

# **Recognizing and Reporting Child Abuse and Neglect:**

## ***A Training Curriculum For Adults Working With Children***

**Written by**

**Carol Neal Rossi Edited by Becky Wrisley**

**2020 edits By Dr. John A. Pendergrass**

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A Training Curriculum for Adults Working with Children**

**Table of Contents**

<b>Forward and Introduction .....</b>	<b>3</b>
<b>Module I - Getting Started.....</b>	<b>7</b>
<b>Module II - Statistics and North Carolina Law.....</b>	<b>11</b>
<b>Module III - Child Abuse and Neglect Risk Factors.....</b>	<b>16</b>
<b>Module IV - Recognizing Physical Child Abuse.....</b>	<b>22</b>
<b>Module V - Recognizing Sexual Abuse.....</b>	<b>30</b>
<b>Module VI - Recognizing Emotional Abuse.....</b>	<b>38</b>
<b>Module VII - Recognizing Child Neglect.....</b>	<b>44</b>
<b>Module VIII - Reporting Child Abuse and Neglect.....</b>	<b>49</b>
<b>Module IX - What To Do If A Child Discloses Abuse or Neglect.....</b>	<b>60</b>
<b>Module X - The Effects of Child Abuse and Neglect.....</b>	<b>64</b>
<b>Module XI - How You Can Prevent Child Abuse and Neglect.....</b>	<b>68</b>
<b>Module XII - Administrative Issues.....</b>	<b>74</b>
<b>Module XIII - Conclusion.....</b>	<b>81</b>
<b>Module XIV - Training in Your Community.....</b>	<b>83</b>
<b>Appendices:</b>	
<b>Group Activities/ Case Studies/ Role Plays.....</b>	<b>86</b>
<b>Evaluations and Pre-Test and Post-Test Access.....</b>	<b>95</b>
<b>Extra Resource List.....</b>	<b>98</b>
<b>Facilitator Tips.....</b>	<b>99</b>
<b>Participant Bibliography.....</b>	<b>104</b>

## FORWARD

Every five minutes a child is abused or neglected in North Carolina. Prevent Child Abuse North Carolina's (PCANC) mission is to prevent child abuse and neglect in all its forms. It takes a community-wide effort to protect our children. That is why in 2003 the Catholic Diocese of Raleigh became part of this effort and has trained over 1,500 people per year in this curriculum.

In many cases, our children spend more waking hours with other adults – teachers, babysitters, coaches, etc. - than they do with their own family. Adults working with children play a critical role in our children's development. As a community, we have also come to depend on their advice and expertise. We need them to tell us when they see a child that needs further attention: when a child encounters difficulty learning, when they are sick, or when they show signs of being abused or neglected.

We have designed this training curriculum to assist adults who work with children in recognizing and reporting child abuse and neglect. The curriculum can be used on its own or in conjunction with "train the trainer" workshops provided through the Diocese of Raleigh Office of Child and Youth Protection. We developed this publication in response to numerous requests for training in schools, after-school programs, houses of worship and other settings where children are cared for across the state. Please feel free to photocopy these materials and pass them on to other adults working with children or tell them to call 1-800-CHILDREN if they need assistance or further resources. Churches and organizations in the Diocese of Raleigh can contact 1-866-535-7233 to get assistance in keeping safe environment programs functioning at their sites. We hope that one day all adults who work with children in North Carolina will receive some level of training on how to recognize and report child abuse and neglect. The health and well-being of our children depend on it.



# INTRODUCTION

## Purpose of the Training Curriculum

Adults who work with children are invaluable as a first line of defense in protecting children and helping their families to be nurturing and safe. This course is for “adults working with children and teens”. These include:

- Educators – including school social workers, guidance counselors, teachers, administrators, and other adults.
- Adults and volunteers that run after-school programs, sports camps, Bible schools, and retreats.
- Adults that provide religious training or offer fellowship opportunities for children and youth.
- Coaches, instructors, and program directors -- adults that run intramural, arts, dance, choral and sports-oriented programs for children.
- Personnel that work in an “out of the home” environment on a consistent basis with children.

Annually, approximately 18 percent of those who reported cases of suspected abuse were educational personnel, making educators the top category of reporters in North Carolina. Abused and neglected children suffer short-term and long-term effects. They may make low grades, act aggressively towards others, have permanent injuries, participate in self-destructive behaviors, and deal with a host of mental, emotional, and physical issues. It is important to note that survivors of child abuse and neglect often name a non-related adult as the person who made a difference in their lives.

Why do adults make so few reports of child abuse and neglect? Many times, abuse goes unreported because adults may not be sure of the signs or symptoms of child abuse or neglect, or because they are not sure how to report abuse. Adults may fear what may happen after a report has been made. Some may be reluctant to report abuse or neglect because they have a close relationship with the parents and are concerned that the parents will react badly or pull the child out of their program. Talking about child abuse and neglect can be uncomfortable. It can make some people feel uneasy, uncertain, or embarrassed. It can also start a needed conversation.

This training curriculum is designed to help ease those fears and reduce the barriers to reporting suspected child abuse and neglect. It will give participants the tools to recognize and report suspected child abuse and neglect, become familiar with the North Carolina child abuse reporting law, understand what happens once a report has been made, and learn what to do if a child

discloses they have been abused. Participants will also better understand why children are abused and/or neglected and how they can help communities and families prevent child abuse.

### **Format of the Curriculum**

The curriculum is divided into modules that may be presented together or separately. This gives you greater flexibility to determine the information you want to present and the length of your training workshop. To present the Diocesan training takes at least two and a half hours. In other uses of the curriculum, one could present only certain sections or even expand the session to a longer workshop. This course was originally designed to be a workshop that was approximately 5 hours long.

Each of the modules has learning objectives, and suggested scripts. If you are not familiar with child abuse and neglect indicators and the reporting procedures, we encourage you to use the suggested scripts. Rephrase them so you are speaking in your own words and use them as a guide as you conduct your training workshop.

Also included in this curriculum are the participant handouts you will need, and the PowerPoint presentation is available on the Diocesan website (in the section for Safe Environment Trainers). You will also find instructions for group activities and role-plays that may be utilized throughout the workshop. These are suggested activities, but you are encouraged to create your own activities to meet the needs of your parish, school or organization. Resources are also included to suggested ways facilitate prayer as we ask for God's guidance and strength.

Thank you in advance for taking the steps to help protect children. By conducting this training workshop, you are making a difference in the lives of North Carolina's children and their families. You are helping create and maintain a safe environment for children and teens.

Please take the time to fill out the curriculum evaluation at the back of your training manual. Your input is important. Be sure to sign up with the Office of Child and Youth Protection ( [safe@raldioc.org](mailto:safe@raldioc.org)) as a safe environment trainer so you may be informed when requests are made for training in your local area.



Office of Child and Youth Protection  
Catholic Diocese of Raleigh

[SET.Support@raldioc.org](mailto:SET.Support@raldioc.org)

<https://dioceseofraleigh.org/child-and-youth-protection/safe-environment-team-tools>

1-866-535-07233



**Prevent Child Abuse**  
North Carolina

1-800-CHILDREN

*helpline*

919-829-8009

*telephone*

[info@preventchildabusenc.org](mailto:info@preventchildabusenc.org)

*e-mail*

[www.preventchildabusenc.org](http://www.preventchildabusenc.org)

*website*

## **MODULE I**

### **Getting Started**

#### **What You Will Need**

1. Name for each participant
2. Pre-test forms for each participant
3. Pens or pencils for each participant
4. Optional “Getting To Know You” activity taken from Appendix
5. Projector
6. Slides 1-5
7. Index Cards or blank paper or flip chart and markers ( as needed)
8. Refreshments (optional)

#### **Objectives**

1. Introduction of the facilitator and clinician (LCSW or counselor)
2. Sharing the purpose of the workshop
3. Overview of the Agenda
4. Introduction of the workshop participants
5. Completion of the Pre-Test

**Approximate Time: 10-15 minutes (depending on the size of the group)**

## **Introduction of the Facilitator**

Remember to include:

- Educational background / experience working with children
- Personal information that you feel comfortable in sharing regarding your involvement and/or experience with children and families

## **Housekeeping Details**

- Start and end times and when breaks are scheduled
- Introduce the Clinician (counselor or LCSW) who is present
- Location of the bathrooms
- Any other announcements specific to your workshop

## **Purpose of the Workshop**

- To understand the North Carolina Child Abuse Reporting Law
- To learn how to recognize and report child abuse and neglect
- To understand what happens once a report has been made
- To learn what to do if a child tells you they have been abused
- To understand how you can help prevent child abuse

## **Possible Group Activity**

- Activity A: Give each participant an index card or blank piece of paper. Allow participants to write down additional areas or specifics that they would like to be included in this or future workshops.
- Activity B: Have a large blank piece of paper or a flip chart with markers available throughout the workshop. Encourage participants to write down additional areas or specifics that they would like to learn about in this or future workshops. This may be done immediately, or throughout the workshop.
- Activity C: Give each participant a blank index card on which to write any question they wish to ask that they are not comfortable asking in front of the group. Have a place for cards to be deposited during the break or at the end of the training. Ask participants to list their name and phone number if they wish for you to call them after the session.

## **Workshop Agenda**

- Review the agenda
- Inform participants there will be handouts (distribute throughout the workshop while relevant topics are being discussed or all at once at the beginning). Have both English and Spanish versions of the handouts available.



## **Pre-Test Administration**

- Distribute copies of the Pre-Test to each participant along with pens or pencils. Have both English and Spanish Pre-Tests available.
- Emphasize that the test is not graded; it is only provided to give participants an idea of their current knowledge of child abuse and neglect.
- Allow approximately three to five minutes to complete the test.
- Inform participants if you will review the Pre-Test before they take the Post-Test.

## **Why Are We Here?**

There are more than 1.9 million children in North Carolina. People who care for children, have opportunity to observe children over time and to help them navigate through both good times and bad times. In addition, the knowledge and training childcare providers possess allow for skilled observation of a child's behavior and physical condition. Because they know children so well, they are in a unique position to identify and observe the children who need help and protection. In a Church setting, we often know the child for many years and can be aware of their behavior patterns. We have a moral duty give them a safe place to grow in age, wisdom and faith. The Catholic Church began offering this training when in 2002, the scandal of abuse was evident within our Church. Our deep sorrow is matched by our resolve to help maintain safe places for our children and youth. In addition to these moral, ethical and professional reasons, all adults are required by North Carolina Law to report suspected incidents of abuse and neglect.

## **OPTIONAL ACTIVITY- Why Adults Might Not Report**

(Take 5 minutes to complete this group activity.)

- Break into small groups and have a brainstorming discussion about why an adult working with children might not report. Have one person from the group take notes.
- Return to the large group. Have one person from each small group stand up and list their groups' ideas.
- The facilitator will write them down at the front of the room. (Note: Keep the discussion brief and go on to the next item. We will address these points throughout the workshop.)
- Compare slide 3 with the list your group has created. Is there overlap?

## **Why do adults make so few reports of child abuse and neglect?**

- Unsure of signs and symptoms of child abuse and neglect
- Apprehension regarding how to report abuse
- Apprehension about what happens after initial report is made
- Concern that parents will react badly
- Concern that parents will remove child from program/school
- Uncomfortable talking about abuse or neglect

## **How will this training help?**

This training and its accompanying materials should help ease these fears and reduce the barriers to reporting suspected child abuse and neglect by:

- Providing the tools to recognize and report abuse and neglect
- Becoming familiar with the NC child abuse reporting law
- Become familiar with Diocese of Raleigh guidelines
- Understanding what happens once a report has been made
- Learning what to do if a child discloses they have been abused
- Learning how and where to report suspected abuse or neglect
- Understanding some factors that lead to children being abused or neglected
- Learning how to help families prevent child abuse

## **Who attend this safe environment training in the Diocese of Raleigh?**

Safe environment in the Catholic Diocese of Raleigh is attended by; training and its accompanying materials should help ease these fears and reduce the barriers to reporting suspected child abuse and neglect by:

- All Clergy
- Seminarians and vowed Religious
- Employees
- Volunteers in Leadership with Children and Teens

All the people listed above are required to have a criminal background search and safe environment training once every 5 years. Completion of the criminal background check and this training gives one the designation of Level C personnel.

The majority of Church Personnel are volunteers but not all work with minors. That is why each parish has a safe environment team to help discern who is required to meet the standards to become Level C.

## **MODULE II**

### **STATISTICS AND NORTH CAROLINA LAW**

#### **What You Will Need**

1. Projector
2. Slides # 6-12

#### **Objectives**

1. Be familiar with the number of children abused or neglected each year in NC
2. Be familiar with the North Carolina child abuse reporting law
3. Be familiar with the legal and descriptive definitions of physical, sexual, and emotional abuse, and child neglect
4. Know who must report child abuse and neglect
5. Address issues around why adults might not report
6. Know who is immune from civil and criminal liability

**Approximate Time: 8-15 minutes**

## **Child Abuse and Neglect Statistics**

### **Suggested Script**

Every five minutes a child is abused or neglected in North Carolina. In about three-quarters of the cases, the child's biological parent is the one that commits the abuse. Statistical trends are disturbing. Half of the children in North Carolina that are abused are age 5 and younger. It is shocking that these young ones are at most risk. Child abuse and neglect not only hurts, it can be deadly. With an average occurrence rate of over 120,000 investigated reports in our state, it is also concerning that these numbers do not capture the number of people who suspect abuse but do not call it in to be investigated. Tragically children die each year because of physical child abuse. In North Carolina, neglect is also common type of child maltreatment and shown to be devastating considering both immediate and long-range impact on the child. North Carolina Law denotes a difference between "Child Abuse" which is reported to the Department of Social Services Definitions of Child Abuse and other crimes against children.

### **The Law<sup>1</sup>**

- North Carolina General Statutes section 7B-101 defines child abuse and neglect
- It applies to any juvenile who is under the age of 18 (and is not married, emancipated, or a member of the armed forces of the United States)
- It specifies that the abuser can be a parent, guardian, custodian, or caretaker who creates, or allows to be created, abuse or neglect upon a juvenile

#### **Additional legal definitions:**

- Custodian means the person or agency that has been awarded legal custody of a juvenile by a court
- Caretaker means any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting
- Caretaker also means any person who has responsibility for the care of a juvenile in a child care or residential educational facility

### **Suggested Script –**

Please note that the four perpetrators that are listed are reported to DSS. If the perpetrator is a coach, a teacher, a neighbor, clergy or any other person, the call is made to law enforcement. The crime is not called "child abuse" it is called by the name of the statute that was broken, for example "contributing to the delinquency of a minor", assault and battery", Lewd and lascivious behavior with a minor"

As we continue through this training it is normal to assess your past and ask if you or anyone with whom you have worked behaved in a manner that is questionable. You may have new insights to past events. Know that you have help if you need to address past or future concerns.

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<sup>1</sup> NC Gen Stat §7B-101 (Lexis, WESTLAW through 1999, 1st Session General Assembly).

**According to 7B-101, Physical Abuse is:**

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

**According to 7B-101, Sexual Abuse is:**

- First or second-degree rape
- First or second-degree sexual offense or sexual exploitation
- Crime against nature
- Incest
- Preparation of obscene photographs, slides, or motion pictures of a juvenile
- Dissemination of obscene material to a juvenile
- Promotion of prostitution of a juvenile
- Taking indecent liberties with a juvenile

**According to 7B-101, Emotional Abuse is:**

- Serious emotional damage to a juvenile

**According to 7B-101, Child Neglect is:**

- A child who does not receive the proper care, supervision or discipline
- Or who has been abandoned
- Or who has not received proper medical care
- Or who lives in an environment injurious to their welfare

**Descriptive Definitions<sup>2</sup> -- What does the law mean?**

**Child Abuse** is defined as a non-accidental injury or pattern of injuries to a child.

**Types of Abuse**

**Physical Abuse** is any non-accidental physical injury or injuries to a child.

- Physical abuse can include beating, harmful restraint, use of a weapon or instrument, or actions that result in or could result in serious physical injury.

**Sexual Abuse** is any sexual behavior imposed on a child.

- Sexual abuse involves a range of activities including fondling of the genital area or breasts, masturbation, oral sex, or vaginal or anal penetration by a finger, penis, or other object. It can also include exhibitionism, child pornography, and suggestive behaviors or comments.

**Emotional Abuse** is a pattern of verbal assaults or coercive measures against a child, which is destructive to the child's sense of self-worth.

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<sup>2</sup> Prevent Child Abuse America (available at [www.preventchildabuse.org](http://www.preventchildabuse.org)) and National Center on Child Abuse and Neglect (available at [www.calib.com](http://www.calib.com)).

- Emotional abuse is evidenced by severe anxiety, depression, withdrawal, or aggressive behavior by the child towards himself or others.
- Examples of emotional abuse would include cursing at a child or calling a child names such as stupid, dumb, bastard, etc.

**Child Neglect** is failure to provide for the child's supervision, care, or discipline

- Child neglect is evidenced by a child who does not receive the proper care, supervision, or discipline.
- Or who has been abandoned
- Or who has not received proper medical care
- Or who lives in an environment injurious to their welfare
- Or is not provided with necessary food or clothing
- Or who has not received necessary education

**A Perpetrator according to NC law** is a

- Parent, guardian, custodian, or caretaker who commits abuse or neglect upon a child less than 18 years of age or who allows abuse or neglect to be committed upon a juvenile.

### **Who Must Report Child Abuse and Neglect<sup>3</sup>**

#### **The Law**

- North Carolina General Statute section 14-318.6 (b) Requires that any person or institution who knows or should have reasonably known that a juvenile has been or is the victim of a violent offense, sexual offense, or misdemeanor child abuse shall immediately report to local law enforcement agency in the county where the juvenile resides or is found.

#### **Descriptive Definitions (7B-101)**

- **Suspect** means you have a good reason to believe the child may be abused or neglected. It is up to Child Protective Services to determine if indeed the child is being abused or neglected.
- **Suspect** means you have seen signs of abuse or neglect or the child has made statements to you.
- **Reasonable cause** means that a reasonable person in a like and similar situation would have suspected that the child was abused or neglected.
- A **suspicion** is more than a gut feeling. It may involve recognition of certain behaviors or physical signs of abuse or neglect.

### **Criminal and Civil Immunity <sup>8</sup>**

#### **The Law**

- North Carolina General Statute section 7B-309

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<sup>3</sup> NC Gen Stat §7B-301 (Supp. 1998).

<sup>8</sup> NC Gen Stat 7B-309 (Supp. 1998).

- Anyone who makes a report testifies in any judicial proceeding or investigation, is immune from any civil or criminal liability provided the person making the report acted in good faith.

### **Descriptive Definitions**

- **Immunity** means if you report a suspected case of child abuse or neglect, and you made that report in good faith, (i.e. you have reasonable cause), no one can bring civil or criminal charges against you for making the report.
- Immunity is also provided to anyone who cooperates or testifies in a court action.

### **NC SAFE SURRENDER LAW-**

#### **Suggested Script**

North Carolina has a law to encourage parents who are under duress to not abandon their new-born child. It is called the Safe Surrender Law. This allows new parents to leave a child up to seven days old with any other “responsible adult”. For example. A parent can walk into a police station, a fire station, a hospital, a safe home of a friend, and leave the child and then depart. They are surrendering the child for care and are departing. (I do not have any statistics as to how often the provisions of this law are used annually.)

#### **OPTIONAL Group Activity for this section:**

- Have each workshop participant take out a slip of paper and draw a line down the middle, creating two columns. Let them know that this activity will remain anonymous. Do not write your name on the piece of paper.
- On the left side of the line, write down the number of times you, the participant, has suspected that a child you have come in contact with was being abused or neglected.
- On the right side of the line, write down the number of times you, the participants, have filed a report of suspected abuse to DSS.
- Hand in the slips of paper to the facilitator. The facilitator will then tally the results and share them with the group, inviting further discussion.

## **MODULE III**

### **Child Abuse and Neglect Risk Factors**

#### **What You Will Need**

1. Powerpoint Slides # 13 - 15

#### **Objectives**

1. Be familiar with factors that put caregiver at risk for child abuse and neglect
2. Be familiar with characteristics of the child that may put them at risk for abuse or neglect
3. Be familiar with the socio-economic factors that may place children at risk for abuse or neglect

**Approximate Time: 6-10 minutes**



## **Caregiver Risk Factors<sup>4</sup>**

### **Poor Childhood Experiences**

- Caregiver was abused or neglected as a child

### **Immaturity**

- Caregiver is young and/or immature
- Caregiver's own need to be cared for is so great they may ignore or be unable to cope with the needs of the child (no matter what age)

### **Lack of Parenting Skills**

- Caregiver lacks knowledge of child development or has inappropriate expectations of the child

### **Unrealistic Expectations of the Child**

- Caregiver does not understand the stages of child development
- Caregiver expects the child to behave in ways beyond the child's developmental capabilities

### **Unmet Emotional Needs**

- Caregiver does not relate well to other adults
- Caregiver turns to the child to satisfy their need for love, self-esteem, sexual gratification

### **Isolation**

- Caregiver has little or no friends, family, or social support system
- Family lives in an isolated area
- Caregiver has no "break" from child care duties

### **Mental Illness or Mental Deficiency**

- Caregiver may be unable to understand and complete their parenting responsibilities
- Caregiver may not have the capacity to comprehend their parenting responsibilities
- Caregiver suffers from depression

### **Alcohol or Drug Abuse**

- Caregiver a drug or alcohol problem which limits their ability to care for the child

### **Domestic Violence or History of Violence**

- Families with physical child abuse also resemble families with other forms of violence. Often when there is spousal violence there is abuse of children<sup>5</sup>.
- Caregiver exhibits violent behavior

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<sup>4</sup> English, D.J. (1998) The Extent and Consequences of Child Maltreatment, *The Future of Children*, 8, 39-53; Koralek, D. (1992) Caregivers of Young Children: Preventing and Responding to Child Maltreatment. (U.S. Dept. of Health & Human Services, Administration for Young Children, Youth and Families, National Center on Child Abuse & Neglect – available at [www.calib.com/nccanch/pubs/usermanuals/caregiv/caregiv.pdf](http://www.calib.com/nccanch/pubs/usermanuals/caregiv/caregiv.pdf); Utah Chapter of Prevent Child Abuse America. Recognizing and Reporting Child Abuse – available at [www.pcau.org/recognizing\\_and\\_reporting/statistics.html](http://www.pcau.org/recognizing_and_reporting/statistics.html)

<sup>5</sup> APSAC Handbook on Child Maltreatment. Ed. Brieve et al, 1996. Sage Publications, California. p. 159

### **Educational Level**

- Most maltreating parents have less education than non-maltreating parents.
- Neglectful parents tend to have less formal education.

### **Significant or Major Disruptions in the Caregiver's Life**

- Caregiver has experienced a recent:
  - death of a loved one
  - divorce or separation
  - loss of job or source of income
  - significant illness or injury to themselves or another family member
  - trouble with the law

### **Suggested Script**

Data indicates that thousands of North Carolina children are abused and neglected each year. These children are not just a “number,” they are a real person who now live life having experienced abuse or neglect. Understanding the factors that put children at risk is crucial for people who are committed to preventing child abuse and neglect. By understanding these factors, you may be able to help a parent or caregiver who displays risk factors for the potential to hurt or neglect a child before the child is harmed. It is also important to understand these factors to help determine whether you suspect that a child in your care has already been abused or mistreated.

Many factors put adults at risk to abuse or neglect their children. It is important to remember that individuals react differently even when faced with the same problems. Two families could be facing the same difficult situation, and one parent may become abusive while the other may not. Each of the factors presented today are just that... *factors that may put an adult at risk* to abuse or neglect their child. What is presented here are not certainties, or proof that indicate a parent is or will become abusive.

Adults who are abusive or neglectful may have been abused or neglected themselves as a child. They are parenting children from behavior they learned to accept when they were younger. They may hit the child hard enough to leave welts or bruises because that is the way they were punished. Likewise, in a family where there is spousal or domestic violence, physical violence may become an acceptable behavior or punishment. In this situation, hitting a child may seem like a natural response or occurrence. Combine these learned behaviors with a parent who is young, immature or whose own needs are not being met and the risk factors are present for abuse or neglect to occur.

Lack of parenting skills and lack of knowledge about child development may cause the adult to set unrealistic expectations for the child. Additionally, an adult whose own physical and emotional needs are not being met may turn to their child to fulfill these needs. They may seek sexual gratification from children or behave as if the child is their “best friend,” sharing information that may be inappropriate for a young child to hear. Children who are in our care are not our peers.

Lack of social support and isolation may also put a parent at risk to abuse or neglect their child. Families are more mobile and relocate more frequently for job opportunities than in the past. As a result, extended family – grandmother, grandfather, aunts and uncles -- are no longer just across the street or in the same neighborhood. The lack of extended family support can be devastating for some parents. A frustrated parent who has not had a break in weeks may not intend to hurt a child but does not know of any other way to try to stop the child from doing something that the parent deems as “unwanted behavior.” In the parish setting, sometimes friends and members of the community can function in the role that was previously filled by aunts and uncles.

Substance abuse, abusing drugs or alcohol, is a major factor associated with child abuse and neglect. **It is estimated that between 50 and 80 percent of families involved with child protective services are dealing with substance abuse problems.**<sup>6</sup> Mental health problems, especially depression, are also risk factors for child maltreatment.

Finally, an adult who has experienced major disruptions in their life may be at risk. Disruptions such as the death of a loved one, divorce, loss of a job, or a major illness or injury can lead to added stress and increase the likelihood of abuse or neglect.

Remember none of these factors alone is proof that an adult will abuse their child. However, if you see multiple factors consider, your concern would be heightened. By talking to the parent and offering referrals or assistance, you may help reduce or eliminate the risk that they may abuse or neglect their child. You might start by asking a parent how they respond when the child angers them, or what scolding or punishment they use.

Thinking about the balance of stress and resources in a family is a good way to conceptualize risks. What are the stresses? What are the resources and supports? How can I help this family access helpful resources? How can we help decrease the stress and increase the support for the families?

The majority (77.5%) of perpetrators are a parent of their victim, 6.4 percent of perpetrators are a relative other than a parent, and 4.2 percent had a multiple relationship to their victims.

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<sup>6</sup> The Future of Children, Protecting Children From Abuse and Neglect, pg. 46-47

Approximately 4.0 percent (3.7%) of perpetrators have an “other” relationship to their victims. (See table 5–5 and related notes.) According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.(8)

### **Children Who May Be At Risk for Abuse or Neglect<sup>7</sup>**

- Physically or mentally challenged children
- Children who are illness prone
- Hyperactive children or exceptionally bright children who require additional activity and constant stimulation
- Children who are demanding or who have an unusual need for attention
- Children who have previously been abused or neglected
- An unwanted child
- A child whose conception or birth caused particular problems for the caregiver
- A child who is perceived as being the “wrong sex”
- A child whose physical/personality characteristics are similar to a person who has caused the caretaker pain or distress

### **Suggested Script**

A child’s personal characteristics may put them at higher risk for abuse or neglect.

Generally, these are children whose physical health, mental abilities, or behavior demand more attention or time from the parent. This includes children who are physically or mentally delayed, children who are prone to illness, and hyperactive children. The risk to the child may substantially increase when a parent young, immature, isolated, having trouble paying the bills, or having difficulties with their partner.

Additionally, children who have been previously abused or neglected may have serious and long-lasting physical and emotional problems, which may get worse over time. We will learn more about the consequences of abuse and neglect later in the workshop.

### **Socioeconomic Characteristics That May Put Children at Risk<sup>8</sup>**

- Poverty
- Single-parent households

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<sup>7</sup> PCA Utah, Recognizing & Reporting Child Abuse & Neglect, available at [www.pcau.org/recognizing\\_and\\_reporting/statistics.html](http://www.pcau.org/recognizing_and_reporting/statistics.html)

8. United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child Maltreatment Survey, (2018). <https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf#page=71>

<sup>8</sup> English, D.J. (1998) The Extent and Consequences of Child Maltreatment. The Future of Children, Ch. 8, pages 39-53.

Child abuse and neglect can occur in any family, in any community. Research has shown that child abuse occurs at a greater rate in lower-income families. Why is this so? It can be related to the stress and frustration of living in poverty that contributes to an increased risk of child abuse. Think about it. If a family lacks the basic resources needed for food, housing, clothing, and transportation this can lead to increased stress, which may be taken out on the child. Being without relatives or friends to turn to for guidance, help, and emotional support can have the same effect.

But remember, most low-income families do not abuse their children. Poverty appears to become a factor only when it interacts with the other caregiver risk factors such as isolation, unrealistic expectations of the child, or substance abuse.

## **MODULE IV**

### **Recognizing Physical Child Abuse**

#### **What You Will Need**

1. Powerpoint slides # 17 -21
2. OPTIONAL Full Group Activity
  - Accidental or Intentional Injury -- from “Group Activities” Appendix
  - CASE STUDY

#### **Objectives**

1. Know the two questions to ask to determine if an injury is accidental or intentional
2. Become familiar with what types of injuries are accidental
3. Become familiar with what types of injuries are intentional
4. Become familiar with the emotional/behavioral indicators of physical abuse

**Approximate Time: 20 minutes**

## **Injury: Accidental or Intentional?<sup>9</sup>**

- Could this injury have happened as the child or parent has described?
- Does this injured child have the developmental capabilities to have injured himself in the manner described?
- When the child speaks to you, does their non-verbal message align with what they are saying? Does their “body language” ( tone of voice, facial expression , posture) cause concern?

### **Suggested Script**

Learning how to recognize whether an injury to a child is accidental or intentional is the first step in determining whether a child has been physically abused.

What do you do if you see indicators of physical abuse on a child that attends your program? Ask yourself two questions: First ask, “Could this injury have happened as the child or parent has described?” Second, ask, “Does this injured child have the developmental capabilities to have injured himself in the manner described by his parent or caretaker?” If you answer, “No,” to either question then you more than likely have a reasonable suspicion that the injury is a result of physical child abuse.

## **How to Recognize Accidental Injuries**

### **Accidental Injuries<sup>10</sup>**

- Generally, occur on the forehead, nose, chin, palms, elbows and shins

### **Suggested Script**

Children are “objects in motion.” It is their job developmentally and intellectually to explore the world around them. As they grow to be young adolescents, they continue to test their physical boundaries – jumping and falling, trying new sports, and engaging in rough play. This sometimes leads to accidental injuries. However, when children move, they generally move in a forward motion; when physical harm occurs because of an accidental injury, there are often bruises or welts on the forehead, nose, chin, palms, elbows, knees, and shins (or bony prominences). Accidental injuries can also occur on a child’s hands. Generally, there will be injury to the child’s palm, not the back of the hands. (not on both front and the back of the hands)

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<sup>9</sup> DiScala, C. (2000) Child Abuse and Unintentional Injuries, ARCH PEDIATR ADOLESC MED/VOL 154; 16-22, Jan. 2000, JAMA. See [www.archpediatrics.com](http://www.archpediatrics.com)

<sup>10</sup> NC Gen Stat §7B-309 (Supp. 1998).

## **How to Recognize Intentional Injuries<sup>11</sup>**

### **Bruises, Welts, Bites and Hair Loss**

- Bruises or welts on face, lips, mouth, torso, back, buttocks, thighs
- Clustered bruises or welts that form patterns, or that reflect the shape of an instruments used to inflict the injury
- Injuries or markings that appear regularly after the child has been absent or after the weekend or vacation
- Human bite marks
- Hair loss

### **Suggested Script**

Injuries to the buttocks, genital area, abdomen, and back may be physical indicators of abuse. Additionally, injuries to the sides of the body or the side of the face may be signs of intentional injuries to a child. Injuries to the back of the hands are always cause for concern since that is not a usual location for an injury.

Also, look for symmetrical injuries. These injuries occur on both sides of the body. An exploring child will generally fall to the right or the left and an accidental injury will be evident on only one side of the body. Bruising or welts on both sides of the body may indicate physical abuse.

A child or teen who has been physically abused may also have welts or bruises that look like the object that was used to inflict the abuse. For example, the welts may have a loop-like appearance indicating striking the child with an extension cord or a coat hanger.

Parents and caretakers sometimes physically abuse their children by biting them. They may tell you that a dog or other animal bit the child. An animal bite mark has the appearance of a “v” shape or a triangle shape, while a human bite mark has a more rounded shape. Bite marks are strong indicators of abuse and are generally intentional injuries.

Hair loss can also be a sign of physical abuse. A parent or caretaker may grab a child by the hair and jerk or pull the child. Pulling a child’s hair like this may cause bleeding under the scalp. If you notice that a child has blood on his scalp where the hair has been pulled you should suspect physical abuse.

### **Burns<sup>12</sup>**

- Immersion burns

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<sup>11</sup> Leventhal, M. The Challenges of Recognizing Child Abuse: Seeing is Believing. JAMA, February 17, 1999 – Vol 281, No. 7, pages 657-659.

<sup>12</sup> Monteleone, J. (1998) A Parent’s & Teacher’s Handbook on Identifying and Preventing Child Abuse. G.W. Medical Publishing, Inc., St. Louis Missouri.



- Burns that are sock-like on the ankles and feet
- Burns that are glove-like on the hands and wrist
- Burns that are doughnut shaped on the buttocks or genitalia
- Burns that have a patterned appearance
- Electric burner, iron, or cigarette-shaped markings
- Rope burns on the child's arms, legs, neck or torso

### **Suggested Script**

Children have thinner and more sensitive skin than adults, and serious burns can happen more quickly to children. Many burns that occur are accidental. A child who is learning how to cook may incur a small burn on the forearm from reaching into the oven. However, if you notice that a child has a burn on the feet and ankles or on the hands and wrists that resembles a sock or a glove, this is an indication that the child was immersed in a hot liquid and you would suspect an intentional injury. In accidental burns from hot liquids, the edge of the burn is usually irregular, shaped more like a splash mark.

Burns that appear on the buttocks or on the child's genitalia are generally not accidental burns. Burns that look like an electric stove burner, iron or cigarette, are always cause for suspicion. A rope or other restraining device may also cause burns. These generally occur when the child has been tied up by the wrist, legs, and neck or around their torso. If you see burns in addition to bruises or other physical injuries, you should suspect physical abuse.

### **Head Injuries<sup>13</sup>**

- Injury to a child's ear, cheeks, temple, or bony skull area
- Bleeding around the ear or ear lobe or inside the ear canal
- Cuts or swollen ear, bruised ear
- Lip tears, cuts, or scrapes or burns on the lips
- Broken teeth
- Facial fractures
- Cuts on the tongue
- Bilateral black eyes
- Bleeding in the upper eyelid

### **Suggested Script**

Head injuries are common in physically abused children. Approximately 50 percent of physical abuse victims have head or facial injuries.<sup>14</sup> It is important to remember that injury can occur on the face and ears, but may also be inside the mouth where it is not readily noticeable.

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<sup>13</sup> Monteleone, J. (1998) A Parent's & Teacher's Handbook on Identifying and Preventing Child Abuse. G.W. Medical Publishing, Inc., St. Louis Missouri, pg. 23-24.

<sup>14</sup> Id at page 23

When a child has been struck in the ear, you will notice bruising or bleeding. If the injury heals without medical attention, it may leave the outer ear distorted. This is often called cauliflower ear. Blows to the ear can cause bleeding, redness or even a ruptured eardrum.

Injury to the lips, mouth, and teeth can be strong indicators that a child has been physically abused. A tear on the inside of the lip can occur from a direct blow to the mouth or by having a spoon jammed into the mouth. This type of physical abuse may also cause bruising, broken teeth or facial fractures. Cuts on the tongue can happen if the child is hit in the jaw or mouth and the tongue is caught between the teeth. The injury may leave a jagged indentation on the tongue

Black eyes may be caused by accidents. Accidental black eyes are generally accompanied by damage to the nose or forehead. An accidental injury to the forehead (such as running into a table or being hit by a swing) can cause bilateral black eyes (both eyes). In addition, some children have dark “smudges” under their eyes due to allergies. But, if you notice that a child has no damage to the nose, a direct blow by a fist or object may have caused it. When a child has two black eyes, there is cause for concern. In most cases, if a child falls face forward accidentally the nose will be hurt, but generally, both eyes will be protected. Ask the child “what happened” and begin the process of deciding if the injury is cause for greater concern. This entire course is designed to help you make the decision if a child has been harmed or is likely to be harmed.

### Shaken Baby Syndrome

What is Shaken Baby Syndrome? Shaken Baby Syndrome is responsible for at least 50% of child deaths caused by non-accidental trauma and can also cause the most severe permanent effects associated with physical abuse.<sup>15</sup>

Shaken Baby Syndrome is the shaking of a newborn, infant, or small child by the arms, legs, shoulders, or trunk. This usually occurs when frustrated parents are trying to make their baby stop crying. Because babies have weak neck muscles relative to the size of their heads, it only takes a few seconds of strong shaking to cause serious damage to the child. The injuries that can result from shaking include:

- Brain damage
- Paralysis
- Developmental Delays
- Seizures
- Blindness
- Death

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<sup>15</sup> Monteleone, 1998, A Parent's & Teacher's Handbook on Identifying and Preventing Child Abuse, p. 26-27.

**What are the physical signs of Shaken Baby Syndrome?**

- Difficulty breathing
- Extreme irritability
- Poor sucking or swallowing
- Inability to lift head
- Inability to focus eyes or track movement
- Lethargy
- Seizures
- No smiling or vocalization
- Unequal size of pupils
- Pupils that do not react uniformly to light
- Vomiting
- Loss of consciousness
- Physical signs may be subtle, similar to a viral illness

**What can you do if you suspect Shaken Baby Syndrome?**

Make sure the child receives immediate medical attention. Bleeding inside the brain can be treated if the intervention occurs quickly enough. Immediate medical attention may prevent serious damage and possibly save the baby's life.

**Behavioral and Emotional Indicators of Physical Abuse and Neglect**

- Child wears clothing that is not appropriate for the weather
- Excessive absences
- Fearful of parents or other adults
- Extreme aggressiveness
- Cognitive and intellectual impairment
- Deficits in speech and language
- Hyperactivity, impulsivity, low frustration tolerance
- Depression, low self-esteem, suicidal tendencies
- Constantly tired or unable to stay awake
- Easily agitated, defensive

**Suggested Script**

Physically abused children will not only have physical signs of abuse, but often these physical signs will be accompanied by behavioral or emotional signs as well. It is important to remember that none of the behavioral or emotional indicators is a definite sign that a child is being abused. Instead, you should think of them as risk factors, a sign that something in the child's life has created enough stress to change their behavior. A history of suspicious injuries, patterns of behavior, and a child disclosing to you that they have been abused are all factors that should be

considered in determining whether you should make a report of abuse to the Department of Social Services.

A child who comes to your facility dressed inappropriately for the weather may be hiding bruises or welts. Excessive absenteeism may also be a sign that a child is being abused. The parent or caretaker may be waiting for an injury to heal before allowing the child to be seen by others. Also, note if the child appears afraid of the parent or caretaker when dropped off or picked up. A child may also become agitated or upset when other children cry. A physically abused child may show extreme aggressiveness towards other children or become easily frustrated. They may be patterning their behavior after the behavior of the parent or caretaker.

Children who have sustained head injuries may show cognitive or intellectual impairment or deficits in their speech or language skills. Always be concerned if you notice depression, low self-esteem, or suicidal tendencies in children. This can be a warning sign that the child has been abused. When you are concerned, ask the child a general question such as “how are you?” or “Have you been well lately?” , in this way you are allowing the child a chance to speak with you about a potential problem or you are allowing the child to give you data that will eliminate your fear or concern.

### **Examples of Types of Situations that Should Be Reported**

- A parent tells you the child was injured doing something that he or she is not developmentally able to do
- The child’s injury is too severe to have been caused in the manner which the parent tells you the injury happened
- The injuries are to the child’s buttocks, genital area, abdomen, back, sides of the body or back of the hands
- The parent’s story of how the injury happened changes when it is challenged
- The child’s injuries have not been medically treated
- The injuries show a pattern such as a rope, hanger, hand, or electric iron
- The child has human bite marks
- The child has patches of hair pulled out and the scalp shows signs of bleeding
- The child has multiple injuries on multiple parts of his or her body and those injuries are in various stages of healing
- The child has multiple injuries, but the parent tells you that it happened on a single occasion

- The child has burns on his or her body that don't appear to be accidental
- The child tells you that he or she has been abused

**OPTIONAL Full Group Activity -- Accidental or Intentional Injury?<sup>16</sup>**

(found in "Group Activities" Appendix)

- Read the examples aloud to the participants.
- After each example, ask the participants as a group if the injury was accidental or intentional, and why they came to that conclusion.
- Then provide the correct answer with a brief explanation.

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<sup>16</sup> Monteleone, 1998, A Parent's & Teacher's Handbook on Identifying and Preventing Child Abuse, p. 16-17

## **MODULE V**

### **RECOGNIZING SEXUAL ABUSE**

#### **What You Will Need**

1. Powerpoint slides # 22-35
2. CASE STUDY

#### **Objectives**

1. Define and maintain boundaries
2. Understand the physical signs of sexual abuse
3. Understand the behavioral/emotional signs of sexual abuse

**Approximate Time: 15 minutes**

## **BOUNDARIES- SUGGESTED SCRIPT**

### **MINISTERIAL BOUNDARIES**

In ministry, one tries to help others come closer to Jesus. Our words and deeds should help people on this journey of faith. Healthy boundaries set the limits to “where I end and you begin”. They also set the boundaries for our interactions. Healthy boundaries protect both clergy and laity. Once we have clearly set the boundaries, we can focus on learning or mastering the task before us. Think how hard it would be to master the game tennis if every court had different boundaries or how difficult it would be to drive if there were no lines or boundaries on roads.

As leaders, we set the boundaries for the situations we supervise. Most people will operate within the preferred boundaries that we create. Some people are called “wanderers” because they do not see the boundaries. This may be due to their past experiences or diverse cultural or family traditions. For example, at World Youth Day it is not rare to find people in their mid to late 20’s because many cultures call that “youth”. In the United States, a “youth” usually refers to a teen ager. Again, Leaders must set and maintain boundaries for the persons entrusted to their care. This is especially important when working with minors and when choosing adults to work with minors.

Once you have corrected the “wanderer”, they should interact within the preferred boundaries. If a person continues to operate outside of the acceptable boundaries after then have been corrected, this is cause for concern. For example, if you have asked a volunteer teacher to stop cursing around children, but they continue to do so, this is a warning that the boundary will not be respected. Steps will need to be taken to find a new volunteer teacher for these children.

We will not begin talking about the sexual abuse of minors. Sexual abuse of minors begins with intentional behavior by an adult that is outside of healthy boundaries between an adult and a minor.

### **PHYSICAL/SEXUAL BOUNDARIES**

People have an internal sense of their own personal boundaries, an imaginary space surrounding them. When this space is entered by another person, particularly a stranger, an uncomfortable feeling can be experienced. Most people are aware of personal boundaries and try not to violate them. There are times when people either knowingly or unknowingly violate personal boundaries. A sexual offender intentionally crosses physical boundaries. This is part of a process of eroding these boundaries.

Normally, if a person approaches someone else’s boundary, they recognize the resulting discomfort and withdraw. Even when circumstances cause them to cross the boundary, they realize it and withdraw as quickly as possible. For instance, imagine a group of people standing in the aisle of a moving, crowded bus. At some point the motion of the bus causes one of the passengers to bump into a fellow rider. The most common reaction is for one, if not both, of the passengers to immediately separate and attempt to apologize for the violation of personal space even though the contact was totally unintentional.

A predator, however, crosses personal boundaries deliberately, with no hesitation. Crossing personal boundaries is an intentional goal for a sexual offender and may also be part of a conscious

process to gain the trust of the victim so that the predator can find a way to be alone with the minor. Consider the crowded bus again. Suppose the passengers all ride the same bus to and from work every day. Bumping into each other has been a common event for years. Under these circumstances, the passengers are more likely to accept the violation of their personal space as normal and acceptable. In this environment, a passenger who crosses the same boundary with the same person repeatedly, might be making contact for reasons that have nothing to do with the motion of the bus. A predator wants to remove boundaries and be alone with the victim.

Boundaries can be crossed with language as well. A predator may share information that is overly personal. This inappropriate sharing may be in person or via social media. This may be done by asking overly personal questions or questions about sexual matters. Rather than apologizing, the sex offender will continue to behave inappropriately in the hopes that this new level of intimacy will become acceptable. The goal is to remove boundaries and isolate the victim.

Correcting boundary violations is done by naming the action that makes you uncomfortable and asking that it not happen again. If it happens again, you should question if this person intentionally ignoring your stated boundary? For example, if you ask a co-worker, “Please do not rub my shoulders” or “please do not tell jokes with foul language” or “Will you stop asking me about what type of undergarments I wear”, the behavior should stop. Once you have stated the boundary, the offending person can no longer say, “I did not know”, they can no longer be a “wanderer” If the offending behavior continues the next day, the boundary you established is being ignored. If an adult is violating boundaries with minors, take immediate action before it can become an abusive situation.

## **Sexual Abuse Overview**

### **Defining Sexual Abuse**

- Sexual abuse is any sexual behavior imposed on a child
- Sexual abuse can include touching and non-touching offenses

#### **Touching Offenses**

- Sexual intercourse with a child
- Attempted intercourse with a child
- Sodomy or anal penetration
- Penetration of the child’s vagina, no matter how slight
- Oral-genital contact
- Fondling the child’s breasts or genitals
- Masturbating in front of a child
- Asking a child to fondle or stimulate an adult

#### **Non-Touching Offenses**

- Preparation of obscene photographs, slides or motion pictures of a child
- Promotion of prostitution of a child
- Exhibitionism or voyeurism
- Frank discussion about sexual acts intended to arouse the offender



- Obscene telephone calls
- Letting down the doors of privacy so that a child can see or hear a sexual act

### **Suggested Script**

Sexual abuse is any sexual behavior imposed on a child. Child sexual abuse is difficult for many of us to talk about. It involves committing sexual acts with children, is morally wrong and criminally punishable. You may feel uncomfortable discussing this subject and I may use some words or terms that may make you feel embarrassed or uncomfortable. Sexual abuse is a difficult subject, but to better protect the children in your care you must become educated about the signs and symptoms of sexual abuse and what to do if you suspect a child is being sexually abused.

Sexual abuse involves physical acts perpetrated upon a child. But, sexual abuse can also involve non-physical or non-touching acts. Touching offenses include an adult having sexual intercourse with a child, or even attempting to have intercourse with a child. It also includes sodomy or anal penetration of a child, oral to genital contact, fondling of a child's breasts or genitals, an adult masturbating in front of a child, or an adult asking a child to fondle them.

Non-touching offenses that are defined as sexual abuse include the taking of obscene photographs, slides, motion pictures, video or digital pictures of a child; encouraging or making a child have sex with other adults; an adult exposing him or her self to a child or watching a child when they are in a state of undress. Sexual abuse can even occur when an adult talks to the child about sexual acts and this is done to sexually arouse the adult. Additionally, sexual abuse occurs when an adult lets down the doors of privacy so that a child can see or hear a sexual act between adults.

### **Facts About Sexual Abuse<sup>17</sup>**

- Prevent Child Abuse North Carolina reports that one in three women and one in six men will be sexually abuse as a child.
- Nationally One out of ten children will be sexually abused by their eighteenth birthday.
- One-third of sexual abuse victims are under the age of five.
- Ninety percent of sexually abused children are abused by a family member or someone that they know.
- Girls are more likely to report being sexually abused than boys.
- 45% of victims do not tell anyone for at least 5 years
- 88% of perpetrators are male
- Research indicates around two percent of sexual abuse allegations are false.
- Sexual abuse involving young children typically does not include violence.
- Perpetrators lure, threaten, bribe, or misuse the child's trust and affection.
- The offenses frequently occur in or near the child's home, or in the home of the perpetrator.

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<sup>17</sup> Larson, C.S. (1994) Sexual Abuse of Children: Recommendations and Analysis. The Future of Children, Ch. 4, 4-30.

### **Suggested Script**

The majority of sexual offenses committed against children are never reported. However, research has provided some information on how many children are abused and who abuses children. It has been reported that in the United States one out of ten children will be sexually abused or exploited by their eighteenth birthday, that one-third of sexual abuse victims are under the age of five, and girls are more likely to report being sexually abused than boys<sup>18</sup>. North Carolina reports a higher rate with one in three women and one in six men surviving sexual abuse as a child. There is a great dichotomy between these numbers and those reports filed annually concerning children in our state. Research suggests that this difference can be explained by the fact that most sexual abuse and exploitation of children goes unreported at the time or near the time that it occurs. One research study indicated that nearly one in four children are sexually abused or exploited is based upon interviews with adults recalling childhood experiences while in hospital and therapeutic settings long after the abuse occurred.

Many adults think that most children who are sexually abused by strangers who lure or abduct them. This is not true. **Ninety percent** of sexually abused children are abused by a family member or someone that they know well. The sexual abuser uses their relationship with the child to gain the child's trust. The perpetrator may give the child attention, affection, or gifts over time. This may lower the child's sexual inhibitions. This is called "grooming"

The idea that an adult could sexually abuse a child is difficult for many of us to comprehend. Sometimes we may feel it is easier to tell ourselves that the child is making this up, or the person the child has accused seems too nice and friendly, that the allegations cannot possibly be true. Yes, it is a fact that sometimes children do lie about sexual abuse, just as they may lie about other things. But it is also a fact that over 95 percent of sexual abuse allegations are true. If a child comes to you and reports sexual abuse, there is a high probability that it is true.

### **Factors that May Put Children at Risk for Sexual Abuse**

- Children are naturally curious, even about sex
- Children are told to respect and obey adults
- Children crave attention, affection, and approval

### **Suggested Script**

Some characteristics of children make them easy targets for perpetrators. First, children are naturally curious, even about sexual matters. A child abuser may exploit the child's curiosity and

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<sup>18</sup> Finkelhor, D. (1994). Current Information on the Scope and Nature of Child Sexual Abuse. *The Future of Children*, 4, 31-53.

seduce the child into sexual activity. It is important that adults protect children from sexual predators since children lack the power to protect themselves.

Second, as adults we teach children to respect and obey adults. Most times this is the right thing to do. However, some children may interpret this to mean obey and do everything an adult tells them to do. Some children will “blindly” obey adults and do what the adult tells them, like touching them in a sexual way or keeping a secret about sexual activities.

Third, children want and need attention, affection, and approval from adults. Children who are victims of emotional abuse or neglect are at a greater risk of sexual abuse. Some children will endure sexual acts in order to receive the attention or affection that they crave. The child can never consent to a sexual act with an adult, they often endure. The adults who do this are committing crimes.

### **Physical Indicators of Sexual Abuse**

- Unexplained abdominal pain
- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain, swelling, or itching in the genital area
- Bruises, bleeding, or lacerations of the external genitalia, vagina or anal areas
- Vaginal or penile discharge
- Semen around the genitals or on undergarments
- Pain when urinating or passing stool
- Sexually transmitted diseases: gonorrhea, syphilis, herpes, or venereal warts
- Pregnancy, especially in early adolescence
- Loss of bladder or bowel control

### **Suggested Script**

It is often difficult to recognize when a child is being sexually abused. The majority of sexually abused children, you will not see the physical indicators of the abuse. Some types of sexual abuse do not result in physical injuries or indicators. Even if you notice one or some of the non-physical indicators of abuse, this does not prove that a child has been sexually abused. The symptoms may be indicators of non-abuse-related stresses in the child’s life. What the child tells you has happened is the strongest indicator that you should be suspicious that sexual abuse has occurred. Keep in mind that often children do not want to talk about the abuse because they have been threatened with physical harm by the perpetrator.

Physical indicators that a child may have experienced sexual abuse include difficulty in walking or sitting, torn, stained or bloody underclothing, pain, swelling, or itching in the genital area. Other indicators include bruises or bleeding of the genitals or anal area, semen on

undergarments, pain when the child urinates, a sexually transmitted disease, or pregnancy in a young adolescent.

### **Emotional/Behavioral Indicators of Sexual Abuse<sup>19</sup>**

- Excessive masturbation
- Sexual acting out
- Knowledge of sexual matters inappropriate to the age or development of the child
- Sexually abusing a sibling, friend or younger child
- Eating or sleeping disturbances
- Depression
- Sudden drop in academic performance
- Acting out or aggressive behavior
- Regression of behavior
- Appears frightened of adults, darkness or being left alone
- In adolescents: depression, nervousness, carving, eating disorders, promiscuity

### **Suggested Script**

Like physical indicators of sexual abuse, emotional or behavioral indicators are not conclusive proof that a child has been sexually abused. The presence of one or more indicators should be a sign to listen attentively to the child or teen and to look more closely at the child and the child's environment. It is important to remember that indicators of sexual abuse may be observed in children where no abuse has occurred. A history of suspicious injuries, sudden changes in behavior and verbal reports that the child has been abused are all important in determining whether a child has experienced abuse.

Excessive masturbation can be a sign that a child has been sexually abused. A certain amount of masturbation is normal for a child. However, if the child's primary focus becomes masturbating, and when it is done in the presence of others, this should be cause for concern.

If a child is sexually acting out this may be cause for concern. This may happen between the child and his peers, toys, or animals. There is a strong possibility that a child has been sexually abused if that child sexually victimizes another child. This is a warning sign if the behavior goes beyond "playing doctor." The child may be imitating what has been done to them by an adult. They may also have been witness to this behavior between other adults or by viewing pornography or other inappropriate materials.

Another warning sign that a child may have been sexually abused is if the child has knowledge of sexual matters that are inappropriate to the age or development of the child. Think

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<sup>19</sup> Briere, John N. and Elliott, Diana M. (1994) Immediate and Long-Term Impacts of Child Sexual Abuse. *The Future of Children*. Vol. 4, No. 2

back to the physical abuse indicators. Remember that if a parent tells you that the child injured himself in a way that was not developmentally possible this should be a sign that the injury was not accidental. The same thing applies to a child who tells you about an explicit sexual activity or performs a sexual act on another child. If that child is not developmentally or intellectually capable of knowing this information, the only way they could have learned it was by having witnessed the act or having it done to them.

Eating or sleeping disturbances, depression, a sudden drop in academic performance or sudden aggressive behavior could also be signs that a child has been sexually abused. Among other psychosomatic complaints, unexplained abdominal pain may be a sign.

Additionally, regressive behavior may also be cause for concern because they indicate that a child is under stress. Regressive behaviors happen when a child does things that reflect an earlier stage of development. Granted, these types of behavior also occur when a child experiences other stresses or simply before making a developmental transition. It is only when these behaviors are exhibited in combination with one or more signs that sexual abuse should be suspected and therefore reported.

Thought I hope you never use this training- I am glad you have come her to gain the capacity to respond when a child comes to you for help. Like Simon the Cyrenian, you can help lift a cross off someone who does not deserve to carry that burden and pain.

## **MODULE VI**

### **Recognizing Emotional Abuse**

#### **What You Will Need**

1. Power point Slides # 36- 41

#### **Objectives**

1. Understand the definition of emotional abuse
2. Understand the physical indicators of emotional abuse
3. Understand the behavioral indicators of emotional abuse
4. Understand how parents emotionally abuse their children

**Approximate Time: 10 minutes**

## **Defining Emotional Maltreatment<sup>20</sup>**

**Emotional abuse** is an act of commission or omission that includes rejecting, isolating, terrorizing, ignoring, or corrupting a child. An important component of emotional or psychological abuse is that it must be sustained and repetitive.

### **Examples of emotional abuse include:**

- Confinement
- Verbal abuse
- Withholding sleep, food or shelter
- Exposing a child to domestic violence
- Allowing a child to engage in substance abuse or criminal activity
- Refusing to provide psychological care
- Other inattention that results in harm or potential harm to a child

### **Physical Indicators of Emotional Abuse**

- Speech disorders
- Lags in physical development
- Sallow, empty facial appearance
- Loss of bladder or bowel control

### **Behavioral Indicators of Emotional Abuse**

- Anxiety and unrealistic fears
- Sleep problems, nightmares
- Poor relations with peers
- Disruptive, aggressive or passive behavior
- Oppositional, defiant of authority
- Overly compliant
- Overly controlled, rigid
- Overly impulsive
- Depressed, withdrawn, isolated
- Habit disorders such as biting, rocking, head banging, or thumb sucking in an older child

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<sup>20</sup> English, Diana J. (1998) The Extent and Consequences of Child Maltreatment. The Future of Children, Vol. 8, No. 1. page 41.

**Suggested Script**

How emotional abuse affects a child may depend on the child's personality. Children who externalize their feelings will tend to act out and present difficult behaviors. These behaviors can include oppositional behavior, a child who is defiant of authority, or who is overly aggressive towards adults and other children. The child may be impulsive and unable to control their behaviors or emotions. Please note how often these behaviors have repeated in this training, these are signs that someone is hurting. We will ask why. We also have to be aware that we do not confuse some of the signs of emotional abuse when they are also characteristics of children with special needs.

Children who tend to internalize their emotions and feelings may turn their pain inward. These children may exhibit anxiety and unrealistic fears or have sleep problems or nightmares. Children who are emotionally abused may be overly complacent, depressed, withdrawn, or isolated. You may also notice that the child has a habit disorder such as biting, rocking, head banging, or thumb sucking in an older child.

While physical abuse or sexual abuse may hurt immediately and may be long in healing, research has shown that humiliation, rejection and verbal assaults can devastate a child's self-esteem and sense of self worth and have long lasting effects. Emotionally abused children experience feelings of guilt and an assumption that they are responsible for being unworthy of their parent's love, affection and attention. Their parents have, by their actions and words, told the child they are worthless, or not worthy of their love and affection. Because of this, the child may exhibit behavior that reinforces this image. They may do things and exhibit behaviors that are intended to make adults dislike them.

Like physical abuse and sexual abuse indicators, none of these indicators alone is proof that a child has been emotionally abused. However, the presence of one or more indicators should prompt you to take a closer look at the child and the child's environment. It is important to remember that children may exhibit some of the physical or behavioral indicators when they have not experienced emotional abuse. Caring adults who listen to the cares and concerns of young people are important and assist in helping a child handle both the expected emotional struggles and the struggles of emotional abuse.

**How Adults Emotionally Abuse Children**

- Criticizing the child for behavior that is developmentally normal
- Belittling or shaming the child



- Blaming the child for things over which the child has no control
- Using the child as a scapegoat when things go wrong
- Treating the child differently from other children
- Taking little or no interest in the child and the child's activities
- Withholding love and affection
- Rejecting the child
- Terrorizing the child with threats of extreme punishment
- Setting unrealistic expectations
- Isolating the child
- Calling the child names

### **Suggested Script**

Adults who are emotionally abusive to children tend to have difficulty handling stress in their own lives and may be socially isolated. Many of these adults suffered emotional abuse as children and are repeating behaviors that they experienced as children. Lack of knowledge of child development and inappropriate expectations of the child can put an adult at risk to be emotionally abusive.

Emotional abuse occurs when an adult criticizes a child for behavior that is developmentally normal, belittles or shames the child, or blames the child for things over which the child has no control. Often emotionally abusive adults blame a child when things in their adult life are wrong. It can be a form of emotional abuse when one child is treated differently from other children in the home. Typically (but not always) one child is targeted or blamed for everything.

Emotionally abusive adults may withhold love and affection from the child or reject the child outright. We have all heard the saying, "Wait until your father/mother gets home..." This is probably not emotionally abusive behavior. However, when an adult terrorizes the child with threats of extreme punishment - locking them in a dark closet or basement or dropping them off in the woods - this can be a form of emotional abuse. Once an extreme punishment is used, the threat of repeating that extreme punishment can constitute emotional abuse.

Finally, repeatedly calling a child names can be a form of emotional abuse. The phrase, "Sticks and stones may break my bones, but names will never hurt me," is not true. Words can hurt a child as much as a fist. Just imagine you are a child and you hear "You're stupid," "You can't do anything right," "You're worthless," "How can anyone be as dumb as you?" "I wish you were never born." To an adult, these words are hard to hear and accept. They make you feel bad, insecure, or even depressed. To a child, these same words may cause permanent emotional damage.

When children are physically abused or neglected, many times some form of emotional abuse is also taking place. Emotional abuse is the most common form of child abuse but is also the

least reported and recognized. It may also be the most damaging. A child who hears these types of verbal assaults from the person they look up to most in the world, their parent, can suffer just like a child who has been physically or sexually abused.

### **What You Can Do To Help a Child That Has Been Emotionally Abused**

- Report the emotional abuse to the Department of Social Services
- Accept the fact that an emotionally abused child may not see themselves as very lovable; find things you like in the child and express them
- Help the child find something he or she does well
- Encourage the development of motor skills which allows the discharge of energy through structured active play
- Look for opportunities to have the child engage in activities where they can excel
- Minimize competition for the child
- Offer structure
- Offer activities that build the child's self-esteem and allows the child to participate in group activities successfully

Many of the positive items above are accomplished in parish activities, school and youth group activities and in other instances where caring adults assist young people. Ministries strive to help children and teens in many ways that help lead to better lives.

## **MODULE VII**

### **Recognizing Child Neglect**

#### **What You Will Need**

1. Powerpoint slides 42-46
2. “Is This Child Neglect?” Optional Group Activity – from Group Activities Appendix

#### **Objectives**

1. Understand the definition child neglect
2. Understand the indicators of child neglect

**Approximate Time: 10 - 13 minutes**

## **Defining Child Neglect<sup>21</sup>**

**Child Neglect** is characterized by failure to provide for the child's basic needs. Neglect can be physical, medical, educational, or emotional. Typically exhibited by:

- Serious disregard for the child's supervision, care, or discipline
- Failure to provide a safe physical environment, adequate nutrition or clothing
- Failure to provide needed health care
- Failure to provide adequate supervision of the child
- Failure to educate the child
- Failure to provide for the child's emotional and psychological needs

## **Indicators of Physical Child Neglect**

### **Lack of a Safe Physical Environment**

- Lack of adequate shelter
- Lack of heating in cold weather
- Lack of adequate space for sleeping, eating, bathing
- Unsanitary home conditions

## **Suggested Script**

A safe home is a primary need for children to grow and develop. Standards for what is an "adequate home" vary from community to community. It is important not to equate lack of a safe home with poverty. But poverty can contribute to difficulty in providing a safe physical environment. A child living in a small apartment with concrete floors may have more adequate shelter than a child who lives in a \$ 220,000 home that is unsanitary because there is garbage or animal waste inside the home. Experts tell us that although standards do vary, every child should live in a home that (1) provides shelter from the elements, (2) has heat during cold weather (3) has adequate space for sleeping, eating and bathing, and (4) is sufficiently sanitary to protect against diseases.

A home that has a leaky roof, no windows or holes in the flooring is not a safe environment for adults, let alone a child. Unshielded heaters and stoves, broken stairs or banisters can be situations that are dangerous for children. Child accessibility to medicines and household chemicals also cause injury and death for children every year. This type of environment puts children at risk of both injuries and illnesses.

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<sup>21</sup> Koralek, D. (1992). Caregivers of Young Children: Preventing and Responding to Child Maltreatment. U.S. Dept. of Health & Human Services, Administration for Children, Youth, and Families, National Center on Child Abuse and Neglect. [www.calib.com/nccanch/pubs/usermanuals/caregiv/caregiv.pdf](http://www.calib.com/nccanch/pubs/usermanuals/caregiv/caregiv.pdf)

If a household is too large, a child may lack adequate supervision. One adult may assume that someone else is looking after the child. Lack of adequate sleeping arrangements also have detrimental effects on children. For example, a child who does not get enough sleep may come to school tired or unable to concentrate. Lack of adequate sleep lessens the brain's capacity for learning, lowers immune function, and reduces secretions of growth hormones. This could be caused by not having a bed to sleep in, the bedding being soiled, too much noise, or too many adults sleeping in one bed. Too many adults in one bed can be dangerous to young children.

A child who lives in unsanitary conditions is at risk for child neglect. Unsanitary does not mean "dirty," as in dirty laundry on the floor, or a few dishes in the sink. A neglectful parent is one who makes no attempt to clean up. Unsanitary conditions can pose a health or physical risk to the child. These conditions occur when garbage is allowed to remain in the house for a long period and is found on the floor, in cabinets, on counters and in other exposed areas. There may be animal or human waste on the floor, rotting food in the refrigerator or sink. Often in these types of environments, there are rats, mice, roaches and other insects present in the home.

#### **Inadequate nutrition, clothing, or hygiene care**

- Poor quality food, food that lacks nutritional value
- Food that is inadequate or inappropriate for the child's age and development
- Clothing that is inadequate for the weather conditions
- Clothing that is torn, not the right size, or not regularly washed
- Poor hygiene, where child is not bathed regularly, causing odor, social isolation or health problems
- Frequent absences from school or other programs

#### **Suggested Script**

Children need food that meets their nutritional needs in order to grow physically, emotionally, intellectually, and developmentally. Parents who do not provide their children with food from the various food groups or who do not prepare meals consistently may put their children at risk for child neglect. Children experiencing this type of neglect are often underweight, have poor growth, have a distended abdomen, or are consistently hungry.

Adequate clothing is a simple, basic need of all children. Parents do not have to dress their children in new clothing. What is important to a child's health and safety is clothing that is appropriate for the weather conditions, fits the child, is in adequate condition, and clean. When a parent dresses a child in clothing that is too big, dirty or inappropriate for the weather condition, the child may suffer.

Lack of personal hygiene can also be an indicator of child neglect. Children who do not bathe regularly may smell like urine, feces, or sweat. You may also notice crusted dirt on the child or unkempt hair. This can cause shame and isolation for the child among their peers and also puts them at risk for more serious health concerns or illness.

### **Inadequate Supervision**

- Leaving a young child alone
- Leaving a child in charge of other children
- Leaving a child with an inappropriate caretaker
- Allowing a child to play in unsafe areas or without supervision
- Abandonment of the child

### **Suggested Script**

Children are not miniature adults. They depend on adults to take care of them and keep them safe. They do not have the intellectual, developmental, emotional, or physical ability to care for themselves. Children may be neglected when they are left alone or left to care for other siblings. A child left alone in a house or unsupervised in a car or in the street, for a period of time, may be in danger. Children may also be neglected simply because their parent is not paying attention. Either situation puts children at risk for child neglect. Children who are neglected or unsupervised are at much higher risk for injury or death from falls, poisoning, drowning, or motor vehicle accidents.

When may a child be left unsupervised? In North Carolina, there is no set age at which a child may be left alone or left to care for other children. Children mature at different ages and there is no magic age at which children can care for themselves. However, many experts suggest that children younger than twelve years of age should not be left unsupervised.

Some authority figures refer to the State Fire Code as a guideline for leaving children alone, but again, there is no NC law that sets a specific age.

### **The NC General Statute 14-318 Exposing Children to Fire states:**

“If any person shall leave any child under the age of eight years old locked or otherwise confined in any dwelling, building or enclosure, and go away from such dwelling, building or enclosure without leaving some person of the age of discretion in charge of same, so as to expose the child to danger by fire, the person so offending shall be guilty of a Class 1 misdemeanor.”

### **Indicators of Medical Neglect**

- Lack of treatment for medical problems, illnesses, or trauma
- Lack of care for special needs
- Disregard for medical directions – prescriptions not filled, follow-up appointments not attended
- Lack of immunizations against disease
- Teeth appear to be decaying or decayed
- Frequent absences from school

### **Suggested Script**

Children who do not receive regular dental and physical check-ups are at risk for child neglect. All children should receive regular medical and dental check-ups. But many families have limited financial resources or lack medical insurance, or the means to provide for regular, preventative health care. Most county health departments provide such preventative services for free or at little cost.

A child who does not receive immunizations, or has unattended medical needs should cause concern. You may notice a child that is frequently absent from school or other programs. It could be due to physical illness caused by lack of medical care, inadequate housing, or improper nutrition. When law and religion (or beliefs) are in conflict with getting immunizations for a child, pain medications, or other specific treatments, legal provisions allow for having the court intervene on behalf of the child to keep the child safe.

### **Indications of Educational Neglect**

- School-age children not enrolled
- Chronic truancy
- Lack of necessary schooling or education

### **Suggested Script**

According to North Carolina State law, children between the ages of 7 and 16 years of age must be enrolled in school. If you become aware of child that is not enrolled in some form of educational training, this would be a cause to suspect child maltreatment/ neglect.

### **Indicators of Emotional Neglect<sup>22</sup>**

- Inattention to the child's cues for comfort and closeness
- Unwillingness to respond to a child's emotional needs
- Failure to thrive

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<sup>22</sup> Briere, J. et al (1996) The APSAC Handbook on Child Maltreatment. Sage Publications, page 9.

## **Suggested Script**

Emotional neglect can be the most difficult to document and substantiate. However, this type of subtle neglect can have very serious, long-term consequences for the young victims. The most extreme consequences of emotional neglect are *non-organic failure to thrive syndrome* that involves failure to grow, or sometimes even a failure to survive despite adequate nourishment.

A study by Egeland & Erikson (1987) found that emotionally neglected children later in their childhood lack empathy for others, tend to be selfish and spiteful, tend to be angry and hostile, and have academic and behavioral problems.

## **Optional Group Activity: Is this child neglect?**

- You will need six volunteers.
- Have each volunteer read one “Is This Child Neglect?” scenario aloud to the participants.
- Ask for responses from the participants on whether or not they think the scenario is child neglect and why.
  - Remind the participants there are no right or wrong answers but work through the process so they see how to help determine if neglect is present.
  - Although the scenarios do provide indicators of child neglect, the indicators cannot conclusively prove the parent was neglectful.
- Facilitator reads the explanation after each scenario.



## **MODULE VIII**

### **Reporting Child Abuse and Neglect**

#### **What You Will Need**

1. Powerpoint Slides # 47-61
2. Role Play Optional Activity – from Group Activity Appendix
3. Large Group Optional Activity – from Group Activity Appendix

#### **Objectives**

1. Understand why you should report suspected abuse
2. Overview of Department of Social Services and Child Protective Services
3. Understand how to make a report of suspected child abuse and neglect
4. Understand what happens after you make a report
5. Understand potential barriers to reporting suspected child abuse and neglect

**Approximate Time:15-25 minutes**

## Why You Should Report Suspected Child Abuse and Neglect

### Legal Issues

- State Laws
- Institutional / Professional Policies

### Suggested Script:

North Carolina State Law requires that any person over 18 years old who has cause to suspect that a child is being abused or neglected is required by law to report this situation to the Law enforcement in which the child lives or is found. Law enforcement is required to report to the County Department of Social Services as is indicated. In addition, North Carolina now has a law that can penalize adults who do not report. North Carolina also provides immunity from civil liability and criminal penalty for mandated reporters who report in good faith.

Your organization or institution may have guidelines regarding the process of reporting child abuse and neglect. Though the Diocese of Raleigh asks that you *inform your supervisor when you have to make the report*. When the report involves a family, it is also important that the pastor is informed so that any needed pastoral care can be offered. Please know that North Carolina law requires that you make the report. If you need help, you can call your local police department. Your supervisor can also help you or you can get help by calling 1-866-535-7233 (the Diocesan Office of Child and Youth Protection). The important thing to remember is that action must be taken to help the child or teen who is at risk to find safety. It is an adult's duty to protect children.

### Ethical Issues

- On-going abuse or neglect
- Professional responsibility
- Personal responsibility
- Educational issues
- Saving a child's life

### Suggested Script:

Adults working with children have a strong sense of personal responsibility for the welfare of children in their care. Most of these adults are working with children and teens because they recognize the significance of these stages of development and have a deep appreciation for the profound influence that childhood has on that person's entire lifetime. This being the case, it only makes sense that these adults would do all they could to protect children from harm. A decision to

make a report of suspected child abuse or neglect is a decision to do what is best for the child. It is a decision that belongs to caring adults who want to protect children.

The sooner a family is referred for help, the sooner the child will have an opportunity to live in a more stable, nurturing environment. You can feel good knowing that you have done the right thing for the child. Your intention is to stop the abuse or neglect; your intention is not to hurt anyone. You make a report of suspected abuse to stop a child or teen from being hurt or to ease the pain of abuse that has already occurred.

If you choose not to make a report of suspected child abuse or neglect, the child may continue to be harmed. In this way, you assume partial responsibility for the abuse because as an adult working with children, you share responsibility for their well-being. Making sure these children receive the intervention they need, may help ensure a safer and more nurturing environment for all the children in your care.

Every year in North Carolina children die as a result of physical child abuse (and that does not include those that died from illnesses related to neglect). Your report to Child Protective Services may keep one of **“your”** children from this kind of harm.

The Diocese of Raleigh has one Code of Conduct that applies to all “Church Personnel” . This document outlines boundaries for behavior of those in ministry with and in service of others. When working with minors, take great care of how and when you are in transition them from the care of parents to your care so that boundaries are clear. Keep enough level C leaders (criminal background checked and safe environment trained) to fit the group. You should always have at least 2 level C leaders when minors are present and then maintain on level C for every 8-12 kids (when considering on the age the minors and activity). Be sure you monitor the facilities, have access to restrooms and first aid gear, and invite parents to participate when appropriate. A mixed gender group will require mixed genders among the Level C adults present. Your criminal background check and safe environment training is to be updated every five years. Thank you for taking a position of trust and for representing the Church y virtue of your designated position. Please review the Code of Conduct for helpful information and to help focus the efforts of those in ministry to children and teens.

## Overview of the Department of Social Services and Child Protective Services<sup>23</sup>

North Carolina General Statute section 7B-300<sup>24</sup> gives the Department of Social Services in each county the authority to:

- Screen, and investigate child abuse and neglect complaints;
- Provide casework, or other counseling services to parents, guardians, or other caretakers to help prevent abuse or neglect, and to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to
- Preserve and stabilize family life.

### Suggested Script

In North Carolina, the Division of Social Services or “DSS” bears the primary responsibility to conduct an investigative assessment when a child is suspected of being abused or neglected by a parent, guardian, or other caretaker. DSS is a division of State government. Namely the North Carolina Department of Health and Human Services. Part of DSS is called Child Protective Services or “CPS.” CPS is a legally mandated service to families. As the CPS website affirms, “The Child Protective Services program strives to ensure safe, permanent, nurturing families for children by protecting them from abuse and neglect while attempting to preserve the family unit.”

In each of North Carolina’s 100 counties, there is a county DSS and a county CPS department. These departments provide specialized services for children who have been, or are at risk of being, abused or neglected by caretakers. These services are aimed at strengthening families by supporting and improving parental/caretaker abilities that, in turn, assure for each child a safe and nurturing home. Generally, services provided in the homes of families are preventative, rehabilitative, and non-punitive. Efforts are made toward identifying and treating the causes of the abuse or neglect. This is accomplished through parent or caretaker cooperation and consent, or through the agency’s petition to the court, in the event conditions pose serious issues for the child’s safety. **The purpose of CPS is not to break up the family, but rather to provide services that can help make the family stronger and keep children safe and healthy.**

### The specific goals of CPS are to:

- Identify children who are at risk of harm from abuse or neglect within their homes;
- Identify children who are at risk of harm from abuse or neglect in child care settings or other caretaker settings outside the home;
- Intervene when necessary to assure the child’s safety and to prevent harm from abuse or neglect;

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<sup>23</sup> Lamm, JoAnn, Social Services: Child Protective Services, North Carolina Department of Justice – Child Sexual Abuse Guidelines: Recommendations for Adults.

<sup>24</sup> NCGS §7B-300

- To reunify children with their families as quickly as possible;
- To enhance every family's ability to provide proper care for their children within their own home, community or culture;
- To provide a stable, permanent alternative placement as quickly as possible for every child who cannot return to his own home.

## **How to Report Suspected Child Abuse and Neglect<sup>25</sup>**

### **Where to Make a Report of Suspected Child Abuse or Neglect**

- A report of suspected child abuse should be made to the local DSS in the county where the child lives or is found.

### **Suggested Script**

You have taken the time and effort to learn the physical, emotional, and behavioral indicators of child abuse and neglect. Now, a child who attends your parish, your school or youth program has exhibited some of the physical or behavioral signs of abuse or neglect. This gives you a suspicion that the child may have been abused or neglected by their parent or caretaker. Now what do you do? North Carolina law requires that you report this suspected child abuse or neglect to the Division of Social Services where the child lives or is found. You may have specific procedures at your facility on reporting. As part of the Diocese of Raleigh, you are required to report the suspected abuse or neglect to your supervisor. But remember, in the end it is your responsibility to make sure this report is made to either county officials or law enforcement.

Why should you report suspected child abuse or neglect? First, as you now know, it is the law in North Carolina that you report suspected child abuse and neglect. Second, by reporting suspected child abuse and neglect you are helping that family to receive services that they need so that the abuse stops. Third, you have a moral responsibility to protect the children entrusted to your care and finally, your report may save a child's life.

### **How to Make a Report of Suspected Child Abuse or Neglect**

- The report can be made in person, by telephone, in writing, by e-mail, or through the DSS web site.
- The report can be anonymous.
  - If you do choose to reveal your identity, you should give the intake worker your name, address and telephone number.
  - Your identifying information is confidential; DSS will not reveal it unless ordered to do so by the court of law.

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<sup>25</sup> NCGS §7B-301

**Suggested Script**

Making a report of suspected child abuse and neglect can be emotionally difficult. Even though you have had some training, acknowledge and accept that it is still difficult. But, also know that the reporting law in North Carolina is designed to make it as easy, and non-threatening as possible to make a report. Your report can be made either (1) in person at the local DSS office, (2) by calling the local DSS office and asking to speak to a Child Protective Services intake worker, (3) by writing and mailing your report to the local DSS office, (4) by sending an email to a DSS employee with CPS responsibilities, or (5) by completing the web form on the DSS web site.

Your report can be anonymous. This means you do not have to reveal your name or address. If you choose not to reveal your identity, CPS will still investigate your allegations. If you reveal your identity, you will be asked by the intake worker to provide your name, address, and telephone number. Your identifying information is confidential, and DSS will not reveal it unless ordered to do so by the court of law. As an adult working with children, you are encouraged to provide your name and address, because it can help in the investigation. You have information about the child, including the indicators you have seen, information the child has revealed to you about the abuse or neglect, and any risk factors you may have noticed in the parent or caregiver. All of this information is crucial. It can assist the CPS caseworker in determining if the child has been abused or neglected or is at risk for further abuse or neglect. It can also help in obtaining services and support for the family.

**What Your Report of Suspected Child Abuse or Neglect Should Include**

The report should include:

- The name and address of the parents or caretakers
- The name of the child
- The age of the child
- The present whereabouts of the child if not at the home address
- The nature and extent of any injury or condition resulting from abuse or neglect
- Any other information that the person making the report believes might be helpful in establishing the need for protective services or court intervention.

**Suggested Script**

Once you have decided to make your report, you must be prepared to provide information to the CPS intake worker about why you suspect the child has been abused or neglected. You will also need identifying information about the child and his or her parent or caretaker. It is helpful to write down the information that you will be asked to provide so you will not omit information that may be needed when you are making your report.

Your report should include the name and address of the parents or caretakers of the child, the name of the child, the child's age, and where the child can be located if he is not presently at home. All of this information should be available on file at your facility.

Knowing how to recognize the indicators of possible abuse or neglect is extremely important when you make your report. As a person involved with activities for children and youth, you have an opportunity to see the kids on a regular basis. You may notice changes in the child's physical appearance, or personality over time. If you notice that a child who has been entrusted to your care has exhibited any of the indicators of abuse or neglect, start a diary or log of your observations. Include what physical and emotional indicators you have seen and the dates when you notice the change in the child's appearance or personality. Also include the nature and extent of any injury or condition resulting from the suspected abuse or neglect, and any other information that you believe might be helpful in establishing the need for protective services or court intervention. Give this information to the CPS intake worker when you make your report.

The CPS intake worker may ask you additional questions to assess whether your allegations fall within the legal definition of abuse or neglect. Be prepared to be as candid and direct as possible when answering any questions concerning what has lead you to suspect that a child or teen has been mistreated. Give the intake worker a clear understanding of why you think this child or teen may have been mistreated or is in danger of being mistreated. It may be necessary for the intake worker to ask you additional questions and clarify statements before deciding if there is enough information to accept the report. Once you have met the requirements of the law, please inform your supervisor and/or Pastor. Pastoral care may be needed. If you have concerns involving those representing the Church, after you have met the requirements of the law, please call 1-866-353-7233. This is the Office of Child and Youth Protection for the Diocese of Raleigh. There are steps that are taken to assist local authorities, The Church assists those who suffered abuse by clergy as a minor, even when they are reporting it in adulthood.

### **What Happens After You Have Made A Report?**

#### **Your Report is Accepted by CPS for Further Investigation**

- The investigation is begun no later than:
  - 24-hours after CPS has received your report of suspected physical abuse
  - 72-hours after CPS has received your report of suspected neglect(The county DSS has the authority to determine what type of maltreatment a report of child maltreatment is classified as.)
- A thorough investigation is completed in order to determine:

- The facts of the case
- The extent of the abuse or neglect
- The risk of harm to the child
- The outcome of the investigation determines that:
  - Your report of abuse or neglect has been substantiated or
  - Your report of abuse or neglect has not been substantiated

### **Suggested Script**

The decision to accept your report is based on whether or not there is sufficient reason to believe that the child has been abused or neglected and if the information provided falls within the legal definition of abuse, neglect, and/or dependency. If CPS accepts your report, the investigation will begin within 24-hours if you have reported physical abuse and within 72-hours if you have reported neglect. If the subsequent investigation confirms that the child has been abused or neglected, this means your report has been substantiated. You will be notified, in writing, within five days after your initial report if your allegation of abuse or neglect has been substantiated (provided you shared your name and contact data).

If your report is substantiated, CPS will provide services designed to alleviate the maltreatment. In extreme situations, CPS will determine the risk of harm to the child warrants removal of the young person from the home. Placement may be with another relative of the child or with a foster care family. If the child is not removed, CPS will provide services to strengthen the family and ensure the continued safety of the child. To make this determination, a CPS caseworker will visit the child's home, talk with the child's parent and other relatives, and may even come and speak with you personally.

### **The Report Is Not Accepted By CPS**

- Your allegations do not meet the legal definition of child abuse or neglect.
- The child is 18 years of age or older.
- Your allegations do not suggest that the action or inaction of the parent or caretaker resulted in harm to the child.
- You will be notified, in writing of the decision not to investigate.
- You have the right to request a review of the agency's decision not to investigate.

### **Suggested Script**

Once you have taken the important step of making a report of suspected child abuse or neglect, it may be determined that the information you have provided is not sufficient for CPS to accept the report and investigate your allegations further. This may be because (1) your allegations



do not meet the legal definition of abuse or neglect, (2) the child is 18 years of age or older, or (3) the abuse or neglect inflicted upon the child was not done by a parent, guardian, custodian or caretaker. If the child was abused or neglected by anyone other than the child's parent, guardian, custodian, or caretaker, CPS will report your information to the appropriate law enforcement agency within 48 hours.

If CPS decides not to accept your report for further investigation, you will be notified, in writing, of that decision (provided you shared your name and contact data). Once you receive this letter, and if you are not satisfied with the decision, you have a right to ask that this decision be reviewed.

Remember when you make a report; even if it is not referred for further investigation, some action will be taken. A record of the report will be made, and your legal obligation has been fulfilled. You have fulfilled a moral duty to use your best judgement to protect a child. Do not be discouraged if your initial report of suspected abuse or neglect is not referred for further investigation. If you continue to suspect that the child is being harmed, make another report and another report if you still have concerns for the child's safety. Additionally, there may be others in the child's life that have made or will make a report. All of this information is important in helping CPS decide what actions steps are needed. The more information CPS has, the better able they will be to determine what, if any, support services to offer the child and his family. By also reporting to the Office of Child and Youth Protection at 1-866-535-7233, pastoral care can be extended.

### **Potential Barriers to Reporting<sup>26</sup>**

- A report to CPS is not an accusation, it is a request for CPS to determine if the child has been abused or neglected
- Potential barriers:
  - Personal feelings of the reporter
  - Internal reporting procedures at the organization/facility may make it difficult to make a report to CPS
  - Previous experience with CPS

### **Suggested Script**

If you suspect that a child has been abused or neglected, it is your responsibility to make a report. **It is not your responsibility to prove that abuse or neglect has occurred.** That is the job

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<sup>26</sup> Tower, C.C. (1992) The Role of Adults in the Prevention and Treatment of Child Abuse and Neglect. U.S. Dept. of Health and Human Services, Administration for Children, Youth, and Families. National Center on Child Abuse and Neglect. [www.calib.com/nccanch/pubs/usermanuals/educator/educator.pdf](http://www.calib.com/nccanch/pubs/usermanuals/educator/educator.pdf)

of Child Protective Services (CPS). However, reporting suspected child abuse or neglect can be difficult emotionally and may not always go smoothly. Potential barriers that may stop someone from reporting are (1) the personal feelings of the reporter; (2) internal reporting procedures at your organization or facility may make it difficult to make a report, and (3) a previous experience with CPS.

First, your own personal feelings may be a barrier to reporting. Some adults prefer not to get involved. Many worry that the child's parents will be angry, that the parents may pull the child from your program, or that by reporting a person places themselves in personal danger. Some parents who are under investigation for child abuse or neglect will feel angry at first. However, once they understand that your report was made out of concern for their child's safety and that CPS can offer much needed services for the family, the parent's anger may subside and your relationship with the parents may become stronger. You may also know the parents of the child well, and this may make it difficult to believe they could abuse or neglect their child. This is natural, but even if you know the family well, you must still make a report if you suspect a child is being abused or neglected.

Secondly, be assured that the Diocese of Raleigh has no procedures in place that make it difficult for you to make a report yourself. Rather, there are resources to help you make a needed report of abuse or neglect to local authorities. You are asked report the suspected abuse or neglect to a supervisor after you have informed local authorities so pastoral services may be offered if needed. By providing this training for all administrators, volunteers, and staff on how to report suspected child abuse and neglect, the Church hopes all we act swiftly to keep children from harm. The Church also offers help to begin a process of healing if harm has already been done. For more resources, you can call 1-866-535-7233 or email [safe@raldioc.org](mailto:safe@raldioc.org),

Finally, you may have had previous experience with CPS, and you may be reluctant to become involved again. You may feel that your previous report was not handled correctly, or that your report was not referred for further investigation. You must report your suspicions regardless of your previous experience with CPS. While reporting does not guarantee that the child's situation will improve, not reporting guarantees that the child will be at continued risk for abuse or neglect. Take the needed action to protect the child or youth who has been entrusted to your care.

- Suggested Discussion Points
  - How did it feel to make the report?
  - What information did the reporter give to the CPS intake worker?
  - Was there additional information needed that was not provided?
  - Was the report made anonymously? Why or why not?

### **Alternative Role Play**

- Ask participants to role-play in pairs the following scenario and then switch roles.
  - Scenario: Practice informing a family, in a positive manner, that you will be making a referral to CPS.
  - Discuss how this felt and what wording you chose to use.

### **Alternative B – Large Group Activity**

Ask for volunteers to share with other group participants the answers to the following questions:

- Have you ever made a report of suspected child abuse or neglect?
- Why did you make the report?
- What physical or behavioral/emotional indicators were present?
- Did the child make a disclosure?
- How did it feel to make the report?
- What was CPS's response to the report?

OR

Ask for volunteers to share with other group participants if:

- Was there a time, looking back, when you now believe you should have made a report of suspected child abuse or neglect?
- If yes, why didn't you make the report at the time?
- If yes, would you now make the report after knowing more about the indicators and the reporting process?

### **Alternative C – Large Group Activity**

Ask the group to share some of their typical concerns about reporting child abuse or neglect. List these concerns up on a flip chart or board. Then have the group turn to the "Typical Concerns and Responses," piece in the Group Activities section of the workbook. Have participants read these concerns and responses aloud. Allow the group some time to comment on these concerns and responses, sharing their personal experiences.

## **MODULE IX**

### **What to Do If a Child Discloses Abuse or Neglect**

#### **What You Will Need**

1. Powerpoint slides 62-63

#### **Objective**

1. Understand what to do if a child discloses abuse or neglect

**Approximate Time: 10 minutes**

## **What to Do If a Child Discloses Abuse or Neglect<sup>27</sup>**

### **Be Aware of Your Own Feelings and Try to Remain Calm and Nonjudgmental.**

#### **Suggested Script**

When a child chooses to tell you that they have been abused or neglected, they are also telling you they trust you and believe you are the right person to whom they entrust one of their most personal “secrets”. Some children will begin their disclosure by asking you to promise not to tell their secret. This is one secret that you cannot keep. Assure the child you understand their feelings, but that you care about them, and in order to keep them safe you may have to share this information with other adults. Assure the child of your concern and your willingness to help them. Assure them that is all right for them to tell you.

Rarely do children report after the first incident of abuse. Rather, the abuse or neglect has probably continued for many months or even years. The child may have a sense of hopelessness and thinks that no one can help them or that nothing can be done. The child may be outwardly calm, but inside they may be scared, nervous, and frightened. The first step in helping the child is to be aware of your own feelings and remain calm and nonjudgmental. You may feel anger toward the child’s parent or caretaker or be repulsed or overwhelmed by what the child tells you. Do not express panic or shock. These are your feelings, and you should not share them with the child. The goal is to help the child speak. Ask, “What happened”, What happened next? “and other open-ended questions. Assure the child it is good that you are speaking about this and that you will help them.

#### **Find a Private Place to Talk With the Child**

#### **Suggested Script**

Sometimes the child will wait until you are alone to tell you about the abuse or neglect. At other times, the child may disclose when there are other children or adults nearby. If this happens, calmly tell the child what they are sharing with you is very important, and you do not want to be interrupted or distracted by others. Then take the child to a safe, quiet, private place. Tell the another Level C adult at the event that you are taking a minor out for a private conversation. Ask this adult to come and check on you in 5 to 7 minutes. This way the child also hears that another

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<sup>27</sup> National Network for Child Care. (1991) Responding to Disclosure of Child Abuse and Neglect. NNCC, the National Extension Service Children Youth and Family Educational Research Network.  
[www.nncc.org/Abuse/respond\\_disclos.htm](http://www.nncc.org/Abuse/respond_disclos.htm)

adult is going to help in keeping that child safe. (You may want the other adult to be present if needed)

### **Keep the Talk Brief**

#### **DO**

- Let the child do the talking
- Let the child tell you, in their own words, what happened
- Give the child your undivided attention
- Ask for clarification if the child uses words that are not familiar
- Acknowledge the child's feelings
- Feel free to end the conversations with, "is there anything else you want to share?"
- Take notes and try to report direct quotes from the child

#### **DO NOT**

- Interrogate the child
- Probe or press for answers – ‘
- Suggest answers to the child
- Interrupt their story, unless you can not follow it
- Ask "Why" questions
- Ask leading questions such as "where you touched in a bathing suit area?"

### **Suggested Script**

Remember it is CPS's responsibility to investigate allegations of suspected child abuse or neglect. It is your responsibility to report to CPS what the child has told you and any physical or behavioral/emotional indicators of abuse or neglect that you have observed. When a child discloses that they have been abused or neglected, do not "interrogate" the child. Let the child do the talking. Let the child tell you, in their own words, what has happened to them. If the child uses words that are not familiar, you may ask the child to clarify what they mean or point to the body part to which they referred.

It is important to keep the talk brief because children may only tell their whole story one time and that, ideally, needs to take place with the CPS investigator. If a child discloses to you, try to get just enough information to file a report of suspected abuse and assure the child that someone is going to help them.

Do not in any way suggest to the child that a certain person may have done something to them. Do not probe or press for answers the child does not willingly offer. Do not ask "why" questions. Any of these may compromise a later investigation or make the minor uncomfortable.

**Let the Child Know You Believe Them and That the Child Is Not Responsible**

**For What Has Happened To Them**

**Suggested Script**

Reassure the child that they did the right thing by telling you about their situation. Let them know that you believe what they have told you. Tell the child they are not to blame for the abuse and they have done nothing wrong. Abused or neglected children often feel, or are told, that they are to blame for what happened and this is a lie that perpetrators tell. Again, reassure the child they did the right thing by telling you about the abuse or neglect and assure them you will help them.

**Explain To the Child What Will Happen Next****Suggested Script**

Once the child has spoken to you or you have witnessed warning signs and you suspect that the child has been abused, the child should be told what will happen next, in terms they can understand. You will have to tell someone about the abuse so that the child can be safe. Let the child know that those adults will then have a conversation with the child's parents. Assure the child that you will support them throughout the process and then be certain that you keep that commitment and support the child as best you can.

**Make the Report To the County CPS Office (see Module VIII)****Take Care of Yourself****Suggested Script**

It is often emotional and stressful to hear about abuse or neglect from a child in your care and to make a report. If you need or want support, talk to your supervisor or call a support agency near you. You can also call the Office of Child and Youth protection for the Diocese of Raleigh at 1-866-535-7233. When discussing your feelings about the disclosure, be sure not to reveal any identifying information about the child. The child told you about the abuse or neglect in confidence. It is important that you not break that confidence by telling others who are not officially involved in the investigation the identity of the child is or any information about the family. If a child says, "I will talk to you if you promise not to tell", then respond with how much you want to do what is right and that if you need to get help from others you will, you are not able to keep a secret if someone is being harmed or may be harmed.

## **MODULE X**

### **The Effects of Child Abuse and Neglect**

#### **What You Will Need**

1. Power Point slides 64-66

#### **Objectives**

1. Understand the physical effects of child abuse and neglect
2. Understand the psychological and emotional effects of child abuse and neglect

**Approximate Time: 5 minutes**



### **Physical Effects of Child Abuse or Neglect<sup>28</sup>**

- Injuries
- Permanent disability
- Neurological damage
- Lasting growth retardation
- Sexually transmitted diseases
- Death

### **Suggested Script**

Child abuse and neglect can cause permanent and serious damage to a child's physical, psychological, and emotional development. The damage a child suffers because of child abuse or neglect may differ with each child. The seriousness and extent of any damage depends on the abuse that occurred; how long it occurred; the extent of the abuse; and on the child's developmental stage at the time the abuse or neglect occurred.

Children may suffer neurological damage as a result of a blow to the head or other trauma to the brain. Lasting growth retardation can occur when injuries make it difficult for a child to eat or get proper nutrition. Children who have been sexually abused may contract sexually transmitted diseases. Some of these diseases, if left untreated, can result in permanent injury to the child.

For some children abuse and neglect can be fatal. Sadly, children die each year in North Carolina due to physical child abuse. An abused or neglected child may commit suicide. This may be the only way the child believes they can escape the pain and hopelessness of their situation. We want to help children avoid that sense of hopelessness.

### **Psychological and Emotional Effects of Child Abuse and Neglect<sup>29</sup>**

- Behavior that is either passive and withdrawn or very active and aggressive
- Low self-esteem
- Academic problems, truancy
- Self-destructive behavior
- Anxiety
- Depression
- Impaired ability to trust others
- Re-victimization
- Sexually inappropriate behavior
- Running away
- Delinquency
- Carving
- Eating disorders

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<sup>28</sup> English, D.J. (1998) The Extent and Consequences of Child Maltreatment. *The Future of Children*, 8, 39-53.

<sup>29</sup> English, D.J. (1998) The Extent and Consequences of Child Maltreatment. *The Future of Children*, 8, 39-53.

- Suicide attempts
- Increased likelihood of criminal behavior
- Increased likelihood of mental health problems

### **Suggested Script**

Abused and neglected children may also suffer psychological or emotional problems. Abused children tend to be aggressive, have difficulty interacting with others, or lack empathy towards others. Often abused or neglected children have an impaired ability to trust others. This can lead to feelings of being unwanted or unloved and can inhibit the child's ability to gain social skills needed to form healthy relationships with others.

As abused or neglected children get older, they may have trouble in school. If the child continues to do poorly they may lose interest in school, begin skipping classes, be absent from school or drop out of school all together.

Children who are abused often have low self-esteem. How a child is treated early in life influences how they view themselves. If a child is repeatedly told they are worthless, no good, or at fault for the abuse, this is the way they begin to believe. This damages how they feel about themselves. They tend to view themselves as worthless or overreact to stress because they feel powerless. They may have difficulty in defining limits to their own behaviors and act inappropriately with other children or adults. Sexual abuse victims may be sexually promiscuous or have difficulties with sexual intimacy and physical boundaries. Some children internalize their low self-esteem and become depressed, abuse substances, or experience eating disorders such as anorexia or bulimia. Other children may externalize their emotions by running away from home, hurting others, shoplifting or committing other crimes, or attempting suicide.

### **Supports to Help Children Avoid or Minimize the Effects of Abuse or Neglect**

Reporting suspected child abuse and neglect enables children and their families to receive services, such as:

- Family counseling
- Emergency foster care
- Intensive in-home services
- Assistance with housing or finances
- Assistance with medical needs and child care
- Other services as specifically needed by the family

## Suggested Script

Once you have made a report to Child Protective Services (CPS), and that report has been accepted for investigation, a full assessment is made to determine what services and supports are available to keep the child safe and minimize or avoid the negative effects of child abuse and neglect. Potential services include family counseling, emergency foster care, intensive in-home services, and assistance with housing, finances, medical needs and childcare. Once a report has been made and has been accepted by CPS, an investigation must take place and appropriate action taken. It is important to continue to support families and the children you work with during this process.

## **MODULE XI**

### **How You Can Prevent Child Abuse and Neglect**

#### **What You Will Need**

1. Power Point Slides 67-73

#### **Objectives**

1. Understand how an individual can help to prevent child abuse and neglect
2. Understand the community's role in child abuse and neglect prevention
3. Responding if the complaint of abuse involves me

**Approximate Time: 5 minutes**

## **How You Can Prevent Child Abuse and Neglect**

### **Child abuse and neglect prevention includes:**

- Efforts that occur before a problem develops or
- Efforts that intervene after abuse has occurred to lessen or stop the problem

**Suggested Activity:** Have participants share their child abuse prevention ideas: What are they currently involved in? What ideas would they like to implement in their current programs? In their towns? Write responses up on a flip chart so they can be shared.

### **How You (the Individual) Can Prevent Child Abuse and Neglect**

#### **Help Parents You Know**

##### **Offer parent education programs at your facility**

- Positive discipline techniques
- Child development information
- Support groups for single parents
- Promote positive play interaction between parents and children
- Reach out to parents who are struggling

##### **Offer to help parents you know who are or might be under stress**

- Stay with the children while the parent(s) take a break
- Offer positive encouragement when you see a parent interacting positively with their child
- Partner with a mental health organization to provide support and assistance to families
- Help parents talk with their children about safety issues

#### **Help Yourself**

If you are a parent under stress:

- Ask for help
- Learn about positive discipline
- Learn about child development
- Talk with other parents or join a parenting group

#### **Act When You See a Child Mistreated**

- Engage the parent and be sympathetic
- Call the manager if you believe a child is in danger or
- Call the local authorities yourself

#### **Volunteer At a Child Abuse Prevention Program**

- Refer to the resource list in Appendix on Resources
- Contact your local library or referral center for volunteer programs in your area
- Visit [www.preventchildabusenc.org](http://www.preventchildabusenc.org)

## **Report Suspected Abuse and Neglect**

## **Advocate To Eliminate Corporal Punishment in Schools**

## **Advocate for Services for Families**

### **Initiate or Support Public Awareness Activities**

- Participate in activities during April, “Child Abuse Prevention Month”
- Provide brochures and other information on parenting and child abuse prevention at local health fairs, shopping centers, or other public events
- Contact Prevent Child Abuse North Carolina at 1-800-CHILDREN
- Contact your local Prevent Child Abuse Affiliate or Prevention Network Member
- Refer to brochures and videos available in the Materials Order Form Appendix

### **Make a Contribution to a Child Abuse Prevention Program**

- Many child abuse prevention organizations are private, not-for-profit agencies
- Your contribution of time or money is vital to help these agencies continue to provide much needed services for children and their families

## **SUGGESTED SCRIPT**

Children are a vital part of our communities. Their experiences early in life will shape their development into adults, influencing the type of involvement they will have in making their communities a better place to live. It is up to us, as members of our community, to make sure all children are protected from child abuse and neglect. Although government has a large role to play in the protection of our children, we should not leave all the responsibility up to them.

We can all help by volunteering to work with child abuse prevention and family support services, reaching out to adults in our local community, supporting parenting education programs, offering to help other parents, and reporting incidences when we see them. As community members, we need to become involved in supporting families that are having difficulties and we need to support community-wide efforts that benefit children.

## **The Faith Community’s Role in Child Abuse Prevention**

Some things faith-based groups can do to prevent child abuse:

- Copy and distribute materials on child abuse prevention
- Offer respite care to congregation members in need of short-term relief
- Provide information on child development and community resources during counseling sessions
- Share information on how to report child abuse and neglect in church bulletins and newsletters
- Train spiritual leaders to recognize the signs and symptoms of child abuse and neglect

- Work with families and make appropriate referrals.
- Celebrate children and families by hosting a “Children’s Day”
- Donate space for parent support groups or parent education programs

### **Suggested Script**

Oftentimes, a community’s most influential organizations are their religious institutions. Faith-based groups should reach out to help families and children who are at risk for abuse or neglect. The faith community offers an excellent way to distribute information to families that cannot be reached through traditional media. Many faith organizations already provide support services to families in their congregations and would be more than willing to pass on child abuse prevention information if given the opportunity.

It should be recognized that faith-based groups could be part of the problem as well as part of the solution. Some faiths belief in the use of physical punishment is in conflict with protecting children from abuse and neglect. You need to be aware of these issues when contacting faith-based groups for cooperative community awareness campaigns.

### **Teach Children Safety and Child Abuse Prevention**

As adults working with children, you can:

- Provide lessons and acknowledge their progress with social skills building and self-esteem issues
- Discourage bullying and teach empathy
- Use workbooks, storybooks and comics (if appropriate)

### **Suggested Script**

Whenever you have lessons related to child abuse and neglect be prepared for disclosure by some of the children. Look for material that is designed specifically for the age and maturity level of the children you are working with. Your role is not to make children feel paranoid, but to help them feel they are in control of their own bodies and that they know they can go for help when they feel uneasy around someone. Use every opportunity presented to you to encourage their self-worth and build their social skills. Discourage bullying and teach children empathy. If provided with these skills before abuse occurs, they will be more likely to stand up for themselves and try to secure help.

IF YOU HAVE A TRAINING PARTNER , you may give the post test here which allows time for grading during the last part of the session.

## **Responding to Charges of Abuse and Neglect**

If an employee, volunteer, or staff member in your program has been reported as a potential perpetrator of child abuse or neglect, it is critical for you to respond accordingly and cooperate fully with the investigation. Operational policies should be developed to help guide procedures and implement quality assurance. If you or a staff member is reported for suspected child abuse or child neglect, you should:

- Maintain your composure and act professionally at all times. While feelings of anger, shock, and frustration may be entirely legitimate, it is better to express them to coworkers, family, and friends, rather than the investigators.
- Cooperate fully with the Department of Social Services during the investigation process. Provide all required information. Relate details calmly and rationally, and attempt to keep information as factual as possible.
- Request as much information as possible regarding the substance of the allegations, including:
  - The person reported to be abused or neglected, and
  - Details of the allegation.
- Record the names, addresses, and telephone numbers of the investigators. You may want to communicate additional information or ask questions at a later date.
- Obtain information from investigators about the investigation process and what to expect.
- Based on information provided by the Department of Social Services determine whether or not you need to seek legal counsel.

**Suggested Activity:** Post one piece of flip chart paper for each of the questions listed below. Ask participants to break into three groups, participating in whichever group they prefer. Ask each group to record their answers and report them back. Allow ten minutes for discussion.

- What can you do if your organization's child abuse reporting policies are in conflict with state law?
- How do you handle the situation if you suspect that a co-worker is abusing or neglecting a child?
- What do you think parents experience emotionally as he/she goes through the CPS process? How can you support the family at this time?

**Alternative Activity:** Record on a flip chart participants' conclusions to the following phrase, "The things I'll do differently as a result of this training are...."

REVIEW SLIDES ON Preventing Child Abuse and Neglect in Your Facility.

### **Guidelines for Adults working with Children**

- Never use any form of corporal punishment to discipline a child.
- Know all the children and the number of children who are assigned to you.
- When large groups of children are together, such as on a playground, develop a routine for constantly checking the whereabouts of each child assigned to you.



- Question the identity and business of every adult who enters the facility and is not known. Never allow a child to leave the building with anyone you do not know or who is not approved to leave with the child.
- Learn first aid and CPR techniques, as well as the established emergency procedures for your program.
- Many programs provide or use special resource adults to improve their program. Examples include student nurses, special dance or art teachers, work-study students, volunteers or parents. Their participation in the classroom or center should always be conducted in the presence of a regular staff member. Do not use these adults as an opportunity to take a break.
- Instruct substitutes who work in your school or program about all aspects of your supervision responsibilities.
- Record all injuries and be sure to share this information with the director or another staff member and the parent.
- Do not ignore signs of child abuse or neglect. If you have any concerns about a potential problem, discuss these concerns with the director. If you suspect that child abuse or neglect is occurring, call the Dept. of Social Services and file a report.
- Be particularly vigilant in supervising children during periods of the day when there is likely to be greater confusion, such as early in the morning, late afternoons, transition times, and toileting activities.
- Do not hesitate to call for help if you are having trouble keeping in control. It is better to ask for help than to lose your temper.

For many session, you may stop her and administer the post test.

## **MODULE XII**

### **Administrative Issues**

#### **What You Will Need:**

1. Power Point slides **74-**
2. Handout ( **If the trainer has not already distributed the handouts, do so in this section**

#### **Objectives:**

1. Understand issues to consider when writing organizational policy and procedures
2. Understand issues to consider in providing supervision and support when staff members have to file a report
3. Understand the guidelines for programs regarding reporting and investigating child abuse and neglect
4. Understand the guidelines for preventing child abuse and neglect in your organization
5. Understand issues to consider in responding to allegations of child abuse and neglect in your organization

**Approximate Time: 15 minutes**

## **Administrative Issues**

This section is not needed for catechists and volunteers but is useful for administrators and facility leaders. FOR MOST VOLUNTEERS - USE HANDOUT # to cover how to make a report

### **Rationale for Policies and Procedures**

There are personal, professional, and legal reasons for reporting suspected child abuse and neglect. The value of the personal commitment to be nurturers of children is probably the strongest motivation for taking action to protect them from harm. At the same time, adults working with children have respect for, and value, the role of the parent. Most have probably worked hard to maintain a relationship with those parents. Having to report suspected child abuse and neglect feels like a threat to that relationship. Putting strong and clear policies and procedures into place may help alleviate some of the fear adults feel when faced with this critical situation.

### **Suggested Policies Regarding Reporting Child Abuse and Neglect**

A section of your organization's Policies and Procedures Manual should be devoted to the policies and procedures on reporting child abuse and neglect.

#### **Training:**

- Provide staff with training on the identification and reporting of child abuse and neglect during employee orientation.
- Ensure that all staff understands that they are required by law to report suspected child abuse or neglect.
- Refresh training on recognizing and reporting child abuse and neglect annually.
- Ensure that all staff knows how to make a report with CPS.

#### **When to Report:**

- When suspicion of abuse exists. (It is CPS' job to prove the child has been harmed.)

#### **Who Should Report:**

- The person who suspects abuse or neglect.

### **Suggested Script**

North Carolina state law requires that the person who suspects the abuse or neglect is the person who makes the report. Some programs have policies that state that concerns should be taken to the director who will then make the report. This type of policy is not in compliance with state law. Organizations should address this aspect of reporting by implementing policies that comply with the law and support the person reporting suspected abuse. It is a good practice to have the employee (teacher or program director) and their supervisor meet to discuss the possible report before the report is filed.

Your policies and procedures manual should include the phone number of your county Department of Social Services, Child Protective Services (CPS) intake worker. This phone number is usually good for traditional business hours. After hours, you should make the report to 911 and they will contact the CPS intake worker on call for that evening.

You may want to have a form prepared that lists what should be included in a report.

Typically, child protective services will ask for the following information:

- Child's name, date of birth, age, and address
- Child's present location
- Parents' names and addresses
- Nature and extent of the suspected abuse or neglect
- Reporter's name and location

On the form (or over the phone) you may also want to include:

- The date the report was filed with child protective services.
- Notes on meeting with supervisor and the reporter to discuss the report.
- Notes about any plans for follow-up.
- Questions about or results of the report. Will it be investigated? If investigated, what were the results of the investigation? If not investigated, what was the reason given for not investigating.

### **Provide Parents with Information Regarding Reporting Procedures**

Let parents know, during your first meeting with them, of your program's policies regarding child abuse and neglect. The way the information is presented to the parents is crucial. Tell them that as adults concerned for their child's well being, you will be making sure that children receive the support they need, and part of this support would come from Department of Social Services if there was any suspicion that a child was in danger of being harmed.

### **Be Supportive of Families**

Let families know that you are supportive. It may help alleviate a family's need to be defensive about a report being filed. This, in turn, may allow as little disruption for the child as possible. Make every attempt to keep the child in your program. This is not a good time for more changes in the child's life. Offer to meet with the family to discuss what may happen next. Offer other types of support that are specific to that particular family. Encourage them to look at this as a potential opportunity to change something in their lives that will have a positive impact on their child. A plan should be devised by the staff in your program (and their supervisors) as to the steps

to take if the parent is hostile and/or if the parent tries to remove the child from the school or program.

### **Follow Up On the Report**

Even though the law allows you to report anonymously, taking the anonymous reporting route does not allow you to receive any information from child protective services about the outcome of the report. In order to support the family, you will need this information. Let Child Protective Services and the family know that you would like to be part of the intervention plan for the family.

### **Confidentiality**

Your organization needs to have a confidentiality policy that states exactly who in the organization will have access to reports of child abuse and neglect. Where are the reports to be filed? This should be a locked cabinet. When will the records be discarded?

Confidentiality should be discussed with the parents when the decision to make the report has been determined. Parents should be assured that the information is being given only to Child Protective Services and that they have confidentiality procedures they must follow as well. (See additional information in Modules II and VIII.)

### **Provide Support for the “Reporter”**

Making a report be a difficult experience. As a supervisor, support your staff during this difficult time. Offer to meet with your staff to discuss the emotional aspects of reporting as well as checking in on the technical aspects of the report.

### **Diocese of Raleigh Process for Reporting and Responding to Allegations of Sexual Abuse of a Minor by Church Personnel**

All cases of suspected, or known sexual abuse of a minor must be reported to the appropriate civil service or law enforcement authorities. All allegations of sexual abuse by a priest, deacon or other Church personnel are to be reported to law enforcement. After the call to law enforcement has been made (or if you help to make that report) call 1-866-535-7233 and share your suspicion of abuse to the Director for the Program of Child and Youth Protection for the Diocese of Raleigh (Program Director) . You may also email [SAFE@raldioc.org](mailto:SAFE@raldioc.org) if that mode of communication is helpful.

The Program Director will respond in a supportive and non-judgmental manner, as soon as possible, and will;

- Record the information as required by the Policies and Procedures for the Protection of Children and Young People (Policies).
- Provide the victim or victim's caregiver with information to make a report to law enforcement authorities and make the report to the authorities on behalf of the Diocese.
- Inform at least three of the following four people, the Bishop, the Vicar General, Chancellor, The CEO/CFO of the Diocese.
- Next, the Program Director will alert the Assistance Ministry Coordinator who discern who will initiate the Assistance Ministry Program. The following notifications will also be initiated;
- Vicar for Clergy, if accused is a priest or deacon
- Vicar for Religious, if the accused is a non-ordained religious
- Director of Human Resources, if accused is a lay employee or volunteer
- Chair of the Diocesan Review Board
- Diocesan Legal Counsel

#### *Notifying the Accused*

In all cases, the accused named in the allegation shall be notified in person, within 48 hours if possible, of the substance of the allegation by:

- The Vicar for Clergy or Vicar General , if the accused is a priest or deacon, and Religious Superior, if the accused is an ordained religious
- The Vicar for Religious or Vicar General, if a non-ordained religious
- The Director of Human Resources or Chancellor, if a lay employee or volunteer

If the accused is clergy, the accused will be advised of the process for the preliminary investigation, of the right to civil and canonical counsel. The accused clergy will also be advised of the right to appear before the Review Board with counsel and/or other advocate.

If the accused is an employee or volunteer, actions will be determined in cooperation with law enforcement.

#### *Preliminary Investigation*

The investigation undertaken by law enforcement will take precedence over any inquiry or investigation by The Diocese of Raleigh. The Bishop will appoint an Investigator who will conduct interviews and gather information as outlined in the Policies. As soon as possible, the Investigator will report the findings to the Promoter of Justice, the Bishop and the Review Board, in a written report. The Vicar General will establish a confidential file in each case, to contain the initial report and all subsequent materials. During the entire process, great care will be taken to protect the rights and privacy of all parties involved. The requirements of Criminal Law, Canon Law, and diocesan policies will be observed.

#### *Consultation with the Review Board*

The Review Board will be convened by the Bishop as soon as possible once the preliminary investigation has been completed. In the presence of quorum, the Board will examine all information and may take any or all of the following actions:

- Request additional information
- Request interviews with knowledgeable individuals and/or the accused
- Make a recommendation to the Bishop that the allegation is found to have a semblance of truth and offer a recommendation of further action by the Bishop. The Review Board may also find that the allegation does not have a semblance of truth or has not been sufficiently established and should not be considered further unless additional, pertinent information is received.

The Bishop's authority to govern is informed by advice Review Board but is not bound by that advice.

#### *Documentation of the Deliberations of the Review Board*

The deliberations of the Review Board will be strictly confidential. Summary notes indicating the purpose of the meeting, members in attendance, witnesses, decisions, and recommendations made will be recorded and kept in the office of the Vicar General or his designee.

## **Preventing Child Abuse and Neglect in Your Program**

### **Guidelines for Administrators and Board Members**

- Screen applicants with thorough reference checks, including talking with last employer.
- Develop clear guidelines on behavior management. Written discipline policies and procedures should be given to each employee and parents.
- Immediately report any observations or incidents of suspected abuse or child neglect – for legal, ethical and self-protection reasons.
- Provide some opportunities for staff to have some relief, breaks, etc.
- Maintain manageable group sizes.
- Have clear substitute policies and an up-to-date list of well-trained substitutes.
- Do not hesitate to talk to parents of children who are disruptive and to insist on professional help when it is needed.
- Make provisions for regular in-service training of staff on how to recognize and report child abuse and neglect.
- Evaluate staff often. Visit classrooms frequently.
- Do not hesitate to terminate an employee who has overstepped reasonable discipline practices.
- Make sure staff has adequate knowledge of child development so that children's social/emotional and physical needs are met.
- When appropriate, report complaints you have received concerning other staff to Department of Social Services.
- Hire all new staff for a probationary period.
- Develop procedures for recording all injuries or accidents to children. Include the date, time of incident, description of incident, and any action taken by staff. Also, record any unusual marks or bruises that a child has upon arrival so that they cannot be attributed to the program.



## **MODULE XIII**

### **Conclusion**

#### **What You Will Need**

1. Post-Test – from Tests Appendix
2. Post-Test Answer Key – from Tests Appendix
3. Evaluations – from Evaluations Appendix
4. Workshop Certificates – from Certificates Appendix
5. Manila envelope or folder

#### **Objectives**

1. Post-Administration
2. Comparison of Pre-test and Post-test outcomes
3. Completion of workshop evaluations
4. Distribution of workshop certificates

**Approximate Time: 20 minutes**

### **Post-Test Administration**

- Distribute copies of the Post-Test to each participant (along with pens or pencils)
- Emphasize that, like the Pre-Test, the Post-Test is not graded
- Allow approximately 5 minutes to complete the test
- Using the Post-Test answer key, review each answer with the explanation
- Have the participants compare their Pre-Test with their Post-Test answers

### **Complete Workshop Evaluations**

- Distribute copies of the workshop evaluations to each participant
- Allow approximately 5 minutes to complete the evaluations
- Inform participants the evaluations are anonymous, and encourage them to fill them out completely
- Inform the participants the purpose of the evaluations is to:
  - Provide feedback to the facilitator and sponsoring agency
  - To assist in improving the workshop for future participants
- Tell the participants to place their completed evaluation in the folder or envelope located at the front of the room
- If the participants completed the group activity in Module I, acknowledge their suggestions and inform them the suggestions will be considered for future workshops.

### **Distribute Workshop Certificates**

- Thank all participants for attending the workshop
- Distribute the certificates

## **MODULE XIV**

### **TRAINING IN YOUR COMMUNITY**

#### **What You Will Need:**

1. Power point slides

#### **Objectives:**

1. To assist trainers in setting up training programs in their community
2. To encourage trainers to participate in Prevent Child Abuse North Carolina referral program

**Approximate time: 5 minutes**

Now that you have completed Recognizing and Reporting Child Abuse and Neglect ( Safe Environment Training)you can complete the Train-the-Trainer Program and you would be qualified to provide training to others in your community. Please take this knowledge and share it with colleagues, community leaders, teachers, and any other adults you know who regularly work with children. As you begin to share this expertise with others, you will find opportunities to provide training to adults in your community. Start with the adults that you see everyday – your colleagues – and then expand your circle of contact to include other institutions and programs in your community that serve children and families. In order for us to prevent child abuse and neglect, we have to encourage others to recognize and report it. In order for prevention to work, it has to be a community-wide effort. You can make a great difference by providing this training to others in your area. Reach out to other churches and civic groups.

### **Getting Started**

- Train the other staff members in your center or institution (right away!).
- Contact local faith communities and offer to provide training to those who provide morning educational classes for children.
- Contact local day camps, after school programs, and other programs for kids and offer to train their staff members.
- Contact the local school district and offer to train teachers or teachers' aides.
- Do some “word-of-mouth” advertising. Tell your friends and colleagues about this training program and let them know that you would be willing to provide training to others. Adults will respond and requests will come.

### **Sustaining Training Programs in Your Community**

A team approach is crucial to sustain training in your community. In order to improve the capacity of your community to protect children, all the agencies and organizations that work with children should come together around the issue of child abuse and neglect and develop a clear understanding of each organizations' roles and responsibilities to support families. April – Child Abuse Prevention Month – provides an excellent opportunity for organizations to come together, get to know one another, and promote child abuse prevention programs and strategies locally. (See Module XI or contact Prevent Child Abuse North Carolina to get more ideas on April Events planning.) Once relationships have been established between your organization, the local DSS

office, and others in your community who work with children, you will be able to coordinate your efforts around professional training and child abuse prevention efforts. Perhaps there is already a solid network of child abuse prevention adults at work in your county and you merely need to ‘plug in’ to their network.

### **Working with Family Services Organizations to Prevent Child Abuse**

Contact the organizations listed below and let them know that your parish or school will provide training to their staff members. Continue to build this network of contacts as these are the adults who must work together in your community to protect children. For example:

- The county Child Care Resource & Referral agency
- Neighboring Churches
- The local Guardian ad Litem program
- The local Foster Parents’ association
- The local school district or Board of Education
- Local health care adults
- Counseling organizations that provide support services to children

## **APPENDIX**

### **Recognizing and Reporting Child Abuse and Neglect**

#### **Role-Plays And Group Activities**

- Module IV - Accidental or Intentional Injury?
  - Module VII – Is This Child Neglect?
- Module VIII - Reporting Child Abuse and Neglect

#### **“Getting to Know You” Group Activity**

For Groups of 3 – 8 Participants

Name of Activity: “KEY WORDS”

Materials: small slips of paper, each containing a key word from the curriculum  
(one for each participant)

The facilitator places one slip of paper with a key word from the curriculum on the inside cover of each participant’s notebook (or if they already have their notebook, at each place in the meeting room).

When participants arrive for the group, they are asked to find their key word. They are then asked to give a one-minute introduction of themselves and during this time they must describe what their key word means to them in relation to the course.

Key words can be posted and referred to throughout the course.

Optional: Record what participants say about the key word on a flip chart and refer back to it during the course.

## **Module IV**

### **Accidental or Intentional Injury?**

1. A five-year old has many bruises on her shins. You notice that these bruises are of various sizes, shapes, and colors.
  
2. A five-year old has many bruises on his belly and back. You notice that these bruises are of various sizes, shapes, and colors.
  
3. A ten-year old is walking with a limp. Upon questioning, the child states that he “got a whipping” after breaking a window at home.
  
4. A fifteen-year old comes to see you. You notice that her right cheek, right eyelid, and jaw are red and swollen. Upon questioning, she states that she “bumped” into a door.

**Accidental or Intentional Injury?**  
**Facilitator's Response**

1. A five-year old has with many bruises on her shins. You notice that these bruises are of various sizes, shapes, and colors.

*Interpretive:* If **no** other bruises are noted, this most likely represents the bruising associated with normal childhood play (bicycles, tree climbing, etc.) Such bruising tends to be located over “bony prominences” (elbows, shins, etc) particularly in young, active children.

*Consider:*

- Question the child about the nature of his injuries. (How did you get this bruise? How did you get that bruise? Are there any other bruises? Is there anything you want to tell me?)
- Question the child's parents directly.
- Always “listen with your eyes”- be aware of the child's behavior while they talk to you. What does the child's posture, tone of voice and facial expression communicate to you?

2. A five-year old has many bruises on his belly and back. You notice that these bruises are of various sizes, shapes, and colors.

*Interpretive:* Bruises involving “soft places” (belly, soft part of the cheek, inner soft part of the arm, etc.) are highly concerning for inflicted injury. It is very **unlikely** that these areas would bruise without a specific, believable history of accidental injury.

*Consider:*

- Question the child about the nature of his injuries. (How did you get this bruise? How did you get that bruise? Is there anything else you need to tell me? Are there any other bruises that I cannot see?)
- Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
- Always “listen with your eyes”- be aware of the child's behavior while they talk to you. What does the child's posture, tone of voice and facial expression communicate to you?
- Obtain an immediate medical evaluation from the school nurse; emergency room/community doctor evaluation; coordinated through the school or DSS; etc.
- Immediately report your concerns to school officials.
- Make a formal report to your local DSS.

3. A ten-year old is walking with a limp. Upon questioning, the child states that he “got a whipping” after breaking a window at home.



*Interpretive:* Corporal punishment is considered legal in most states, including North Carolina. However, when corporal punishment results in **harm**, or **risk of harm**, it should be taken very seriously. From a medical perspective, “discipline” that results in injury, or risk of injury, is considered **physical maltreatment**. From a social services perspective, “discipline” that results in injury, or risk of injury, is often considered **neglect**.

*Consider:*

- a. Question the child about the nature of his injuries. (Where are you hurt? What happened? What happened next? Is there anything you need to tell me? Assure the child that it is good that they are talking to you and that you will help. Is there anything else you want to say? Do you have any other injuries? )
  - b. Always “listen with your eyes”- be aware of the child’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
  - c. Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
  - d. Obtain immediate medical evaluation from the school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.
  - e. Immediately report your concerns to school officials.
  - f. Make a formal report to your local DSS.
4. A fifteen-year old girl comes to see you. You notice that her right cheek, right eyelid, and jaw are red and swollen. Upon questioning, she states that she “bumped” into a door.

*Interpretive:* When a particular injury Does not seem ‘to fit’ with the “accident,” consider the possibility of inflicted injury. An adolescent is at risk for physical maltreatment in the home, as well as assault outside of the home (dating violence, gang activity, bullying, etc).

*Consider:*

- a. Question the teen about the nature of her injuries (what happened? What happened next? Is there anything else you want to tell me? Do you have any other injuries? Etc.) Assure the teen that it is good they are talking with you and that you will help them.
- b. Always “listen with your eyes”- be aware of the teen’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
- c. Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
- d. Obtain immediate medical evaluation from the school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.
- e. Immediately report your concerns to school officials.
- f. Make a formal report to your local DSS.

## **Module VII**

### **Is This Child Neglect?**

1. A six-year old has a large, scabbed cut on his forearm. Upon questioning, the child states he “got cut with a broken bottle” while his parents were fighting.
2. A twelve-year old is always complaining that she is “hungry.” Upon questioning, she states that her mother “doesn’t have time to cook,” and that, “there isn’t any food.”
3. A ten-year old is looking tearful and anxious. Upon questioning, she reveals that her mother and father “fight all the time.” The child states that she is, “too scared to sleep” because, “he might try to kill us.” She further states that she tries to intervene, “when daddy chokes my momma.”
4. A fourteen-year old comes in several days in a row, apparently out-of-breath. Upon questioning, he states that he has asthma, and is having difficulty “catching his breath.” He further states that his asthma medicine “ran out a long time ago.” He states that his father, “works all the time” and is, “too busy” to take him to a doctor for more medicine.

## **Module VII**

### **Is This Child Neglect?**

### **Facilitator's Response**

1. A six-year old has a large, scabbed cut on his forearm. Upon questioning, the child states he “got cut with a broken bottle” while his parents were fighting.

*Interpretive:* This scenario highlights the risk of injury that stems from childhood **exposure** to domestic violence. Although the child may have been “accidentally” injured during the course of fighting, this case still constitutes child neglect. Specifically, the child’s parents placed him at risk of harm, which ultimately resulted in physical injury.

*Consider:*

- Question the child about the nature of his injuries (Where else are you hurt? Do you have any other bruises or cuts? Etc.)
  - Always “listen with your eyes”- be aware of the teen’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
  - Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
  - Obtain immediate medical evaluation (school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.)
  - Immediately report your concerns to school officials.
  - Make a formal report to your local DSS.
2. A twelve-year old is always complaining that she is “hungry.” Upon questioning, she states that her mother “doesn’t have time to cook”, and that “there isn’t any food.”

*Interpretive:* If substantiated, this scenario represents child neglect. Parents are expected to provide for a child’s most basic needs--including food, shelter, clothing, and access to medical care.

*Consider:*

- Question the child further about her basic needs, including access to food, shelter, clothing, and medical care.
- Always “listen with your eyes”- be aware of the teen’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
- Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
- Obtain medical evaluation when appropriate (school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.)
- Immediately report concerns of neglect to school officials.
- Make a formal report to your local DSS if you are suspicious about neglect.

3. A ten-year old is looking tearful and anxious. Upon questioning, she reveals that her mother and father “fight all the time.” The child states that she is “too scared to sleep” because “he might try to kill us.” She further states that she tries to intervene “when daddy chokes my momma.”

*Interpretive:* Exposure to domestic violence –resulting in behavioral and emotional changes–represents child neglect. Although not physically injured, this child is clearly being exposed to an “injurious environment.” Many child welfare agencies are still struggling to understand the relationship between neglect codes/statutes, and exposure to domestic violence.

*Consider:*

- Question the child further about exposure to violence, and potential physical injuries she may have sustained.
  - Always “listen with your eyes”- be aware of the teen’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
  - Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
  - Obtain medical evaluation (school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.).
  - Immediately report your concerns to school officials.
  - Make a formal report to your local DSS.
4. A fourteen-year old comes in several days in a row, apparently out-of-breath. Upon questioning, he states that he has asthma, and is having difficulty “catching his breath.” He further states that his asthma medicine “ran out a long time ago.” He states that his father “works all the time” and is “too busy” to take him to a doctor for more medicine.

*Interpretive:* If substantiated, this scenario represents child neglect. Parents are expected to provide for a child’s most basic needs -including food, shelter, clothing, and access to medical care.

*Consider:*

- Obtain **immediate** medical evaluation --asthma can rapidly deteriorate into a life-threatening situation (school nurse; emergency room/community doctor evaluation, coordinated through the school or DSS; etc.).
- Always “listen with your eyes”- be aware of the teen’s behavior while they talk to you. What does the child’s posture, tone of voice and facial expression communicate to you?
- Contact the parents regarding your concerns and inform them of your responsibilities toward the child if you will provide immediate medical attention or first aid; You will have to discern if a report to DSS needed; etc.
- Immediately report your concerns to school officials.
- If you are suspicious that this teen is being “medically” neglected, make a formal report to your local DSS.

## **Module VIII**

### **Reporting Child Abuse and Neglect**

#### **Typical Concerns & Responses**

**Concern:** “The parents seem like very angry adults. What if the parents come after me?”

**Response:** Although there may be a few exceptions, most abusive parents lack the social skills to face adults, especially those whom they perceive to be in authority positions. This inability to confront adults is one of the reasons why their children are vulnerable to being harmed. An occasional parent may yell or threaten, but that is usually as far as it goes.

**Concern:** “I have no right to intervene in a family’s affairs.”

**Response:** The laws in your State give you the right to protect the child by reporting your suspicions of child abuse and neglect. It is the only way the child and family can begin receiving the help they need.

**Concern:** “Their cultural practices are different from mine. I have no right to impose my child-rearing beliefs on them.”

**Response:** The definitions of child abuse and neglect included in State laws apply to all families residing in a State or community. These laws do not provide for exceptions when, by legal standards, culturally accepted child-rearing practices are abusive or neglectful.

**Concern:** “I’ve worked with this person for 5 years. I just cannot believe that she would sexually abuse the children. There must be some other explanation.”

**Response:** Adults who abuse or neglect children come from all kinds of backgrounds and are not always easy to identify. You must trust your observation skills and your knowledge of the physical and behavioral signs of child maltreatment. Also, remember that in your report you are not accusing any one person; you are reporting the condition of the child or children that you suspect was caused by child abuse or neglect.

**Concern:** “I don’t want to be considered a troublemaker...but Mrs. Littleton is extremely rough with the children, and yesterday she left finger marks on both of Carmen’s arms.”

**Response:** Sometimes, your intervention with a colleague might prevent a child from getting seriously hurt. Most organizations have administrative policies for how to report concerns about staff treatment of children.

**Concern:** “The last time I reported, nothing happened. The child is still with his family, and the father is still abusing him. The CPS caseworker never even got in touch with me. I left many messages, but he never called me back. This time, I’m not going to bother reporting.”

**Response:** The facts and circumstances of each case are different, and you cannot assume that all cases will be handled in the same way or have the same results. Confidentiality laws and policies often make it difficult for CPS to keep you informed. When you do not get the response you expect from a caseworker, ask to speak with his/her supervisor.

**Concern:** “I really don’t think anything will get done, so what’s the use of reporting?”

**Response:** It is true that filing the report does not guarantee that the child and family will get help. However, if you do not report, the children may continue to be at risk. At the very least, a record of the report will be made, your legal obligation fulfilled, and the investigative process begun. Abused and neglected children cannot be protected unless they are first identified, and the key is reporting.

**Concern:** “I might be sued by the parents for making a false report.”

**Response:** In every State, mandated reporters are immune from civil liability for making a report in good faith (where knowledge or reasonable suspicion exists), even if it is not substantiated by the investigator. Even if someone does sue you, the court will dismiss the case when they find out that you are a mandated reporter. Some States have provisions to pay your legal fees if you must defend a lawsuit.

Source: “Caregivers of Young Children: Preventing and Responding to Child Maltreatment.” National Center on Child Abuse and Neglect, U.S. Dept. of Health and Human Services, pages 34-35, 1992.

**EVALUATIONS  
APPENDIX**

**Recognizing and Reporting Child Abuse and Neglect  
Workshop Evaluations**

**APPENDIX**

**Recognizing and Reporting Child Abuse and Neglect  
Pre-Test  
Post-Test  
Answer Key  
Participant Hand-outs**

**All these resources may be found on the Diocesan Website**

# CURRICULUM FEEDBACK FORM

## Recognizing and Reporting Child Abuse and Neglect: A Training Manual for Adults Working with Children

*Thank you for taking the time to provide us with your feedback. Your thoughts and suggestions are very important to us. Send this form to [Safe@raldioc.org](mailto:Safe@raldioc.org) or via US Mail to - Catholic Center/OCYP – 7200 Stonehenge Drive – Raleigh, N.C. 27613*

**Please rate the Curriculum manual by circling a number on the rating scale:**

	<u>Negative</u>			<u>Positive</u>	
A. Curriculum provides useful information	1	2	3	4	5
B. Offers new ideas to center issues	1	2	3	4	5
C. Is easy to use	1	2	3	4	5
D. Is well organized	1	2	3	4	5
E. Is comprehensive	1	2	3	4	5
F. Will help in my day-to-day work	1	2	3	4	5
G. Is something I will share with colleagues	1	2	3	4	5
H. Answers most of my questions on the topic	1	2	3	4	5

**Something I really like about the curriculum is:**

**Something I would change about the curriculum is:**

**Other comments:**

**THANK YOU!**



**Safe Environment TRAINING EVALUATION**  
**Recognizing and Reporting Child Abuse and Neglect**

**Trainer**\_\_\_\_\_ **Date**\_\_\_\_\_

**Location**\_\_\_\_\_

**About the training:**

**What was the best thing about the safe environment training and why?**

**What do you think could be changed to improve the training?**

**Was written material useful/clear?**

**Did the training meet your expectations?**

**Other comments:**

**Please rate the following.....**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Facilities</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Overall impression</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Knowledge of presenter(s)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Ability of presenter(s) to communicate</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

**THANK YOU!**

## Recognizing and Reporting Child Abuse and Neglect Resource List

### National Resources

Prevent Child Abuse America

<https://preventchildabuse.org/>

American Professional Society on the Abuse of Children

<https://www.apsac.org/>

American Academy of Pediatrics

<https://www.aap.org/en-us/Pages/Default.aspx>

American Bar Association Center on Children and the Law

[https://www.americanbar.org/groups/public\\_interest/child\\_law/](https://www.americanbar.org/groups/public_interest/child_law/)

Child Welfare League of America

<https://www.cwla.org/>

National Center for Missing and Exploited Children

<http://www.missingkids.com/>

### North Carolina Resources

Prevent Child Abuse North Carolina

[www.preventchildabusenc.org](http://www.preventchildabusenc.org)

North Carolina Child Advocacy Institute

<https://www.ncchild.org/>

North Carolina Division of Child Development

<https://ncchildcare.ncdhhs.gov/>

North Carolina Sex Offenders' Registry

<http://sexoffender.ncsbi.gov/disclaimer.aspx>

North Carolina Pediatric Society

<https://www.ncpeds.org/default.aspx>

## **FACILITATOR TIPS**

### **APPENDIX**

#### **Planning Your Workshop**

- **Location, Date and Time**

The first step to conducting a successful workshop is location, location, and location. The workshop location should be convenient for the participants. The room where you conduct your workshop should be large enough to accommodate the anticipated number of participants comfortably.

Select two or three dates on which you would like to hold your workshop. This can give you greater flexibility if your first choice of location is not available.

In choosing the time at which you conduct your workshop, consider your target audience. Most educational adults work during the weekday. To better accommodate them hold your workshop in the early evening or on a Saturday morning. If possible, have the participants sign up to attend the workshop ahead of time. This can help you determine the size of the room you will need, number of handouts and refreshments.

- **Room set-up**

A classroom like set-up is appropriate for this workshop. If possible, provide individual desks or long tables. Participants will need a writing surface to complete some of the suggested activities, tests, and evaluations. Additionally, if you plan to include the group activities and role-plays you will need a room that provides enough space to enable the participants to work in small groups.

The facilitator should present the material at the front of the room where all participants can see and hear clearly. You will also need a podium or desk to have easy access to your training materials. The room should also be equipped with outlets for the projector, and a blank wall or screen for the presentation.

- **Number of participants**

The Recognizing and Reporting Child Abuse and Neglect workshop is appropriate for five to twenty-five participants. If you have more participants, it may become difficult to complete the group activities and role-plays within the suggested time frames.

- **Refreshments**

Providing refreshments is always a good idea. This gives participants the feeling you are glad they came, and can give them an energy boost. If you provide coffee or soda, remember to include some caffeine-free products. Cookies and other treats are good ideas, but also include fresh fruit if possible.

- **Length of the workshop**

The length of the workshop can be tailored to meet you and your participants needs. The session takes at a minimum 2.5 hours. You may also elect not to conduct all the group activities and role-plays and just present the information - with either a full explanation of the teaching points or a brief overview of the information.

## **Suggested Agendas**

### **Approximately 3 hours and 30 minutes – Full curriculum**

Teaching points, full explanation of teaching points, group activities, and role-plays

I.	Getting Started	20 minutes
II.	Statistics and North Carolina Law	10 minutes
III.	Child Abuse and Neglect Risk Factors	10 minutes
IV.	Recognizing Physical Abuse	15 minutes
Break		10 minutes
IV	Recognizing Physical Abuse	15 minutes
V.	Recognizing Sexual Abuse	15 minutes
VI.	Recognizing Emotional Abuse	10 minutes
VII.	Recognizing Child Neglect	15 minutes
Break		10 minutes
VIII.	Reporting Child Abuse and Neglect	25 minutes
IX.	What To Do If A Child Discloses	10 minutes
X.	The Effects of Child Abuse and Neglect	5 minutes
Break		5 minutes
XI.	How You Can Prevent Child Abuse & Neglect	5 minutes
XII	Administrative Issues	15 minutes
XIII	Conclusion	20 minutes

### **Approximately – 2 hour and 30 minute workshop**

Selected modules, teaching points, explanation of teaching points – This is The SAFE ENVIRONMENT TRAINING COURSE for the Diocese of Raleigh.

I.	Getting Started	20 minutes
II.	Recognizing Physical Abuse	20 minutes
III.	Recognizing Sexual Abuse	15 minutes
Break		10 minutes
IV.	Recognizing Emotional Abuse	15 minutes
V.	Recognizing Child Neglect	15 minutes
VI.	Conclusion	20 minutes

## **Be Prepared**

Know the material you are going to present. Before the workshop, take time to review the materials and anticipate additional questions the participants may ask. The day before the workshop, contact a representative of the location and confirm your arrangements. Also, make copies of the handouts you plan to use. It is always a good idea to make extra copies in the event you have participants attend that did not sign up ahead of time. On the day of the workshop, arrive at least thirty minutes ahead of time. This will give you time to set up the room, check out the equipment, set out refreshments and name tags, prepare the handouts and have the transparencies in order. Finally, greet the participants as they arrive and introduce yourself.

- **Beginning Your Workshop**

Module I provides an outline for you to begin your workshop. Even if you are presenting a condensed workshop, the Getting Started Module should be included. Some participants may not have attended a workshop before and do not know what to expect. They may have been required to attend and are reluctant to be there. The Getting Started Module helps all participants become engaged and more willing to participate in the workshop and can reduce their stress or anxiety level.

- **Conducting Group Activities and Role Play Activities**

Group activities and role-play activities are included in many of the modules. These activities are designed to allow participants to participate in the learning process and help ensure they understand and retain the information presented. Some participants may be uncomfortable participating. Some things you can do to increase and encourage their participation are:

1. **Ask for volunteers.** Do not force someone to participate in an activity if they choose not to.
2. **Encourage participants to be at ease.** The activities are for self-growth and to assist the participants to better understand the information presented. Let participants know that they may not agree with others and that is okay. However, also let participants know that all opinions should be respected.
3. **Conduct the activities in small groups.** Conduct your activities in small groups of three or four adults, because some participants may be uncomfortable speaking to the group as a whole.
4. **Ask each group to select a “reporter” for their group.** The reporter is the person who writes down the information from the small group and presents it to all the participants after the activity is completed. This will enable those that are uncomfortable talking in front of the large group to still participate and share their ideas and feelings.
5. **Give participants directions for the activity** and clarify any questions they may have before and during the activity. Inform them of the time allotted for each activity

and give them at least a two-minute warning so they can complete the activity within the allotted time.

6. **After each activity is complete, take a few moments to process it.** Ask participants or the small group reporter to share with the group the outcome of the activity. Ask “who,” “what,” “why,” and “how” questions to encourage discussion among the participants.

### **The “3-Be’s”**

- **Be Relaxed**

Your demeanor resonates to the participants. If you are relaxed and glad to be at the workshop, your participants will be too. Dress in a professional manner but be comfortable. You may end up concentrating on getting out of those uncomfortable clothes, and not on the materials or your participants needs.

Practice your presentation ahead of time. This can reduce your own stress level and make your presentation more enjoyable for you and the participants. Remember you are the expert. Reading from the script or fumbling to a handout can reduce your effectiveness in presenting the materials.

- **Be Flexible**

The room is cold or too hot, more participants attend than you anticipated, the bulb on the projector is burned out, Do not panic, every facilitator has experienced this and more and survived. And you will too! The curriculum is designed to be flexible. If the participants are asking questions, or taking longer with the activities than expected, you can modify the remaining modules to fit your schedule. Always bring extra extension cords, bulbs, handouts and materials for activities. Be mindful of the participants’ energy level. If they are getting tired or overwhelmed, take a break even if it is not scheduled.

- **Be Yourself**

Effective facilitators allow their own personality to shine through. Do not imitate someone else’s presentation style. Be honest, be yourself. If you are also a professional working with children in the school system or have a diverse, let them know. If this is your first workshop and you are nervous, you might want to share this with the participants. They may be nervous too and they can understand your feelings.

Hopefully, your participants will have questions throughout the workshop. Answer each of them as honestly as possible. If you do not know the answer, tell the participant you will try to find out the answer or refer them to someone who can help them.

Most importantly, remember the invaluable service you are offering. By conducting a workshop on recognizing and reporting child abuse and neglect, you may save a child’s life. You are giving adults care workers the tools and information they need to help give each child a safe and happy childhood.

**Recognizing and Reporting Child Abuse and Neglect  
Workshop Participant Handouts and the Pre- Test and Post- test are  
Available on the Diocese of Raleigh Website, behind the trainers user ID  
and Password. Log in on  
[https://dioceseofraleigh.org/child-and-youth-protection/safe-  
environment-team-tools](https://dioceseofraleigh.org/child-and-youth-protection/safe-environment-team-tools)**