

Child Abuse Prevention Sourcebook for Florida School Personnel



A Tool for Reporting Abuse and Supporting the Child



Student Support Services Project/USF
Florida Department of Education
Bureau of Exceptional Education and Student Services
2011

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Table of Contents

About This Sourcebook	1
Introduction.....	3
1. Recognizing the Abused or Neglected Child.....	5
A. Responding to a Child’s Cry for Help	5
B. Family and Environmental Factors That Increase Risk	7
C. Indicators of Child Abuse and Neglect	8
D. Indicators Related to the Age of the Child	15
E. Exposure to Domestic Violence.....	16
F. Drug-Endangered Children	18
G. Child Trafficking.....	19
2. Reporting Child Abuse	23
A. Florida Law on Reporting Child Abuse	23
B. Preparing a Report—What to Include.....	31
C. Florida Abuse Hotline Reporting Options	32
D. Has Your Report Been Accepted?	34
E. Frequently Asked Questions	34
3. After a Report.....	41
A. What Happens after You Make a Report?.....	41
B. Law Enforcement’s Role.....	44
C. Talking with the Child’s Parents or Caregivers	44
D. Confidentiality.....	45
E. Dealing with Your Own Feelings.....	46
F. When Reporting Does Not Seem to Help.....	48
4. Supporting Students	49
A. Helping Maltreated Children Succeed in School.....	49
B. Engaging the Family with the School.....	52
C. Support Services in the School and Community	54
D. Constructive Responses to Problem Behaviors	55
5. The School’s Role in Prevention and Intervention	59
A. Building District Capacity to Respond to the Needs of Maltreated Students	59
B. Working with Families	62
C. Prevention Programs in the Classroom	64
D. Working with the Community	66
6. More Resources	69
A. Print Resources	69
B. Online Resources	84

C. Support Services in Your Community	93
D. Definitions.....	96
E. Child Abuse Reporting for Florida Public School Personnel Fact Sheet.....	101
F. Poster for School Use.....	103
G. Florida Abuse Hotline Fax Transmittal Form	104
References	107

About This Sourcebook

Efforts to identify and prevent child maltreatment are more successful when community members have a clear understanding of the laws that guide child protection and child welfare services, as well as the clinical phenomenon of abuse. As awareness increases, more individuals and organizations are enlisted to identify and report child maltreatment. This involvement enhances prevention efforts and builds stronger community support systems for victims of abuse and neglect.

This sourcebook has been developed by the Student Support Services Project for the Florida Department of Education in partnership with the Florida Department of Children and Families (DCF) and the Florida Department of Health, Children’s Medical Services. Its purpose is to provide Florida teachers and other school district employees with information about their legal responsibilities as mandatory reporters of suspected child abuse and/or neglect, to assist them in recognizing indicators of abuse and neglect, and to better prepare them to support students who have been maltreated.

This sourcebook was first published in 1998 and was updated in 2004. This third edition reflects changes made in Florida law since the previous publication. Of particular note is the revision to section 39.01(47), Florida Statutes (F.S.), related to the definition of “other person responsible for the child’s welfare.” As a result of this revision, the Florida Abuse Hotline is also authorized to receive calls related to suspicion of child abuse involving public school personnel. Changes have also been made to increase its value for users, including the following:

- A subsection on children exposed to domestic violence has been added.
- A subsection on children who are drug-endangered has been added.
- A subsection on children who have been trafficked has been added.
- The Definitions section has been moved to the Appendices and definitions of “institutional abuse” and “domestic violence” have been added.
- The charts that list possible indicators of abuse and neglect have been expanded and reformatted.
- A subsection on indicators related to the age and developmental level of the child has been added.

Introduction

Florida Statutes (section 39.201(1)(a), F.S., “Mandatory reports of child abuse, abandonment or neglect”) require that *any* person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare *must report such knowledge or suspicion to the Florida Abuse Hotline*. Reports may be made by one of the following methods:

- Toll-free telephone: (800) 96-ABUSE
- Toll-free Telephone Device for the Deaf (TDD): (800) 453-5145
- Toll-free fax transmission: (800) 914-0004
- Internet at <http://www.dcf.state.fl.us/abuse/report/>

Members of the general public may report anonymously, if they choose. However, reporters in specific occupation categories are **required to provide their names** to the Abuse Hotline staff. The names must be entered into the record of the report but are kept confidential as required in section 39.201, F.S. The specific occupation categories are listed below.

Reporters Required to Provide Their Names to the Florida Abuse Hotline

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons
2. Health or mental health professional other than one listed in subparagraph 1
3. Practitioner who relies solely on spiritual means for healing
4. School teacher or other school official or personnel
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker
6. Law enforcement officer
7. Judge

Most educators are aware of this legal responsibility and realize that, for the purposes of reporting and collaborating with child protective investigations, they should have a basic knowledge of the reporting process. However, educators and other school personnel need more information if they are to help protect children. They need to be able to recognize indicators of abuse and to know when and how to report suspected abuse. They also need to know how to intervene with children and families so that future abuse may be avoided.

Educators are in a unique position not only to act as the law requires, but also to become effective advocates for maltreated children and to intervene to help families succeed. As educators, they also have professional and ethical obligations and motivations:

- As members of a profession dedicated to the benefit of children and youth, educators have a professional obligation to take action when there is suspicion that a student is being

maltreated, whether at school, at home, or in the community. Schools and their staffs have an ethical obligation to promote the well-being of all students. State Board of Education Rule 6B-1.006, Florida Administrative Code (F.A.C.), states:

(3) Obligation to the student requires that the individual:

(a) Shall make reasonable efforts to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.

- Educators see children every school day and have important opportunities to recognize signs of abuse or neglect, notice when a child's behavior changes, or observe family dynamics. It is critical that all staff in educational settings use their observational and critical thinking skills to help protect children.
- School personnel fill many important roles in children's lives—not only as teachers, but often as counselors, substitute parent figures, advisors, and mentors. A teacher may be the only adult in a child's life to consistently provide emotional support, structure, and discipline and show the child a worldview of trust, achievement, and hopefulness. A positive relationship with a supportive adult can enhance the resiliency of children who have been abused, are at-risk for being abused, or live in a home affected by other problems, such as substance abuse.
- The central mission of educators and schools is to teach so their students may learn. However, children cannot learn if their attention and energy is sapped by the stress that results from maltreatment. Cognitive functioning is diminished when physical pain or emotional anguish are present. As a result, abused or neglected students may lack focus and experience a decline in academic performance. Children who are maltreated often develop learning deficits. Clearly, abused and neglected children are at a disadvantage in the classroom. Children who hurt cannot learn.

Though reporting child maltreatment is an unpleasant and difficult responsibility, it is crucial to protecting the most vulnerable students. Hopefully, this sourcebook will provide the information you need to aid in the protection of children.

“It's easier to build **strong** children
than to repair **broken** adults.
—Frederick Douglas

1 Recognizing the Abused or Neglected Child

Florida law recognizes four types of child maltreatment: **physical abuse, emotional abuse, sexual abuse, and neglect**. These terms are defined in Section 6 of this sourcebook beginning on page 95, and indicators of each type of abuse are presented in chart form on pages 11–14. If you have “reasonable cause to suspect” abuse or neglect, you should make a report to the Abuse Hotline.

There are also some situations that inherently present a high risk of harm to a child from abuse and/or neglect—such as domestic violence, drug-endangerment, and child trafficking. These topics are addressed in Section 1 and are appropriate reasons to make a report to the Hotline.

Some **situations** inherently present a **high risk of harm**.

Note: Florida law does not recognize “educational neglect” as a type of abuse or neglect in itself. Although a family that does not allow its children to be educated may be exercising poor judgment and breaking other laws, keeping children out of school or having them miss many days of school is not a form of abuse or neglect that would be reported to the Abuse Hotline. On the other hand, such actions observed along with other indicators of abuse or neglect might reflect a broader pattern of “neglect” that *would* be reported through the Hotline.

A. Responding to a Child’s Cry for Help

Children often do not report abuse immediately after the first incident. Victimized children may experience a great sense of helplessness and hopelessness, believing that no one can do anything to help them. Some victimized children try to hide the abuse and protect the abuser. Others are reluctant to report abuse for fear the abuser will retaliate. A child may not report abuse for months or even years, particularly if the abuser is someone emotionally close to the child. It can take a child a long time to realize that abuse is not normal.

When disclosures do occur, they may be indirect. A child’s cry for help may be disguised in great emotional distress, such as a suicide gesture. He or she may indirectly talk about the abuse by asking for help for a “friend” who has been abused. The victim may ask what steps this friend should take to stop the abuse. Any time a child reports abuse, the report should be taken seriously, however vague it may be. Some children, afraid of repercussions, ask theoretical questions about what could happen to a perpetrator of abuse or to a child who made such a report.

The cry for help may not be verbal; for instance, the child may leave behind a meaningful

drawing for a teacher, counselor, or other trusted adult to see. Some children have vague, recurring physical symptoms and hope that attentive adults will guess what is happening. Still others drop hints about the perpetrators or their home situation.

Other children disclose abuse during a classroom activity. For example, when asked to write about weekend activities or summer vacation, they will write about abusive incidents. Young children who produce “All About Me” booklets may reveal abuse.

Most children decide to disclose abusive events to stop the abuse. Children who report abuse generally have no idea what will happen next. Often, they disclose their victimization as a direct result of a classroom presentation on personal safety.

By reporting this highly disturbing information to you, the child is demonstrating trust in you as a caring, responsible adult. If you are not comfortable continuing the conversation, say, “This is a problem that we need help with. I’m glad you told me. We’re going to have to talk to some other people to help us.”

Regardless of how the report came about, there are a number of things to keep in mind when talking to the child about what has happened.

- Choose a place to talk with the child that is private and that allows the child to feel safe.
- Believe what the child has told you.
- Tell the child you are glad he or she has informed you and that you are sorry about what has happened. Let the child know that you will have to share the information with other adults who know how to help.
- Monitor your own responses during the disclosure. Do not communicate feelings of horror, repugnance, or fear to the child, even though you may be experiencing these strong feelings. Your quiet confidence and comfort is what the child needs most.
- Let the child know that it’s okay to talk about this to you and that the school is a safe place for this conversation to occur.
- The child may feel guilty and need your reassurance that the abuse was not his or her fault. Do not imply that the child is responsible for the incident.
- Allow the child to tell you about what happened in a free and open manner. Let him or her set the pace and use language that is comfortable.
- Do not ask leading questions, request details, or encourage the child to disclose details of the abuse or neglect. Ask open-ended questions that allow the child to tell his or her story with as much or as little detail as the child is comfortable with. (For example: “Is there anything else you want to tell me about this?”)
- Do not suggest that the report might be fabricated or exaggerated. The abuser may have already told the child that no one would believe a report.
- Make no promises or guarantees that are beyond your control. Don’t promise to keep the information a secret. Assure the child you must act to protect him or her by following the law. Don’t promise that you will never let the child be abused again.
- As well as you can, predict for the child what will happen next and who he or she will have to talk with next.

- Do not subject the child to multiple or group interviews at school. Once there is a reasonable cause to suspect abuse, a report should be made immediately.

Each school should have a plan for accepting a child's self-report of abuse and for supporting the child through the reporting and the initial investigation. The DCF or the local law enforcement agency may allow a school staff member who is known to the child to be present during their initial interview if *both* of the following conditions are met:

- The child protective investigator or law enforcement agency determines that the school staff member's presence could enhance the success of the interview.
- The child requests or consents to the presence of the school staff member at the interview.

The educator's role is to support the investigative process. School personnel often feel that it would be beneficial to have someone the child knows and trusts present during the interview. However, the investigator is responsible for determining whether a school staff member should be present at this time.

It is recommended that school staff and the investigator discuss this issue. If a member of the school staff would like to be present during the interview the investigator must approve this request. Having this discussion might help to avoid a confrontation at the time of the interview. Student support services personnel, such as school social workers, guidance counselors, and school psychologists are qualified to assist in these matters. Also, it may prove more beneficial to have the help of someone who is not classroom-based to assist when investigators come to school to speak with the child. Student support services professionals may also assist instructional and administrative personnel in the development and implementation of strategies to support the child and family in these circumstances.

B. Family and Environmental Factors That Increase Risk

We expect parents to nurture their children, give them the opportunity to learn and relate to others, foster their mental and physical growth, and help them master their environment. This emotionally and physically demanding responsibility is not met successfully in all families. Recent research shows that 20 to 30 percent of parents have significant personal problems and/or poor parenting skills to the extent that their children are at risk of maltreatment.



The dynamics in physically, sexually, and psychologically abusive and neglectful families differ and require specific interventions. However, the parents share some common characteristics that contribute to the maltreatment of children. Their interactions with their children may be marked by the following:

- A profound lack of empathy for the child
- Unrealistic expectations for the child’s behavior and abilities
- A strong belief in the use of punishment to the exclusion of other means of managing the child’s behavior
- An unfair “role reversal” that holds the child responsible for the parent’s emotional well-being

Experts report that abuse and neglect are spawned in the interaction among the parent, the child, and the environment. The same indicators that place a child at risk for drug abuse and school failure—or place the family at risk for domestic violence—are also risk factors for child abuse and neglect. The likelihood of maltreatment increases when parents are struggling with stressful situations such as the following:

- Extreme financial stress
- Homelessness
- Divorce, death, illness
- Alcohol or substance abuse
- Mental health problems
- Domestic violence

The more of these stressors that occur together, the greater the resulting stress levels and risk.

Children may also have personal needs or characteristics that increase their risk of maltreatment, including the following:

- Chronic illness
- Attention deficit disorder or attention deficit hyperactivity disorder
- A physical, emotional, or cognitive disability
- A history of delinquent or ungovernable behavior
- A personal attribute a parent identifies as very undesirable

Additionally, parents with their own history of childhood maltreatment or family violence often have significant problems using appropriate discipline and parenting skills. Not all parents who were victimized as children repeat the pattern with their children. In fact, for many parents, their own childhood trauma is the impetus to learn new ways to parent. However, this remains a factor in evaluating the risk to children.

C. Indicators of Child Abuse and Neglect

Your obligation is to **make a report**, not to investigate.

Your obligation is to **make a report** if you have a “reasonable cause to suspect” that abuse or neglect has occurred. It is **not** your responsibility to investigate or prove the case. That is the task of the Department of Children and Families’ Child Protective Investigators, Child Protective Teams, and/or local law enforcement. Any attempt to investigate by other individuals could unintentionally contaminate the

investigation and hinder the ability to intervene on behalf of the child. However, as you decide whether you have “reasonable cause to suspect,” it is appropriate to consider whether there are any **indicators** of child abuse or neglect. Indicators are observable conditions, behaviors, settings, or injuries that suggest the likelihood that abuse or neglect has occurred. Most indicators can be categorized as physical or behavioral.

- **Physical indicators:** death or injury, including permanent or temporary disfigurement or impairment of any bodily part; effects of sexual abuse; effects of neglect
- **Behavioral indicators:** patterns of actions and interactions, including those arising from physical, emotional, and sexual abuse or from neglect

The tables on pages 11–14 list common physical and behavioral indicators for the major categories of abuse: physical abuse, sexual abuse, physical neglect, and emotional maltreatment. The first column of each table also provides some information about parental behaviors and interactions that may add weight to a suspicion of maltreatment. However, given that teachers often have little or no contact with parents and other caregivers, the main focus when considering a possibility of maltreatment must be on the “child indicators.”



Abused children are frequently victimized in multiple ways, and cases do not often sort themselves neatly into the categories implied in the list of indicators above. It is generally *clusters* of indicators that give “reasonable cause to suspect” abuse or neglect.

When weighing whether the indicators you have observed add up to a “reasonable cause to suspect” abuse or neglect, consider the following:

- Patterns of behaviors
- Frequency of occurrence of indicators
- Severity of indicators
- The child’s age; medical condition; behavioral, mental, cognitive, or emotional problems; developmental disability; or physical handicap, as they relate to the child’s ability for self-protection
- Reasonableness of the explanation provided
- Location of physical injury

Indicators of abuse and neglect are an integral part of an allegation of maltreatment and must be considered when determining if a situation meets the standard of “reasonable cause to suspect.” However, the absence of indicators should not deter a report of suspected abuse or neglect. If a child comes to you with a report of abuse or neglect, take it seriously, even if you do not observe any physical or behavioral indicators of abuse.

If you believe that the child is making a less direct “cry for help,” you may decide to ask the child about it, or you may decide to make a report based on your concerns as they are. No matter what the circumstances, you will be more prepared to give complete information when you make your report to the Hotline if you are able to say what, if any, indicators you have observed.

Of course, it is also possible that the child has not discussed abuse or neglect with you, but rather possible indicators of abuse or neglect that you have observed have raised your suspicions—perhaps injuries, the child’s behaviors, or the family situation/dynamics.

Likewise, the presence of one indicator does not necessarily mean that abuse has occurred. Children do get hurt accidentally, and they do experience behavior problems for a variety of reasons. Injuries and behavior problems, worries, fears, etc., are not always caused by maltreatment. That’s why it is important for you to talk with the child when you do observe indicators, to ask questions and listen to the child’s responses. Hopefully, that will give you the information you need to determine whether what you have observed and/or what the child has told you gives you a “reasonable cause to suspect” abuse or neglect. If so, then it is time to get in touch with the Abuse Hotline. It becomes the responsibility of Hotline staff to decide whether your report meets the criteria to be accepted, and if so, to see that the case is investigated.

Physical Indicators	Behavioral Indicators
<p>Unexplained bruises and welts</p> <ul style="list-style-type: none"> • Especially on face, lips, mouth • Especially on torso, back, buttocks, thighs • In various stages of healing • Reflecting shape of article used to inflict injury (e.g., extension cord, belt buckle) • On several different surface areas <p>Unexplained burns</p> <ul style="list-style-type: none"> • Circular burns possibly caused by cigar, cigarette, match tip, especially on soles, palms, torso, buttocks • Scalding or immersion burns (e.g., sock-like, glove-like, doughnut-shaped on buttocks or genitalia) • Dry contact burns, perhaps shaped like electric burner, iron, heating coil, radiator • Rope burns on arms, legs, neck, or torso <p>Unexplained lacerations or abrasions</p> <ul style="list-style-type: none"> • To mouth, lips, gums, eyes, genitals <p>Injuries that regularly appear after school absence, weekend, or vacation</p>	<p>States directly or indirectly that he or she is being injured/abused</p> <p>States directly or indirectly that a parent/caregiver is being injured/abused (i.e., domestic violence)</p> <p>States or acts as if he/she is afraid of parent/caregiver</p> <p>States or acts as if he/she is afraid to go home</p> <p>Seems wary of adults</p> <p>Seems apprehensive when other children cry</p> <p>Exhibits behavioral extremes, such as aggressiveness or withdrawal</p>

Caregiver indicators that may support reasonable cause to suspect physical abuse:

- *Offers conflicting or unconvincing explanations of child's injuries, or no explanation*
- *Refers to the child as "bad" or uses other negative connotation*
- *Uses harsh physical discipline*

Note: It usually takes several indicators to support a reasonable cause to suspect abuse. Generally, the Abuse Hotline will not initiate a child protective investigation on the basis of just one indicator. Nevertheless, if you suspect child abuse, contact the Hotline.

Physical Indicators	Behavioral Indicators
Consistent hunger	States directly or indirectly that there is no one home to provide care or supervision
Consistent poor hygiene	Begs, steals, hides, or hoards food
Body weight and height significantly below average	Consistently arrives very early for school and/or stays very late
Face appears lined/elderly, pinched/sharp	Is frequently absent from school
Clothing is frequently insufficient or inappropriate for the weather	Seems constantly fatigued and/or listless, falls asleep in class
Consistent lack of supervision, especially in dangerous activities	Has been harmed in past as a result of being left alone at home or elsewhere
Untreated injuries, illnesses, psychological problems	Is frequently inadequately supervised
Abandonment	Abuses alcohol and/or drugs
	Has history of delinquency (e.g., thefts)

Caregiver indicators that may support reasonable cause to suspect physical neglect:

- *Appears indifferent to the child*
- *Appears apathetic or depressed*
- *Behaves bizarrely*
- *Appears not to care whether child is supervised*

Note: It usually takes several indicators to support a reasonable cause to suspect abuse. Generally, the Abuse Hotline will not initiate a child protective investigation on the basis of just one indicator. Nevertheless, if you suspect child abuse, contact the Hotline.

Physical Indicators	Behavioral Indicators
Difficulty walking or sitting	States directly or indirectly that he or she has been sexually abused
Torn, shredded, or stained/bloody underclothing	Writes about sexual abuse in journal, notes, etc.
Bruises or bleeding in genital or anal area, inner thigh	Depicts sexual abuse in artwork
Pain or itching in genital area	Cries or acts fearful for no apparent reason
Venereal diseases, especially in pre-teens	Refuses to “dress out” or participate in physical education
Pregnancy, especially in pre-teens	Masturbates compulsively (visible, frequent, disturbing, distracting)
Odor coming from genital area	Engages in sexualized play, possibly including issues of force
Frequent urinary tract or yeast infections	Exhibits bizarre, sophisticated, or unusual sexual behavior or knowledge
	Behaves in sexually provocative manner toward peers or adults
	Withdraws from other people or from reality, engages in infantile behavior
	Has poor peer relationships and/or is not allowed to socialize outside of school
	Has sudden decline in school performance
	Has anorexia, attempts suicide, engages in delinquent behavior, runs away from home

Caregiver indicators that may support reasonable cause to suspect sexual abuse:

- *Is unusually protective of the child or severely limits the child's contact with other children*
- *Is jealous or controlling with family members*

Note: It usually takes several indicators to support a reasonable cause to suspect abuse. Generally, the Abuse Hotline will not initiate a child protective investigation on the basis of just one indicator. Nevertheless, if you suspect child abuse, contact the Hotline.

Physical Indicators	Behavioral Indicators
<p>Speech disorder</p> <p>Lags in physical development</p> <p>Failure to thrive</p>	<p>Seems to have habit disorder (e.g., sucking, biting, rocking)</p> <p>Threatens or attempts self-harm or suicide</p> <p>Shows diminished cognitive ability</p> <p>Hoards or hides food or possessions</p> <p>Seems to have conduct disorder (e.g., antisocial, destructive)</p> <p>Seems to have sleep disorder, inhibition of play</p> <p>Seems to have hysteria, obsessions, compulsions, phobias</p> <p>Demonstrates behavior extremes (e.g., very compliant, passive, aggressive, demanding)</p> <p>Behaves in infantile manner</p> <p>Acts “parentified”—inappropriately adult-like; engaged in role reversal in which the child seems to be “parenting” his/her parent</p> <p>Has developmental lags (e.g., cognitive, social-emotional)</p>

Caregiver indicators that may support reasonable cause to suspect emotional maltreatment:

- *Uses inappropriate or very harsh discipline*
- *Locks child in small area, such as a closet*
- *Ties child’s limbs together or to an object*
- *Terrorizes child with screaming, threats*
- *Blames or belittles child*
- *Allows child to be used for prostitution, pornography, or other illegal purposes*
- *Allows child to use alcohol or drugs*
- *Fails to report to law enforcement when child is missing*

Note: It usually takes several indicators to support a reasonable cause to suspect abuse. Generally, the Abuse Hotline will not initiate a child protective investigation on the basis of just one indicator. Nevertheless, if you suspect child abuse, contact the Hotline.

D. Indicators Related to the Age of the Child

Children communicate their distress in many different ways. The information below is provided to offer some insight into the traumatic reactions of children at various developmental stages.

Infants

Infants depend on adults to look after them. They sense the emotions of their caregiver and respond accordingly. If the infant feels unprotected, she may display a variety of symptoms, including the following:

- Fussing
- Sleep problems
- Disruptions in eating
- Withdrawal
- Lethargy and unresponsiveness

Toddlers

At this age children begin to interact with the broader physical and social environment.

Common reactions to stress in toddlers include the following:

- Sleep problems
- Disruptions in eating
- Increased tantrums
- Toileting problems (e.g., wetting him/herself in a child who had previously been toilet-trained)
- Increased clinging to caretaker
- Withdrawal



Preschool Children

Children at this age have more social interactions outside of the family. Their language, play, and social and physical skills are more advanced. Common responses to stress at this developmental level include the following:

- Sleep problems
- Disruptions in eating
- Increased tantrums
- Bed-wetting
- Irritability and frustration

- Defiance
- Difficulty separating from caretakers
- Preoccupation with traumatic events

School-Aged Children

At this age children are more independent, are better able to talk about their thoughts and feelings, and are engaged in friendships and group activities. School-age children may exhibit the following symptoms under stress:

- Sleep problems
- Disruptions in eating
- Difficulty separating from caretakers
- Preoccupation with details of traumatic event
- Anxiety and aggression
- School difficulties
- Problems with attention and hyperactivity

Adolescents

Adolescents often feel out of control due to the physical changes they are experiencing. They struggle to become independent from their families, and they rely more on relationships with peers and teachers. They may tend to deny or exaggerate what happens around them and to feel that they are invincible. Adolescents may exhibit the following symptoms of stress:

- Changes in sleep or eating habits
- Significant weight gain or loss
- School difficulties, such as missed school or poor grades
- Withdrawal from friends and family
- Anxiety and aggression
- Problems with relationships
- Drug/alcohol abuse

E. Exposure to Domestic Violence

A nationally representative survey found that 25 percent of children are exposed to some form of family violence at some point during their childhood (Hamby, Finkelhor, Turner, & Ormrod, 2009). Situations in which children are direct witnesses of domestic violence or reside in a home where domestic violence is occurring fall under the mandatory reporting requirements. This is explained by the correlation between domestic violence and child abuse: In their 1990 national survey of more than 6,000 American families, Straus and Gelles found that 50 percent of the men who frequently assaulted their wives also frequently abused their children. Children are also sometimes injured as a tragic “side effect” of violence between adult family members.

Chapter 39 of the Florida Statutes defines “harm” as when any person:

- Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child
- Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another

Domestic violence promotes a culture of depression, hopelessness, and fear. Each year, an estimated 3 to 10 million children are exposed to violence committed by family members against their mother or caretaker. These children are more likely to commit or suffer violence when they become adults (Moran, 2005).

Of the homes where police responded to domestic violence calls in five U.S. cities, 43 percent of the children in these homes were under the age of 12 (Rennison & Welchans, 2000). Studies show that child abuse occurs in 30–60 percent of family violence cases that involve families with children (Edleson, 1999). On a single day in 2009, 17,445 children were living in a domestic violence shelter or transitional housing facility. Another 6,779 children sought services at a nonresidential program (National Network to End Domestic Violence, 2009).

Children who are exposed to domestic violence, especially repeated incidents of violence, are at risk for short-term and long-term difficulties. These may include problems with sleeping, eating, and other basic bodily functions; depression, aggressiveness, anxiety, and other problems regulating emotions; difficulties with family and peer relationships; and problems with attention, concentration, and school performance (National Center for Children Exposed to Violence, 2008). Children in unstable home environments may also demonstrate patterns of irregular school attendance, including tardiness and truancy.

“Safe and secure environments and support can minimize risks to children exposed to repeated violence in the home.”

A study of low-income preschoolers found that children who were exposed to family violence suffered symptoms of post-traumatic stress disorder (Graham-Bermann & Seng, 2005). Children of mothers who experienced prenatal physical domestic violence were at an increased risk of exhibiting aggressive, anxious, depressed, or hyperactive behavior (Whitaker, Orzol, & Kahn, 2006). Despite these serious risks, it is important to remember that individual children’s responses are dependent on many factors within the child, the family, and the environment (Hughes, Graham-Bermann, & Gruber, 2001).

Creating safe and secure environments and support from parents, other adults, or primary caregivers can be significant in minimizing the risks to children exposed to repeated violence in the home (National Center for Children Exposed to Violence, 2008).

If a parent discloses domestic abuse to you, you may refer the parent to the local certified Domestic Violence Center for professional assistance. You may also provide the statewide



Domestic Violence Hotline number ((800) 500-1119), which transfers callers to their nearest center. Domestic Violence Centers can provide an abused parent with a range of options—including temporary emergency shelter, safety planning, legal advocacy, and information and referral. Staff from the certified center may also be available to answer questions and to provide training to school personnel on the dynamics of domestic violence.

If a child discloses that a parent is being battered, or if you suspect that violence is occurring in the home, you should report the situation to the Florida Abuse Hotline. The Abuse Hotline counselor will determine if the situation meets the criteria of a report that warrants investigation.

It is important to remember that a call to the Florida Abuse Hotline may be made at any point that concern for a child's physical safety or emotional well-being arises. If an initial call to the Abuse Hotline does not meet the criteria for an investigation report, but additional information later becomes available, another call may be made. The immediate goal is to ensure the safety of both the child and the abused parent. The long-term goal is to provide intervention and supports that will allow the child to thrive in the school setting.

F. Drug-Endangered Children

Children who are “drug-endangered” include the following:

- Children who suffer harm, or are at risk of harm, as a result of illegal drug use, manufacturing, cultivation, or distribution
- Children who are living with caretakers who are addicted to drugs or alcohol or who are experiencing serious substance abuse that interferes with their ability to parent and provide a safe and nurturing environment

Children who live in homes in which drugs are manufactured are at risk of severe harm due to environmental hazards associated with drug labs (e.g., explosions, fires, harmful chemicals and precursor drugs, filthy homes, and lack of hygiene). Drug-endangered children are also at risk of physical abuse, emotional abuse, sexual abuse, and neglect, including failure to nurture, supervise, provide meals, and provide sanitary and safe living conditions, schooling, and medical care.

Children of addicted parents have the highest risk to become alcohol and drug abusers themselves, due to both genetic and family environment factors.

Children from families of addiction often live with a great deal of stress and unpredictability in

their daily lives. They respond to their experiences in deeply personal ways. For example, they may exhibit the following emotional responses:

- Feel responsible for the parent's substance abuse and other problems in the family
- Equate parental substance use with not being loved
- Sometimes want their parent to use drugs
- Feel angry with a nonusing parent
- Fear that the addicted parent will get hurt or die
- Be embarrassed by the parent's behavior

Growing up in a home with severe addiction or substance abuse can cause short- and long-term consequences for children. Below are some of the potential consequences; however, *it is important to note that these effects may also have other causes, and the presence of one or more of these concerns is not in itself sufficient reason to suspect substance abuse in the home.*

- **Behavioral** concerns include depression, anxiety, eating disorders, interpersonal problems, decreased attention and concentration, and difficult adjustment to change.
- **Emotional** concerns include attachment disorders, low self-esteem, mistrust/fear, and guilt/shame.
- **Cognitive** concerns include language delays/deficiencies, poor visual scanning/visual motor skills, working memory difficulties, decreased trial and error, and limited incidental learning.
- **Psychosocial** concerns include difficulty with relationships, personal characteristics that lead to negative situations, a history of negative life experiences, and problems related to drugs and/or alcohol and violence.

Educational challenges for drug-endangered children may include learning disabilities, preoccupation, tiredness, poor school attendance, frequent change of schools, and retention in grade. These challenges may result in truancy, delinquency, pregnancy, dropping out, expulsion, and involvement with the criminal justice and/or mental health systems.

G. Child Trafficking

Section 787.06, F.S., defines human trafficking as “transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport.” It is a third degree felony for any person to “knowingly engage, or attempt to engage, in human trafficking with the intent or knowledge that the trafficked person will be subjected to forced labor or services,” or to benefit financially “by receiving anything of value from participation in a venture that has subjected a person to forced labor or services.”

Human trafficking is modern-day slavery. Every day, men, women, and children are trafficked into the United States for forced labor in homes, farms, commercial sex establishments, sweatshops, and other settings. Human trafficking is punishable as a serious crime under U.S. law.

Human trafficking of a child is the recruitment, harboring, transportation, provision, or obtaining of a child for labor or services through the use of force, fraud, or coercion. This includes sex trafficking where a commercial sex act is induced. Traffickers can be a stranger, friend, or family member of the child victim. Traffickers prey on the emotional and physical vulnerability of children, who are brutally held captive while they receive little or no pay for their labor. Children are both exploited in labor situations and sold outright—both constitute trafficking. Children rarely identify themselves as victims of trafficking. Therefore, it is crucial that those agencies and service providers most likely to encounter a child victim have a heightened awareness of trafficking. If a child presents any indication that he or she may have been trafficked, school staff must report this to the Hotline.

Children who are trafficked face significant dangers. They often suffer extreme physical and emotional trauma at the hands of their traffickers. They need protection at all times. Discovery of a trafficked child can place that child and others in significant danger from the traffickers.

Although many child trafficking victims are smuggled into the U.S. or come on valid visas from all over the world, children who are U.S. citizens can also be trafficked. In Florida, there are a high number of victims from Latin America and Eastern Europe. At least one-third of trafficking victims are unaccompanied and/or separated children.

Children who are trafficked are almost always vulnerable because of their extreme poverty. Other vulnerabilities include domestic and sexual abuse at home and lack of economic opportunities. Trafficked children fall into two main categories: those known through official agencies or systems (such as schools) and those who are hidden in migrant camps, brothels, or on the street.

Traffickers promise children that they will be united with family, go to school, or get a good job. Some children come through mail-order bride or matchmaking schemes. Once here they are forced into exploitative work or forced to work to pay off a travel “debt.” Children may also be kidnapped, sold, or prostituted by their parents or others. Many trafficking victims are recruited by acquaintances or people of their own ethnic group, or even by family members or friends. Traffickers use the emotional vulnerability of children to recruit and retain them.

In addition to physical harm, these children also may have been intimidated or coerced through threats to themselves or their family members if they try to escape. Victims of trafficking may also be frightened into staying with the trafficker due to their immigration status and lack of documents (if the trafficker has taken them).

Florida and federal law define human trafficking, and state and federal law enforcement officials jointly handle almost all cases. It does not matter if the child consented to being in the U.S. or to working in a certain job, or whether the job is legal or illegal (such as prostitution).

If that child was induced into a commercial sex act, or was deceived or coerced into forced labor, or is being held against his or her will in debt bondage, the child is a victim of trafficking. If you have reasonable cause to suspect that one of your students is being trafficked, contact the Florida Abuse Hotline as you would in any case of suspected child abuse or maltreatment.

2 Reporting Child Abuse

A. Florida Law on Reporting Child Abuse

The group of laws entitled “Proceedings Relating to Children” is found in Title V, Chapter 39, of the Florida Statutes. These statutes can be accessed on the Internet by going to <http://www.leg.state.fl.us/> and clicking on *Laws*, then *Florida Statutes*, then *TITLE V/Judicial Branch*, and finally *Chapter 39, Proceedings Relating To Children*.

It is important to understand the statutory requirement for cooperation with the Florida Department of Children and Families or its authorized agents for investigation of reports of abuse and neglect. Section 39.0014, F.S., states that “[a]ll state, county, and local agencies shall cooperate, assist, and provide information to the department as will enable it to fulfill its responsibilities under this chapter.”



The other sections of Chapter 39 most relevant to teachers and school administrators are included in “Part II, Reporting Child Abuse,” excerpted below. References to “the department” in the law refer to the Florida Department of Children and Families, unless the Florida Department of Health is specifically cited.

Florida Statutes Reporting Child Abuse

Section 39.01(47), Florida Statutes: “Other person responsible for a child’s welfare” includes the child’s legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child’s welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child’s care. For the purpose of departmental investigative jurisdiction, this definition does not include the following persons when they are acting in an official capacity: law enforcement officers, except as otherwise provided in this subsection; employees of municipal or county detention facilities; or employees of the Department of Corrections.

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.

(1)(a) *Any person* who knows, or has reasonable cause to suspect, that a child is abused,

abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervisions and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervisions and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(b) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
2. Health or mental health professional other than one listed in subparagraph 1;
3. Practitioner who relies solely on spiritual means for healing;
4. School teacher or other school official or personnel;
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
6. Law enforcement officer; or
7. Judge

The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.

(c) A professional who is hired by or enters into a contract with the department for the purpose of treating or counseling any person, as a result of a report of child abuse, abandonment, or neglect, is not required to again report to the central abuse hotline the abuse, abandonment, or neglect that was the subject of the referral for treatment.

(d) An officer or employee of the judicial branch is not required to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided there is reasonable cause to believe the information is already known to the department. This paragraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties.

(e) Nothing in this chapter or in the contracting with community-based care providers for foster care and related services as specified in s. 409.1671 shall be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care provider, to report a suspected or actual case of child abuse, abandonment, or neglect or the sexual abuse of a child to the department's central abuse hotline.

(2)(a) Each report of known or suspected child abuse, abandonment, or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare as defined in this chapter, except those solely under s. 827.04(3), and each report that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall be made immediately to the department's central abuse hotline. Such reports may be made on the single statewide toll-free telephone number or via fax or web-based report. Personnel at the department's central abuse hotline shall determine if the report received meets the statutory definition of child abuse, abandonment, or neglect. Any report meeting one of these definitions shall be accepted for the protective investigation pursuant to part III of this chapter.

(b) If the report is of an instance of known or suspected child abuse by someone other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare as defined in this chapter, the call shall be immediately electronically transferred to the appropriate county sheriff's office by the central abuse hotline.

(c) If the report is of an instance of known or suspected child abuse, abandonment, or neglect that occurred out of state and the alleged perpetrator and the child alleged to be a victim live out of state, the central abuse hotline shall not accept the call for investigation, but shall transfer the information on the report to the appropriate state.

(d) If the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under s. 827.04(3), the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. If the report is of an instance of known or suspected child abuse solely under s. 827.04(3), the reporting provisions of this subsection do not apply to health care professionals or other persons who provide medical or counseling services to pregnant children when such reporting would interfere with the provision of medical services.

(e) Reports involving known or suspected institutional child abuse or neglect shall be made and received in the same manner as all other reports made pursuant to this section.

(f) Reports involving a known or suspected juvenile sexual offender or a child who has exhibited inappropriate sexual behavior shall be made and received by the department.

1. The department shall determine the age of the alleged offender, if known.

2. If the alleged offender is 12 years of age or younger, the central abuse hotline shall immediately electronically transfer the report or call to the county sheriff's office. The department shall conduct an assessment and assist the family in receiving appropriate services pursuant to s. 39.307, and send a written report of the allegation to the appropriate county sheriff's office within 48 hours after the initial report is made to the central abuse hotline.

3. If the alleged offender is 13 years of age or older, the central abuse hotline shall immediately electronically transfer the report or call to the appropriate county sheriff's office and send a written report to the appropriate county sheriff's office within 48 hours after the initial report to the central abuse hotline.

39.202 Confidentiality of reports and records in cases of child abuse or neglect.

(1) In order to protect the rights of the child and the child's parents or other persons responsible for the child's welfare, all records held by the department concerning reports of child abandonment, abuse, or neglect, including reports made to the central abuse hotline and all records generated as a result of such reports, shall be confidential and exempt from the provisions of s. 119.07(1) and shall not be disclosed except as specifically authorized by this chapter. Such exemption from s. 119.07(1) applies to information in the possession of those entities granted access as set forth in this section.

(2) Except as provided in subsection (4), access to such records, excluding the name of the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:

(a) Employees, authorized agents, or contract providers of the department, the Department of Health, or county agencies responsible for carrying out:

1. Child or adult protective investigations;
2. Ongoing child or adult protective services;
3. Early intervention and prevention services;
4. Healthy Start services; or
5. Licensure or approval of adoptive homes, foster homes, or child care facilities, or family day care homes or informal child care providers who receive subsidized child care funding, or other homes used to provide for the care and welfare of children.
6. Services for victims of domestic violence when provided by certified domestic violence centers working at the department's request as case consultants or with shared clients.

Also, employees or agents of the Department of Juvenile Justice responsible for the provision of services to children, pursuant to chapters 984 and 985.

(b) Criminal justice agencies of appropriate jurisdiction.

(c) The state attorney of the judicial circuit in which the child resides or in which the alleged abuse or neglect occurred.

(d) The parent or legal custodian of any child who is alleged to have been abused, abandoned, or neglected, and the child, and their attorneys, including any attorney representing a child in civil or criminal proceedings. This access shall be made available no later than 30 days after the department receives the initial report of abuse, neglect, or abandonment. However, any information otherwise made confidential or exempt by law shall not be released pursuant to this paragraph.

(e) Any person alleged in the report as having caused the abuse, abandonment, or neglect of a child. This access shall be made available no later than 30 days after the department receives the initial report of abuse, abandonment, or neglect and, when the alleged perpetrator is not a parent, shall be limited to information involving the protective investigation only and shall not include any information relating to subsequent dependency proceedings. However, any information otherwise made confidential or exempt by law shall not be released pursuant to this paragraph.

(f) A court upon its finding that access to such records may be necessary for the determination of an issue before the court; however, such access shall be limited to inspection in camera, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it.

(g) A grand jury, by subpoena, upon its determination that access to such records is necessary in the conduct of its official business.

(h) Any appropriate official of the department or the Agency for Persons with Disabilities who is responsible for:

1. Administration or supervision of the department's program for the prevention, investigation, or treatment of child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult, when carrying out his or her official function;
2. Taking appropriate administrative action concerning an employee of the department alleged to have perpetrated child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult; or
3. Employing and continuing employment of personnel of the department.

(i) Any person authorized by the department who is engaged in the use of such records or information for bona fide research, statistical, or audit purposes. Such individual or entity shall enter into a privacy and security agreement with the department and shall comply with all laws and rules governing the use of such records and information for research and statistical purposes. Information identifying the subjects of such records or information shall be treated as confidential by the researcher and shall not be released in any form.

(j) The Division of Administrative Hearings for purposes of any administrative challenge.

(k) Any appropriate official of a Florida advocacy council investigating a report of known or suspected child abuse, abandonment, or neglect; the Auditor General or the Office of Program Policy Analysis and Government Accountability for the purpose of conducting audits or examinations pursuant to law; or the guardian ad litem for the child.

(l) Employees or agents of an agency of another state that has comparable jurisdiction to the jurisdiction described in paragraph (a).

(m) The Public Employees Relations Commission for the sole purpose of obtaining evidence for appeals filed pursuant to s. 447.207. Records may be released only after deletion of all information which specifically identifies persons other than the employee.

(n) Employees or agents of the Department of Revenue responsible for child support enforcement activities.

(o) Any person in the event of the death of a child determined to be a result of abuse, abandonment, or neglect. Information identifying the person reporting abuse, abandonment, or neglect shall not be released. Any information otherwise made confidential or exempt by law shall not be released pursuant to this paragraph.

(p) The principal of a public school, private school, or charter school where the child is a student. Information contained in the records which the principal determines are necessary for a school employee to effectively provide a student with educational services may be released to that employee.

(q) Staff of a children's advocacy center that is established and operated under s.39.3035.

(3) The department may release to professional persons such information as is necessary for the diagnosis and treatment of the child or the person perpetrating the abuse or neglect.

(4) Notwithstanding any other provision of law, when a child under investigation or supervision of the department or its contracted service providers is determined to be missing, the following shall apply:

(a) The department may release the following information to the public when it believes the release of the information is likely to assist efforts in locating the child or to promote the safety or well-being of the child:

1. The name of the child and the child's date of birth;

2. A physical description of the child, including at a minimum the height, weight, hair color, eye color, gender, and any identifying physical characteristics of the child; and

3. A photograph of the child.

(b) With the concurrence of the law enforcement agency primarily responsible for investigating the incident, the department may release any additional information it believes likely to assist efforts in locating the child or to promote the safety or well-being of the child.

(c) The law enforcement agency primarily responsible for investigating the incident may release any information received from the department regarding the investigation, if it believes the release of the information is likely to assist efforts in locating the child or to promote the safety or well-being of the child.

The good faith publication or release of this information by the department, a law enforcement agency, or any recipient of the information as specifically authorized by this subsection shall not subject the person, agency or entity releasing the information to any civil or criminal penalty. This subsection does not authorize the release of the name of the reporter, which may be released only as provided in subsection (5).

(5) The name of any person reporting child abuse, abandonment, or neglect may not be released to any person other than employees of the department responsible for child protective services, the central abuse hotline, law enforcement, the child protection team, or the appropriate state attorney, without the written consent of the person reporting. This does not prohibit the subpoenaing of a person reporting child abuse, abandonment, or neglect when deemed necessary by the court, the state attorney, or the department, provided the fact that such person made the report is not disclosed. Any person who reports a case of child abuse or neglect may, at the time he or she makes the report, request that the department notify him or her that a child protective investigation occurred as a result of the report. Any person specifically listed in s. 39.201(1) who makes a report in his or her official capacity may also request a written summary of the outcome of the investigation. The department shall mail such a notice to the reporter within 10 days after completing the child protective investigation.

(6) All records and reports of the child protection team of the Department of Health are confidential and exempt from the provisions of s. 119.07(1) and 456.057, and shall not be disclosed, except, upon request, to the state attorney, law enforcement, the department, and necessary professionals, in furtherance of the treatment or additional evaluative needs of the child, by order of the court, or to health plan payors, limited to that information used for insurance reimbursement purposes.

(7) The department shall make and keep reports and records of all cases under this chapter relating to child abuse, abandonment, and neglect and shall preserve the records pertaining to a child and family until 7 years after the last entry was made or until the child is 18 years of age, whichever date is first reached, and may then destroy the records. Department records required by this chapter relating to child abuse, abandonment, and neglect may be inspected only upon order of the court or as provided for in this section.

(8) A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205. This notice shall be prominently displayed on the first sheet of any documents released pursuant to this section.

39.203 Immunity from liability in cases of child abuse, abandonment, or neglect.

(1)(a) Any person, official, or institution participating in good faith in any act authorized or required by this chapter, or reporting in good faith any instance of child abuse, abandonment, or neglect to the department or any law enforcement agency, shall be immune from any civil or criminal liability which might otherwise result by reason of such action.

(b) Except as provided in this chapter, nothing contained in this section shall be deemed to grant

immunity, civil or criminal, to any person suspected of having abused, abandoned, or neglected a child, or committed any illegal act upon or against a child.

(2)(a) No resident or employee of a facility serving children may be subjected to reprisal or discharge because of his or her actions in reporting abuse, abandonment, or neglect pursuant to the requirements of this section.

(b) Any person making a report under this section shall have a civil cause of action for appropriate compensatory and punitive damages against any person who causes detrimental changes in the employment status of such reporting party by reason of his or her making such report. Any detrimental change made in the residency or employment status of such person, including, but not limited to, discharge, termination, demotion, transfer, or reduction in pay or benefits or work privileges, or negative evaluations within a prescribed period of time shall establish a rebuttable presumption that such action was retaliatory.

39.204 Abrogation of privileged communications in cases involving child abuse, abandonment, or neglect.

The privileged quality of communication between husband and wife and between any professional person and his or her patient or client, and any other privileged communication except that between attorney and client or the privilege provided in s. 90.505, as such communication relates both to the competency of the witness and to the exclusion of confidential communications, shall not apply to any communication involving the perpetrator or alleged perpetrator in any situation involving known or suspected child abuse, abandonment, or neglect and shall not constitute grounds for failure to report as required by s. 39.201 regardless of the source of the information requiring the report, failure to cooperate with law enforcement or the department in its activities pursuant to this chapter, or failure to give evidence in any judicial proceeding relating to child abuse, abandonment, or neglect.

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.

(1) A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. A judge subject to discipline pursuant to s. 12, Art. V of the Florida Constitution shall not be subject to criminal prosecution when the information was received in the course of official duties.

(2) Unless the court finds that the person is a victim of domestic violence or that other mitigating circumstances exist, a person who is 18 years of age or older and lives in the same house or living unit as a child who is known or suspected to be a victim of child abuse, neglect of a child, or aggravated child abuse, and knowingly and willfully fails to report the child abuse commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) A person who knowingly and willfully makes public or discloses any confidential information

contained in the central abuse hotline or in the records of any child abuse, abandonment, or neglect case, except as provided in this chapter, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

39.206 Administrative fines for false report of abuse, abandonment, or neglect of a child; civil damages.

(1) In addition to any other penalty authorized by this section, chapter 120, or other law, the department may impose a fine, not to exceed \$10,000 for each violation, upon a person who knowingly and willfully makes a false report of abuse, abandonment, or neglect of a child, or a person who counsels another to make a false report.

B. Preparing a Report—What to Include

It is important that the person having the most first-hand knowledge of the situation makes the report of child abuse or neglect.

When you make your report, be prepared to give a clear and concise summary of your concerns. Remember, it is not your responsibility to determine or prove with certainty that a child has been abused or neglected. It is your responsibility to report when you have reason to believe a child has been abused, neglected, abandoned, or threatened with harm by his or her caregivers. If you are ready with the following information, the Abuse Hotline counselors will be able to decide on the best course of action.



- Clearly state your suspicion that the child is a possible victim of physical abuse, sexual abuse, neglect, threatened harm, or psychological maltreatment.
- Identify yourself. School personnel are required by law to give their names. It is recommended that you also give your telephone number and address.
- Have the correct spelling of the child's name and accurate information about the child's age, race, sex, and date of birth. If possible, include names and ages of siblings, even if they are not the subjects of your report.
- Give the names, addresses, and phone numbers of parents or caregivers of the child.
- Give the present location of the child. If the child is not at home or school, if possible be ready to tell where the child is.
- Describe your specific concern for the child's safety. Report any direct statements the child has made to you or school staff. Be ready to describe any apparent injuries, marks, bruises, or threat of injury. If you can, identify anyone else who may have knowledge of the abuse, neglect, or exploitation of the child.

- Ask whether the report is being accepted for investigation and request the Abuse Hotline counselor’s name and identification number.

If you feel you need to consult with someone before you decide whether to make a report, consider discussing what you have observed with one of the following:

- A school social worker
- A school nurse
- A school counselor
- A school resource officer
- A district-level person who works with cases of abuse (e.g., designated staff, school psychologist)
- The school principal
- A child abuse designee in your school, if one exists (Some school boards have a policy that the principal of each school annually designate a faculty member to be the school resource person on maltreatment, the relevant laws, and proper reporting procedures.)

It is strongly recommended that the reporter review the Department of Children and Families’ “Fax Transmittal Form to Report Abuse/Abandonment/Neglect/Exploitation,” which is included on pages 105 and 106 of this sourcebook, even if the report will be made by telephone call. Reviewing the form will help you ensure that you have all the required and relevant information with you at the time of your call.

C. Florida Abuse Hotline Reporting Options

The Florida Abuse Hotline is located in the Florida Department of Children and Families. The Hotline processes telephone, fax, web, and written communications regarding the abuse and neglect of children (as well as vulnerable adults). The Abuse Hotline operates 24 hours a day, seven days a week, receiving calls via a nationwide toll-free telephone number and a statewide toll-free fax number. For information about the Abuse Hotline, the responsibility to report, and the reporting and investigation process, visit <http://www.dcf.state.fl.us/abuse/>.

Abuse Hotline Information <http://www.dcf.state.fl.us/abuse/>

Abuse Hotline counselors determine if the information presented by a caller (or by a reporter using the fax or web method) meets the criteria stipulated in law for the initiation of a report that will require a child protective investigation. If the information does meet the criteria, and if the person suspected of abusing the child is a parent, legal custodian, caregiver, or other person responsible for the child’s welfare (including a teacher or child care worker), Abuse Hotline staff will investigate the allegations. If the report relates to abuse by someone other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, the Hotline staff will immediately transfer the call or other type of report to the appropriate county sheriff’s office.

Callers should not be concerned about who will investigate the call should it be accepted as a

report. This decision is made by Hotline staff. Individuals should call the Abuse Hotline to report suspected child abuse or neglect regardless of who the suspected abuser is.

There are four options for reporting child abuse and neglect to the Florida Abuse Hotline.

1. Telephone—by calling (800) 962-2873, or (800) 96-ABUSE
2. TDD—by calling (800) 453-5145
3. Fax—by faxing the completed form on pages 105 and 106 to (800) 914-0004
4. Web reporting—by visiting <http://www.dcf.state.fl.us/abuse/report/> to complete a web report

Call the Abuse Hotline
(800) 96-ABUSE

The preferred option to report child abuse and neglect is to call (800) 96-ABUSE and talk directly to an Abuse Hotline counselor. **This option must be used in all cases of abuse, neglect, and/or exploitation that involve emergency situations.**

The second best option is to report abuse or neglect by faxing a completed “Fax Transmittal Form to Report Abuse/Abandonment/Neglect/Exploitation” form, found on pages 105 and 106 of this sourcebook, to (800) 914-0004. The information in the fax will be assessed to see if it meets the legal criteria as a report for investigation.

It is extremely important to provide as much information as possible in the faxed form. If you need more space to explain your report than the fax form allows, attach additional pages. Keep in mind that it may take longer to process a faxed report than a telephone report, which may delay assistance to victims.

If you report child abuse or neglect to the Abuse Hotline by fax, it is critical to include the following:

- Information about how to locate the victim
- Your telephone number in case additional information is needed
- Typed or legibly printed text
- An indication that you want a faxed response from the Abuse Hotline verifying receipt of your fax

Another option is to report abuse or neglect via the web reporting site, providing all the information required there. The information in the web report will be assessed as to whether it meets the legal criteria as a report for investigation. Guidelines for using the web reporting system are available at <http://www.dcf.state.fl.us/abuse/report/>.

Was your call
accepted as a report
for **investigation**?
You may ask before
ending the call.

Abuse Hotline counselors can also provide information and referrals related to enhancing the safety and well-being of children.

D. Has Your Report Been Accepted?

The Florida Abuse Hotline is committed to providing quality assessments of reports and a clear understanding of services available. Callers will be clearly told whether the information provided is being accepted as a report for investigation. If it is not accepted, the Hotline counselor will suggest other steps the caller can take to assist the student.

If the Hotline counselor does not tell you before the call ends whether it is being accepted as a report for investigation, you should request that information *before ending the call.*

All reports of child abuse, abandonment, and neglect are confidential and access to these reports is limited as specified in section 39.202, F.S. Abuse Hotline counselors cannot acknowledge the existence of any report, acknowledge that they have spoken to a caller on a previous occasion, or release any information provided by a caller or contained in a report. The Abuse Hotline does not release reports. Any person with a statutory right to a report must contact the local investigative office. In other words, to learn whether your call has been accepted as a report for investigation, ask the question **before** the initial phone call ends.

The Abuse Hotline only investigates reports of abuse or neglect of a child by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare. If the person who is suspected of abusing the child is not a caregiver (for example, if the person is a neighbor or a person the child does not know), the Abuse Hotline counselor will transfer the call to the local sheriff’s office. Again, callers do not need to be concerned about *who* will investigate the report. **If you suspect that a child is being abused, call the Abuse Hotline—no matter who seems to be abusing the child.** The Hotline staff will redirect the call if necessary.

If your call does not meet the criteria to be accepted as a report for investigation, the Abuse Hotline counselor may refer you to other resources to help the child, such as giving you telephone numbers of Children in Need of Services or Families in Need of Services (CINS/ FINS) providers in your district. You may also be referred to your local Department of Children and Families office. Of course the student services staff of your school should also be able to help you identify next steps to help the student.

E. Frequently Asked Questions

1. What does Florida law require?

Section 39.201(1)(a), F.S., requires that “**any person** who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare shall report such knowledge or suspicion to the Abuse Hotline.”

2. What should I do if I suspect that a school staff member is abusing a student?

All school personnel (public and private) are included in the definition of “other person

responsible for the child’s welfare” located in section 39.01(47), F.S. Therefore, suspicions involving school personnel must be reported to the Child Abuse Hotline as outlined.

3. *Do I have to identify myself?*

Yes. School teachers, school officials, and school personnel must identify themselves as required by section 39.201(1)(b)4., F.S.

4. *What if I don’t report?*

According to section 39.205(1), F.S., any person who knowingly and willfully does not report known or suspected abuse is guilty of a first-degree misdemeanor and is subject to criminal prosecution.

5. *What is “reasonable cause to suspect”?*

Indicators of abuse and neglect are factors to consider when determining if a situation meets criteria for “reasonable cause to suspect.” Please refer to Section 1C of this sourcebook, Indicators of Child Abuse and Neglect, which begins on page 8.

6. *How does the law define “child abuse and neglect”?*

See definitions for abuse, harm, and neglect provided in Section 6 of this sourcebook.

7. *What does the law say about reporting young women who are pregnant?*

According to section 39.201(2)(d), F.S., “If the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under section 827.04(3), F.S., the report shall be made immediately to the appropriate county sheriff’s office or other appropriate law enforcement agency.” However, it is appropriate to call the Hotline or law enforcement if school personnel are in doubt about where to make a report.

8. *Are teachers or other school personnel expected to “investigate” prior to making a report?*

Absolutely not. Teachers and other school personnel are required by law to *report* known or suspected abuse or neglect. *Investigation* of reports is the responsibility of local law enforcement, local child protection teams, and/or the Department of Children and Families.

9. *How do I report a suspected case?*

Preparing a report and options for reporting suspected or known abuse or neglect are described in detail beginning on page 31 of this sourcebook.

10. Can I be sued for making a report?

No. If you make a report in good faith, you are immune from any civil or criminal liability as stated in section 39.203(1)(a), F.S.

11. Do I have to have prior approval from my principal to report?

No. Suspected or known abuse or neglect should be reported immediately to the Abuse Hotline.

12. Must I notify my principal that I have made a report?

Florida law does not require this. Even if a *local* policy requires school staff to inform the principal after making a report to the Abuse Hotline, the policy must not interfere with the legal obligation to report.

Whether or not a school employee is required to notify the principal after making a report, once the report has been made, the school principal is an authorized point of contact during the child protective investigation.

13. Who should make the report when more than one staff member is involved?

The group of persons involved should decide which of them will make the report. Usually the person to whom the child made a direct allegation of abuse or the person who knows the most about the situation or family is the most appropriate person to make the report. Additional staff members may be listed as sources in the report if they have specific information that is relevant to the report.

14. Does the Abuse Hotline have to accept my report for investigation? If they do not accept my report for investigation, what recourse do I have?

Abuse Hotline counselors decide whether to accept a report for investigation based on specific criteria. Counselors must ask questions and gather information; however, they may not ask leading questions of the caller. Each call is accepted or refused as a report based on information provided during the call.

If the counselor indicates a report will not be accepted and the caller disagrees with the decision, the caller may ask to speak to a supervisor. The counselor then briefly summarizes the situation for the supervisor, who speaks to the caller regarding his or her concerns. After listening to the caller, the supervisor determines whether the counselor's decision was appropriate and provides the caller with further explanation about the decision.

The caller may also contact the local district office of the Department of Children and Families to discuss the situation. The local office may be able to suggest alternative resources or may have other protocols in place to assist the family in question. This may only be possible during regular business hours.

15. Who will investigate my report?

In most counties, a protective investigator (PI) who is an employee of the Department of Children and Families conducts the initial investigation. In some areas, due to the nature of the allegation or a local agreement, the staff of the local law enforcement unit may accompany the PI. In seven counties (Broward, Citrus, Hillsborough, Manatee, Pasco, Pinellas, and Seminole), employees of the local sheriff's office conduct the initial investigation. Usually these individuals are not sworn deputies but employees of a special child protection unit within the sheriff's office. Both DCF and law enforcement may consult with the local child protection team (CPT) for assistance with the investigation in the form of medical or psychological evaluations, specialized clinical interviews, and other services.

16. Am I required to speak to an investigator?

Yes. According to section 39.0014, F.S., it is the responsibility of all public agencies and their employees to cooperate and provide information to child abuse investigators so that children will be protected.

17. Should I write anything about the report in the child's cumulative record folder?

No. You should never enter anything in the child's educational record concerning the reporting of child abuse.

18. How will DCF communicate with the school about the investigation after I make a report?

The principal is DCF's point of contact at the school. DCF will share information about the report with the principal, who may then decide with whom to further share that information.

19. Do parents have to give permission for protective investigators to interview their child?

No.

20. How can we be sure a person requesting information is authorized to obtain such information?

School personnel should ask for the photo identification badge of the person requesting information or an interview. Photocopy the badge if this is permitted. If it is not, call the agency that issued the badge and verify that the person is a currently employed child protective investigator. If your school district has a law enforcement department, ask them to assist with this verification.

21. How do investigators decide to take a child into custody?

Investigators consider several factors in deciding whether to take a child into custody. These include the nature and severity of the maltreatment, the attitude and degree of cooperation of

the caregivers, and other factors determined through a comprehensive risk assessment that is completed early in the investigation.

22. Does a judge have to authorize the removal of a child from his or her family?

The child protective investigator has the authority to remove the child and place the child in shelter. The dependency court will hold a hearing within 24 hours to provide due process to the parents or other caregivers and to decide whether there is cause to continue the child's shelter placement.

23. Who has the authority to take a child into custody?

According to section 39.401, F.S., only a law enforcement officer or an authorized agent of the Florida Department of Children and Families may take the child into custody.

24. Can a male child protective investigator take a female child into custody?

The gender of the child protective investigator has no bearing on whether a child may be taken into custody. If the child is fearful or uncomfortable due to gender differences, this should be discussed and a solution sought that will decrease any further trauma to the child.

25. What do I do if I've made a report to the Abuse Hotline and their investigators haven't come by the end of the school day?

If dismissal is approaching and no contact has been made, you may contact your local child protective investigations office and determine whether they have received the report and whether an investigator is en route to the school. If not, and if you have grave concerns about the safety of the child, call your local law enforcement agency and request immediate assistance from an officer. Some areas have Safe Place programs to provide respite for children who are fearful of going home. If a child leaves school and goes to such a program, the location of the child should be communicated to the child protective investigations office.

26. Does the school have to notify a parent when a report is made to the Abuse Hotline?

No. In fact, the school should not notify the parent or other caregivers of the report.

27. Who contacts the parent when a child is taken into protective custody?

The person who takes the child into custody has the legal responsibility of notifying the parent or caregiver.

28. Can the parents find out who made a report?

The identity of the reporter is confidential. However, sometimes children identify the person at school with whom they discussed their problems and parents assume that person made the report.

Any person who breaches the confidentiality of a child abuse reporter may be charged with a crime.

29. Even after speaking with the child, reviewing the list of indicators, and discussing the case with my colleagues, I still may not be sure that I know enough to warrant making a report. What can I do?

Go ahead and call the Abuse Hotline to express your concerns. The Hotline counselor will decide whether your information meets the statutory definitions of maltreatment and, therefore, will be investigated.

30. Can a child be interviewed on school property or during school hours?

Yes. A child may be interviewed on school property at any time that the child is there. This could include interviewing the child at an after-school program at the school, even if a contracted agency runs the after-school program.

31. What should I do if I have reason to believe that a school employee has abused a student?

If you know or suspect that a member of the school staff has abused a student, you are required to immediately report this information using the reporting options described in Section 2C of this sourcebook (page 32).

32. Does the Florida Abuse Hotline accept reports on parents who neglect to send their child to school?

No. The Florida Department of Children and Families does not have the authority to intervene when a child of compulsory school-age is truant. Florida law (Chapter 1003, F.S.) requires each district public school superintendent to enforce compulsory attendance at the local school district level according to a board-approved attendance policy. For this reason, school attendance concerns should be referred to the local school district and/or law enforcement authorities.

3 After a Report

A. What Happens after You Make a Report?

Counselors answering the Abuse Hotline ask for relevant information about the child and the situation. It is their job to make an immediate assessment of your report. Generally, the younger the child and the clearer the indications of abuse or neglect, the more likely they will be able to accept the report and institute a child protective investigation.

The Florida Department of Children and Families is not responsible for investigating any case in which the alleged perpetrator is not the caregiver of the child. In these situations, they will refer you to law enforcement to file a complaint.

If you make a report but the Hotline staff determines that an investigation is not justified, ask for suggestions about what you can do next. Consult with others in your school system who have experience working with maltreated children and their families. Also, a child protection team serves every county in Florida. You can call the CPT counselor (on call 24 hours a day), or your local DCF protective investigations unit supervisor, or the DCF-authorized agent for the protective investigation unit to ask about further options for follow-up for the child about whom you are concerned.

The school is **not responsible** for notifying a student's parent/guardian of removal and is **not obligated** to inform the parent/guardian that a report has been made.

Will the Child Be Taken Away?

Reporting suspected abuse does not mean the child will automatically be removed from the home. Child protective services and the court system attempt to keep families together when this option is appropriate, but they do provide emergency shelter and crisis care outside the home.

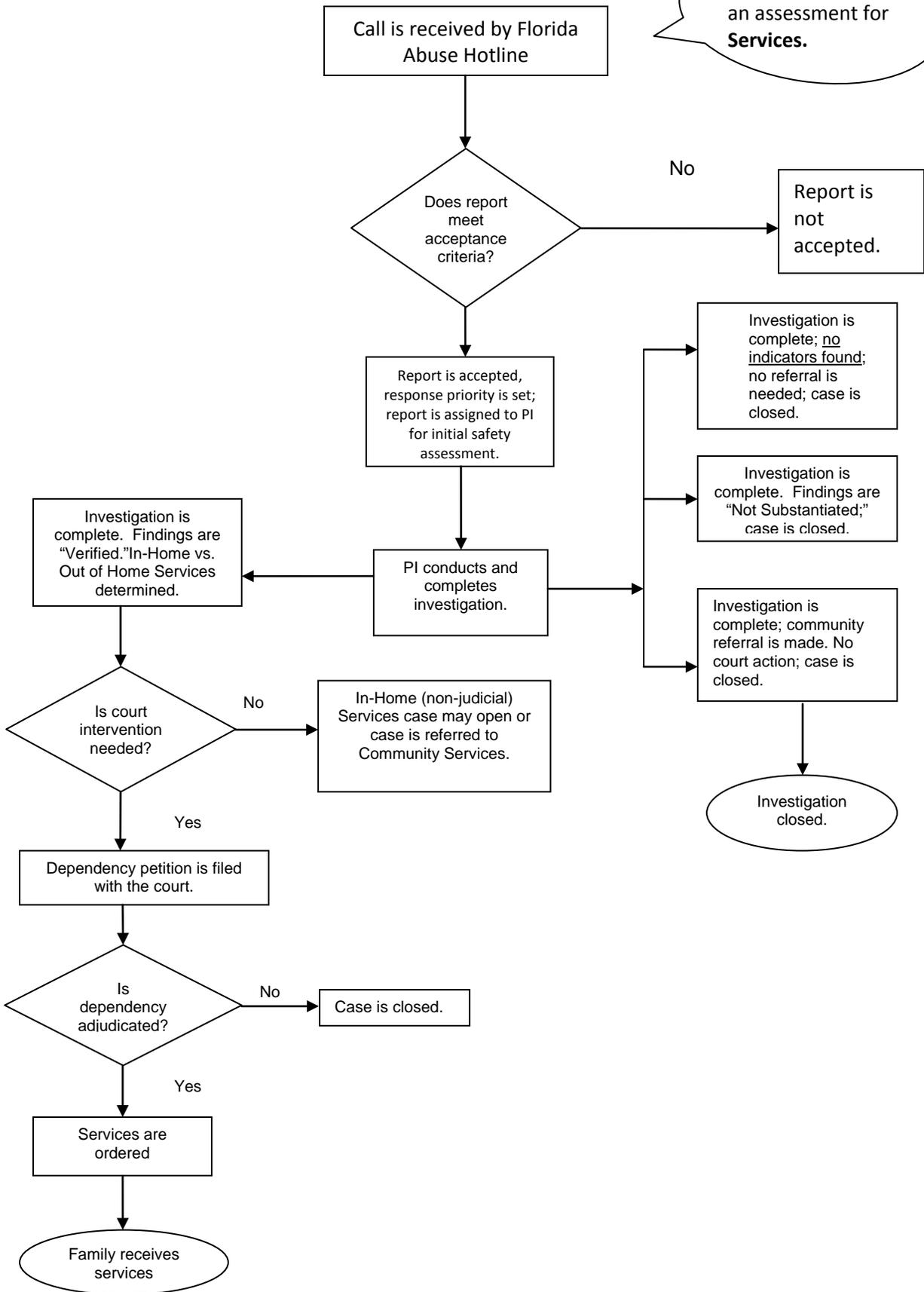
Can You Find Out What Has Happened?

Telephone reporters to the Abuse Hotline will be told prior to concluding the conversation whether the information provided has been accepted as a report for investigation. In the case of a faxed report, the fax transmittal form includes a space for the caller to request verification. The form also says that if the caller is not contacted, he or she may assume that the call was accepted as a report for investigation.

Section 39.202(5), F.S., states, “Any person who reports a case of child abuse or neglect may, at the time he or she makes the report, request that the department notify him or her that a child protective investigation has occurred as a result of the report.” The statute further states, “Any person specifically listed in s. 39.201(1) who makes a report in his or her official capacity **may also request** a written summary of the outcome of the investigation. The department shall mail such a notice to the reporter within 10 days after completing the child protective investigation.” Teachers and other school officials and personnel are included in this group. The request for the summary should be made at the time the report to the Abuse Hotline is made.

Flowchart: Tracking an Investigation through the System

Calls may result in an assessment for **Services**.



B. Law Enforcement's Role

During the course of an investigation into possible abuse, neglect, and/or abandonment of a child, the law enforcement officer investigating the allegation may choose to interview the child at the school. The officer is authorized to remove the child from any public or private school for a medical examination or forensic interview, or for any other procedure deemed necessary.

The law enforcement officer should provide identification to the school, and the school should document the law enforcement officer's name, ID number, law enforcement agency, and date and time of the removal.

A school official shall not deny law enforcement the right to interview a child, alone or with someone present during a criminal investigation. Additionally, school officials may not deny law enforcement the right to transport a child to an appointment deemed necessary for the furtherance of the investigation.

The law enforcement officer is responsible for notifying the child's legal guardian of the child's removal when deemed appropriate and based on the course of the investigation. The school is not responsible for notifying the child's legal guardian of the removal before or after the removal. If the child is returned to the school after normal school hours, and the child's normal method of transportation home is no longer available, the law enforcement officer responsible for removing the child from school, or his/her designee, transports the child to the child's residence.

School officials are not responsible for making legal decisions on behalf of the child during a criminal investigation. Section 843.02, F.S., states, in part, "Whoever shall resist, obstruct, or oppose any officer... in the execution of legal process or in the lawful execution of any legal duty, without offering or doing violence to the person of the officer, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082."

C. Talking with the Child's Parents or Caregivers

Many families under investigation demand to know the name of the person who made the report. Investigators respond to this question by reminding the family that a concerned person, including a mandated reporter, has the legal responsibility to report suspicions about a child's safety or well-being. This law protects your identity and penalties may be imposed for revealing a reporter's name. Parents often assume that a report to the Abuse Hotline was made by someone at the school. In an effort to intimidate school staff, some parents may falsely claim that investigators revealed the source of the report. You should know that child abuse investigators are mandated not to release the name of the reporter.

Schools are under no obligation to inform parents or caregivers that a report has been made to the Abuse Hotline. However, some schools have a policy requiring staff to inform parents when a report to the Abuse Hotline is made. This action could compromise an investigation. If a school

elects to notify a parent that a call has been made to the Abuse Hotline, this action should be delayed until after child protective investigators and/or local law enforcement personnel have interviewed the child. If a parent questions the school's actions, school personnel may remind them of the legal requirement to report child abuse and neglect and/or refer them to the law.

Discussion with families about an abuse report must be held in a private setting within the school. School staff should maintain a nonjudgmental attitude and remain professional. In talking with parents, focus on concerns for the child's success in school, the child's safety, and the entire family. Remind the parents or caregivers that you want the child to succeed in school and will work with them toward that goal. Explain that the school's role in any investigation is limited and that the school remains focused on providing a quality education for the child.

Schools should develop guidelines for how to respond to family members who contact teachers and staff about reports made to the Abuse Hotline. If staff are threatened, the incident should be promptly reported to the school principal, school security, and/or law enforcement.

D. Confidentiality

All information related to child abuse or neglect investigations is confidential by law. Be cautious regarding with whom and in what manner you discuss any specific aspects of a child's case. You may speak freely about the case to a Department of Children and Families child protective investigator (or a child protective investigator of another agency that is an authorized agent of DCF), the child's guardian ad litem, the school principal, or your school's designated child abuse resource person.

There may also be other faculty or staff members at your school who require educationally relevant information to provide support services to the child, siblings, and/or parents. However, avoid labeling children in records or open conversation as being abused or neglected. Instead, discuss children in terms of their behavior, their educational needs, and your services. Meet privately; do not discuss the situation in the faculty planning area, office, or hallway. Any comments, discussions, and requests for case-related information should be handled in a discreet and confidential manner. Confidentiality and respect for the privacy of the child and family are vital.

Confidentiality and respect for child and family are vital.

Stigma

No one wants to be labeled negatively, and being considered abused or neglected has a negative connotation for children. Also, at some developmental stages, children strive hard to conform to their peer group, and anything that sets them apart can result in a further weakening of their already fragile self-concept.

When focusing on remedying specific behaviors and academic deficits, use supportive services

available to all students. Including a maltreated student in a support group for students who have been maltreated may enhance services and help the student form positive relationships with peers.

Give students words to use to deflect any questions from peers. School staff can help students practice how they might respond to prying questions. Suggest phrases like, “I’m not allowed to talk about that,” or “I don’t want to talk about that. Let’s do something else.”

Sometimes a whole class is aware of and upset about injuries or abuse affecting a classmate. Due to confidentiality requirements, school staff cannot disclose any information that reveals details of events under investigation. However, students can be reassured that their classmate will receive support and help. For example, you might remind the students that even loving parents and caregivers sometimes face problems that make it difficult for them to provide proper care for their children. Let the students know that other adults will help the family make plans that keep everyone safe and healthy. Do not portray any child’s parents as criminal, insane, horrible, or otherwise negatively—and do not allow students to do so either.

Extending Yourself to the Student

Developing and implementing supportive services for abused or neglected children is not part of the typical job description for teachers, administrators, or other school personnel. Nevertheless, if you expand your personal role, you could increase your effectiveness as an educator and diminish the physical and emotional pain of your most vulnerable students. Maltreated children often lack advocates, and some fall through the community safety net of services.

You cannot provide everything these children need, and you should not think of yourself as the only means of help or as a rescuer. However, your professional advocacy is valuable to the student, your colleagues, your school, and the school district.

E. Dealing with Your Own Feelings

For many reasons, reporting suspected child abuse is personally and professionally difficult. School staff may be reluctant to report abuse because they have difficulty accepting that some parents and caregivers harm their children. School staff may be concerned that a report will do more harm than good, they may lack confidence in local child protective services, or they may fear retribution against themselves or the child. The suspected perpetrator may be someone they know or someone who seems so successful in life that he or she “just couldn’t have done such a thing.”

One’s own personal history may also affect how one feels about making a child abuse report. Some staff may have been raised in a social climate in which family problems were dealt with privately. It may seem inappropriate or overwhelming to become so involved with the private lives of students.

If you have personal experience as a victim of abuse, handling similar situations may evoke such strong feelings that you react by ignoring the problem or becoming “lost” in it. Try to maintain emotional distance and not over-identify with the student’s situation. If your own history is disturbing, do not hesitate to seek support in assisting the student or to ask other staff to assume your role.



It is also possible that dealing with a case of suspected abuse will bring up unexplained feelings of anxiety or rage. These feelings may be associated with personal events you have not faced. Hearing about a student’s victimization may elicit feelings from your childhood that you have either consciously or unconsciously buried. Your own emotional memories could result in crying, panicky feelings, or vengeful fantasies. Some adults experience this more indirectly as physical illness, unexplained tiredness, social withdrawal, or emotional numbing.

Even if you do not have personal experience of abuse, you may feel anger, anxiety, and sadness. Secondary victimization of the helper immersed in dealing with child abuse can lead to feelings of powerlessness and hopelessness. Child abuse is always a difficult issue to confront, but there are ways to attend to our own needs while we work to meet the needs of students. When dealing with your personal feelings in relation to these difficult cases, keep the following in mind:

- You do not have to be the lead person for follow-up on the case, should it be necessary for educational planning and support. Consult with your school administrator and ask for help from others in your school or school district. Ask the investigator or caseworker for assistance, if appropriate.
- If the topic of abuse makes you very uncomfortable and uncertain, you may not be the best person to work with an abused child. Your fear and confusion will be communicated to the child and may be misinterpreted. If you feel that you need someone else to help with or assume responsibility, consult your school principal or other appropriate administrator.
- Talk with a trusted colleague, friend, or family member about your feelings.
- If you find yourself troubled by anxiety, guilt, or fear, you may want to seek professional help to process these feelings.
- If you have received therapy because of your own childhood victimization, reconnect with a support group or therapist.
- If you recall your own victimization as a result of this situation, find a therapist, read a book on the topic, and/or contact a support group in your community.
- Recognize that these are stressful situations, and even if you have handled similar situations in the past, you should not feel guilty about enlisting others to assist the student.

Child abuse is a **difficult** issue to confront.

F. When Reporting Does Not Seem to Help

Sometimes the Abuse Hotline declines to accept a report for further investigation because it does not meet the criteria. Other times, the case is accepted, but the allegations are not substantiated during the investigation and DCF's Child Protection Unit is unable to take further action. Child protective investigators must be able to document maltreatment that reaches a level of legal sufficiency to petition the dependency court for protective supervision or to remove a child for purposes of protection.

In such a circumstance, those concerned with the child's well-being may feel frustrated with the system and believe that nothing can be done to safeguard the child. Remember that abuse and neglect cases are often not clear-cut. It may seem very apparent to school staff that a child is in jeopardy; however, investigators may find, for example, that parents have used questionable judgment but are not abusive or neglectful.

However, if it does not seem that the original reasons for making the report have been addressed, and you still suspect abuse or neglect, call in another report. Ask to speak to a supervisor at the Abuse Hotline and clearly explain your concerns.

Other options are to call the local child protection investigation unit to discuss your concerns, or request a consultation on the case to ask about their assessment of the evidence of abuse or neglect. Keep personal notes that document your specific concerns and any concrete indications of maltreatment. Continue to monitor the situation. Your vigilance may be a safety net for the child.

Sometimes when a child has disclosed abuse and the resulting intervention has not been successful, the child may be reluctant to talk further and may even avoid the person who they suspect made the report of abuse. Especially with older children, it may be useful to acknowledge that families do not always change after a report. Encourage the student to continue to speak up about any maltreatment. Create opportunities for the child to form trusting relationships with other staff at school.

4 Supporting Students

Educators strive to help all children succeed in the classroom. However, they often do not understand or they lack confidence regarding their role in working with children who have been abused or neglected. With appropriate information and strategies, school personnel can help these children gain self-confidence and succeed academically.

A. Helping Maltreated Children Succeed in School

Common Therapeutic Goals for Maltreated Children

Children who have been neglected or abused physically or sexually seem to have many therapeutic issues in common. In the most general terms, abuse affects children in two primary ways:

- Overwhelming stimulation from intense emotions about themselves and the abusive parent or caregiver
- Difficulty trusting others

Foster an environment where **trusting relationships** can form.

The success of children in overcoming the effects of abuse seems to depend on resolution of their feelings of guilt and powerlessness and their ability to trust others or to make friends. The school can foster an environment that gives these children an opportunity to form relationships with trustworthy adults and to make progress toward:

- Forming a positive self-image
- Trusting others
- Acknowledging their own emotions
- Expressing anger appropriately
- Experiencing positive adult and peer interactions
- Communicating verbally
- Developing alternative behaviors for coping and problem solving
- Achieving academically

The Teacher's Role

Teachers often feel responsible for the difficult task of helping a child heal—without the benefit of a therapeutic environment or training. Teachers should not be expected to assume responsibility for counseling children who have been abused. However, teachers can assist a

child with the healing process by encouraging the child to have many positive school experiences that will help him or her develop a sense of accomplishment and achievement. Schools can also provide the best opportunity to create situations where the abused child will have more contact with classmates and form friendships. The routine and predictability of the school day can also be very comforting.

Children often turn to their teachers in times of trouble. They should see teachers as warm, caring, and supportive. However, it is important that teachers not probe or push children to talk about experiences and feelings that they may not be ready to discuss. Because their physical and emotional boundaries have been violated, it is especially important to respect these children's need for physical and emotional space. A child who has been abused, for example, may respond with anger or annoyance to gestures of support, such as a pat on the back.

It is also important not to violate emotional boundaries. It is not reasonable to expect a child to suddenly respond meaningfully to everyone's effort to help or to expect immediate changes in the student's coping skills.

Schools can offer support services to children and parents by making referrals to local counseling agencies. The school social worker, school psychologist, guidance counselor, or family counselor may ask to be included in the treatment planning with the parent's permission. Information about a child's behavior in school can be valuable to other professionals who are responsible for counseling the child and the family. Some school districts have formed partnerships with mental health counseling agencies. These agencies provide counseling at school for students experiencing behavioral and/or emotional problems. This counseling may be very beneficial for maltreated children.

A teacher can be a lifeline for an abused child. To be perceived as a safe, trustworthy person for a student to confide in or ask for help, a teacher can do the following:

- Convey your interest and caring to the suspected victim: "I care about you"; "If you feel bad, I'd like to help."
- Give the child a sense that his or her feelings matter: "If you are scared, come and tell me"; "Your feelings are important, and it's good to talk about them."
- Believe and take seriously information the child gives.
- React calmly to information the child gives. Children test adult reactions to less significant information before risking their secret. If you seem disinterested, angry, shocked, or disgusted, the child may withdraw in reaction.
- Let the child know that he or she is not responsible or at fault for whatever happened.
- If the child is not comfortable opening up to you, acknowledge this and let the child know that you still want to offer support. Help the child determine who else might help. Follow up appropriately.

A teacher can be a
lifeline for a child.

Academic Needs

The following strategies may help the child regain confidence in his or her ability to succeed at learning and may lessen frustration with difficult tasks:

- Find ways to provide one-to-one assistance or tutoring in problem areas—from both adults and peers, if possible.
- Break down large projects into smaller tasks so that the student can have more frequent feedback and a sense of satisfaction from completing a task.
- Minimize competition and try to set up failure-proof tasks.
- Eliminate timed tasks or allow the student more time to complete tasks.
- Provide well-defined procedures for transition from one activity to another.
- Assign the student a classroom job, such as helper to the teacher.
- Ask resource staff how to obtain other academic help for the student, if necessary.
- Ensure access to all educational services for which the student is eligible (e.g., free or reduced price meals programs, Title I services, and bilingual programs).

Behavioral Needs

Children who have been maltreated sometimes find that acting out in school is the only available form of expression for their feelings of anger, fear, and guilt. It is imperative to redirect inappropriate behaviors, but remember that these children may be extremely sensitive to adult control. However, they may respond well to structure and limitations on highly stimulating tasks. The goal is to help the child build up a sense of self-control that comes from an ability to predict events and participate successfully. The following strategies may help to structure learning situations in ways that may be helpful to students:

- Be consistent, calm, and clear in your directions.
- When speaking, bend down or sit down with the younger child to speak directly to him or her in a quiet voice.
- Help the student realize there are consequences to behavior and the student can make a good choice to exercise control over behavior.
- Provide time and reasons for the child to get up and move around to discharge some energy. Encourage structured play or exercise. Do not withhold recess, lunch, or physical education as punishment.
- Avoid taking away possessions as a disciplinary measure.
- Set up the classroom to help the child stay on task. Move the child's desk closer to the teacher's desk; use a study carrel or timer.
- Avoid using corporal punishment. The child has had adults use power and force inappropriately and must be shown other ways to solve problems.
- Do not allow destructive behavior as an expression of anger. Talk about appropriate release of anger. Have children demonstrate or rehearse appropriate behaviors.
- Model nurturing concern toward others. Foster empathy and sensitivity to others. Verbalize those feelings and model empathetic behaviors. Watch for this behavior and praise the child when he or she is appropriately empathetic toward others.

Social Needs

Young children will learn how to get along with their peers by first getting along with the adults who are important to them. Do not expect good peer relations until the student can forge a relationship with an adult. Help the child learn social skills through these strategies:

- Be a role model; demonstrate and talk about acceptable ways of behaving with others. Express your own feelings appropriately.
- Offer guidance on how to deal with peers. Social skills or friendship groups are useful. Locate and use books on the topic of making friends.
- Set up group activities so the children have a chance to learn from each other. Cooperative learning is a model that may empower these students.

Emotional Needs

It is important to acknowledge the child's strengths and skills and not simply the victimization. Reinforce positives by providing experiences that leave the child with a feeling of accomplishment. Help the child identify something he or she can do well. The following strategies may help a child increase his or her self-esteem:

- Let your behavior indicate to the child, "I like you. I like to be with you."
- Use statements such as, "You have done this very well. I think you have gotten better at this task."
- Acknowledge and validate the student's positive qualities.
- Play games that will be winning situations for the child.
- Begin each day with a clean slate.
- Read to the child or have him or her read to others. Use stories in which children are the heroes and overcome great odds through competence, strength, and intelligence.
- Help the child talk about feelings. Label feelings, both your own and the child's. Teach and encourage the child to talk about his or her feelings instead of reacting inappropriately.
- Encourage the child to express his or her feelings through creative mediums, such as art, music, dance, and writing.
- Help the student to identify and become part of extracurricular activities or clubs.

B. Engaging the Family with the School

Parents should know that school staff are available and willing to help. Families of abused or neglected children are as much in need of supportive services as are the children themselves. This area is frequently avoided because the boundary between what is school-related and what is a private family matter tends to be blurred. Although staff should not force themselves on a family, schools can still reach out to the family to reduce their stress and

Families of abused children are in need of **supportive services.**

to reduce the family's isolation. It is important to understand that abusive parents, for the most part, are ordinary people who have not had the opportunity to learn alternative ways of coping under stress. Stress is a primary factor underlying child maltreatment.

Stress is a primary factor of child abuse.

Educators can help parents understand normal behavior for children at various stages of development. School districts that provide parent effectiveness classes may offer a model for starting a parent group for individuals who may be at risk for becoming abusive. These groups can give parents an opportunity to vent frustrations in a nonthreatening setting, as well as provide targeted information and skill training.

Schools may also post notices or send home flyers about the **Florida Parent Helpline ((800) FLA-LOVE)**, which provides free, confidential support for parents under stress and connects them with resources in their community.

Actively engaging the abusive or neglectful parent with the school is a difficult task. They may be afraid of being judged and very sensitive to real or perceived criticism. Just as children who have been maltreated tend to be socially isolated, this same dynamic may apply to an entire family. They are not likely to attend parent organization meetings and may be reluctant to attend teacher/parent conferences.

Involving Families of Abused or Neglected Students

Schools can reach out to both students and parents. It is important that teachers are open-minded and nonadversarial. Contacts with the parents should be supportive and nonthreatening. Call or write a note on a regular basis to discuss how the child is doing in school. Parents should not be contacted only when there is a discipline problem or failing grades. Do not get discouraged if the parent does not respond; that does not necessarily mean your attempts are ineffective.

Reach out to both **students and parents.**

Provide families with information they can use to enhance their relationship with their child and support their child's educational progress. Sending home printed information about developmental expectations or how to help the child study more effectively can help parents better understand their child and potentially reduce some of the stress that may lead to abuse.

Give positive feedback to parents. Families are often contacted regarding negative situations, such as when a child is misbehaving or coming to school improperly dressed. Contact the family frequently about what the child is doing well at school or about improvements in the child's condition or appearance. Let parents know their efforts are recognized.

Be prepared for extremes in verbal responsiveness. Some parents welcome and are even eager for the school's support and will disclose more than is appropriate about what is going on in their lives. They may just need someone to listen. It is important to note that although the educator has a duty to respect a parent's right to privacy, the educator's first responsibility, in this context, is to the well-being of the student.

Offer the parent an opportunity to do something specific for the school or the child's class. School staff may experience greater success in getting families to provide volunteer services if parents are approached in a positive manner and believe they are valued. Many people who have poor parenting skills perceive themselves as failures. They need to see that they can be successful in supporting their child's education.

C. Support Services in the School and Community

In a school system, there are many people who can be resources for children who have experienced maltreatment. Identify those in your system who specialize in these areas:

- Helping children meet specific academic needs
- Helping children learn to make and keep friends
- Helping children learn to appropriately express their emotions
- Helping children modify self-defeating behaviors
- Working with children in small group settings

Find out who has had specific training in meeting the academic needs of children who have been abused. The goal is to address academic needs and build self-confidence in these children through achievement and self-control. Resources may include:

- School social worker
- Child abuse resource coordinator or team
- Guidance counselor
- Peer counseling coordinator
- School nurse
- School psychologist
- Primary or exceptional student education specialist
- Speech and language therapist
- Principal and/or assistant principal
- School resource officer
- Behavior specialist and resource room teacher

Children with a history of abuse may exhibit difficulties in learning and academic performance. Some school districts have established weekly meetings of faculty in child study teams to discuss the academic needs of specific students. This is an excellent way to bring attention to the needs of maltreated students and to develop support for some special efforts to address those needs. Appropriately focusing on helping the child succeed in school will go a long way to ameliorate the effects of maltreatment.

Many times the school is able to assist the family in meeting basic needs. For example, clothing donations may be available, and families may not be aware that their children are eligible for free or reduced-price breakfast or lunch. Additionally, some administrators have discretionary funds that can be used for special needs, such as covering the cost of field trips for children whose families lack financial resources.

Group Interventions

Peer or community groups can be a productive way of working with maltreated children. A group not only provides a structured support system but also allows each student to benefit from the group process and from peer review for sanctions and approval. Additionally, groups can provide a sense of belonging. Groups should also include students who have not been maltreated and who may serve as role models and help the maltreated child to normalize behavior and emotions.

Skills in conflict resolution, anger management, appropriate expression of feelings, and problem solving can be learned in groups. Other groups can be created to give students specific help in developing their social skills or study skills.

- Find out what kind of groups have already been created in your school district that would meet the needs of the students in your school. Could you use a similar approach or modify it to meet your school's needs?
- Are there other agencies that would help set up a group to meet the specially targeted needs of students?
- Review your ideas with the school volunteer coordinator or the school improvement team, who may know of a professional with the skills to run a group.
- If you are in a community with a community college or university, seek help from faculty in psychology, social work, education, and/or social science programs. Are there skilled graduate students who would be interested in working with you to lead therapeutic groups?
- Is there a professional association for counselors in your area? Often counselors want to expand their own experience and may volunteer to lead groups with school staff for children in foster care, those who have been sexually abused, those exposed to domestic violence, or those who have other special needs arising out of their personal histories. However, care must be taken to ensure group norms that will safeguard confidentiality.
- Ask the student services department in the school district to work with you to develop creative ways to meet the needs of the children who have been abused and neglected.

Civic groups, child welfare agencies, community organizations, and county children's boards support many community efforts for children. Ask for funds for consulting staff to run short-term supportive groups for your students and parents. Find help obtaining small grants through partnerships with other community groups to set up tutoring programs.

D. Constructive Responses to Problem Behaviors

Children and adolescents who are victims of abuse often exhibit problematic behaviors at school. Tragically, the abuse these children endure at home may then be coupled with regular criticism and disapproval at school.

A teacher's response to problem behaviors in the classroom can have a positive effect on the abused child's life if the teacher's response has the following characteristics:

- Reflects the understanding that the teacher may be the child's only positive adult role model
- Conveys disapproval of the child's behavior but not the child
- Encourages the child to explain why she or he behaves this way
- Takes the child's feelings seriously
- Acts with respect for the child even while correcting him or her
- Explains what is expected of the child and why
- Encourages the development of self-respect and respect for others

Many child victims are labeled as delinquent, slow, or different and remain stereotyped in that role all through school. A concerned teacher who takes the time to talk with and understand the "problem" child is invaluable.

A child victim's problem behavior in the classroom needs to be addressed and corrected. Such correction can be done without humiliating or emotionally abusing the child. Outlined below are some constructive responses to common problem behaviors.

Truancy

- Convey a desire to understand and help the student: "I'm concerned about you" or "I'd like to understand what you are feeling."
- Express concerns, expectations, and rules without condemning.
- Set positive expectations for the student that respect and acknowledge his or her feelings.
- Set up a contract with the student for improved attendance.

Anxiety, Fidgeting, Tension

- Acknowledge the child's anxiety and try to understand its sources.
- Build communication with the child.
- Devise failure-proof activities or projects.
- Sequence activities with graduated degrees of difficulty.
- Minimize or eliminate competition.
- Allow opportunities for out-of-seat activities that will allow the child to "burn off" anxiety and tension.

Rude, Disruptive, or Aggressive Behavior

- Intervene and explain. "You can certainly use the book sometimes, but you don't have the right to grab it from her." "Your noise is making it hard for me to talk and for others to listen. Out of respect for the rest of us, please stop."
- Explain what will happen if the behavior continues. "If you choose to interrupt us again with that rude noise, you will receive a referral."
- Use noncorporal discipline, such as having the child clean desks or sending the child to another area of the room.
- Acknowledge the child's feelings: "You have the right to be angry, but you don't have the right to hurt others with your anger."

- Allow the child to use venting techniques, such as talking or writing about anger or using art or physical activity to express anger.
- Build communication with the child; try to understand the sources of aggression.

Mood Swings

- Acknowledge the child's moods.
- Stabilize and structure the child's environment.
- Ignore undesirable behavior when possible.
- Keep your own behavior consistent.
- Allow the child a place and time to vent feelings through talking, writing, drawing, dance, theater, or playing and/or listening to music.

Inattention or Daydreaming

- Ask the child privately, "What are you thinking about?"
- Build communication. Try to understand the reason for daydreaming.
- Limit highly stimulating tasks.
- Minimize unstructured time.
- Reduce extraneous stimuli.
- Give the child lots of physical opportunities for learning.

Poor Self-Concept

- Assign special tasks (such as taking attendance, running errands).
- Assign failure-proof tasks.
- Convey that you care through eye contact, smiling, speaking the child's name.
- Take opportunities to praise the child.
- Build communication. Encourage the child to verbalize feelings.

Withdrawal and Passivity

- Respond as you would to a child with poor self-concept.
- Structure positive relationships around the child.
- Choose activities that allow the child to participate or respond in various ways so the child can avoid uncomfortable experiences that remind him or her of the trauma; don't force any potentially delicate issues with the child.
- Avoid physical or harsh discipline.
- Do not force the child to perform when he or she is uncomfortable.

5 The School's Role in Prevention and Intervention

A. Building District Capacity to Respond to the Needs of Maltreated Students

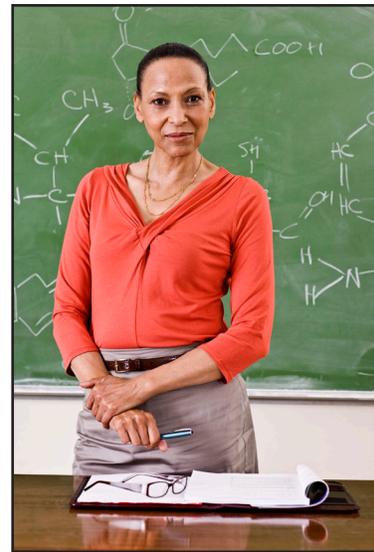
This section goes beyond dealing with individual cases to address measures that districts and schools can take to develop a more comprehensive response to child abuse that includes broad-based prevention and intervention efforts. Every district and school should consider these questions:

- What plans can and should be made to inform staff, parents, and students about the problem of child abuse and neglect?
- What partnerships and collaborative efforts may be formed within the district and the broader community?

A Comprehensive Response: Checklist for Schools

What are the standards in your district for dealing with child abuse? Has the school board adopted a written policy and posted it at every school? Consider these questions:

- Has the school posted a notice in a prominent place about the legal requirement to report suspected abuse and neglect and the procedures for reporting? (See section 1006.061, F.S.)
- Do teachers understand their legal responsibility and feel supported by school policy, procedures, and practice if they have to make a report?
- Is inservice training on recognition of child maltreatment and legal reporting requirements offered to all new teachers on an annual basis?
- Are training updates on the applicable statutes and supportive strategies for students and families given to staff?
- Are resource persons or a resource team with supplementary training, knowledge, and experience in handling reported cases available to staff in every school? (See “Setting Up a School Resource Team” below.)
- Are curricula available for presentations made to students on child abuse, personal safety, and how to ask for help with personal problems?
- How are special needs of maltreated students addressed in educational support services available in schools?



- Is there access to assistance for maltreated students through other community services? (See “Support Services in Your Community” in section 6 of this sourcebook.)
- Do student support staff in the district have access to specialized training on meeting the academic and social needs of maltreated students?
- Are there district- and school-based plans for parental involvement with schools?

The success of comprehensive response to the above questions depends on the understanding and support of the school board, the superintendent, and school administrators. All parties should recognize that the cost is very high when the reasons children cannot learn are ignored.

Setting Up a School Resource Team

All school personnel should have some familiarity with the issues of child abuse and neglect. There should also be at least one faculty member at each school with sufficient expertise to act as a resource person for other staff. This person could be the principal, an assistant principal or dean, the school nurse, a guidance or family counselor, a school social worker, a school psychologist, or a behavior specialist. Although a teacher could serve in this capacity, those without full-time classroom responsibilities have the more flexible schedules this role may require.

Many schools have developed a team approach, having a group of staff trained together. The team can then share the responsibilities of intervening to make a report, working with children who have been maltreated, connecting with social service providers, and supporting one another in this difficult work. A team also ensures continuity of the knowledge base and tasks during turnovers in personnel. Team members may be drawn from the same staff roles listed above. If there is a school resource officer, that person should be included on the team.

The individual or team should set the following objectives:

- Gain an understanding of the social and family dynamics that contribute to the abuse and neglect of children
- Become aware of and establish communication with community agencies that serve children
- Train teachers and staff on their role in child abuse prevention and intervention
- Coordinate plans for how the school will respond to a suspected case
- Provide leadership to support the maltreated child and siblings within the school setting
- Facilitate quality classroom presentations to students about child abuse and neglect
- Facilitate parent training classes at school that provide information on common parenting issues and challenges
- Post information about child abuse reporting laws in visible areas at school.

The school resource person or team should be familiar with the local DCF Family Service Response System, the Guardian Ad Litem Program of the courts, the child protection team, and other agencies and organizations that work with families and children.

Planning for Training School Faculty and Support Staff

Schools with the most effective child abuse prevention and intervention approaches have the principal's support for these efforts. Cases of child abuse and neglect are often complex and difficult for a single staff member to handle alone. From the time a report is made, through the intervention by child protective investigators, to the follow-up phase, a team approach is recommended. A staff member who is in the difficult position of making a report of child abuse or neglect needs to know that he or she has the support of the school administration.

Who Should Be Trained?

Many districts and schools provide training for classroom teachers. Training should also target bus drivers and aides, teaching assistants and aides, and cafeteria personnel. Student support staff, such as school social workers, psychologists, nurses, and guidance counselors, generally have experience playing a more direct role in the lives of students and so may be especially receptive to training related to this topic.

Training Recommendations

Comprehensive training requires the development of a plan that includes information regarding legal requirements and a general staff awareness of child abuse and neglect issues. It is recommended that the school resource person or team use this sourcebook as the basis for developing and implementing awareness training for child abuse prevention and intervention.

Additional resources for training are included in Section 6. With an array of training methodologies, training that matches needs should be available to each district and school.

Be sensitive to the likelihood that some members of your school staff may be reminded of their own childhood experiences of victimization. Consequently, it is not uncommon for staff who have had such experiences to request support after training.

Each school should maintain records that indicate which staff members have completed training; this information should be reported to the district office annually. The district may then track training, identify schools that have not accessed training, and implement a remediation plan.

B. Working with Families

Florida law does not dictate practices used by parents to discipline their child(ren). However, parents have, in moments of anger, used excessive force resulting in injury to the child. This then becomes a child abuse situation.

Teachers are in a unique position to help prevent child abuse. They have contact with parents through conferences, phone calls, notes to home, and other means. During conferences, teachers typically discuss the child's behavior at school as well as how the child is performing academically.

Teacher/parent conferences represent an opportunity to tactfully introduce the issue of discipline and ask whether the parent has concerns about the child's behavior at home.

School personnel may validate for parents that discipline is important and that all children need structure and limits for their behavior. At the same time, when a parent or caregiver expresses frustration about behavior at home, school staff may offer support through these and other means:

- Ask the parent what methods he or she has tried to change the behavior.
- Determine whether the efforts to change behavior have been effective (e.g., Is the problematic behavior continuing?).
- Help the parent focus on one or two behaviors that interfere with family functioning or that most concern the parent.
- Help the parent understand and try some basic behavior modification strategies, such as contracting or time out.
- Offer to track the behavior at school and help the parent reinforce changes in behavior with positive consequences.
- Refer the parent to guidance or other student support staff if the behavior problems are severe or the parent's level of frustration is high.
- Link parents to resources in the community.

Attitudes about discipline may include cultural influences. Teachers and other school staff may educate parents about ways to value their heritage and culture while learning new and different parenting strategies. Parents are often receptive to working with schools when school personnel are sensitive to their cultural differences, respect the parents' values, and show genuine concern and an interest in helping. School involvement is much less intrusive to the family than having a child protective investigator and/or a law enforcement officer investigate a report. Schools have an important role in introducing the new culture to immigrant families.

Approaches to discipline vary among families, within schools, and around the state. For example, there tend to be somewhat different social conventions in rural and urban communities. In rural areas, attitudes about discipline may be quite conservative, and corporal punishment is commonly used. This is often reflected in school district policies, and some schools may still be

using corporal punishment. However, many school districts have abandoned corporal punishment in favor of approaches that do not involve physical force. This is part of a state and national effort to promote nonviolent problem solving and conflict resolution. Modeling this approach for parents may be an effective strategy for child abuse prevention.

School staff should take care when contacting parents about their child's academic, social, emotional, or behavioral problems at school. Teachers should first focus on the student's strengths and improvements when sending notes home, discussing situations by phone, or conferencing with parents at school. Teachers must be sensitive to how they share information with parents about their child's difficulties or lack of progress. Parents' engagement and involvement is facilitated when school contacts are supportive, undemanding, and nonthreatening. Here are some suggestions for teachers:

- Discuss how you would like the parent to use the information that you are sharing.
- Explain the natural, appropriate consequences that will be applied at school to address the problem.
- Express your desire to work with the parent and student to improve the situation.
- Talk about consequences that the parent might use at home, if appropriate.
- Don't be hesitant to clearly state, "I'm not asking you to spank or punish your child. I'd like you to discuss what happened with your child and what your child needs to do differently the next time."
- Follow-up with the parent and give positive feedback about the child's efforts to change.

There is another way in which school staff may contribute to child abuse prevention. Referral to student support staff should be made when there are concerns about possible neglect of a child: lack of food, clothing, shelter, medical treatment, supervision, or emotional nurturing. This is important because sometimes poverty is confused with neglect. According to section 39.01(44), F.S., neglect occurs when "a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person."

If a life-threatening situation exists, call 911 then the Abuse Hotline. However, most neglect is not of a life-threatening nature. Schools can help families by identifying resources to meet the family's needs, making referrals for this assistance, and following up with parents to determine whether they were able to access the assistance. If parents refuse to accept help or do not attempt to access needed resources, a report of suspected neglect should be made to the Abuse Hotline.

C. Prevention Programs in the Classroom

Child abuse prevention presentations have been made to children of all grade levels—frequently folded into other subject areas. Training activities in school districts vary greatly regarding materials used, who leads the class discussion with the students, and the length and frequency of presentations. Your media specialist or staff development office may assist you in determining whether your school or district already owns child abuse prevention materials. If not, your school may want to purchase such materials.

Training Materials

A wide selection of training materials is available to districts and schools. David Finkelhor, a national authority on child abuse and professor at the University of New Hampshire, recommends the criteria summarized below to guide your choice of curricula:

- Content about sexual abuse
- Information on dealing with bullies
- Discussion of what children may perceive as confusing touch
- Definition of incest
- Guidance to scream and yell to attract attention when threatened by an adult
- Encouragement to tell an adult about any attempted or ongoing abuse
- Reassurance that abuse is never the child's fault
- A chance to practice avoidance behavior
- Information to take home about the prevention training
- A meeting for parents to discuss the prevention program
- Repetition of the material with the children for more than a single day

Guidance personnel, classroom teachers, school resource officers, child protection workers, and, in some cases, trained volunteers may teach programs on sexual abuse.

The research of Finkelhor and others shows that one-time child abuse prevention presentations are not effective. It is recommended that you select and use presenters and programs that will reinforce the content by providing lessons over the course of several days, providing the opportunity to practice the skills presented, and involving parents through an informational session and the provision of written materials. These recommendations apply to all child abuse prevention presentations, whether they are focused on physical, sexual, or psychological maltreatment. They also apply to personal safety curricula/presentations.

Some presentations focus on child abduction by strangers and emphasize fingerprinting and child identification. Abduction cases get extensive attention through the media. However, it is important that parents understand that the greatest threat of harm to children is from people they know.

Implications for School Programs

Although many materials are marketed as prevention materials, most are actually *intervention*-oriented and focus on identifying children who have been victimized. Rather than being effective in protecting children from victimization, these efforts do a good job of promoting disclosures of victimization by children. Of course, that in itself can be considered a form of prevention. Children who reveal abuse or neglect can receive help that may prevent further abuse (and support that may limit the long-term psychological effects of abuse or neglect). Ultimately, their disclosures may provide additional protection for them or protect other children from future victimization.

When choosing materials, consider the approach used to develop students' understanding of when to ask for assistance and how to tell what has happened to them. Some materials make very effective use of scenarios the class can discuss to help clarify the concepts.

Guidelines for Classroom Presentations on Abuse

Not all staff are equally capable of presenting information on this emotionally charged topic. If staff members are not at ease, recruit others from the district staff or even other community agencies and programs to lead the discussions.

- The presentation should be made in a straightforward tone and should reflect respect and caring for any child victim of maltreatment.
- Choose words carefully and specifically. Vague language may confuse and even unduly alarm students, yet explicit references or descriptions that may embarrass the students and/or the speaker are not necessary.
- Materials, examples, and words used in the presentation should be developmentally appropriate for the students in the class.
- Practice difficult portions of the talk or consult with other staff members on the choice of words.

Make presentations a team effort. The speaker cannot always notice students who may be acutely uncomfortable or who may need to leave the room. The classroom teacher should be present to make note of the students who may need a follow-up contact. Clearly identify the person in the school who students may approach with questions. Tell the students how and when they can talk to this resource person.

A discussion of child abuse and neglect should not include sensational or gory case histories to gain the attention of the students. Although these cases receive attention in the newspapers, students need to understand that these are rare occurrences. More than 90 percent of reported cases of maltreatment involve a parent or the child's caretaker, and the overwhelming majority of these abused children can be helped through interventions and treatment.

Other Classroom Strategies to Prevent Child Abuse

To really prevent child abuse, we have to prepare the next generation of parents. Although this may be outside the basic mission of school, there are a great many ways to build on established curricula and program efforts to give children skills and knowledge they can draw on when they become parents.

For example, the concerted effort to teach children problem-solving skills and anger management is yielding results. This is an example of an opportunity to help students work on the skills needed in relationships with others: empathy, appropriate expressions of care, and responsibility to others. The ability to feel empathy for others can be taught. The skill not only helps defuse personal problems successfully among students, it is also a necessary parenting skill.

Many curricula and activities are available on violence prevention, bullying prevention, and character education. Addressing these areas gives a clear message of respect and individual responsibility. Children learn that it is not acceptable to hurt others. This message, if communicated and modeled by school personnel throughout a child's years in school, will contribute to an adult ethos of nonviolence. We may help to stop the cycle of abuse.

D. Working with the Community

Housing Assistance and Homeless Resources

If the family is facing the loss of their housing due to eviction or other circumstances, emergency aid programs may help pay the overdue rent or mortgage or get the utilities turned back on. Other assistance may be available to pay the security deposit needed to allow the family to get back into an apartment. The homeless coalition in your community should be able to refer the family to the appropriate local agency and program.

If the family is homeless, the coalition is the place to start to help the family find safe and secure housing. Today, the option often involves placements in permanent supportive housing. This housing usually includes a rent subsidy as well as supportive social services for the family members.

Contact information for the local homeless coalitions in Florida can be accessed at the Department of Children and Families' website at <http://www.dcf.state.fl.us/homelessness>.

Partnerships with Parents

Enlist your PTA or PTO as the school's partner in reaching out to parents. Schoolwide efforts can support activities that help parents succeed and also prevent child abuse and neglect.

The following ideas have been used in many different communities. Consider what may work in your school.

- Ask for parental support for the purchase and implementation of a personal safety curriculum or videos for classroom use.
- Use parents to support and implement violence prevention programs.
- Ask for parent sponsorship of projects in which students have an opportunity to be empathic helpers or mentors to younger students.
- Sponsor babysitter certification classes that give children a chance to learn appropriate caregiving skills.
- Offer training to adults in mentoring and tutoring.
- Review how volunteers are used in your school and brainstorm how additional parent volunteers could be welcomed and put to meaningful work.
- Encourage parents to join and become active members of the school improvement team or school advisory committee. Children will benefit academically when they perceive that parents value education and are involved with school.
- Create a web page with tips on effective parenting and links to information on community agencies.
- Collaborate with community partners to promote parenting skills.
- Invite community organizations to participate in a school health fair.
- Provide information on free or low-cost activities within the community that promote family engagement.
- Provide information to parents on how to create home environments that foster learning.
- Create opportunities for parents, students, and others to recognize Child Abuse Prevention Month in April.
- Engage school and community speakers and provide workshops on topics of interest to parents, such as the following:
 - Understanding your child's academic progress
 - Balancing work, school, and parenting
 - Single parent issues affecting school involvement
 - Discovering resources for your child who has a disability
 - Parent/child communication
 - Suicide prevention
 - Effective discipline
 - Teen dating
 - Helping your child develop good study habits
 - Internet safety
 - Establishing a positive parent-teacher relationship

Public Awareness and Education Strategies

A community's pride and investment in its schools can also be the springboard for broad community action to draw attention to the needs of children. Use this relationship between school and community to design and implement some of the activities described below.

Pinwheels for Prevention

April is nationally recognized as Child Abuse Prevention Month. Florida recognizes this month by taking part in Prevent Child Abuse America's national Pinwheels for Prevention campaign. The goal of Pinwheels for Prevention is to engage all people in our society to act to make sure child abuse and neglect do not occur. In Florida, the campaign focuses on learning about healthy child development, supporting positive parenting practices, and taking action on behalf of children and families.

Throughout the month of April, local communities distribute Prevent Child Abuse Florida's resource guides on healthy child development to parents and child advocates throughout Florida. Local radio and television stations air public service announcements that speak to the importance of preventing child abuse and neglect and encourage Floridians to call the Parent HelpLine at (800) FLA-LOVE or to visit <http://www.ounce.org>.

For more information, please visit <http://www.pinwheelsforprevention.org>.

Family Fun Night

Many schools have had good success bringing in dynamic speakers to talk about parenting. One school offered bonus points to students (just before report cards) if their parents came to an evening program about kids and homework. To encourage attendance, they offered child care with activities, movies, games, and snacks. Attendance was terrific.

Make sure your speaker is energetic and entertaining. Some parents do not have fond memories of school, and it may be uncomfortable for them to attend. Consider asking your PTA or PTO to set up such an evening in community centers if many children have to travel a long way to the school.

A Community Effort

Community-focused activities will be more effective if you ask representatives from community agencies to help with the planning and to participate in the events. Ask a parent or two to join the planning team. Ask the Guardian Ad Litem program and Child Protection Team to send representatives. Involve a protective supervision caseworker, the school resource officer, and staff from a family resource center in your area. These professionals will all have different ideas for topics and speakers. (See Section 6 for information on resources.)

6 More Resources

The resources included are limited to no earlier than the year 2000, due to the enormity of available literature. Descriptions are taken from ERIC, PsycINFO Abstracts, or the publishers' websites. Additional online resources appear in Section 6B of this sourcebook.

A. Print Resources

Behl, Leah E. "Understanding Child Maltreatment and Juvenile Delinquency," *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 8, no. 3 (Aug 2003): 230–231. This monograph suggests that program developers and policy makers combine resources and services for both child maltreatment and juvenile delinquency to provide better services for youth. The largest section describes the components and reviews efficacy data from prevention and intervention programs that target child maltreatment and juvenile delinquency. Overall, the monograph presents a valid case for programmatic change and provides suggestions for the implementation of programs designed to target both child maltreatment and juvenile delinquency.

Binggeli, Nelson J., Marla R. Brassard, and Stuart N. Hart. *Psychological Maltreatment of Children, Vol. 4*. Thousand Oaks, CA: Sage Publications, 2001. Psychological maltreatment is probably the most common form of child abuse. Not only is it a type of maltreatment in its own right, but is also imbedded in and interacts with all other forms of child abuse and neglect. This offers a brief introduction to the emotional abuse of children and youth for mental health professionals, child welfare specialists, and other professionals involved with research, education, practice, and policy development in child maltreatment. The book defines and outlines theories of psychological maltreatment, describes its effects, and examines this form of abuse as a social problem. It also covers assessment, prevention, and treatment strategies and shows how to analyze a case of child psychological maltreatment. This book offers an opportunity to earn four continuing education (CE) units through the purchase and successful completion of its accompanying CE test. Both practicing professionals and students will find this concise work to be an excellent introduction to this often-ignored form of child abuse.

Briere, John, Lucy Berliner, John Myers, Theresa Reid, Carole Jenny, and C. Terry Hendrix. *APSAC Handbook on Child Maltreatment, Second Edition*. Thousand Oaks, CA: Sage Publications, 2002. This resource of unparalleled thoroughness provides critical information for those who dedicate their working lives to alleviating the causes and consequences of child abuse and neglect. Written in engaging but straightforward language and committed to immediate application, this comprehensive handbook covers physical and sexual abuse, all forms of neglect, and psychological maltreatment. Experts

in a variety of specialized areas have designed each chapter to inform professionals in mental health, law, medicine, law enforcement, and child protective services of the most current empirical research and literature available, as well as strategies for intervention and prevention. This edition also includes detailed discussion of parent-child attachment issues; law enforcement aspects; special topics such as Munchausen by proxy syndrome, child fatalities, and children's mental health services. It also offers guidance for interviewing, especially very young children, and coverage of community approaches to prevention.

Browne, Kevin, Helga Hanks, Peter Stratton, and Catherine Hamilton, Eds. *Early Prediction and Prevention of Child Abuse: A Handbook*. Hoboken, NJ: John Wiley and Sons, 2002. This groundbreaking handbook presents approaches to the prediction and prevention of child abuse and neglect. The book helps identify which families are most at risk of abusing their children and what immediate action needs to be taken in the best interests of the child. It also considers the types of intervention that are necessary to prevent child abuse and neglect from occurring and the advances made in the assessment and treatment of both victims and offenders.

Chaffin, Mark, Barbara L. Bonner, and Robert F. Hill. "Family Preservation and Family Support Programs: Child Maltreatment Outcomes Across Client Risk Levels and Program Types," *Child Abuse & Neglect: The International Journal* 25, no. 10 (Oct 2001): 1269–89. Participants of family preservation and family support programs (n=1601) were followed over time for future child maltreatment events. A total of 198 had at least one defined failure event over 1.6 years. Programs designed to help families meet basic needs and programs using mentoring approaches were more effective.

Chan, Jasmine S., John M. Elliott, Yvonne Chow, and Joyce I. Thomas. "Does Professional and Public Opinion in Child Abuse Differ? An Issue of Cross-Cultural Policy Implementation," *Child Abuse Review* 11, no. 6 (Nov–Dec 2002): 359–379. There are cultural variations in childcare and socialization practices, and actions considered abuse in one culture may be acceptable in others. The extent to which children's rights are regarded as such within their own cultures as well as by governments may vary greatly. Moreover, there is a tendency for the public to make allowances for the intentions and circumstances of child abusers, at least in less severe or obvious cases or where the actions in question are socially sanctioned. However, there are also many professions involved in prevention or remediation of child abuse or in the implementation of policies on children generally. Medicine, law, education, and the social services are especially relevant here. Professionals in these areas could be expected by virtue of their training and experience to bring to their grasp of abuse issues a dimension that transcends cultural variation. Evidence from the literature and from two Singapore studies is used to explore the possibility that many professionals may retain attitudes about child maltreatment that reflect their culture rather than any transcultural agreement on children's rights generally or child abuse specifically. If true, changing professional attitudes should be an important priority.

Crosson-Tower, Cynthia. *When Children Are Abused: An Educator's Guide to Intervention*. Upper Saddle River, NJ: Pearson, Allyn and Bacon, 2001. This is an invaluable resource for educators who are concerned about how to recognize and intervene effectively in situations of child abuse and neglect. It outlines symptoms, provides checklists for quick reference, and describes factors that put children at increased risk of maltreatment. The book then takes readers through the step-by-step process of reporting abuse and neglect, describes potential outcomes, and discusses assistance to parents and children that can be offered by educators. Dr. Crosson-Tower also describes how schools can create child protection teams to enable all staff to manage abuse and neglect situations more effectively. This book will be essential to novice as well as expert educators who need easy-to-apply information in this difficult area.

Daro, Deborah and Anne Cohn Donnelly. "Charting the Waves of Prevention: Two Steps Forward, One Step Back," *Child Abuse & Neglect* 26, no. 6-7 (Jun 2002): 731-742. Over the past 30 years, the political response to child maltreatment and its prevention in the U.S. has experienced periods of frantic activity, often followed by long periods of neglect. These "waves" of apparent progress are often minimized by an inability to sustain political commitment to a given reform or course of action. This pattern may reflect deep differences among child welfare advocates, researchers, and practitioners on how best to proceed. While most everyone agrees that childhood should not hurt, how to prevent this hurt and at what cost is less clear. To address this dilemma, prevention advocates, researchers, and practitioners have struggled with conceptual frameworks and programmatic reforms. This article summarizes the relative gains and limitations of three such efforts and outlines the lessons these efforts offer those formulating future prevention policies and programs. Such efforts need to avoid the most common mistakes experienced by earlier efforts, including oversimplifying the problem of child abuse, overstating prevention's potential and appropriate target populations, failing to establish a significant partnership with child protective services, compromising depth or quality to maximize breadth or coverage, and failing to fully engage the public.

Dombrowski, Stefan C., C. Emmanuel Ahia, and Kathleen McQuillan. "Protecting Children through Mandated Child-Abuse Reporting," *Educational Forum* 67, no. 2 (Win 2003): 119-28. This article explains legal reporting requirements for child abuse and neglect, describes legal standards for reasonable suspicion and indicators of various types of abuse, details what should be included in a report, and discusses implications for school personnel.

Dorne, Clifford K. *An Introduction to Child Maltreatment in the United States: History, Public Policy, and Research*. Monsey, NY: Criminal Justice Press, 2002. This third edition of this popular textbook has been completely revised to reflect key changes in policy and research of the past decade. Current trends in legislation, court procedures, child welfare, and criminal justice policies are concisely surveyed. The new edition also reflects the burgeoning multidisciplinary, scholarly literature on the physical and sexual abuse of children, including less-explored topics such as child neglect, "emotional" child maltreatment, and institutional abuse.

Dubowitz, Howard and Diane DePanfilis, Eds. *Handbook for Child Protection Practice*. Thousand Oaks, CA: Sage Publications, 2000. The editors, a pediatrician and a social worker, along with more than 70 experts in this field, offer what is known about how best to work with maltreated children and their families in a very practical, concise, and user-friendly way. Structured to follow the life of a case from the time a report of child maltreatment is made through the various pathways in the child protection system, this edited volume synthesizes the best practice principles for responding to reports of child abuse and neglect; engaging children and other family members in intervention; developing cross-cultural practice competencies; assessing risk, evaluating safety, and conducting family assessments; defining outcomes and planning intervention; evaluating risk reduction; and making permanency decisions, and it discusses the unique legal, medical, ethical, and other practice issues in the child protection field involves. Professionals facing tough dilemmas in practice should find valuable guidance in these pages.

Fieldman, Jonathan P. and Tony D. Crespi. "Child Sexual Abuse: Offenders, Disclosure, and School-Based Initiatives," *Adolescence* 37, no. 145 (Spr 2002): 151–60. This paper explores the characteristics of the child sexual offender and the devastating impact of sexual abuse on children. It discusses the importance of a child's disclosure of victimization and its significance in the treatment process. Recommendations are presented on ways to improve school-based sexual abuse programs since they are in a critical position to provide assistance.

Forehand, Rex and Beth A. Kotchick. "Behavioral Parent Training: Current Challenges and Potential Solutions," *Journal of Child & Family Studies* 11, no. 4 (Dec 2002): 377-384. Behavioral parent training has emerged as one of the most successful and well-researched interventions to date in the treatment and prevention of child and adolescent externalizing problem behaviors (aggression, noncompliance). However, parent training is not uniformly successful, and there remains much to learn about the myriad factors that affect the implementation of this type of intervention. The authors delineate some of the challenges commonly faced by practitioners and offer suggestions for overcoming these obstacles in order to deliver parent training interventions to families who may benefit from them.

Fowler, Jeff. *A Practitioners' Tool for Child Protection and the Assessment of Parents*. London: Jessica Kingsley Publishers, 2003. A practical tool for the assessment of children and their families, this guide enables professionals to make informed decisions about child protection issues. It draws on the expertise of a practicing consultant and experienced qualified social worker, Jeff Fowler, whose work has already formed the basis of guidance reports for child protection agencies and court proceedings. Providing detailed checklists for collecting and interpreting information vital to a best practice assessment, it also includes practical sections that focus on assessing attachment issues, childhood experiences, alcohol and drug abuse, and parenting skills and abilities. It presents a central case study leading to an assessment report that can be used for case conferences, as a core assessment in care proceedings, or for statements in public and private law matters.

- Geffner, Robert, Peter G. Jaffe, Marlies Sundermann, Eds. *Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention, and Policy Development*. Binghamton, NY: Haworth Press, 2000. Discover research from across the United States and around the world on children exposed to domestic violence. This volume explores research, assessments, interventions, and policy and prevention for children, victims of battering, batterers, and their families. It focuses on various aspects of spousal/partner abuse and child maltreatment. It focuses on three major sections: theoretical and research issues, intervention and prevention strategies, and policy development from an international perspective.
- Germain, Robert and Jonatha Sandoval. "Child Maltreatment." In *Handbook of Crisis Counseling, Intervention, and Prevention in the Schools*, Second Edition. Mahwah, NJ: Lawrence Erlbaum Associates, 2002. Topics discussed include perspectives on child maltreatment, theories regarding the causes of maltreatment, individuals at risk for encountering maltreatment, primary prevention activities, working with clients at risk, and interviewing with abused children and their parents.
- Gibson, Laura E. and Harold Leitenberg. "Child Sexual Abuse Prevention Programs: Do They Decrease the Occurrence of Child Sexual Abuse?" *Child Abuse & Neglect: The International Journal*, 24, no. 8 (Sep 2000): 1115–25. A survey of 825 female undergraduates found 62 percent participated in a "good touch/bad touch" sexual abuse prevention program in school. Eight percent who reported ever having had a prevention program also reported having been subsequently sexually abused, compared to 14 percent who did not ever have a prevention program.
- Gray, Jane, Diane R. Nielsen, Linell E. Wood, Mary Andresen, and Kathleen Dolce. "Academic Progress of Children Who Attended a Preschool for Abused Children: A Follow-Up of the Keepsafe Project," *Child Abuse & Neglect: The International Journal*, 24, no. 1 (Jan 2000): 25–32. A study of 27 graduates of a therapeutic preschool day treatment program found 14 graduates were in regular classrooms, 10 in special education, 2 in residential treatment, and 1 was home schooled. Twenty-two improved or remained in the same grade and classroom type as they had been placed at graduation.
- Guterman, Neil B. *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services*. Thousand Oaks, CA: Sage Publications, 2001. Services for the early prevention of child maltreatment are most commonly delivered through home visitation services. This guide introduces best practice principles for early home visiting, examining the contexts from which these strategies arise. Beginning with a discussion of the nature and etiology of physical child abuse and neglect, Guterman then examines the mechanisms by which child protective and early home visitation services have traditionally operated. The book explores best practice principles by providing a detailed "inside tour" of those practices that have been empirically linked with positive outcomes in families. Guterman also discusses in detail how home visitation may more adequately address the problem of family substance abuse as it relates to child maltreatment risk and ways visitation can attend to social network and community influences and increase

parent empowerment. An essential text for child welfare courses, this book will also appeal to practitioners and policy makers.

Hebert, Martine, Francine Lavoie, Christiane Piche, and Michele Poitras. "Proximate Effects of a Child Sexual Abuse Prevention Program in Elementary School Children," *Child Abuse & Neglect: The International Journal* 25, no. 4 (Apr 2001): 505–22. The effects of the sexual child abuse prevention program ESPACE were evaluated with 133 Canadian children (grades 1–3). Children participating in the prevention program showed greater preventive knowledge and skills relative to children not participating. Follow-up data showed knowledge gains were maintained while the preventive skill gains have may attenuated.

Henderson, Helene, ed. *Domestic Violence and Child Abuse Sourcebook*. Detroit, MI: *Ominigraphics*, 2001. This provides information about our current understanding of domestic violence, including partner, child, and elder abuse and neglect. It offers warning signs of abuse and profiles of abusers, discusses links with substance abuse, and suggests steps members of the community can take to alleviate this vast public health problem. It also includes a sample safety plan, a directory of national hotlines and organizations.

Horton, Connie Burrows and Tracy K. Cruise. *Child Abuse and Neglect: The School's Response*. New York, NY: Guilford Press, 2001. School professionals have a unique opportunity—and responsibility—to identify and respond to child abuse and neglect. This book provides a succinct review of knowledge about child maltreatment and links it specifically to practical applications in the schools. Information and strategies are outlined to help school practitioners and other personnel identify signs of abuse, respond sensitively and effectively to student disclosures, and make critically important reporting decisions. Treatment options are discussed in depth, including guidelines for offering school-based clinical services and/or managing referrals to outside providers. Other topics covered include consulting with teachers and parents, planning and implementing victimization prevention programs, and coping with "compassion fatigue." The book is illustrated throughout with clearly written, relevant case examples.

Ko, Susan F. and Merith A. Cosden. "Do Elementary School-Based Child Abuse Prevention Programs Work? A High School Follow-Up," *Psychology in the Schools* 38, no.1 (Jan 2001): 57–66. The authors assess the impact of a school-based prevention program by surveying high school students who previously had abuse prevention programs available to them. Students who attended prevention programs were more knowledgeable about abuse concepts and reported fewer incidents of abuse. However, the effectiveness of students' responses to abuse was variable.

Lachman, Peter, Ximena Poblete, Peter O. Ebigbo, Sally Nyandiya-Bundy, Robert P. Bundy, Bev Killian, and Jaap Doek. "Challenges Facing Child Protection," *Child Abuse & Neglect* 26, no. 6–7 (Jun 2002): 587–617. The challenges facing children in the 21st century are immense and will need to be faced if we are to achieve the goal of child protection for all. Three specific constraints on child protection are examined in this article: poverty, HIV/

AIDS infection, and war. The authors use their experience in Africa to raise issues of resilience and adaptation, dangers to child protection programs, and possible solutions. In many African and Asian countries, the AIDS pandemic has changed the social structure of society, with AIDS orphans and children infected and affected by HIV/AIDS becoming more common. This in turn affects the way we view child protection and in particular child sexual abuse. The consequences of post-traumatic stress resulting from war need to be addressed, and the development of programs that place children in the center of relief efforts to foster a culture of child protection is essential. Finally, the article notes that the picture is not overly pessimistic and examines the achievements in the field of children's rights that underpin all programs aimed at protecting children and the future need to consolidate successes achieved.

Leventhal, John M. "Editorial: Preventing Child Abuse and Neglect. We (You, Your Colleagues, and I) Have to Do More," *Clinical Child Psychology & Psychiatry* 7, no. 4 (Oct 2002): 501–504. This editorial calls for a renewal of commitment of psychologists and psychiatrists to the cause of preventing child abuse and neglect. Child abuse and neglect cases in the U.S. for the year 2001 are estimated to cost nearly \$94 billion. These included \$24.4 billion of direct costs (including hospitalizations, care of chronic health problems, counseling, the child welfare system, law enforcement, and the judicial system) and \$69.7 billion of indirect costs (including special education, mental health and health care as adults, juvenile delinquency, lost productivity, and adult criminality). The author points to the failure of the U.S. federal government to develop an agenda concerning the prevention of child maltreatment and to provide substantive funding to support such efforts as home visits, adult education, domestic violence services, shelters and housing, and other primary mental health prevention programs. According to the author, clinicians can no longer continue to care for children only after they have been hurt. Practitioners need to work much harder before the hurt has occurred. The author proposes that state and federal dollars committed to prevention should equal 10% of the monies allocated in the community for child protection.

Leventhal, John M. "The Prevention of Child Abuse and Neglect: Successfully Out of the Blocks," *Child Abuse & Neglect: The International Journal* 25, no. 4 (Apr 2001): 431–39. This commentary reviews progress towards the development and implementation of home-based services aimed at preventing abuse and neglect and promoting the health and development of the infant and mother. The effectiveness of the Healthy Families model and the Olds' model are highlighted, and challenges facing home visitation programs are discussed.

Lowenthal, Barbara. *Abuse and Neglect: The Educator's Guide to the Identification and Prevention of Child Maltreatment*. Baltimore, MD: Paul H. Brookes Publishing, 2001. Through the use of this comprehensive book, the reader will learn his or her specific role and responsibilities in the identification, prevention, and intervention of child maltreatment as mandated by law. Child maltreatment can occur in all socioeconomic levels and cultural backgrounds, creating barriers to learning. With a practical, engaging approach to this sensitive issue, the author guides the reader through the four major

categories of maltreatment—physical, sexual, and emotional abuse, and neglect—and provides practical guidelines for identification, reporting, and follow-up; strategies for working effectively with students and their families; a checklist to assist teachers in identifying abuse in different age groups; and useful lists of books, journals, videos, audiotapes, and organizations. Whether a kindergarten or high school teacher, the reader will find useful guidelines regarding what to look for, when to be sure of abuse, and what to expect after reporting abuse.

Lutzker, John R. and Kathryn M. Bigelow. *Reducing Child Maltreatment: A Guidebook for Parent Services*. New York, NY: Guilford Press, 2001. This practical manual presents detailed, step-by-step instructions for assessing and teaching key parenting skills proven to reduce or prevent child maltreatment. It is based on 20 years of research and practice with more than 1,500 families at risk for child physical abuse or neglect. The book shows how to help parents improve interactions with children, create safer home environments, and respond effectively to child health care needs. It is filled with concrete examples and helpful tips for service providers and features more than 30 assessment forms, checklists, and other client materials, many of which are ready to photocopy and use. Also included is detailed information on staff training, complete with reproducible training materials.

Macdonald, Geraldine. *Effective Interventions for Child Abuse and Neglect: An Evidence-Based Approach to Planning and Evaluating Interventions*. Hoboken, NJ: John Wiley and Sons, 2001. Why are some children abused or neglected? What can be done to protect and help them? A key element of informed decision making is knowing what sort of problems are amenable to what sort of intervention, in what circumstances, and with what degree of certainty. This book provides a thorough and detailed review of the available research and suggests ways to incorporate this evidence into professional child protection work. Geraldine Macdonald first considers the range of evaluative tools available, with illustrations from existing research studies and reviews, and appraises their respective merits and limitations. She then describes the interplay of a range of causal factors in abuse and neglect and considers different types of maltreatment and their potential consequences. Evidence for effective preventative and therapeutic measures are considered next, followed by a final section on accurate assessment and the use of formal tools in risk management.

MacIntyre, Deirdre and Alan Carr. "Prevention of Child Sexual Abuse: Implications of Program Evaluation Research," *Child Abuse Review* 9, no. 3 (May–Jun 2000): 183–199. Thirty child abuse prevention program evaluation studies were selected according to a set of methodological criteria following an extensive manual and computer literature search. Targets for intervention in 17 studies were children; in three, parents; in four, teachers. In six studies, multisystemic programs were evaluated where some combination of children, parents, and teachers was targeted for intervention. From a review of the 30 studies, it was concluded that child abuse prevention programs can lead to significant gains in children's, parents', and teachers' safety knowledge and skills. Best practice guidelines arising from the review include the use of multisystemic programs; child-focused curricula that cover a wide range of safety skills and concepts; and the use of

didactic instruction and discussion, video modeling, and active behavioral skills training techniques in program delivery. The curricula for parents' and teachers' programs should cover child protection issues and local child protection procedures along with an overview of the children's program lesson plans. Longer programs conducted by trained staff are preferable and such staff may include teachers, parents, mental health professionals, and law enforcement officers.

Malik, Neena M., Mary M. Crowson, Cindy S. Lederman, and Joy D. Osofsky. "Evaluating Maltreated Infants, Toddlers, and Preschoolers in Dependency Court," *Infant Mental Health Journal* 23, no. 5 (Sep 2002): 576–592. Work in the child welfare system is rarely informed by research, particularly in the court system. Resources are limited despite the fact that it is in juvenile dependency courts that the most serious cases of maltreatment are heard and decisions made about the safety and treatment of maltreated children. Although a disproportionate number of dependent or foster children are infants and toddlers, courts rarely have access to specialized expertise in understanding the needs of young children. In this article, a court-based evaluation program called PREVENT (Prevention and Evaluation of Early Neglect and Trauma) is presented. The PREVENT protocol is described, and the intervention implications for the program are discussed.

McCurdy, Karen and Elizabeth D. Jones. *Supporting Families: Lessons from the Field*. Thousand Oaks, CA: Sage Publications, 2000. Whether one talks about the family support movement, the early childhood movement, or child abuse prevention, program planners struggle with defining their target populations and structuring their interventions. This volume documents the efforts of the William Penn Foundation and its Child Abuse Prevention Initiative. By chronicling the efforts of this unique initiative and its groundbreaking research, the authors provide many useful lessons for practitioners, funders, policymakers, and researchers. These lessons are particularly useful as child abuse prevention efforts seek to move beyond isolated demonstration efforts and toward a universal system of support for all parents. Through the lessons learned from the successes and failures of the foundation, this book has many implications for prevention efforts underway across the country and forms a reservoir of knowledge on how to assess child abuse prevention in urban communities.

McDaniel, Cynthia. "Children's Literature as Prevention of Child Sexual Abuse," *Children's Literature in Education* 32, no. 3 (Sep 2001): 203–24. This article addresses the issue of child sexual abuse, providing contextual information about the problem, such as the fact that in 85–95% of cases the offender is known to and trusted by the victim. It also discusses positive and negative influences of general children's literature, noting that children are greatly influenced by situations depicted in books. The author focuses on literature for children ages 4–8.

McFarlane, Mia, Howard J. Doueck, and Murray Levine. "Preventing Child Abuse and Neglect." In *Children, Social Science, and the Law*. New York, NY: Cambridge University Press, 2002. This article reviews some examples of newly developed programs, community-based initiatives, and recent legislation designed and implemented to prevent child

maltreatment. In this context, the authors find that although there have been some successes, such programs and legislation are as likely to have been driven by values, biases, and political considerations as they are to have been driven by research-based understanding of the problem. Stated differently, there tends to be a gap between what one knows empirically about prevention and what ultimately gets implemented. The authors conclude the chapter with some comments about how social scientists might help bridge this gap.

Melton, Gary B., Ross A. Thompson, and Mark A. Small. *Toward a Child-Centered, Neighborhood-Based Child Protection System: A Report of the Consortium on Children, Families, and the Law*. Westport, CT: Praeger Publishers, 2001. The system we used to protect children from abuse is failing miserably. In this volume, scholars affiliated with universities and professional associations nationwide pinpoint a better strategy. Their research spotlights neighborhood-based child protection systems and provides a comprehensive approach for creating procedures that meaningfully address child maltreatment. The volume discusses the challenges of moving toward such a system within the current legal, political, and cross-cultural contexts of child protection. Examples of promising applications of a community-based approach are cited. Also cited are the legal and practical structural steps to be taken in creating caring communities that effectively address child abuse and neglect.

Miller-Perrin, Cindy L. and Robin D. Perrin. *Child Maltreatment: An Introduction*. Thousand Oaks, CA: Sage Publications, 2001. This is the first textbook designed for undergraduate and beginning graduate students in this field. Designed to provide a comprehensive introduction to child maltreatment, this well-written volume disseminates current knowledge about the various types of violence against children. By helping students more fully understand the etiology, prevalence, treatment, and prevention of child maltreatment, the authors hope to help prevent future violence against children. Topics includes child sexual abuse, physical abuse, emotional abuse, child neglect, and the effects on children who witness violence. The focus is on abuse perpetrated by family members and nonfamily intimates, as well as children abused by strangers.

Murphy, Michael, Olwen Hall, and Margaret Simpson. "When Training and Prevention Meet," *Child Abuse Review* 12, no. 2 (Mar–Apr 2003): 107–113. This article explores the intended and unintended consequences of CiN/child protection training when this training is offered to parents and grandparents who live in the community. It asks whether training can fulfill a preventative function on behalf of children and child protection systems.

Nicholson, Bonnie, Michelle Anderson, Robert Fox, and Viktor Brenner. "One Family at a Time: A Prevention Program for At-Risk Parents," *Journal of Counseling & Development* 80, no. 3 (Sum 2002): 362–71. This article examines the effectiveness of a psychoeducational parenting program with at-risk parents of young children. Results showed that compared with the control group, parents participating in the program significantly decreased their levels of verbal and corporal punishment, anger, stress, and reported child behavior problems.

Peterson, Lizette, George Tremblay, Bernard Ewigman, and Lisa Saldana. "Multilevel Selected Primary Prevention of Child Maltreatment," *Journal of Consulting & Clinical Psychology* 71, no. 3 (Jun 2003): 601–612. Few treatment studies and even fewer primary prevention studies have demonstrated successful reduction of child maltreatment. Successful preventive interventions have often been lengthy and expensive; shorter programs have been ineffective. This investigation relied on a seven-level model of successful parenting to mount a time-limited, "selected" prevention effort with high-risk mothers. This program included modeling, role-playing, Socratic dialogue, home practice, and home visits. The study demonstrated effective intervention at every level of the model, including improvements in parenting skills (developmentally appropriate interventions, developmentally appropriate beliefs, negative affect, acceptance of a responsible parent role, acceptance of a nurturing parent role, and self-efficacy). Directions for future research are considered.

Peterson, Marilyn Strachan, Michael Durfee, and Kevin Coulter, Eds. *Child Abuse and Neglect: Guidelines for Identification, Assessment and Case Management*. Volcano, CA: Volcano Press, 2003. A compendium from 95 contributing professionals, this book will assist those working in medicine, nursing, social work, and law enforcement. Guidelines focus on the broad range of child abuse and neglect, risk factors, intervention, child fatalities, prevention, and administrative issues. *Child Abuse and Neglect* will enable professionals from many disciplines to establish basic standardized approaches for identification, assessment, and case management.

Prilleltensky, Isaac, Geoffrey Nelson, and Leslea Peirson, Eds. *Promoting Family Wellness and Preventing Child Maltreatment: Fundamentals for Thinking and Action*. Toronto, Canada: University of Toronto Press, 2001. Based on extensive research over many years, with a broad range of participants in Canada and internationally, this collection of essays is an important contribution to the child welfare agenda. It deals with the promotion of emotional well-being in families and the prevention of child maltreatment. Values, policies, and resources are examined as both facilitators of and barriers to effective action. The authors interviewed nearly 150 people, including researchers, policy makers, social workers, and clients of the child welfare system. Both theoretical and practical issues emerge as the authors discuss the social context of abuse and the scientific context wherein policy is made. They conclude that the following social conditions are essential in effectively reducing abuse: upheld values of self-determination and the health of children; sufficient material and psychological resources for children and families; family-friendly parental leave and child support policies; and empirically grounded and tested prevention programs.

Putnam, Frank W. "Ten-Year Research Update Review: Child Sexual Abuse," *Journal of the American Academy of Child & Adolescent Psychiatry* 42, no. 3 (Mar 2003): 269–278. The author provides information on prevalence, risk factors, outcomes, treatment, and prevention of child sexual abuse (CSA) and examines psychopathology attributable to CSA. All English-language articles published after 1989 containing empirical data pertaining to CSA were reviewed. Results indicate that CSA constitutes approximately

10% of officially substantiated child maltreatment cases, numbering approximately 88,000 in 2000. Adjusted prevalence rates are 16.8% and 7.9% for adult women and men, respectively. Risk factors include gender, age, disabilities, and parental dysfunction. A range of symptoms and disorders has been associated with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. To date, cognitive-behavioral therapy (CBT) of the child and a nonoffending parent is the most effective treatment. Prevention efforts have focused on child education to increase awareness and home visitation to decrease risk factors. It is concluded that CSA is a significant risk factor for psychopathology, especially depression and substance abuse.

Renk, Kimberly, Laura Liljequist, Ari Steinberg, Georgetta Bosco, and Vicky Phares. "Prevention of Child Sexual Abuse: Are We Doing Enough?" *Trauma Violence & Abuse* 3, no. 1 (Jan 2002): 68–84. In response to an increase in public awareness and interest in the problem of child sexual abuse, programs have been developed to promote the awareness, prevention, and treatment of sexual abuse. These programs have been varied in scope, focus, and effectiveness. This article reviews the child sexual abuse literature, with particular emphasis on efforts aimed at the prevention of child sexual abuse. Prevention efforts targeting potential victims as well as parents, teachers, and offenders, are reviewed and evaluated. Overall, there is not enough adequate work being done to prevent child sexual abuse. More efforts need to address child sexual abuse prevention by targeting adults who can help children avoid such an experience and adults who may perpetrate against children. Suggestions about future preventive endeavors based on this review are offered.

Rightland, Sue, Kerry M. Drach, and Bruce B. Kerr. *Child Maltreatment Risk Assessments: An Evaluation Guide*. Binghamton, NY: Haworth Maltreatment and Trauma Press, 2003. This professional practice manual is designed to assist clinicians in conducting forensic risk assessment in child maltreatment cases. The authors—each with an extensive background in forensic child abuse evaluation—present research findings and provide practical, fact-based information on key issues. The book is an essential reference source on procedural issues, treatment options, and risk management strategies necessary to make high-quality, ethical evaluations.

Sandau-Christopher, Debra. *The School's Role in the Prevention and Intervention of Child Abuse and Neglect: A Manual for School Personnel*. Revised. Denver, CO: Colorado State Dept. of Education, Prevention Initiatives Unit, 2000, ERIC, ED453495. This handbook was written to help Colorado's teachers, counselors, and social workers recognize child abuse and neglect. It begins by describing what child abuse is and some of the reasons an adult may resort to child abuse. Charts are included that will help educators identify behavioral and physical signs of sexual or physical abuse and neglect. Information is provided on how to respond to a child's disclosure of abuse. A model school reporting policy is mapped out showing how school districts should report abuse within the state of Colorado. Excerpts are included from the Colorado Law-Child Protection Act on reporting procedures that teachers and counselors need to follow. Classroom strategies for assisting the child victim focus on security, structure, identity, consistency, sense of

belonging, approval, enhancement of positive self-concept, and support for the family.

Saunders, B. E., L. Berliner, and R. F. Hanson. *Child Physical and Sexual Abuse: Guidelines for Treatment. Final Report*. Charleston, SC: National Crime Victims Research and Treatment Center, Medical University of South Carolina, 01/15/2003, ERIC, ED472572. Helping child abuse victims receive the mental health treatment they need is an important component of victim advocacy with children and benefits both the children and the criminal justice system. As part of this work, the National Crime Victims Research and Treatment Center at the Medical University of South Carolina and the Center for Sexual Assault and Traumatic Stress at the Harborview Medical Center, University of Washington, conducted a collaborative project with the Office for Victims of Crime to develop guidelines for the mental health assessment and treatment of child victims of sexual and physical abuse and their families. The primary purpose of this project was to encourage the use of mental health treatment protocols and procedures that have a sound theoretical basis, good clinical-anecdotal literature, high acceptance among practitioners in the child abuse field, a low chance for causing harm, and empirical support for their utility with victims of abuse. These guidelines seek to present the best available information about the mental health treatment of cases of physical and sexual abuse in a concise and consistent format that can be easily used by practitioners and other interested professionals. The guidelines cover the most common approaches, the protocols with the most empirical support, theoretically sound and promising treatments that may not have been tested empirically, and some practices that raise concern.

Swanson, Susan and Jan Sippel. "Another Look at Sexual Abuse Prevention for Young Children: A Revised Prevention Program," *Canadian Children* 26, no. 2 (Fall 2001): 28–29. Describes the revision of "Let's Talk about Touching," a child sexual abuse prevention program widely used in early childhood and kindergarten programs in British Columbia since 1986. This article describes the program as comprised of a manual providing information about sexual abuse, information on the teacher's role, detailed lesson plans, family information in six languages, and teaching aids. It affirms the importance of prevention efforts and the reporting responsibility of teachers/caregivers.

Tobin, Pnina and Sue Levinson Kessner. *Keeping Kids Safe: A Child Sexual Abuse Prevention Manual*. Second Edition. Alameda, CA: Hunter House Publishers, 2002. The material in this book is intended to provide a review of information regarding child abuse prevention. It is divided into two sections. Part 1, The Facilitator's Guide, contains background information on child sexual abuse, with a particular emphasis on the dynamics of incest and other sexual abuse and their effects on the child. It presents a discussion of the philosophy of and need for primary prevention and specific strategies used to prevent sexual abuse. Prevention educators and counselors are provided with ideas for setting up and implementing the complete program. Detailed outlines for parent and school staff workshops are included. Part 2, Curricula, contains detailed lessons for the two-session early education and elementary school workshops. The lessons can be used in sequence or as separate modules to allow greater flexibility for presenters. Seven appendices list resources, references, videotapes, handouts, and additional readings.

Webb, Elspeth, Alison Maddocks, and Joan Bongilli, "Effectively Protecting Black and Minority Ethnic Children from Harm: Overcoming Barriers to the Child Protection Process," *Child Abuse Review* 11, no. 6 (Nov–Dec 2002): 394–410. Under the U.N. Convention, all children have the right to be protected from harm. However, there are barriers to the effective protection of children from black and minority ethnic communities who are at risk of harm. This paper will explore these barriers in the context of three case histories and with reference to the literature. There are factors that increase the risk of harm faced by children or which reduce the likelihood that abuse in minority ethnic communities is recognized, acknowledged, or dealt with appropriately. Other factors prevent effective partnerships with families, both to prevent abuse and in rehabilitation after abuse has occurred. Stereotyping, color blindness, cultural deficit, and inadequate training of professionals lead to failures in the statutory processes designed to protect children. These are compounded by wider societal factors, such as denial of abuse in ethnic minority communities, cultural differences in attitudes to disability and child-rearing, the vulnerability of women in highly patriarchal communities, difficulties in providing mental health services across cultural boundaries, and a lack of settings in which to provide appropriate alternative care and places of safety.

Williams, Linda M. "Understanding Child Abuse and Violence against Women: A Life Course Perspective," *Journal of Interpersonal Violence* 18, no. 4 (Apr 2003):p 441451. This article asserts that a life course perspective on family violence is needed and that such an approach bolsters arguments for methods and practice that pay attention to the overlap of multiple types of violence. To develop appropriate prevention programs and interventions for women, children, and families, we must draw out the connections between types of violence (physical, sexual, child, partner), between violence at different stages of the life course, and between different patterns of abuse (sporadic, cyclical). This article discusses these ideas and makes recommendations for research and practice.

Wilson, Kathleen K. and Gary B. Melton. "Exemplary Neighborhood-Based Programs for Child Protection." In *Toward A Child-Centered, Neighborhood-Based Child Protection System: A Report of the Consortium on Children, Families, and the Law*. Westport, CT: Praeger Publishers/Greenwood Publishing Group, 2002. This chapter reports a portion of a survey of 100 family focused neighborhood-based programs recommended by leaders in the field. It presents lessons learned from 21 model programs that are intended to protect and enhance child, youth, or family well-being, usually with an explicit goal of prevention and/or treatment of child abuse and neglect. The full sample was surveyed in 1990 in an effort, supported by the Hawaii Department of Education, to develop a database of promising community- and neighborhood-based programs as a foundation for planning new partnerships between schools and various groups working with school children and their families.

Winton, Mark A. and Barbara A. Mara. *Child Abuse and Neglect: Multidisciplinary Approaches*. Upper Saddle River, NJ: Pearson Education, 2000. Examining the major theories used to explain child abuse and neglect, this book explores cultural diversity issues, definitions of abuse, maltreatment, and neglect. Also considered are the social and psychological

factors related to abuse and treatment issues. The authors describe prevention and policy issues and explore various professional roles. This book is for anyone interested in social work.

Wolfe, David A., Peter G. Jaffe, Jennifer L. Jette, and Samantha E. Poisson. "The Impact of Child Abuse in Community Institutions and Organizations: Advancing Professional and Scientific Understanding," *Clinical Psychology: Science & Practice* 10, no. 2 (May 2003): 179–191. Although child abuse by family members has received considerable scientific and professional attention, knowledge about the impact of abuse committed by perpetrators in (nonfamilial) community organizations and institutions is lacking. The authors present a conceptual framework derived from child abuse studies; the authors' collective clinical experience with adult survivors of nonfamilial abuse; and two independent panels of abuse survivors, practitioners, and researchers familiar with the impact of such abuse. The framework identifies abuse-related factors that contribute to harmful outcomes and dimensions of harm associated with such acts. Implications of the conceptual framework are discussed in relation to professional education and practice guidelines, policy and prevention initiatives, and research needs.

Wurtele, Sandy K. "School-Based Child Sexual Abuse Prevention." In *Preventing Violence in Relationships: Interventions across the Life Span*. Washington, DC: American Psychological Association, 2002. This chapter focuses on the serious problem of child sexual abuse (CSA). The author reviews what is known about this problem, including information about the scope and consequences of CSA. Risk and protective factors associated with CSA are presented, along with their implications for prevention. The author also reviews the history of safety education for children and critically examines the evidence for the effectiveness of child-focused programs. The chapter is concluded with suggestions for the improvement of child education programs, along with a call for the development of alternative approaches to prevention.

B. Online Resources

These additional resources are all available electronically. The descriptions of the following organizations are taken from their respective websites.

Florida Abuse Hotline

<http://www.dcf.state.fl.us/abuse/>

This website will lead the user to information about reporting requirements and methods. It provides the phone, Telecommunication Device for the Deaf (TDD), and fax numbers for use in reporting. It includes a link to the webreporting system and guidelines for using that system. It also includes a copy of the current form to use in reporting suspected abuse via fax.

American Academy of Pediatrics

<http://www.aap.org>

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of all infants, children, adolescents, and young adults. The AAP has 57,000 members in the United States, Canada, and Latin America. Members include pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. More than 41,000 members are board-certified and are called Fellows of the American Academy of Pediatrics (FAAP). The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To this purpose, the AAP and its members dedicate their efforts and resources.

American Bar Association, Center on Children and the Law

<http://www.abanet.org/child>

In 1978 the American Bar Association's (ABA) Young Lawyers Division created the ABA Center on Children and the Law. From modest origins as a small legal resource center focusing exclusively on child abuse and neglect issues, the Center has grown into a full-service technical assistance, training, and research program addressing a broad spectrum of law and court-related topics affecting children. These include child abuse and neglect, adoption, adolescent health, foster and kinship care, custody and support, guardianship, missing and exploited children, and children's exposure to domestic violence.

American Professional Society on the Abuse of Children

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

The American Professional Society on the Abuse of Children (APSAC) is a nonprofit national organization focused on meeting the needs of professionals engaged in all aspects of services for maltreated children and their families. Especially important to APSAC is the dissemination of state-of-the-art practice in all professional disciplines related to child abuse and neglect.

Centers for Disease Control and Prevention

Child Maltreatment Prevention

<http://cdc.gov/ViolencePrevention/childmaltreatment/>

Child Abuse Prevention Foundation

<http://www.preventchildabuse.com>

The National Exchange Club (a national service organization) Foundation is committed to making a difference in the lives of children, families, and our communities through its national project, the prevention of child abuse. The NEC Foundation's most successful method of countering abuse is by working directly with parents through the parent aide program. The NEC Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers who use the parent aide program and provide support to families at-risk for abuse.

Child Abuse Prevention Network

<http://child-abuse.com>

The Child Abuse Prevention Network is the online nerve center for professionals in the field of child abuse and neglect. Child maltreatment, physical abuse, psychological maltreatment, neglect, sexual abuse, and emotional abuse and neglect are their key areas of concern. The network provides unique and powerful tools for all workers to support the identification, investigation, treatment, adjudication, and prevention of child abuse and neglect. Originally launched as an outreach effort of the Family Life Development Center, the Child Abuse Prevention Network is sponsored by LifeNET, Inc.

Child Trauma Academy

<http://www.childtrauma.org>

The Child Trauma Academy (CTA) is a not-for-profit organization based in Houston, Texas. The mission of the Academy is to help improve the lives of traumatized and maltreated children and their families. The CTA works to create unique partnerships with corporate, public, and private organizations. Over the years, The Child Trauma Academy has developed a unique insight and skill set that helps create and sustain successful partnerships and projects. Two primary activities of The Child Trauma Academy are program consultation and development and education and training.

Child Welfare League of America (CWLA)

<http://www.cwla.org>

The Child Welfare League of America (CWLA) is the nation's oldest and largest membership-based child welfare organization. They are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm. Believing that children are our most valuable resource, CWLA strives to advance national standards of excellence and sound public policies on behalf of the three million abused, neglected, and vulnerable children served by their 1,200 public and nonprofit member agencies. CWLA is also the largest publisher of child welfare materials in North America.

Childhelp USA

<http://www.childhelpusa.org>

Childhelp USA is one of the largest and oldest national nonprofits dedicated to the treatment and prevention of child abuse and neglect. Since its founding in 1959, the organization has directly provided help and hope to millions of children and adults whose lives have been traumatized by child abuse.

Children's Defense Fund

<http://www.childrensdefense.org>

The mission of the Children's Defense Fund is to Leave No Child Behind® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective voice for all the children of America who cannot vote, lobby, or speak for themselves. CDF pays particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school, or suffer family breakdown. CDF is a private, nonprofit organization supported by foundations, corporation grants, and individual donations. CDF has never taken government funds.

Florida Coalition Against Domestic Violence

<http://www.fcadv.org/projects-programs/primary-prevention>

Florida Department of Children and Families

<http://www.dcf.state.fl.us/programs.shtml>

The Florida Department of Children and Families serves Florida's most vulnerable residents, including children, disabled adults, and elders. Through the Department's primary program areas, which include child and adult protection, homelessness, domestic violence, substance abuse and mental health services, child care, and public assistance, families throughout the state receive the help they need to become stable, self-sufficient, and resilient households. The Department administers these programs and many other special initiatives applying the guiding principles of transparency, accountability, integrity, orientation to action, common sense and a sense of urgency.

**Florida Department of Children and Families, Florida Abuse Hotline
Resources and Referral Numbers**

<http://www.dcf.state.fl.us/programs/abuse/resources.shtml>.

Florida Department of Children and Families, Office of Child Care

<http://www.myflorida.com/childcare>

Child care is a valuable support system for families. This website provides information about minimum health and safety standards for child care facilities and homes, training for child care personnel, quality guidelines, and inspections of child care programs regulated by DCF. Parents can search for child care providers by name, location, or services, including voluntary prekindergarten. Contact information for local staff is also available. For information regarding

Child Care Training, please contact the Child Care Training Information Center at (888) 352-2842, and for additional questions regarding the regulation of child care, please contact the Child Care Regulation Program Office at (850) 488-4900.

**Florida Department of Education, Office of Professional Practices
Reporting Misconduct and Abuse**

<http://www.fldoe.org/edstandards/poster.asp>

FRIENDS National Resource Center

<http://www.friendsnrc.org>

FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP) is funded under a cooperative agreement with the United States Department of Health and Human Services, Administration for Children and Families, Children's Bureau to provide training and technical assistance to designated CBCAP lead agencies and set-aside grantees. FRIENDS is an acronym for Family Resource Information, Education, and Network Development Service.

Health and Human Services, Child Abuse and Neglect FAQ

<http://www.acf.hhs.gov/programs/cb/fri/index.htm#can>

Health and Human Services, Child Abuse and Neglect Resources

<http://www.childwelfare.gov/systemwide/statistics/can.cfm>

International Society for Prevention of Child Abuse and Neglect

<http://ispcan.org/>

The International Society for Prevention of Child Abuse and Neglect, founded in 1977, is the only multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work toward the prevention and treatment of child abuse, neglect, and exploitation globally.

Kempe Center for Prevention and Treatment of Child Abuse and Neglect

<http://www.kempecenter.org/>

Founded by Dr. C. Henry Kempe in 1972 and celebrating 30 years of pioneering work, the Kempe Children's Center provides clinical treatment, training, research, education, and program development to prevent and treat child abuse and neglect. Located in Denver, Colorado, Kempe has built its reputation as a national and international leader by creating model programs for national replication, providing quality clinical assessment and treatment to abused children and their families, developing curricula to train professionals, providing training and consulting to other professionals, and conducting research studies that assist in program development and public policy making.

Monique Burr Foundation

<http://www.moniqueburrfoundation.org>

This organization provides training and education to prevent and reduce the rate of abuse among children throughout northeast Florida and in the Tampa region.

National Abandoned Infants Assistance Resource Center

<http://aia.berkeley.edu/>

The National Abandoned Infants Assistance Resource Center's mission is to enhance the quality of social and health services delivered to children who are abandoned or at-risk of abandonment due to the presence of drugs and/or HIV in the family. The Resource Center provides training, information, support, and resources to service providers who assist these children and their families.

National Alliance of Children's Trust and Prevention Funds

<http://www.ctfalliance.org/>

The National Alliance of Children's Trust and Prevention Funds initiates and engages in national efforts that assist state Children's Trust and Prevention Funds in strengthening families to prevent child abuse and neglect. This includes promoting and supporting a system of services, laws, practices, and attitudes that supports families by enabling them to provide their children with a safe, healthy, and nurturing childhood. Members of the National Alliance of Children's Trust and Prevention Funds are catalysts for the development of community-based child abuse and neglect prevention programs in their states. They are also incubators for innovative new programs and services related to strengthening families to prevent child abuse and neglect.

National Association of Counsel for Children

<http://www.naccchildlaw.org/>

The National Association of Counsel for Children (NACC) is a nonprofit child advocacy and professional membership association dedicated to representation and protection of children in the legal system. Founded in 1977, the NACC is located in the Kempe Children's Center on the campus of The Children's Hospital in Denver, Colorado. The NACC also maintains a policy representative in Washington, DC. The NACC provides training and technical assistance to child advocates and works to improve the child welfare, juvenile justice, and private custody systems. The NACC is a multidisciplinary organization with approximately 2,000 members representing all 50 states and several foreign countries. NACC membership is comprised primarily of attorneys and judges, although the fields of medicine, social work, mental health, education, and law enforcement are also represented.

National Call to Action: A Movement to End Child Abuse and Neglect

<http://www.corporationwiki.com/California/San-Diego/the-national-call-to-action-a-movement-to-end-child-abuse-and-neglect/43718730.aspx>

Under the banner of a "National Call to Action," the NCTA Board of Directors, Authentic Voices, representatives from several participating organizations, and interested people are implementing a plan to dramatically reduce the incidence of child abuse and neglect in the U.S. This website provides action alerts and policy updates.

National Center for Missing and Exploited Children (NCMEC)

<http://www.missingkids.org>

NCMEC was established in 1984 as a private, nonprofit 501(c)(3) organization to provide services nationwide for families and professionals in the prevention of abduction, endangerment, and sexual exploitation of children.

National Child Traumatic Stress Network

<http://www.nctsn.com/ncts>

This is a source of information for teachers and parents about the learning and emotional problems that children may experience as a result of exposure to traumatic events, including one-time events, such as natural disasters, accidents, and crimes, and chronic situations, such as neglect, abuse, domestic violence, and parental substance abuse or mental health issues.

National Child Welfare Resource Center for Family-Centered Practice

<http://www.acf.hhs.gov/programs/cb/pubs/cwo01/appendix/appendf2.htm>

The mission of the Resource Center is to assist state and tribal child welfare agencies in implementing family-centered practices to achieve the goals of safety, permanency, and well-being for children and families. The Resource Center believes that the best care and protection of children can be achieved when service delivery focuses on developing and using the strengths of nuclear and extended families and communities.

National Child Welfare Resource Center on Legal and Judicial Issues

<http://www.abanet.org/child/rcjji/home.html>

The National Child Welfare Resource Center on Legal and Judicial Issues is dedicated to achieving safety, permanence, and well-being for abused and neglected children through improved laws and judicial decision-making. The Resource Center provides training, technical assistance, and consultation to agencies and courts on all legal and judicial aspects of the child welfare system, including court improvement, agency and court collaboration, court process, reasonable efforts requirements, legal representation of children and their families, guardianship, confidentiality, and other emerging child welfare issues.

National Children's Advocacy Center

<http://www.nationalcac.org/>

The National Children's Advocacy Center in Huntsville, Alabama, is a nonprofit agency providing prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach. Since opening in 1985 as the nation's first Children's Advocacy Center, the NCAC has become a leader in the field of prevention and intervention of child maltreatment.

National Children's Alliance

<http://www.nca-online.org>

The National Children's Alliance (formerly the National Network of Children's Advocacy Centers) is a not-for-profit organization whose mission is to provide training, technical assistance, and networking opportunities to communities seeking to plan, establish, and improve Children's Advocacy Centers. Children's Advocacy Centers offer a new way of serving abused children through a comprehensive approach to services for victims and their families. These programs are designed by professionals and volunteers in response to the needs of their own communities. Children's Advocacy Centers stress coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases. The goal is to ensure that children are not re-victimized by the very system designed to protect them.

National Clearinghouse on Child Abuse and Neglect Information

<http://www.joeant.com/DIR/info/get/4231/41761>

The National Clearinghouse on Child Abuse and Neglect Information was established in 1974 by the Child Abuse Prevention and Treatment Act to collect, organize, and disseminate information on all aspects of child maltreatment. The Clearinghouse is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The mission of the Clearinghouse is to connect professionals and concerned citizens to timely and well-balanced information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families.

National Court Appointed Special Advocate (CASA) Association

<http://www.nationalcasa.org>

In addition to providing leadership for CASA programs across the country (also known as Volunteer Guardian Ad Litem Programs), the National Court Appointed Special Advocate Association stages an annual conference, publishes a quarterly newsletter, and promotes CASA through public relations efforts. National CASA offers consultation and resources that help start CASA programs and provides vital assistance to established programs.

National Data Archive on Child Abuse (NDACAN)

<http://www.ndacan.cornell.edu>

A resource since 1988, NDACAN (a project of the Family Life Development Center, College of Human Ecology, Cornell University) promotes scholarly exchange among researchers in the child maltreatment field. NDACAN acquires microdata from leading researchers and national data collection efforts and makes these datasets available to the research community for secondary analysis.

National Indian Child Welfare Association

<http://www.nicwa.org/>

The National Indian Child Welfare Association (NICWA) is the most comprehensive source of information on American Indian child welfare and works on behalf of Indian children and families. NICWA provides public policy, research, and advocacy; information and training on Indian child welfare; and community development services to a broad national audience, including tribal governments and programs, state child welfare agencies, and other organizations, agencies, and professionals interested in the field of Indian child welfare. NICWA works to address issues of child abuse and neglect through training, research, public policy, and grassroots community development.

National Resource Center for Foster Care and Permanency Planning

<http://www.hunter.cuny.edu/socwork/nrefcpp>

The National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work is a training, technical assistance, and information services organization dedicated to increasing the capacity of child welfare agencies to provide children with safe, permanent families in supportive communities.

National Resource Center for Information Technology in Child Welfare (NRC-ITCW)

<http://www.nrcitcw.org>

The mission of NRC-ITCW is to assist state, local, and tribal child welfare agencies and the courts in improving outcomes for children and families through the use of information technology. This resource center assists front line workers, supervisors, and administrators in child welfare, as well as judges and court administrative personnel, in using technology and information to inform policy and practice in child welfare. NRC-ITCW also supports states and courts in meeting the requirements of the Adoption and Safe Families Act and other federal mandates.

National Resource Center on Child Maltreatment

<http://www.acf.hhs.gov/programs/cb/pubs/cwo01/appendix/appendf5.htm>

The National Resource Center on Child Maltreatment (NRCCM) is supported by a cooperative agreement with the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The center provides information, training, and technical assistance to state, local, and tribal child protection agencies. The center's training efforts are based on effective instructional design strategies executed by their expert staff and consultants. They have numerous years of organizational development research and practice and are committed to helping other agencies develop skills and competencies in areas such as policy and procedure development, Child Protective Services decision making, and Safety and Risk Assessment Model review and design.

National Resource Center on Substance Abuse and Child Welfare

<http://www.ncsacw.samhsa.gov/>

The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). NCSACW's goals are to develop and implement a comprehensive program of information gathering and dissemination, to provide technical assistance and to develop knowledge that promotes effective practice, organizational, and system changes at the local, state, and national levels. A key feature of the National Center's efforts is assistance in developing the cross-system partnerships and practice changes that are needed to address the issues of substance use disorders among families in the child welfare system.

Ounce of Prevention Fund of Florida

<http://www.ounce.org>

The Ounce of Prevention Fund of Florida is a private, nonprofit corporation whose mission is to identify, fund, support, and evaluate innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida's at-risk children and families. For prevention information, go to <http://www.ounce.org/PreventionServices.asp>.

Prevent Child Abuse America

<http://www.preventchildabuse.org>

Since 1972, Prevent Child Abuse America has led the way in building awareness, providing education, and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of this nation's children. Working with chapters in 39 states and the District of Columbia, this initiative provides leadership to promote and implement prevention efforts at both the national and local levels. With the help of state chapters and concerned individuals, Prevent Child Abuse America is strengthening families and engaging communities nationwide.

Pinwheels for Prevention is Prevent Child Abuse America's campaign to "change the way our nation thinks about prevention, focusing on community activities and public policies that prioritize prevention right from the start to make sure child abuse and neglect never occur."

<http://www.pinwheelsforprevention.org>

For prevention tips for parents, go to <http://www.preventchildabuse.org/publications/parents/>.

Shaken Baby Alliance

<http://www.shakenbaby.com>

The mission of the Shaken Baby Alliance is to provide support for shaken baby syndrome (SBS) victims' families (including adoptive and foster parents), advocate for justice for SBS victims, and increase SBS awareness. The Alliance seeks to work collaboratively with all agencies and professionals in a community effort.

Voices for America's Children

<http://www.voicesforamericaschildren.org>

Voices for America's Children is a national organization committed to working at the state and local levels to improve the well-being of children. With member organizations in almost every state, Voices provides a voice for the voiceless—children—in city halls and statehouses across the country. Formerly the National Association of Child Advocates, Voices was founded in 1984 by a small group of child advocates dedicated to working at the state and local level to improve children's lives.

C. Support Services in Your Community

Many educators have found it useful to keep a running list of agencies and professionals to develop or expand a local network of those who provide services to children and to parents. Although you may call on some more than others, it will be useful to the staff in your school to have these names on hand. You may use the first listings the most; the others are in alphabetical order by their most common names.

Child Protective Investigations

Contact _____
Telephone _____ Fax _____
E-Mail _____

Child Protection Team

Contact _____
Telephone _____ Fax _____
E-Mail _____

Protective Services/Department of Children and Families

Contact _____
Telephone _____ Fax _____
E-Mail _____

Sheriff's Department

Contact _____
Telephone _____ Fax _____
E-Mail _____

Domestic Violence or Battered Women's Shelter

Contact _____
Telephone _____ Fax _____
E-Mail _____

Family Resource Center or Agencies Offering Parent Education

Agency or Program Name _____
Contact _____
Telephone _____ Fax _____
E-Mail _____

Family Parent Helpline

Telephone: (800) FLA-LOVE

Agency or Program Name _____
Contact _____
Telephone _____ Fax _____
E-Mail _____

Alcohol/Drug Abuse Counseling
Contact _____
Telephone _____ Fax _____
E-Mail _____

Big Brothers/Big Sisters
Contact _____
Telephone _____ Fax _____
E-Mail _____

Boys and Girls Clubs
Contact _____
Telephone _____ Fax _____
E-Mail _____

Boy Scouts of America
Contact _____
Telephone _____ Fax _____
E-Mail _____

City or County Parks and Recreation Program
Contact _____
Telephone _____ Fax _____
E-Mail _____

Children's Home Society
Contact _____
Telephone _____ Fax _____
E-Mail _____

Church or Religious Social Service Provider Name _____

Contact _____
Telephone _____ Fax _____
E-Mail _____

Church or Religious Social Service Provider

Name _____

Contact _____

Telephone _____ Fax _____

E-Mail _____

Girl Scouts of America

Contact _____

Telephone _____ Fax _____

E-Mail _____

Homeless Shelter

Contact _____

Telephone _____ Fax _____

E-Mail _____

Local Homeless Coalition

Name of Organization _____

Contact _____

Telephone _____ Fax _____

E-Mail _____

Mental Health Center or Treatment Team Working with Abused Children

Contact _____

Telephone _____ Fax _____

E-Mail _____

Rape Crisis Center or Victims' Advocate

Contact _____

Telephone _____ Fax _____

E-Mail _____

Survivors of Abuse Support Group

Contact _____

Telephone _____ Fax _____

E-Mail _____

Other Local Programs or Resources

Name of Organization _____

Contact _____

Telephone _____ Fax _____

E-Mail _____

D. Definitions

Abuse [Section 39.01(2), Florida Statutes]

“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

Domestic Violence [Section 741.28(2), Florida Statutes]

“Domestic violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

“Family or household member” means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married.

Harm [Section 39.01(30), Florida Statutes]

“Harm” to a child’s health or welfare can occur when any person:

a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

1. Willful acts that produce the following specific injuries:
 - a. Sprains, dislocations, or cartilage damage.
 - b. Bone or skull fractures.
 - c. Brain or spinal cord damage.
 - d. Intracranial hemorrhage or injury to other internal organs.
 - e. Asphyxiation, suffocation, or drowning
 - f. Injury resulting from the use of a deadly weapon.
 - g. Burns or scalding.
 - h. Cuts, lacerations, punctures, or bites.
 - i. Permanent or temporary disfigurement.
 - j. Permanent or temporary loss or impairment of a body part or function.

As used in this subparagraph, the term “willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.

2. Purposely giving a child poison, alcohol, drugs, or other substances that substantially affect the child’s behavior, motor coordination, or judgment or that result in sickness or internal injury. For the purposes of this subparagraph, the term “drugs” means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

3. Leaving a child without adult supervision or arrangement appropriate for the child’s age or mental or physical condition, so that the child is unable to care for the child’s own needs or another’s basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis.

4. Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Corporal discipline may be considered excessive or abusive when it results in any of the following or other similar injuries:

- a. Sprains, dislocations, or cartilage damage.
- b. Bone or skull fractures.
- c. Brain or spinal cord damage.
- d. Intracranial hemorrhage or injury to other internal organs.
- e. Asphyxiation, suffocation, or drowning
- f. Injury resulting from the use of a deadly weapon.
- g. Burns or scalding.
- h. Cuts, lacerations, punctures, or bites.
- i. Permanent or temporary disfigurement.
- j. Permanent or temporary loss or impairment of a body part or function.
- k. Significant bruises or welts.

b) Commits, or allows to be committed, sexual battery, as defined in chapter 794, or lewd or lascivious acts, as defined in chapter 800, against the child.

c) Allows, encourages, or forces the sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

- 1. Solicit for or engage in prostitution; or
- 2. Engage in a sexual performance, as defined by chapter 827.

(d) Exploits a child, or allows a child to be exploited, as provided in s. 450.151.

(e) Abandons the child. Within the context of the definition of “harm,” the term “abandons the child” means that the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the person responsible for the child’s welfare, while being able, makes no provision for the child’s support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligation. If the efforts of such a parent or legal custodian or person primarily responsible for the child’s welfare to support and communicate with the child are only marginal efforts that do not evince a settled purpose to assume all parental duties, the child may be determined to have been abandoned. The term “abandoned” does not include an abandoned newborn infant as described in s. 383.50.

(f) Neglects the child. Within the context of the definition of “harm,” the term “neglects the child” means that the parent or other person responsible for the child’s welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so. However, a parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone, but such an exception does not:

1. Eliminate the requirement that such a case be reported to the department;
2. Prevent the department from investigating such a case; or
3. Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician, as defined in this section, or treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

(g) Exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

1. Use by the mother of a controlled substance or alcohol during pregnancy when the child, at birth, is demonstrably adversely affected by such usage; or
2. Continued chronic and severe use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.

As used in this paragraph, the term “controlled substance” means prescription drugs not prescribed for the parent or not administered as prescribed and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

(h) Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.

(i) Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.

(j) Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.

(k) Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect.

(l) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

Human Trafficking [Section 787.06(2)(c), Florida Statutes]

“Human trafficking” means transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport.

Institutional Abuse [Section 39.01(33), Florida Statutes]

“Institutional child abuse or neglect” means situations of known or suspected child abuse or neglect in which the person allegedly perpetrating the child abuse or neglect is an employee of a private school, public or private day care center, residential home, institution, facility, or agency or any other person at such institution responsible for the child's care.

Mental Injury [Section 39.01(43), Florida Statutes]

“Mental injury” means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior.

Neglect [Section 39.01(45), Florida Statutes]

“Neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in

accordance with the tenets and practices of a well-recognized church or religious organization.

Neglect of a child includes acts or omissions.

Physical Injury [Section 39.01(52), Florida Statutes]

“Physical injury” means death, permanent or temporary disfigurement, or impairment of any bodily part.

Sexual Abuse of a Child [Section 39.01(63), Florida Statutes]

“Sexual abuse of a child” means one or more of the following acts:

(a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(c) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.

(d) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

1. Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child or
2. Any act intended for a valid medical purpose.

(e) The intentional masturbation of the perpetrator’s genitals in the presence of a child.

(f) The intentional exposure of the perpetrator’s genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

(g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

1. Solicit for or engage in prostitution; or
2. Engage in a sexual performance, as defined by chapter 827

Child Abuse Reporting for Florida Public School Personnel FACT SHEET

*Florida Department of Education
Bureau of Exceptional Education and Student Services
The Student Support Services Project/USF*

References: The Law—Mandatory reports of child abuse, abandonment or neglect.—

Section 39.201(1)(a), Florida Statutes

Any person who knows, or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, must report such knowledge or suspicion to the Florida Abuse Hotline at

- Telephone: 1-800-96-ABUSE (1-800-962-2873)
- TDD: 1-800-453-5145
- Fax: 1-800-914-0004
- Internet: <http://www.dcf.state.fl.us/abuse/report>

Section 39.201(1)(b), Florida Statutes

Reporters in the following occupations are required to provide their names to child abuse hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care or treatment of persons;
2. Health or mental health professional other than one listed in subparagraph 1;
3. Practitioner who relies solely on spiritual means for healing;
4. **School teacher or other school official or personnel;**
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
6. Law enforcement officer; or
7. Judge.

Names of reporters are entered into the record of the report, but are held confidential.

Section 39.201(2)(b), Florida Statutes

If the report is of an instance of known or suspected child abuse by someone other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the call shall be immediately electronically transferred to the appropriate county sheriff's office by the Abuse Hotline.

Rule 6B-1.006, Florida Administrative Code

Principles of Professional Conduct for the Education Profession in Florida—

Schools and school personnel have an ethical obligation to promote the well-being of all students and are obligated to make reasonable efforts to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.

Children who hurt...



...can't learn.

Report Suspected Child Abuse

**It's the Law.
It's Our Ethical Obligation
as Educators.**

Anyone who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected must report such knowledge or suspicion to the Florida Abuse Hotline:

- **Telephone: 1-800-96-ABUSE (1-800-962-2873)**
- **TDD: 1-800-453-5145**
- **Fax: 1-800-914-0004**
- **Internet: <http://www.dcf.state.fl.us/abuse/report>**

Teachers and other school personnel must give their name to Hotline staff. Names of reporters are entered into the record of the report, but are kept confidential.

If the report involves abuse or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the report will be handled by the Florida Department of Children and Families child protective investigators. If the report involves abuse by a person who is not a caregiver of the child, the report will be referred to local law enforcement.

2011 • Florida Department of Education
Bureau of Exceptional Education and Student Services
The Student Support Services Project/USF



FLORIDA ABUSE HOTLINE Fax Transmittal Form
To Report Abuse/Neglect/Threatened Harm/Exploitation
Fax Number: 1-800-914-0004

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE:
REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.

REPORTER INFORMATION

This information is required for professionally mandated reporters – please refer to Chapter 39, Florida Statutes.

Your Last Name: _____ Your First Name: _____ Today's Date: _____

Your Occupation: _____ Your Agency: _____ Fax #: _____ Phone #: _____

Work Address: _____ City: _____ Zip Code: _____ County: _____ State: _____

Alternate Contact Person: _____ Title: _____ Phone #: _____

➤ **Would you like to be notified as to whether or not an abuse report was accepted based on the information provided?** Yes No
If yes, please indicate your preferred method of notification. Telephone or U. S. Mail

VICTIM INFORMATION

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

Current Location/Address: _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Address: _____ Apt/Lot#: _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT OR EXPLOITATION

NAME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)					
(2)					
(3)					

104

DESCRIPTION OF INCIDENT

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

WHAT happened?

WHEN and WHERE did the incident occur?

Does anyone in the household have any disabilities?

Are there any dangers to a protective investigator?

Additional Addresses (e.g. day-care, school, etc.):

Description of injuries/threat of harm:

FOR ADULT VICTIMS ONLY: Describe how the adult victim's ability to care for or protect self is impaired.

OTHER INDIVIDUALS

Please list others who might be aware of the abuse/abandonment/neglect/exploitation of the victim.

NAME	RELATIONSHIP TO THE VICTIM	ADDRESS	HOME PHONE	WORK PHONE

DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.

105

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Dr. Eric J. Smith, Commissioner
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