergency or Out-Patient Departments, such cases are classified "triage Category II".

The Emergency Department (ED) triage nurse is in an especially strategic position to expedite these cases by detecting them during intake and notifying the Social Services Department and the ED physician on duty as soon as possible.

2. Help the physician arrive at the correct diagnosis.

In some instances, the nurse may consider the diagnosis inflicted injury before the physician. If the physician is reluctant to consider this diagnosis, the nurse can provide the data that are believed to confirm child abuse/neglect. The nurse can also remind the physician that both of them are obligated by State Law and Hospital Policy to report all suspected cases of child abuse/neglect. Indeed, if a nurse continues to suspect child abuse and the physician thinks otherwise, the nurse, after conferring with the physician, should report it alone to the MMMC Social Work Department.

The primary nurse assigned to the patient and/or the triage nurse, as appropriate, should assist the physician and the Social Worker in conducting the multidisciplinary evaluation and assessment.

3. Direct the physician to the protocols on complete medical evaluation of these problems.

See Appendices I, II, and III attached.

4. Help the physician arrive at a correct disposition.

5. Maintain a helping approach toward child abuse/neglect parents.

Feeling angry with child abuse/neglect parents is natural, but expressing this anger is very damaging to parent cooperation. Keep in mind that most of these parents are lonely, frustrated, unloved, or otherwise needy people, who actually love their children but who have lashed out at them in anger. The nurse should attempt to keep clinical and support staffs supportive and therapeutic in these cases and ensure that the parents are kept informed of what is happening to their child at all times.

CHILD ABUSE/NEGLECT GUIDELINES

Guideline B

B. ROLE OF THE PHYSICIAN IN SUSPECTED CHILD ABUSE/NEGLECT CASES.

1. General responsibilities and guidelines.

The physician's main role in suspected child abuse/neglect is to be an accurate diagnostician. His/her other roles are to report suspected cases to the MMMC Social Services Department; to hospitalize the child in need of diagnosis and protection; and, to fully arrange for the evaluation of the abused child's personal, medical, and psychological needs.

When doubt exists regarding a suitable report of suspected child abuse/ neglect, physicians are cautioned to err in favor of reports.

It is important to maintain a helping approach toward the parents of children suspected of abuse or neglect. Feeling angry with suspected child abuse/ neglect parents is natural, but expressing this anger is very damaging to parent cooperation. Repeated interrogation, confrontation, and accusation must be avoided. Keep in mind that most person who abuse or neglect children are themselves lonely, frustrated, unloved, or otherwise needy people who actually love their children, but have lost control of their lives and emotions.

2. Contact the MMMC Social Work Department.

Contact the Social Work Department as soon as abuse/neglect is suspected so that the Social Worker may assist in the multidisciplinary (medical, nursing, social work), assessment of the situation and help plan for appropriate intervention and follow-up treatment.

3. Hospitalize selected cases.

a. Out-Patient, Well Child Clinic, Children's Development Project, Pre-Natal Clinic, Dental Clinic, Hill Center, EEG, and etc.

When Child Protective Services workers or police officers bring the child to an outpatient service, they may only want an evaluation to document evidence of physical abuse. Children who have been abandoned, left unsupervised, or live in other adverse environments, may also be brought in for a physical check-up. In some cases where the home is unsafe, Child Protective Services will take the child to a foster home after medical evaluation is completed.

b. Emergency Department.

When a parent or guardian brings a child with suspected abuse or neglect to the Emergency Department, the child usually should be hospitalized so that he/she will be in a protective environment until a definitive diagnosis can be established or ruled out. The extent of the injury is not relevant to this requirement. The reason given to the parents for the hospitalization can be that "further studies are needed". In the Emergency Department, it is often not helpful to mention the possibility of child abuse/neglect. Keep incriminating questions to a minimum.

c. Post Admission

Once the child is safely admitted to Pediatrics, the parents should be fully informed regarding the possible diagnosis of child abuse/neglect and the need for full evaluation. If the parents refuse hispitalization a "police hold" can be obtained by the Administrator On-Call. The police hold is rarely needed and should not be a routine procedure.

d. When Not to Protectively Hospitalize

The case can be safely evaluated without hospitalization in some instances such as where Child Protective Services (CPS) is already involved, or where the alleged offenders can no longer have ready access to the child (e.g., a boyfriend who is in jail or a babysitter who is not longer employed). Serious homocidal threats (e.g., "If I have to spend another minute with that child, something bad is going to happen.....") also requires admission and pediatric consultation.

4. Elicit a detailed history of the injury.

A complete history should be obtained by one physician as to how the injury allegedly happened. The history should elicit the informant, date, exact time, place, sequence or events, people present, time lag before medical attention sought, etc. The parents can be pressed for exact details when necessary. No other professional should have to repeat this detailed probing interview. If the parents are not present, the physcian can request that the person who brought the child to the hospital (e.g. police officer or Child Protective Services worker) also bring the parents to the hospital for the interview. It is also important for the physician to talk directly with the parents so that this history is not looked upon as heresay evidence (second-hand information) in court. If the child is old enough to have a complete history (usually over age six (6)), the parents may not have to be brought in. In this instance, the child should be seen alone. If two caretakers or parents are present, it is usually advisable to have them interviewed separately so that any discrepancy in the history can be elucidated at that time.

5. Perform a thorough physical exam. (Refer to Appendix I, "Differential Diagnosis of Child Abuse".)

All bruises should be listed by site and recorded by their size, shape, and color. If they resemble strap marks, grab marks, slap marks, bite marks, loop marks, tie marks, choke marks, cigaretteburns, the outline of a blunt instrument, or any other identifiable object, this should be recorded. Special attention should be paid to the retina, eardrums, oral cavity, and the genitals for signs of physical trauma. All bones should be palpated for tenderness and joints tested for full range of motion. The height and weight of the child should be plotted. If the child appears malnourished, arrangements should be made for a follow-up evaulation.

6. Order radiologic survey of bones (including hands and feet), a lateral thoracic and lumbar vertebrae and AP and lateral skull and cervical spine.

7. Order a bleeding disorder screen on selected cases.

If there are bruises and the parents deny inflicting them or claim the child has "easy bruising", a bleeding disorder screen (platelet count, bleeding time, partial thromboplastin time, and prothrombin time) should be ordered.

8. Complete a report on the suspected child abuse case.

It is the policy of Mid-Maine Medical Center that episodes of suspected child abuse/neglect require an in-house multidisciplinary (medical, nursing, social work) approach. The Social Work Department should be contacted as soon as possible so that a Social Worker may participate in the assessment of the situation and provide information about psycho-social factors. When involved in the assessment, the MMMC Social Worker will assume responsibility for making the appropriate immediate telephone reprot and written reports within 48 hours on behalf of the Hospital to the Maine State Department of Human Services, Child Protective Services. The MMMC Social Worker can also provide ongoing assistance to the physician and to the family in coordinating appropriate follow-up plans. If the MMMC Social Worker is not involved the physician assumes all responsibility for making the State required report.

As long as the medical record of the in-patient unit, clinic, Emergency or Out-Patient Department visit contains the following data, the official typed medical report (required to be filed within 48 hours) can be extracted from it. After completing your chart notes, give the chart to the MMMC Social Worker.

To prepare an adequate report, chart notes must include:

a. History

(1) Date and time the child abuse/neglect patient was brought into the clinical care area.

(2) Name or names of persons who accompanied the patient and of professionals who attended/cared for patient.

(3) Informant (parent, child, or both).

(4) Date, time, and place of the abuse incident.

(5) How the abuse occurred.

(6) Who allegedly abused the child.

(7) Any history of past abuse.

b. Physical Exam (description of the injury or injuries)

(1) List the injuries by site (e.g. head, arms, legs, back, buttocks, chest, abdomen, genitalia).

(2) Describe each injury by size, shape, color, etc.

(3) If the injury identifies the object that caused it, always say so (e.g., sharp mark, cigarett burn.)

(4) Use nontechnical terms like "cheek" instead of "zygoma",

Child Abuse/Neglect

Guideline C

ROLE OF SOCIAL WORK DEPARTMENT IN SUSPECTED CHILD ABUSE/NEGLECT CASES.

1. Identification:

   a. Social Services Department staff will respond immediately whenever a case of suspected child abuse/neglect is brought to attention — whether by case finding or referral. After working hours, the Social Worker On-Call will come in whenever notified.

2. Assessment:

   a. Consult with attending physician and obtain any available information from attending physician, nursing, or other staff.

   b. Ascertain what, if any, action has already been taken, when, and by whom. For example, are the police involved; has the Administrator On-Call been notified; and, has the Department of Human Services been called?

   c. An effort will be made to keep to a minimum for child, family, or caretaker unnecessary repetition of the incident or problem, but the Social Worker should talk with the family and child to obtain relevant history and to complete the psychosocial assessment.

      (1) While seeing child and family to obtain assessment, the Social Worker's goal is to establish a relationship based on concern and helpfulness with the purpose of encouraging family to utilize available services.

      (2) The Social Worker should be open and honest about his/her role and the purpose of the interview. Whenever possible, the parents or caretaker should be told if a report to Child Protective Services is necessary, and this should be presented in a light of obtaining needed help and support for the family. If possible, an Authorization to Release Information should be obtained, as with any other referral, although it is not necessary to make the report.

      (3) The Social Worker should not play inquisitor or be judgmental. It is not as important to find out "who did what" as it is to use the incident as an entree into forming a therapeutic alliance and providing comprehensive services for the family.

      (4) Needed information:

         (a) Family composition

         (b) Significant events, stresses, or crises

         (c) Child development history and parental response to developmental stages

         (d) Observations re: appropriateness of family members' behavior and reactions

e. Evaluation of continued risk

f. Agencies or support networks involved with the child.

3. Plan:

a. Interdisciplinary work is crucial to the identification, assessment and ongoing treatment plans. The Social Worker should work closely with all other members of the hospital team, and is responsible for contacting and coordinating the work of appropriate outside agencies and services with the family and with other members of the team.

b. Short-term plans.

(1) Assessment reveals no suspected child abuse or neglect.

(a) Arrange for any other appropriate and needed services.

(b) Or, no further action required.

(2) Assessment reveals "reasonable"suspicion of child abuse/neglect.

(a) Determine whether child should be admitted to the Medical Center for immediate protection.

(b) Notify Administrator On-Call of findings and of intention to report to Child Protective Services.

(c) Contact Child Protective Services.

(d) Work on plans to protect other children as appropriate.

(e) If problems occur in obtaining the necessary information or if problems are expected in obtaining family cooperation, help should be sought from the Administrator On-Call. The Administrator On-Call should be asked to contact the police if a "police hold" of up to six (6) hours is necessary to prevent the parents from removing the child at risk from the Medical Center. This will be needed only rarely. The Administrator On-Call should also be contacted if any legal problems arise. If it is felt that the family may be uncooperative, the Social Worker should request that the Administrator On-Call notify the police of the potential problem and possible need for a police hold.

(f) When MMMC is filing the report with the Department of Human Services, the same procedure is to be followed whether or not the child is actually admitted to the hospital. MMMC's responsibility begins when the child's situation becomes known to MMMC regardless of the status (i.e., in-patient, out-patient, etc.)

(g) The Social Worker shall work with the physician and Administrator On-Call to determine final disposition including whether or not to release the child from MMMC and to whom, including documentation of this.

c. Long-term plans:

(1) If Child Protective Services (CPS) accepts the referral feedback

is needed to determine what ongoing services, if any, are needed from MMMC, and to be prepared for further admissions.

4. Documentation:

a. Concise and objective notes should be made in the social work notes in the medical record on the presenting problem, psychosocial assessment, plan, and action taken, and include:

(1) Symptoms that cause suspicion of child abuse and neglect.

(2) History and psychosocial assessment.

(3) Dates of referral to Social Work Services, of interviews with Child Protective Services, and other appropriate contacts.

(4) Collaboration with health care team and with community agencies.

(5) Compliance with MSRA, Chapter 1071, Subchapter II on Reporting of Abuse and Neglect.

(6) Short-term and long-term plans for child and family.

(7) Follow-up from Child Protective Services re: their disposition of the report.

(8) The medical records of all suspected cases of child abuse/neglect should be appropriately flagged.

5. Follow-up.

a. The Social Worker is responsible for obtaining follow-up and case disposition information from Child Protective Services and entering it in the medical record, so that in the event of readmissions, appropriate follow-up by MMMC can be provided. Similarly, if the investigation by Child Protective Services does not bear out suspicion of child abuse/neglect, this finding should be noted in the record by the Social Worker responsible.

6. Reporting Requirements:

a. After notifying Administrator On-Call of suspected episode of child abuse/neglect, establish immediate phone contact with Child Protective Services as mandated by MSRA 1071, Subchapter II. During the day, calls should be made to the appropriate regional office. Most often that would be Augusta (1-800-452-4640 or 289-3271) or Skowhegan (1-800-452-4602 or 474-5551). After normal working hours, the report should be made to 1-800-452-1999.

b. A written report should be made within 48 hours if requested by the Department of Human Services. The report should include information about the following:

(1) Name and address of the child and persons responsible for his care or custody.

(2) The child's age and sex.

(3) The nature and extent of abuse/neglect, including a description of injuries and any explanation given for them.

(4) A description of sexual abuse or exploitation.

(5) Family composition and evidence of prior abuse/neglect of the child or his siblings.

(6) The source of the report, the person making the report, his occupation, and where he can be contacted.

(7) The actions taken by the reporting source, including a description of photographs or x-rays taken.

(8) Any other information that the person making the report believes may be helpful.

(9) Any copies of medical record information are released.

c. The written report shall be signed by both the Social Worker and the Administrator On-Call. Copies of all reports should be sent to the President of MMMC and to the Director of Social Work ~~Services~~, as well as the patient's chart.

7. Requests to Testify:

a. The Social Worker should discuss all child abuse and neglect cases in full with his/her supervisor. All requests to testify, subpoenas, etc., should be reported immediately to the Director of Social Work through the medical information department. No one else should copy medical recoreds for CPS.

(5) Use inches instead of centimeters, where possible.

NOTE: A diagram of the body's surfaces is helpful, but it is not as important as the verbal description of the same.

c. Lab tests -- x-rays, bleeding tests, etc.

d. Conclusion -- Concluding statement on reasons why this represents an abuse/neglect case.

NOTE: Whenever possible, efforts should be made to take or cause to be taken, color photographs in duplicate of any area of trauma visible on the child. The parent's or custodian's consent to the taking of photographs is not required by law. A poloroid camera is available for this purpose in the Emergency Department. Also, the Director of the Learning Resource Center, Media Services may be contacted for assistance.

9. Provide follow-up appointments

A physically abused child who is not placed in a foster home needs close follow-up of his/her physical condition. The first appointment is usually made at a one to two week interval. If the child has a primary physician the child should be reappointed to that physician; otherwise, return him/her to the pediatrician on-call for follow-up.

10. Role of Child Protective Services

A report to the MCMC Social Work Department or Child Protective Services is not an accusation and does not require clinical confirmation of suspicion. Rather, the report should be looked upon as a request for further investigation and counseling by professionals who have a broad range of experience in differentiating and dealing with these kinds of problems.

11. Sexual abuse of children

a. General guidelines

The same procedure as delineated above for multidisciplinary assessment of child abuse/neglect including treatment planning and reporting should be followed. Additional guidance in conducting the physical examination and treatment for sexually abused children may be obtained from appendix VI.

b. Diagnostic indicators

(1) Strong evidence:

- Gonococcal infections: urethritis, pharyngitis, arthritis, conjunctivitis
- Trichomonas infection
- Veneral warts
- Syphilis
- Sperm or acid phosphatase present on body or clothes of victim
- Pregnancy

(2) Probable evidence:

. Vaginal or anal laceration
. Perineal bruises or abrasions

(3) Possible evidence:
. Monilial vaginitis
. Haemophilus vaginitis
. Hematuria (secondary to trauma)

12. SIDS

One must be aware of SIDS (Sudden Infant Death Syndrome) as a real possibility whenever an infant less than one year of age is brought in DOA. The health professional should be supportive of the parents rather than accusatory. A mandatory autopsy will usually clarify whether the death was related to abuse or SIDS.

Child Abuse/Neglect

Guideline D

ROLE OF THE ADMINISTRATOR ON-CALL IN SUSPECTED CHILD ABUSE/NEGLECT CASES.

The Administrator On-Call will:

1. Receive the Social Worker's verbal report of suspected child abuse/neglect;
2. notify the President at the earliest time thereafter; and
3. cosign the written report to Child Protective Services.
4. In the event of a need to arrange for emergency protection of the child, the Administrator On-Call (AOC) will assist the other principals in the necessary arrangements for admission, notifying the police, obtaining legal consultation, or taking other appropriate actions. The Social Worker will advise the AOC as to the childs needs and resources needed.

Guideline E

Policy No. [illegible]-2

ROLE OF THE MEDICAL INFORMATION SERVICES DEPARTMENT IN SUSPECTED CASES OF CHILD ABUSE/NEGLECT.

1. When requested, Medical Information Services will seek out all prior information pertaining to the patient.

2. For Out-Patient or Emergency Department patients suspected of being victims of child abuse/neglect, Social Work will request that Medical Information Services establish a unit record number if no previous record exists. The record number should be entered in the upper right hand corner of the Emergency Department (ED) record or Out-Patient (OPD) record. Once requested to provide a unit record number, Medical Information Services will create a unit record for that patient and will file the ED and OPD records in it.

3. Medical Information Services will flag the outside of the patient's chart at the request of Social Work Whenever that patient is readmitted, Medical Information Services will notify Social Services.

4. When a report of child abuse/neglect is made by MMMC to Child Protective Services, pertinent copies of medical records, lab and x-ray reports, or photographs may be sent to Child Protective Services without parental consent.

5. If Child Protective Services requests information regarding a patient about whom MMMC has not made a report, the usual procedures for releasing confidential information shall be followed. Refer to MMMC policies No. 110-1 and No. 110-9.

6. Recognizing that "suspicion of child abuse or neglect" does not necessarily mean that abuse/neglect actually is occuring, it is essential for all staff involved with the family to treat any information with special respect for the family's privacy and confidentiality. Information or suspicion should not be shared with any agency other than Child Protective Services.

7. When reports of suspicion are proved by Child Protective Services to be negative, a notice to this effect will be placed by the Social Services Department in the patient's record and flags expunged from outside of the record.

8. All medical record information is released to Child Protective Services only by medical information department.

VI. CHILD PHYSICAL ABUSE AND NEGLECT

POST-TRAINING EXAMINATION

(SUGGESTED SAMPLE)

CHILD PHYSICAL ABUSE AND NEGLECT

POST-TRAINING EXAMINATION

DIRECTIONS: Circle the correct answer.

INTRODUCTION AND OVERVIEW

1. A possible effect of child abuse could be:

   a. a healthy appetite
   b. honor roll grades
   c. negative agressive or hyperactive behavior

2. It is difficult to estimate how many children die as a result of child physical abuse in the United States because:

   a. so few children die as a result of physical abuse
   b. states are not mandated to report child physical abuse related deaths to any federal authority
   c. medical examiners do not have the expertise to determine cause of death in a child

3. Abusive parents are:

   a. alcoholic
   b. high school dropouts
   c. difficult to characterize

DEVELOPMENTAL CRISIS THEORY

1. Some practitioners use the term "Special Child Syndrome" to mean:

   a. retarded children
   b. infants only
   c. targeted children within the home

2. Child physical abuse may occur during a stressful period in the caretaker's life.

   a. true
   b. false

3. Alcohol usage by an abusive caretaker usually:

   a. decreases the violence
   b. increases the violence
   c. has no bearing on the violence

FORMS OF CHILD PHYSICAL ABUSE AND NEGLECT

1. Physical neglect may include:

   a. adequate clothing
   b. a physical bruise
   c. failure to provide medical care

2. A physical indicator of neglect may include:

   a. poor hygiene
   b. new clothes
   c. polished shoes

3. Emotional neglect may cause long-term emotional problems to a child victim.

   a. true
   b. false

CRISIS INTERVENTION

1. Adolescent abuse victims may need several meetings to learn to trust the interviewer.

   a. true
   b. false

2. When interviewing children remember to:

   a. establish an alliance with the child
   b. wear your full dress uniform
   c. bring cookies

3. One purpose of interviewing in child physical abuse and neglect cases is to:

   a. determine whether physical abuse occurred
   b. to inflict physical abuse
   c. to fill out a hospital report

INVESTIGATIVE STRATEGIES

1. The severity of a child's injury should be disregarded by the law enforcement officer.

   a. true
   b. false

2. Confession by an abusive caretaker is sufficient grounds for arrest.

   a. true
   b. false

3. Sudden Infant Death Syndrome is the result of child physical abuse:

   a. true
   b. false

CHILD VICTIM SERVICES AND THE LAW

1. A child abuse matter may proceed through criminal and civil court at the same time.

   a. true
   b. false

2. A possible child physical abuse and neglect court defense related to substance abuse is:

   a. negotiation of intent by abuser
   b. faulty proof of substance abuse
   c. substance abuse is unrelated to the offense

3. Child protection orders are:

   a. a full body x-ray
   b. motions by defense attorneys
   c. often used by judges to place children outside the home pending a child physical abuse investigation

CHILD WELFARE SERVICES

1. The role of a social worker/protective service worker is:

   a. to assess and provide treatment
   b. to arrest
   c. to obtain new clothes for the child

2. When making a community referral the law enforcement officer should:

   a. call the parents
   b. call the Governor
   c. bring the victim to the referral agency

CHILD PHYSICAL ABUSE AND NEGLECT

PRE-TRAINING EXAMINATION ANSWER KEY

V. APPENDIX

INSTRUCTIONAL DEVELOPMENT

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INSTRUCTIONAL DEVELOPMENT

LESSON PLAN WORKSHEET

LESSON TITLE: Defining Training Needs

FUNCTIONAL AREA: This section will introduce the participant to the process of defining training needs and the Systems Approach to training.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Discuss, verbally or in writing, the steps in a dynamic training system.
2. Define, verbally or in writing, a training need in terms of actual or desired attributes.
3. Define the following terms:
   a. actual attributes
   b. desired attributes
   c. pretest
   d. prerequisite
4. List and briefly describe three methods of determining training needs, using a victim assistance training case.

TOPICS:

I. INTRODUCTION

II. A Systems Approach to Training

   A. Defining training needs is the first step in the training process. However, before a discussion of training needs can be accomplished, the "systems approach" must be defined.

   B. Training Needs

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C. Methods of Determining Training Needs

METHODS:

- Lecture
- Small Group Exercise to define training needs within the local department in the areas of victim assistance.

RESOURCE MATERIALS:

- Lesson Plan
- Handouts
- Blackboard/Easel

TIME REQUIREMENTS:

- Three Hours

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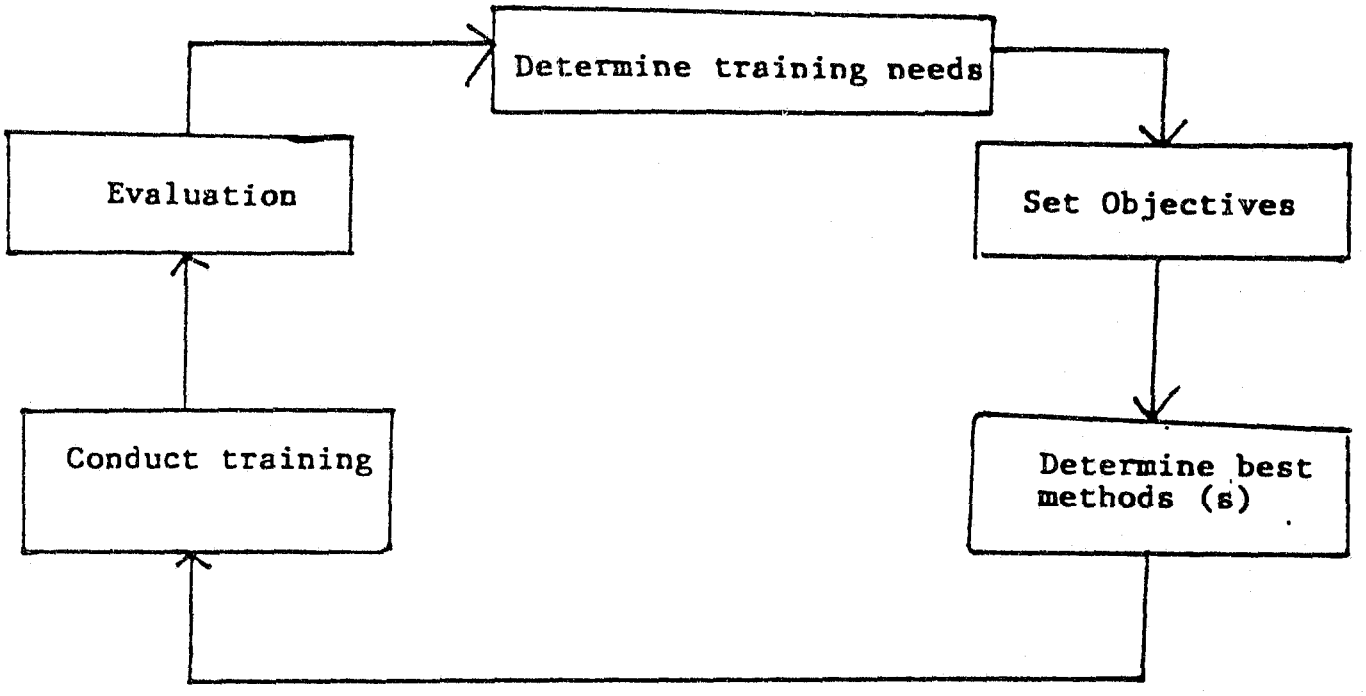
HANDOUT #1
APPENDIX

DYNAMIC TRAINING MODEL



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HANDOUT #2
APPENDIX

NEED ( ) Difference between ACTUAL and DESIRED attributes

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INSTRUCTIONAL DEVELOPMENT

LESSON PLAN WORKSHEET

LESSON TITLE: Writing Instructional Objectives

FUNCTIONAL AREA: This section will introduce the participant to the principles of writing instructional objectives. It will provide practicum experience in writing objectives.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Discuss, verbally or in writing, the two major components of the instructor's mission.
2. Identify and mark overt performance and a covert performance description whenever given a performance word.
3. Write an indicator behavior for any given covert performance.
4. Write the training objectives for a course segment (participant's choice of subject matter) in terms of specific , measurable behavior. The objectives will include the identification of the performance, the conditions under which the performance is to occur and the criterion or acceptable level of performance.
5. List, verbally or in writing, three of six problem area in the writing of instructional objectives and give an example of each.

TOPICS:

I. Instruction: A Purpose Process

II. Instructional Objectives

III. Performance Description

IV. Performance Conditions

V. Performance Criteria

VI. Objective Writing: Summary

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METHODS:

- Lecture
- Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Handouts
- Blackboard/Easel

TIME REQUIREMENTS:

- Thirty Minutes

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HANDOUT #1
APPENDIX

DOING TERMS FOR INSTRUCTIONAL OBJECTIVES

add
adjust
blend
build
calculate
change
choose
cite
compute
decide
defend
define
defend
define
eliminate
evaluate
extract
fabricate
fill-out
final
generalize
generate
identify
illustrate
inject
isolate
judge
label
lead
make
march
measure
name
observe
operate
perform
quote
select
transcribe
type
weld
wind
write

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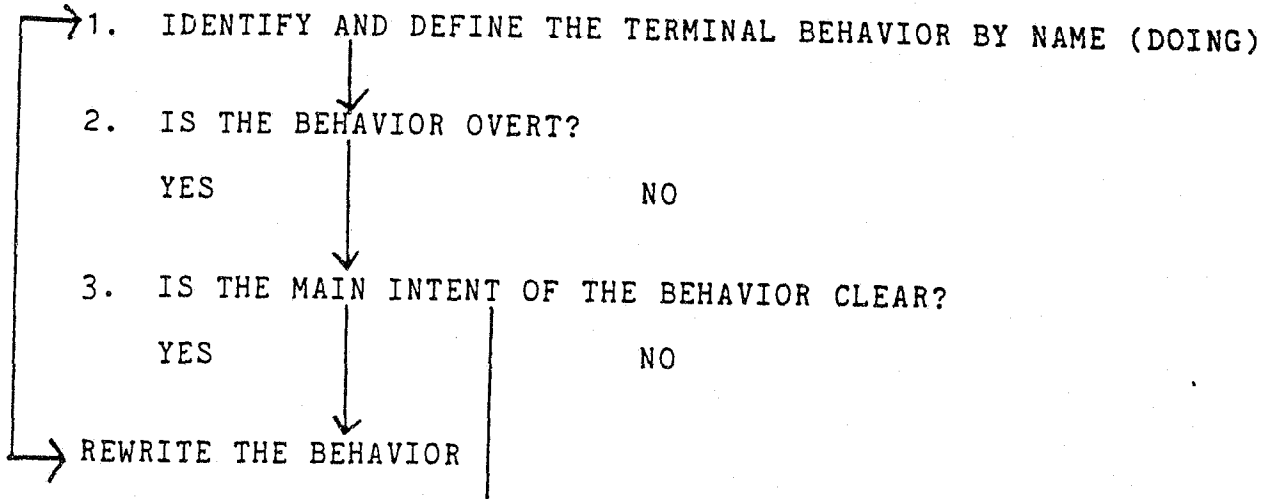
HANDOUT #2
APPENDIX

INSTRUCTIONAL OBJECTIVE WRITING

FOR EACH TRAINING NEED:



THIS PROCESS CONTINUES UNTIL:

1. ALL NEEDS HAVE A CORRESPONDING OBJECTIVE
2. THE OBJECTIVES CLEARLY DEFINE THE TRAINING INTENT, MISSION AND RESULT (OUTPUT)

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INSTRUCTIONAL DEVELOPMENT

LESSON PLAN WORKSHEET

LESSON TITLE: Role of the Training Instructor

FUNCTIONAL AREA: This section will introduce participants to the role of the law enforcement trainer and victim assistance training.

PERFORMANCE OBJECTIVES: The trainee, at the completion of this module will, without reference to notes:

1. Discuss, verbally or in writing, the meaning of the instructional process in terms of initial and final attributes.
2. List, verbally or in writing, 10 tasks which the law enforcement trainer may be called upon to perform.

TOPIC:

I. Purpose of Instruction

METHODS:

- Lecture
- Discussion

RESOURCE MATERIALS:

- Lesson Plan
- Handouts
- Blackboard/Easel

TIME REQUIREMENTS:

- Thirty Minutes

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HANDOUT #1
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INPUT (ENTRY)----------PROCESS----------OUTPUT (EXIT ATTRIBUTES)

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CHILD PHYSICAL ABUSE AND NEGLECT

PRE-TRAINING EXAMINATION ANSWER KEY

INTRODUCTION AND OVERVIEW

1. a
2. false
3. c

DEVELOPMENTAL CRISIS THEORY

1. b
2. true
3. true

FORMS OF CHILD ABUSE AND NEGLECT

1. a
2. c
3. b

CRISIS INTERVENTION

1. true
2. b
3. c

INVESTIGATIVE STRATEGIES

1. b
2. false
3. b

CHILD VICTIM SERVICES AND THE LAW

1. true
2. false
3. c

CHILD WELFARE SERVICES

1. a
2. c

CHILD PHYSICAL ABUSE AND NEGLECT

SPECIALIZED/INVESTIGATOR

OR

RECRUIT/FIRST RESPONDER

POST-TRAINING EXAMINATION ANSWER KEY

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CHILD PHYSICAL ABUSE AND NEGLECT

POST-TRAINING EXAMINATION ANSWER KEY

INTRODUCTION AND OVERVIEW

1. c
2. b
3. c

DEVELOPMENTAL CRISIS THEORY

1. c
2. true
3. b

FORMS OF CHILD ABUSE AND NEGLECT

1. c
2. a
3. true

CRISIS INTERVENTION

1. true
2. a
3. a

INVESTIGATIVE STRATEGIES

1. false
2. true
3. false

CHILD WELFARE SERVICES

1. a
2. c

CHILD VICTIM SERVICES AND THE LAW

1. True
2. a
3. c