

SAFETY KID®

SCHOOL STAFF WORKSHOP

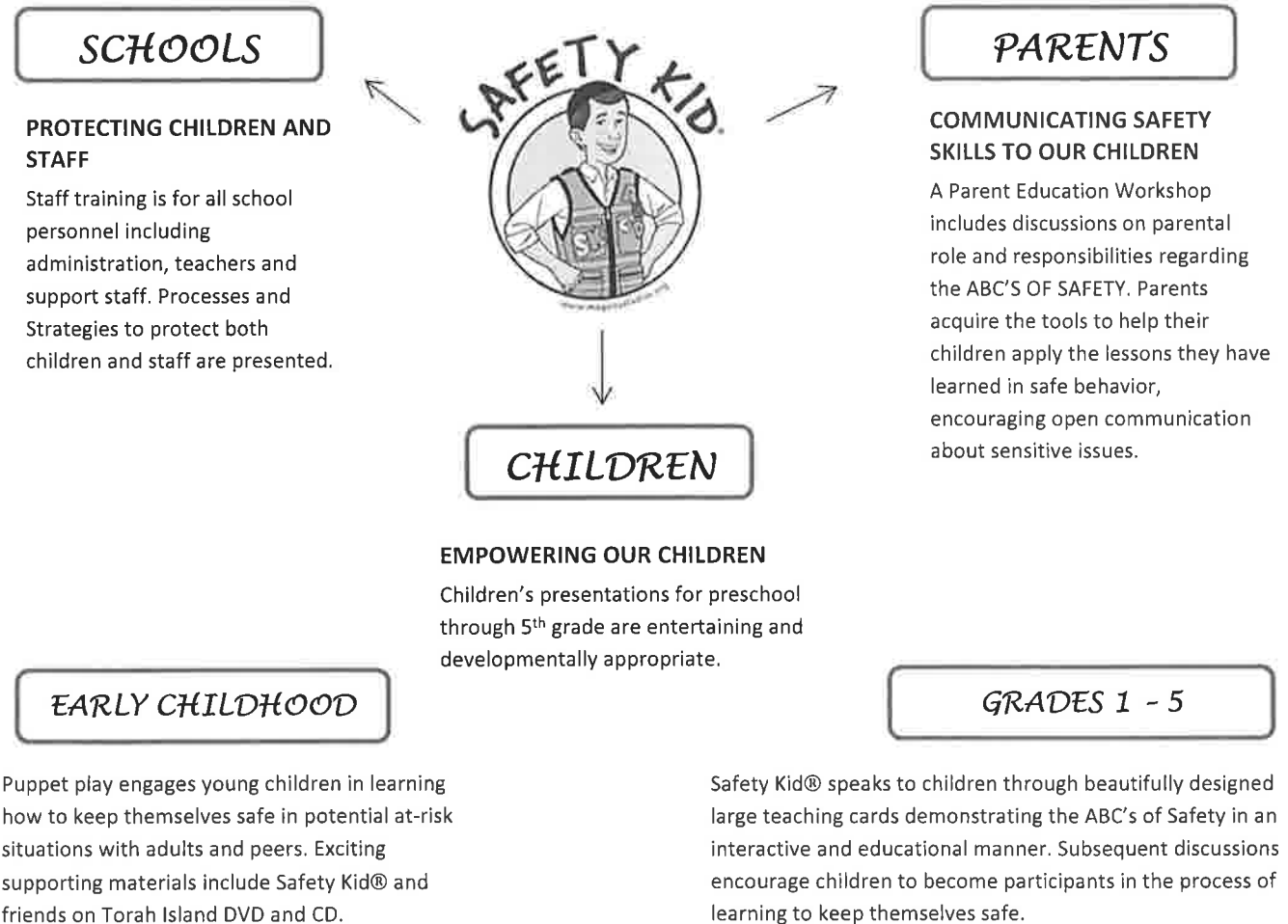


For Florida Schools



Safety Kid® PROGRAM DESCRIPTION

The **Safety Kid®** model creates a unique partnership between schools, parents and children to establish a secure environment for a child's physical and emotional well-being through the **ABC's of Safety: Ask for Help, Bring a Friend, Check First, and Do Tell.**



Did You Know?

- ☑ More than 30,000 children, their parents and teachers trained since 2006!
- ☑ The Safety Kid® Program has been endorsed by Torah Umesorah & Mercaz Hachinuch
- ☑ Safety Kid® Program in schools in Far Rockaway, Queens, Crown Heights, Brooklyn, Toronto, Los Angeles, Chicago, New Jersey, Cleveland, Waterbury, Denver, Seattle, Pittsburgh, Baltimore

BRING SAFETY KID® TO YOUR SCHOOL!

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Reporting Child Abuse: Responsibilities, Legalities and Practical Tools for Educators



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I. REPORTING: LEGAL ISSUES

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Who Are Mandated Reporters:

Child abuse and neglect are defined by Federal and State laws. The Child Abuse Prevention and Treatment Act (CAPTA) is the Federal legislation that provides minimum standards that states must incorporate in their statutory definitions of child abuse and neglect. Visit http://www.childwelfare.gov/systemwide/laws_policies/state/ for more information. For Florida specific information on reporting guidelines and laws, please visit: <http://www.dcf.state.fl.us/programs/abuse/>. A guide for mandated reporters in Florida can be found at: <http://www.dcf.state.fl.us/programs/abuse/publications/mandatedreporters.pdf>

Definition: Child abuse is defined as the severe mistreatment of a child

- **Physical Abuse:** any non-accidental physical injury to the child and can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.
- **Emotional Abuse:** injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition, or as evidenced by anxiety, depression, withdrawal, or aggressive behavior.
- **Sexual Abuse:** the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct.
- **Neglect:** deprivation or withholding of adequate food, clothing, shelter, medical care or medical treatment including mental health, or supervision.

Reportable Situations:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect Situations
- Child exploitation, child pornography and child prostitution
- Extreme corporal punishment resulting in injury
- Willful cruelty or unjustifiable punishment

Who Reports: The following individuals are legally mandated reporters:

- Child caretakers/teachers/principals
- Health practitioners
- All school personnel

To Whom Do You Report: Report to the Florida Abuse Hotline from the Florida Department of Children and Families at **1-800-96-ABUSE (22873)**. Reports can also be made via TDD: 1-800-453-5145, Fax: 1-800-914-0004 or online at <http://www.dcf.state.fl.us>. In an emergency, i.e. a situation in which a child appears to face immediate risk of abuse/neglect that is likely to result in death or serious harm (without intervention), you need to FIRST, call 911; SECOND, contact the Florida Abuse Hotline at 1-800-962-2873. DO NOT fax or submit a web report in cases of an emergency.

When to Report: A report should be made when you know or have reasonable cause to suspect that a child has been abused, abandoned, neglected, or exploited. Contact the Florida Abuse hotline and speak to the Abuse Hotline Counselor who will determine if the information provided meets legal requirements to accept a report for investigation. When faxing a report use the Florida Abuse Hotline Fax Transmittal Form which can be downloaded from <http://www.dcf.state.fl.us/programs/abuse/docs/faxreport.pdf>.

Individual Responsibility: Any individual who is named in the reporting law must report abuse. If the individual confers with a supervisor and a decision is made that the superior file the report; one report is sufficient. However, if the supervisor disagrees, the individual with the original suspicion must report.

Anonymous Reporting: Mandated reporters are required to give their name. Non-mandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporters name confidential unless court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability: Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this third degree felony is up to 5 years imprisonment, a fine of up to \$5,000 or both. Mandated reporters can also be civilly liable for failure to report. For more information visit <http://www.flsenate.gov/Laws/Statutes/2011/39.205>. In addition, the penalties for Florida educational institutions whose personnel fail to report certain child abuse taking place on their campus or during an institution function is a fine up to \$1 million.

Notification Regarding Abuse: You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parent know you are reporting to preserve a future relationship.

II. SIGNS AND SYMPTOMS OF ABUSE

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Signs and Symptoms of Abuse:

On the following pages is a list of signs indicating possible child abuse. They are provided as warning signals and should cause a mandated reporter to look further into the situation. It must be emphasized that bad or poor parenting is not against the law; only when it reaches a level where the child is endangered does it become child abuse.

Children will rarely report being abused. However, when they do tell of events that are abusive, encourage them to provide further explanation. It is also rare for a child to lie about such events. In the majority of cases, the child knows the abuser and has an emotionally charged and often strong attachment to the abuser. This is especially so when the abuser is a parent. Abused children tend to be extremely loyal to their parents, often demonstrating a surprising dependency upon them, given the abusive situation. They may try to adapt and comply in order to please their parents and may serve as caretakers to their parents in order to avoid further abuse or rejection. Consequently, it is necessary that adults observe children's behavior and listen to them with great care.

There are four basic areas in which abuse may be revealed:

- Physical indicators in the child
- Behavioral indicators displayed by the child
- Environmental problems
- Parental clues

No individual symptom necessarily indicates child abuse. However, the more signs present in any situation the greater the risk of abuse and the more the institution or agency should look further into the child's safety. Also, many of the signs are symptoms of other emotional difficulties in childhood. When they are observed, those responsible for the health and welfare of children should look further into the child's situation, even if abuse does not turn out to be the issue.

PHYSICAL AND BEHAVIORAL SIGNS OF ABUSE

Physical Indicators	Behavioral Indicators
Physical Abuse	
<p>Inconsistent, improbably or unexplained bruises and welts:</p> <ul style="list-style-type: none"> • on face, lips, mouth or on torso, back, buttocks, thighs • in various stages of healing • clustered, forming regular patterns • reflecting shape of article used to inflict (electric cord, belt buckle) • on several different surface areas • regularly appear after absence, weekend or vacation • human bite marks •black eyes •bald spots <p>Inconsistent, improbably or unexplained burns:</p> <ul style="list-style-type: none"> • cigar, cigarette burns, especially on soles, palms, back or buttocks • immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) • patterned like an electric burner, iron, etc. • rope burns on arms, leg, neck or torso <p>Inconsistent, improbable or unexplained fractures:</p> <ul style="list-style-type: none"> • to skull, nose, facial structures, or multiple or spiral fractures • in various stages of healing 	<ul style="list-style-type: none"> • Wary of adult contacts • Apprehensive when other children cry • Consistent or repetitive hostile or aggressive behavior toward others • Consistently verbally abusive • Repeated out of control behavior • Unusually dependent or "clingy" with adults • Extreme fear of others • Repeatedly destructive (breaks windows, sets fires) • Afraid to go home • Reports injury by parents • Destructive to self and others • Early to school or stays late (as if afraid to go home) • Accident prone • Chronic runaway
Physical Neglect	
<ul style="list-style-type: none"> • Consistent hunger, malnutrition, hygiene • Inappropriate dress for weather • Failure to gain height, emaciated • Consistent lack of supervision, (especially in dangerous activities or for long periods of time) • Unattended physical problems, medical problems • Abandonment • Untreated lice, distended stomach • Dirty or unkempt, offensive body odor or other needs 	<ul style="list-style-type: none"> • Begging or stealing food • Constant fatigue, exhausted • States there is no caretaker at home • Frequent school absence or tardiness • Destructive, Pugnacious • School dropout (adolescent) • Abuses alcohol and/or drugs • Seems depressed or passive • Isolative
Molestation and Sexual Abuse	
<ul style="list-style-type: none"> • Difficulty in walking or sitting • Complains of lower abdominal pain • Torn, stained or bloody underclothing • Pain when urinating • Frequent unexplained sore throats • Frequent urinary or yeast infections 	<ul style="list-style-type: none"> • Unwilling to participate in physical activities • Reluctant to change clothes in front of others • Exhibits unusual sexual behavior or knowledge beyond developmental stage • Either avoids or seeks out special relationships with adults • Sudden drop in school performance • Crying with no provocation • Anorexia (especially adolescents) • Sexually provocative • Self-destructive • Fear of or seductiveness towards males • Suicide attempts (especially adolescents) • Chronic runaways

Emotional Abuse

- Speech disorders
- Lags in physical development
- Failure to thrive
- Asthma, severe allergies or ulcers
- Substance abuse
- Habit disorders (sucking, biting or rocking)
- Behavioral extremes:
 - compliant, passive-aggressive, demanding
- Overly adaptive behaviors:
 - inappropriately aggressive, demanding
- Developmental lags (mental, emotional)
- Delinquent behavior (especially adolescents)
- Bed wetting
- Conduct disorders (antisocial, destructive)
- Neurotic traits (sleep disorders, inhibition of play)
- Lacks self-esteem; puts self-down constantly

Parental Clues of Distress and Dysfunction

- Parent is unable/unwilling to meet child's basic needs and provide a safe environment.
- Parent describes homicidal thoughts/feelings toward child.
- Parent describes use of objects (belts, whips, clothes hanger) to discipline the child.
- Parent is unable to describe positive characteristics of child.
- Parent has unrealistic expectation of child (e.g. expecting a 6-month-old to be toilet trained).
- Parent uses "out of control" discipline.
- Parent is unduly harsh and rigid about childrearing.
- Parent singles out one child as "bad", "evil", or "beyond control".
- Parent berates, humiliates or belittles child constantly.
- Parent turns to child to meet parent's own needs.
- Parent is impulsive, unable to use internal controls.
- Parent cannot see child realistically, attributes badness to child or misinterprets child's normal behavior (e.g. a parent takes an infant's crying as a sign that the child hates the parent).
- Parent is indifferent to child.

Home Environmental Problems

- Hazardous living conditions (broken windows, faulty electrical fixtures, etc.).
- Health risks (presence of rats, feces, no running water, no heat) or unsanitary conditions.
- Extreme dirt or filth affecting health.



III. HANDLING DISCLOSURES

HANDLING DISCLOSURES

Children may disclose sexual abuse in a variety of ways. They may come in private to talk directly and specifically about what is going on. Unfortunately, this is one of the less common ways for children to disclose.

More common ways include:

- **Indirect hints:**

e.g. "My brother wouldn't let me sleep last night", "My Rabbi wears funny underwear", "My morah gives me a lollypop when I bend down", "Daddy's trying to poison me", or "My babysitter keeps bothering me at night". Children may talk in these terms because they haven't learned more specific vocabulary, feel too ashamed or embarrassed to talk more directly, have promised not to tell or for a combination of these reasons. Gently encourage children to be more specific within the limits of their vocabulary but bear in mind that in order to make a report, you do not need to know exactly what form of abuse has taken place.

- **Disguised disclosure:**

e.g. "I know someone who is being touched in a bad way", "What would happen if a girl told her mother she was being molested but her mother didn't believe her?" Here, children might be talking about a friend or sibling but are just as likely to be talking about themselves. Encourage them to tell you what they know about the "other child". It is probable that children will eventually tell you who they are talking about.

- **Disclosure with strings attached:**

e.g. "I have a problem but if I tell you about it, you promise not to tell anyone else", Most children are all too aware that some negative consequences will result if they break the secret of abuse; often the offender uses the threat of these consequences to force the child to remain silent. Let children know you want to help them and that the law requires you to make a report if any child discloses abuse; just as the molestation itself is against the law so too would it be against the law for you not to report. Assure the children you will respect their need for confidentiality by not discussing the abuse with anyone other than those directly involved in the legal process that might include the school nurse or counselor, school principal and/or the state protective service investigator.

Suggestions for responding to disclosure:

- Find a private place to talk with the child.
- Do not panic or express shock.
- Express your belief that the child is telling the truth.
- Reassure the child that it is good to tell.
- Reassure the child that it is not her/his fault, that she/he is not bad.
- Determine the child's immediate need for safety.
- Let the child know that you will do your best to protect and support her/him.
- Let the child know what you will do.
- Work with School administration to determine reporting responsibilities.

Providing Ongoing Response:

Ways to respond to the abused child that will help build the child's self-esteem and sense of safety and security:

- Refrain from touching a child who has been sexually abused. For these children, all touch may mean sexual touch. A non-intrusive touch such as an arm around the shoulder should be given only with caution and the child's permission. The caution has to do with whom you are doing it for. If the touch is for you, don't do it!
- Do not tolerate inappropriate behavior. If a child is acting out sexually with other children, respond to the behavior as you would with any inappropriate behavior. Assure the child that you like her/him but what she/he is doing is not okay. The same would be true for other inappropriate touching. For excessive masturbatory behavior, you would add that school is not the appropriate place to touch him/herself. Teach and model appropriate behavior. Do not allow the child to climb all over you. You can sit the child on a chair next to your chair (or near you on the floor) and be very close together. Sometimes it is appropriate to refuse touches in a gentle, assertive way.

Creating An Environment To Hear A Disclosure:

- **Listening:** Children are very frightened of your finding out their "secret" They often try to push you, the teacher, away. They present things to you in a matter of fact way. You need to learn to be able to create an environment that says "I see you, I care, I want to hear, I will listen carefully".
- **Asking:** Make sure that you ask in a gentle, non-threatening way. Normalize whatever they say, "This happens to other kids too, and they feel this way too". Avoid frightening words like abuse or rape. Invite them into a discussion but be careful not to prompt answers.
- **Validate:** Validate the child after they have told you their "secret". Make them feel safe.

- **Do's and Don'ts of Child Abuse Disclosure:**
 - DO NOT promise or guarantee any particular outcome, i.e. "it won't be reported, no one will know besides me, everything will be just fine".
 - DO be clear about whom you will need to tell and who does not need to know.
 - DO offer to be there with them if the child needs to talk to school personnel, Department of Children Services or Law Enforcement.
 - DO NOT use facial or verbal expressions that communicate disgust, disbelief, i.e. "Oh that is awful!"
 - DO be calm but get support immediately from your director/supervisor.
 - DO take any "Uh-Oh" or "Red Flag" feeling to your principal or Rabbi. Discuss any rumors or concerns with supervisor.
 - Remember – a child is never at fault!

IT IS NOT YOUR JOB TO BE AN INVESTIGATOR OR JUDGE.

HOWEVER, AWARENESS, SUSPICION AND CONCERN ABOUT ABUSE ARE A PRO-ACTIVE WAY TO CREATE A SAFE ENVIRONMENT FOR THE CHILD!