

How to Identify and Report Child Abuse and Neglect in Delaware



Developed by the
Child Protection Accountability
Commission (CPAC)

The following presentation was developed by the Child Protection Accountability Commission to provide a uniform mandatory reporting training and to help mandated reporters understand the law and their reporting requirements. Additionally, recent legislation increased the need for training statewide.

Why is it important to identify and report child abuse and neglect?



It is important for you to understand how to identify and report child abuse and neglect to keep children safe.

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Our most vulnerable population of child victims is Infants, toddlers, and special needs children, and they are dependent on the community at large to protect them. In order to prevent harm to these children, it is important to understand how to identify and report child abuse and neglect. With that being said, definitive recognition of abuse or neglect is not your responsibility. You are responsible for reporting any reasonable suspicion of abuse or neglect. It is important to note that a lack of recognition of child abuse or neglect is DIFFERENT than failing to report. Please understand that reporting abuse and neglect keeps children safe by assisting families in receiving necessary service or it may help to disrupt or terminate a cycle of maltreatment.

Children are at a higher risk to be abused or neglected if they are

- Birth to age 6 or
- Disabled.



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Children are at a higher risk to be abused or neglected if they are birth to age 6 or disabled. During Federal Fiscal Year 2009, one third of the child victims were less than age 4 and 11% of the child victims were reported as having a disability.

For example, this higher rate of abuse and neglect occurs in:

Premature infants and children with Colic or Gastro esophageal reflux disease in which common symptoms include frequent or recurring vomiting, frequent or persistent cough, refusing to eat or difficulty eating, crying with eating, heartburn, gas, or abdominal pain. Additionally, Children with Physical Disabilities, Developmental Disabilities, Chronic Illness, or Emotional and behavioral difficulties (such as Autism or ADHD) are also at a higher risk to be abused or neglect.

(Source for both statistics: DHHS, ACF Child Maltreatment 2009)

How many children are unsafe because they are abused or neglected?

National Statistics

- In FFY 2009, 3.3 million allegations of child abuse and neglect were reported.
- 25% of the investigations determined at least one child was abused or neglected.
- In FFY 2009, 1,770 children died as a result of abuse or neglect.

Source: [DHHS, ACF Child Maltreatment 2009](#)



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During Federal fiscal year 2009, an estimated 3.3 million referrals were received by child protection service agencies. Of those referrals, 61.9% were screened in for a response and 25 % of those were substantiated for abuse or neglect. More than 75 percent (78.3%) of children were victims of neglect; More than 15 percent (17.8%) were victims of physical abuse; Less than 10 percent (9.5%) were victims of sexual abuse; and Less than 10 percent (7.6%) were victims of psychological maltreatment.

Children under the age of 1 had the highest rate of victimization at 12.6%. In addition, 1,770 children died as a result of child abuse or neglect, and 80.8% of all child fatalities occurred to children younger than 4 years old. These are deaths that may have been prevented if the abuse was reported in time.

How many children are unsafe because they are abused or neglected? (cont.)

Delaware Statistics

- The Division of Family Services received 14,010 reports in FY 2011.
- Of those, 7,358 (53%) met the criteria for investigation.
- 1,651 reports were substantiated .

Source: Family Services Intake and Investigation Statistics



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In Delaware in Fiscal Year 2011, the Division of Family Services or DFS received 14,010 reports of abuse or neglect. 53% of those reports were investigated by DFS and 1,651 cases were substantiated.

Delaware's Mandatory Reporting Obligations

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Next, we are going to discuss Delaware's Mandatory Reporting obligations.

What is my role in keeping children safe?

Delaware law requires every citizen in the State of Delaware to report child abuse and neglect.



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In Delaware, every citizen is required by law to report suspicions of child abuse or neglect.

Title 16, Subsection 903 of the Delaware Code states:

“Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title....”

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Delaware’s Mandatory Reporting Law was amended on June 30, 2010. Not only are all persons required to report child abuse and neglect in Delaware, but agencies, organizations and entities are now required to report.

Several individuals within one entity can make one report to DFS but the report must come from the person with the most detailed information. Names and contact information must also be provided for every person at the entity who has info regarding the report/incident. Two or more reporters from separate entities, such as a teacher and Family Crisis Therapist or a police agency and a hospital, will require a separate report from each. The different perspectives, plus the reality the entities will have different details, make separate reports the best process. Therefore, relying on the other entity to make the report to DFS or conducting an internal screening prior to making a report is not appropriate.

Title 16, Subsection 903 of the Delaware Code states: (cont.)

“...For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law enforcement agency.”.

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To be clear, the mandatory duty to report child abuse or neglect applies to all persons, and specifically includes institutions such as hospitals, nursing homes, and the Medical Society, which means that the employee and the employer will be held responsible for failure to report.

When you suspect child abuse and neglect call the Division of Family Services Child abuse and neglect report line at 1-800-292-9582. It is not your responsibility to confirm or investigate the allegations prior to making a report. Your responsibility is to report any reasonable suspicion you may have that a child is being abused or neglected. In addition, never assume that another person or agency will report the abuse or neglect. You still must report. Lastly, it does not matter if your reports have not met the criteria for investigation in the past. Even though you cannot control the outcome, you still must report.

The Department of Services for Children, Youth, and their Families is also obligated to report allegations made against a licensed professional to the Division of Professional Regulation. This Division provides oversight for Delaware's licensed professionals. A list of the boards/commissions can be found at <http://dpr.delaware.gov>.

Can I be held liable for making a report about child abuse and neglect?

16 Del.C. §908 (a) states that

“Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist,...

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Delaware law provides for immunity from liability for persons who in good faith report suspected abuse or neglect under the reporting law. The term "good faith" refers to the assumption that the reporter, to the best of his or her knowledge, had reason to believe that the child in question was being subjected to abuse or neglect.

Can I be held liable for making a report about child abuse and neglect? (cont.)

16 Del.C. §908 (a) states that

“...and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title.”

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This immunity also extends to participation in any judicial proceeding that was the result of a good faith report of suspected abuse or neglect.

Can anything happen to me if I do not report child abuse and neglect?

There is a penalty for not reporting.

16 Del. C. § 914. Penalty for violation.

- (a) Whoever violates §903 of this title shall be liable for a civil penalty not to exceed \$10,000 for the first violation, and not to exceed \$50,000 for any subsequent violation.
- (b) In any action brought under this section, if the court finds a violation, the court may award costs and attorneys' fees.

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Nearly every state imposes penalties on mandatory reporters who fail to report suspected child abuse or neglect as required by law. Delaware's penalty for violation was changed from a criminal penalty to a civil penalty. The civil penalty for persons or entities who fail to report child abuse is not to exceed \$10,000 for the first violation. The civil penalty for subsequent violations is not to exceed \$50,000.

Persons, agencies, organizations and entities will be referred to the Department of Justice for investigation if they fail to make mandatory reports of child abuse or neglect.

Recognition of Child Abuse

Child Abuse Report Line 1-800-292-9582

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Now that we understand our obligation to report child abuse and neglect, where to make the report, and the penalties for not reporting, we are going to begin to identify some of the physical and behavioral indicators for children who have been abused or neglected.

How do I recognize child abuse and neglect?

There are physical and behavioral indicators that can be observed in children.



In addition, there are parent/caretaker factors that may lead you to suspect abuse or neglect may be occurring.

We are also going to discuss parental indicators. These indicators are “red flags” that alert us to suspect abuse or neglect. You are responsible to report - not to confirm the abuse or neglect occurred before reporting.

Abuse

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First we will define child abuse.

Child abuse as defined in the Delaware statute

- As defined in 10 Del.C. §901(1), "Abuse" or "abused child" means that the person:
 - Causes or inflicts sexual abuse on a child; or
 - Has care, custody, or control of a child, and causes or inflicts:
 - Physical injury through **unjustified force** as defined in §468 of Title 11;
 - Emotional abuse;
 - Torture;
 - Exploitation; or
 - Maltreatment or mistreatment

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Title 10 of the Delaware Code under Courts and Judicial Procedure defines abuse.

Abuse is defined as physical injury through unjustified force, as well emotional abuse, torture, exploitation, maltreatment, and mistreatment.

Unjustified force will be explained more fully later in this presentation.

"Emotional abuse" means threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks or cursing.

"Exploitation" means taking advantage of a child for unlawful or unjustifiable personal or sexual gain.

"Mistreatment" or "maltreatment" are behaviors that inflict unnecessary or unjustifiable pain or suffering on a child without causing physical injury. Behaviors included will consist of actions and omissions, ones that are intentional and ones that are unintentional.

The alleged perpetrator must also have care, custody, or control of the child, which means they are in a position of trust, authority, supervision, or control over the child on a temporary or permanent basis.

Sexual abuse of children is also included in this statute, and it will be discussed in more detail later. But unlike physical abuse and the other forms of abuse listed, sexual abuse does not require care, custody or control for DFS to investigate allegations of sexual abuse against a child.

Next, we are going to look more closely at physical abuse.

Child Indicators of Physical Abuse Physical Indicators

- Human bite marks
- Bald Spots
- Unexplained burns
- Rope burns on arms, legs, neck or torso
- Unexplained fractures
- Unexplained lacerations or abrasions

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Here are some examples of child indicators of physical abuse. A few of the physical indicators are unexplained bruises or burns and human bite marks. Please familiarize yourselves with these as they will assist you in identification of child abuse.

Child Indicators of Physical Abuse

Behavioral Indicators

- Wary of adult contact
- Apprehensive when other children cry
- Behavioral extremes: aggressiveness or withdrawal
- Overly compliant
- Afraid to go home
- Reports injury by parents
- Exhibits anxiety about normal behavior (i.e. napping)
- Complains of soreness & moves awkwardly
- Destructive to self & others
- Early to school or stays late as if afraid to go home
- Accident prone
- Wears clothing that covers body when not appropriate
- Chronic runaway
- Cannot tolerate physical contact or touch

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A behavioral indicator of abuse may be a child who is afraid to go home or a child who is withdrawn. A red flag may also be a child who chronically runs away from home or who is self destructive. Generally, these indicators suggest that a child's safety may be at risk and, at the very least, the situation should be assessed by a professional able to determine the causes of these symptoms and offer the help and assistance necessary to reduce the risk to a child.

Parent/Caretaker Factors for Suspected Physical Abuse

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

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The parent caretaker indicators describe the parent or caretaker's reaction when confronted with the abuse allegations. It also factors in their parenting style, as well as other issues that may contribute to the parent being abusive or neglectful. For example, a parent may give an explanation that a one month old fractured his or her leg by rolling off the bed. However, the injury is not consistent with the child's developmental capabilities, so that would be an unconvincing explanation. Infants usually roll over at 3 to 4 months.

What is the difference between physical abuse and an accidental injury?

- Cuts and bruises caused from accidents normally occur in bony areas of the body.
- Reoccurring injuries likely indicate abuse.
- If a series of injuries appear in a pattern or resemble an object, the injury may have been inflicted.
- If the child's or caregiver's explanation for the injury is inconsistent with the facts, the injury would be suspect.
- Suspect abuse, if there was a delay in seeking medical treatment.

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Let's look at the difference between physical abuse and an accidental injury since accidental injuries are often cited as the cause of the inflicted injury.

An accidental injury is an injury that occurs by chance. Falls are the leading cause of accidental injury for children ages 14 and under (according to the CDC). These injuries are often found on the bony areas of the body, such as the shins and elbows.

Non-accidental injuries may be difficult to distinguish from accidental injuries, but reoccurring injuries likely indicate abuse. Failure to seek medical treatment for an injury is also suspicious for abuse.

Additionally, injuries that appear in a pattern or resemble an object, such as a belt or shoe, were likely inflicted.

Lastly, if the caregiver is unable to provide an explanation, or if the explanation is inconsistent with the facts, then the injury may have been inflicted.

When in doubt, you should always call the child abuse report line at 1-800-292-9582.

Determining whether an injury is physical abuse or an accidental injury...

1. Medical examination factors
2. Parent/Caretaker factors



The conclusions from the medical examination and parent/caretakers factors are used to determine whether the injury is accidental or non-accidental.

What does the medical examination reveal?

- Location of the injury (e.g., bruise)
- Mark that looks like an object (e.g. handprint, belt)
- Injuries discovered during an examination
- Multiple injuries in various stages of healing
- Specific types of injuries are suspicious for abuse (e.g., blunt force trauma, spiral fracture, retinal hemorrhages)

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In determining whether the injury was inflicted, the physician will consider the location of the injury, the size and shape of the injury, and the number of injuries. As professionals, it is reasonable to conclude that multiple injuries in various stages of healing and injuries such as blunt force trauma, spiral fractures, and retinal hemorrhages are suspicious for abuse. Therefore, these incidents should be immediately reported to the Division of Family Services, so that these children can receive a medical examination.

The Division of Family Service's policy is children under age 9 must receive a medical examination by a physician when there is suspicion of abuse. Children over age 9 may be medically assessed by a nurse or physician's assistant.

In addition to the physical examination, the physician will also consider whether the description of how the injury occurred and the appearance of the injury seem plausible. Medical diagnosis by the physician is critical in determining whether the injury was a result of abuse. Additionally, when there is a delay in seeking medical treatment, the physician will take that into consideration as well. Thus, as professionals, when you question a parent or caretaker's explanation or have knowledge that the parent or caretaker delayed seeking medical attention, a report should also be made to DFS.

What does the parent/caretaker's history reveal?

- History of reports and/or investigations by the Division of Family Services (DFS)
- History of violent offenses recorded in the Delaware Criminal Justice Information System (DELJIS) - including domestic violence or animal abuse, threats of violence, use of weapons
- History of or current mental health problems
- History of or current substance abuse

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Additionally, having knowledge of a parent or caretakers history may also lead you to suspect abuse or neglect. The risk factors for parents that are found to be associated with an increased likelihood of child maltreatment include: substance abuse, criminal history, domestic violence, childhood abuse, lack of social support and poverty.

For this reason, DFS will determine whether these risk factors exist during its joint investigation with the police.

(Understanding and Measuring Child Welfare Outcomes,
http://cssr.berkeley.edu/bassc/public/outcomes_summ.pdf)

Additional parent/caretaker factors include consideration of:

- Knowledge and attitudes about parenting/caretaking
- Age of the parent/caretaker
- Family stressors – unemployment, financial, social isolation, environment
- Child related issues that increase vulnerability – developmental, health, mental health, unwanted child

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There are other factors taken into consideration when investigating child abuse and neglect. Abuse may be more likely to occur with a teen parent, with a child who has special medical needs, or with a parent that is feeling overwhelmed by child care responsibilities.

**What is the difference between
discipline/punishment and physical abuse?**

Child Abuse Report Line 1-800-292-9582

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Now that we understand physical abuse indicators, we are going to highlight the distinction between physical abuse and physical discipline.

Discipline versus punishment

- Discipline
 - Teaches children wrong from right and how to learn from their mistakes
- Punishment
 - Imposes something unpleasant in response to a problem behavior.



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Discipline is defined as a process to help children learn appropriate behaviors and make good choices. Discipline teaches children right from wrong and how to learn from their mistakes.

For example, a teen is cutting school regularly. As a disciplinary approach the parent may listen to the teen's feelings and concerns about school. Together, the parent and teen discuss options for addressing the problem.

Punishment, although it may seem interchangeable with discipline, is the practice of imposing something unpleasant or a sanction in response to the problem behavior.

For example, a teen cutting school regularly is likely to have their driving privileges revoked, allowance cut, or phone use prohibited.

Discipline/Punishment versus Physical Abuse

- Physical discipline and physical punishment becomes physical abuse when the force is unjustified.
- Delaware law provides guidance for determining whether force is unjustified.

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In Delaware, physical discipline or punishment is not prohibited by law. However, title 11 of the Delaware Code provides guidance for determining whether the physical injury occurred as a result of unjustified force and thus is abuse.

Unjustified Force includes but is not limited to:

- Throwing the child, kicking, burning, cutting, striking with a closed fist.
- Interfering with breathing
- Use of or threatened use of a deadly weapon
- Prolonged deprivation of sustenance or medication, or doing any other act that is likely to cause or does cause physical injury, disfigurement, mental distress, unnecessary degradation or substantial risk of serious physical injury or death.

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Unjustified force includes: throwing the child, kicking, burning, cutting, striking with a closed fist, interfering with breathing, use of or threatened use of a deadly weapon, prolonged deprivation of sustenance or medication, or doing any other act that is likely to cause or does cause physical injury, disfigurement, mental distress, unnecessary degradation or substantial risk of serious physical injury or death.

DFS is required to notify law enforcement of potential criminal violations against a child.

During the investigation, DFS and law enforcement will consider the size, age, condition of the child, location of the force, and the strength and duration of the force. Physical marks of abuse may not be present even if the force is unjustified.

Abusive Head Trauma (Shaken Baby Syndrome)

- **Clinical Definition:** Shaken Baby Syndrome, or SBS, is a form of Abusive Head Trauma (AHT) that causes bleeding over the surface of the brain, swelling of the brain, bleeding at the back of the eyes, and other injuries not seen together in any other disease or medical condition.



- **Layperson's Definition:** Child abuse involving the shaking of a baby.

Shaken Baby Alliance, National Center on Shaken Baby Syndrome

In medicine, a syndrome is a group of signs and symptoms that occur together and lead to a particular diagnosis. Victims of Shaken Baby Syndrome have a unique set of symptoms, including but not limited to bleeding over the surface of the brain, swelling of the brain, bleeding at the back of the eyes, and sometimes bruises under the arms and fractures of the ribs at the point at which the ribs join the spine.

Common Reasons Why Children are Shaken

Primary Trigger:

- **To stop the child from crying**
 - Frustration builds
 - Caregiver does NOT take care of himself or herself
 - Caregiver loses control
 - Caregiver shakes the baby

Secondary "Triggers":

- Frustration with toilet training
- Frustration with a baby's choosy appetite
- Frustration with a baby's crankiness due to being sick
- Other Chronic Medical Conditions (Reflux)

The primary reason children are shaken is to stop the child from crying. Often the frustration builds and the caregiver does NOT take care of himself or herself. As a result, the caregiver loses control and shakes the baby.

Secondary triggers are often frustration with toilet training, the baby's choosy appetite or a baby's crankiness due to being sick.

Profile of Head Trauma Abusers

- In general, most head trauma abusers are male that are the biological father of the child or the mother's boyfriend
 - May be less familiar with babies' needs
 - May have financial or family stresses
 - May not be used to a baby's crying, and may use force to stop the crying
- Mothers, grandparents, stepparents, other relatives, and childcare providers can shake babies as well
- Anyone who may become frustrated is capable of shaking a baby

National Center on Shaken Baby Syndrome (2006); National Shaken Baby Coalition (2007); Child Abuse Prevention Network (2007)

In general, most head trauma abusers are male and are the biological father of the child or the mother's boyfriend. They may be less familiar with babies' needs; they may have financial or family stressors; they may not be used to a baby's crying and may use force to stop the crying.

However, mothers, grandparents, stepparents, other relatives, and childcare providers can shake babies as well.

Anyone who may become frustrated is capable of shaking a baby.

Indicators of Abusive Head Trauma

A severely shaken baby can show one or more of the following signs.

- Absence of response to stimulation
- Lethargy
- Convulsions
- Inability to make sounds
- Abnormal eye movements
- Difficulty breathing
- Blue-looking or dusky skin tone
- Unconsciousness
- Vomiting
- Crying quieted to whimpering due to brain damage

When a baby is shaken, the veins that connect the brain to the membranes around it are torn. This tearing causes bleeding over the surface of the brain, which damages brain cells and can cause loss of function in that area.

As a baby's brain hits against the skull during shaking, the brain swells in response to the trauma of the repeated impact. When the brain starts to swell, it creates pressure on brain tissue. If the swelling is not relieved, the brain tissue begins to die.

The same whiplash motion that occurs in the skull occurs in the eye sockets, causing twisting and pulling of the eye within the socket. The injuries that result cause a unique type of retinal hemorrhage, and can permanently damage the optic nerves.

Rib fractures in Shaken Baby Syndrome are usually seen along the back part of the rib cage and are caused by severe squeezing.

Fractures of the long bones, the humerus in the upper arm and the femur in the upper leg, are also seen. When a baby's arms and legs are flailing from lack of support during a violent shaking, the top ends of these long bones can tear away from the sockets, causing a separation of the bone at the top that resembles the handle of a bucket.

The indicators of Abusive Head Trauma include: Lethargy, Difficulty breathing, Vomiting, Crying quieted to whimpering due to brain damage, and abnormal eye movements (which includes inability to track or to focus, and random or rolling or jerking eye movements).

The long-term effects of shaking a baby can be significant and include:

- Learning and cognitive disabilities
- Behavioral disorders
- Blindness

Paralysis on one or both sides

Trauma-induced seizure disorders

Loss of motor control

Sexual Abuse

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Now, we are going to switch our focus to Sexual Abuse. Sexual abuse "means any act against a child that is described as a sex offense in Title 11 of the Delaware Code § 761, which includes sexual contact and sexual intercourse.

It is estimated that 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthdays, which is why prevention initiatives are so important. For child sexual abuse prevention training, please contact the Child Protection Accountability Commission for more information about participating in the Stewards of Children program.

Child Indicators of Sexual Abuse Physical Indicators

- Difficulty in walking or sitting
- Torn, stained or bloody clothing
- Pain or itching in the genital area
- Bruises or bleeding in external genitals, vaginal or anal areas
- Frequent urinary or yeast infections
- Frequent unexplained sore throat

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As with physical abuse, there are also physical indicators of sexual abuse such as bruises or bleeding in the external genitals and frequent urinary tract infections or unexplained sore throats. At least 90% of sexually abused children have no evidence on physical examination.

Child Indicators of Sexual Abuse Behavioral Indicators

- Unwilling to participate in certain physical activities
- Sudden drop in school performance
- Crying with no provocation
- Bizarre, sophisticated or unusual sexual behavior or knowledge
- Anorexia
- Sexually provocative
- Poor peer relationships
- Reports sexual abuse by caretaker
- Fear of or seductiveness toward males
- Suicide attempts
- Chronic runaways
- Early pregnancies

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Early pregnancy and sexually transmitted infections (STIs) must also be mentioned here as possible indicators of sexual abuse. The behavioral indicators are particularly important with sexual abuse cases, because physical evidence may not always be present.

Parent/Caretaker Factors for Suspected Sexual Abuse

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
 - Is secretive and isolated
 - Is jealous or controlling with family members
- * There is evidence of a relationship between domestic violence batterers and sexual abusers.

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As professionals, we should consider the possibility of sexual abuse when the parent or caretaker exhibits the characteristics listed here. It is also important to note that there is evidence of a relationship between domestic violence batterers and sexual abusers due to their similar behaviors, which are often seen as controlling, threatening, and secretive. Additionally, sexual abusers often deny and minimize their behaviors, claim loss of control, claim provocation, build trust during the early parts of their relationship, depersonalize their victims, create divisions within the family, and discredit abuse disclosures.

30 to 40 % of children are sexually abused by family members, and more than 90% of children who are sexually abused knew their abusers.

**Sexual Predator Act
of 1996
(11 Del. C. §771)**

The intent of this law is to combat teen pregnancy by imposing more severe criminal sanctions on adult males and holding them financially accountable for children born in violation of this law.

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In recognition of the fact that illicit sexual activity between adult males and teenage girls contributed to the high pregnancy rate in Delaware, this legislation was intended to combat teen pregnancy by imposing more severe criminal sanctions on adult males who are significantly older than their victims and holding them financially accountable when children are born in violation of this law. Thus, pregnant minors should also be reported to the Division of Family Services but only when abuse or neglect is also suspected.

Any suspected rape of a minor (even by another minor) must be reported to DFS.

Children under 12 years old can NOT legally consent to sexual contact. These cases MUST be reported to DFS.

Consensual sexual contact between two minors does not require a mandatory report, even if that sexual contact results in a pregnancy. Children ages, 12 to 15, can ONLY consent to sexual contact with someone who is no more than 4 years older than the child. Sixteen and seventeen year olds can consent to sexual contact with someone who is under 30 years of age.

However, for all children under the age of 18, they can NOT legally consent to sexual contact with anyone who is in a position of trust, authority or supervision (e.g. family member, babysitter, coach, teacher, doctor, clergy, etc.). If the person is in a position of trust, authority or supervision, you MUST report the incident to DFS.

Enhanced Penalties for Crimes Associated with Sexual Abuse of Children

- Title 11 of the Delaware Code Relating to Crimes Against Children and Specific Offenses was amended on June 30, 2010 to clarify who is in a position of trust, authority or supervision over a child and to enhance the penalties for committing such offenses.
- The provisions of the present criminal code concerning rape and unlawful sexual conduct that contain "position of trust" were also consolidated as a single crime known as "sexual abuse of a child by a person in a position of trust, authority or supervision."

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The penalties are harsher for those in a position of trust.

A person in the position of trust, authority, or supervision is any person who assumes responsibility, whether temporarily or permanently, for the care or supervision of a child or children.

Emotional Maltreatment

Child Abuse Report Line 1-800-292-9582

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We are going to switch our focus to emotional maltreatment, which includes both emotional abuse and emotional neglect.

Emotional Abuse versus Emotional Neglect

- Emotional abuse - defined as threats to inflict undue physical or emotional harm, and it may also include chronic or recurring incidents of ridiculing, demeaning, and making derogatory remarks.
- Emotional neglect - defined as incidents of isolating/shunning, rejecting or ignoring the child.

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Emotional abuse is defined as threats to inflict undue physical or emotional harm, and it may also include chronic or recurring incidents of ridiculing, demeaning, and making derogatory remarks. It is easiest to think of emotional abuse as active. For example, emotional abuse would occur if a parent told the child they were no good or the parent wished they had never been born.

Emotional neglect is defined as incidents of isolating/shunning, rejecting, or ignoring a child. Therefore, emotional neglect is more passive and would occur if the parent is generally not interacting with the child or nurturing the child.

Child Indicators of Emotional Maltreatment

Physical Indicators

- Speech disorders
- Lags in physical development
- Failure to thrive
- Asthma, severe allergies or ulcers
- Substance abuse

Behavioral Indicators

- Habit Disorders (sucking, biting, rocking, etc.)
- Conduct disorders
- Neurotic traits
- Behavior Extremes
- Compliant, passive
- Aggressive, demanding
- Overly adaptive behavior
- Inappropriately adult

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Please familiarize yourselves with the child indicators of emotional maltreatment. It is more difficult to substantiate emotional maltreatment since DFS needs to have evidence that the child's emotional health has been impaired. Therefore, this type of finding is supported by mental health, social work, and counseling professionals working with the child.

Parent/Caretaker Factors for Suspected Emotional Maltreatment

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child



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Let's discuss what to look for with the child's parents or caretakers. The parent or caretakers may interact with the child by withholding love, seeing the child as bad or evil, ignoring, blaming, or rejecting the child, feeling unconcerned about the child or unwilling to accept help for the child's problems.

Domestic Violence

- If you or someone you know is in an abusive relationship call a Domestic Violence Hotline.
 - Kent & Sussex Counties – 302-422-8058
 - New Castle County – 302-762-6110
 - En Español – 302-745-9874

During an investigation, DFS will assess the existence of domestic violence by the caretakers and will provide resources to families as needed.

For other professionals who become aware that a person is involved in an abusive relationship, the Domestic Violence Hotline is a resource that is available 24 hours a day for families in need of intervention.

Neglect

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Now we are going to define neglect.

Neglect as defined in the Delaware statute

As defined in 10 Del. C. §901 (18) "Neglect" or "neglected child" means that a person:

- a. Is responsible for the care, custody, and/or control of the child; and
- b. Has the ability and financial means to provide for the care of the child; and....

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Title 10 of the Delaware Code under Courts and Judicial Procedure defines neglect. As with abuse, the alleged perpetrator must have care, custody, or control of the child. The parent or caretaker must also have the financial means to provide care for the child.

Neglect as defined in the Delaware statute (cont.)

1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health, medical or other care necessary for the child's emotional, physical, or mental health, or safety and general well-being; or
2. Chronically and severely abuses alcohol or a controlled substance, is not active in treatment for such abuse, and the abuse threatens the child's ability to receive care necessary for that child's safety and general well-being, or
3. Fails to provide necessary supervision appropriate for a child when the child is unable to care for that child's own basic needs or safety, after considering such factors as the child's age, mental ability, physical condition, the length of the caretaker's absence, and the context of the child's environment.

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However, neglect occurs when the parent or caretaker also fails to provide necessary care, which may be food, shelter, or medical care, or the parent or caretaker engages in substance abuse and the abuse impacts the care of the child, or the parent or caretaker fails to provide supervision.

Child Indicators of Neglect

Physical Indicators

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or long periods
- Unattended physical problems or medical needs
- Abandonment
- Chronic lice
- Distended stomach, emaciated

Behavioral Indicators

- Begging or stealing food
- Consistent fatigue, listlessness or falling asleep
- States there is no caretaker at home
- Frequent school absences or tardiness
- Destructive
- School dropout
- Early emancipation from family

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Please review the child indicators of neglect, which includes a child who has been abandoned or who has no caretaker at home. A child left alone in a car is also included in this category. Any time you think a child is at imminent risk of harm or death, such as a baby locked in a hot car, you need to contact 911 immediately before calling the Report Line.

Parent/Caretaker Indicators for Suspected Neglect

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

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Parents often show signs of current mental health problems or limitations or substance abuse problems in these particular cases.

Substance Abuse

- Parental addiction is a significant factor in child abuse and neglect cases, with studies suggesting 40% to 80% of families in the child welfare system are affected by addiction.
- Data indicate that abused and neglected children from substance abusing families are more likely to be placed in foster care and to remain there longer than maltreated children from non-substance families.

Source: CWLA National Fact Sheet 2008

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Child abuse and neglect and substance abuse have a strong correlation. However, substance abuse in and of itself is not considered child abuse. The substance abuse has to impact the child's care in a negative manner.

An estimated 40%-80% of the 3 million children who come to the attention of the child welfare system each year live in families with substance abuse problems, according to numerous surveys of child welfare agencies nationwide. Additionally, children from substance abusing families are more likely to be placed in foster care and to remain there longer.

Substance Abuse (cont.)

Endangering the Welfare of a Child

11 Del. C. § 1102(a)(5)

(5) The person commits the offense of Driving Under the Influence as set forth in § 4177 of Title 21, or the offense of Operating a Vessel or Boat Under the Influence as set forth in § 2302 of Title 23, and during the commission of the offense knowingly permits a child less than 18 years of age to be a passenger in or on such vehicle, vessel or boat.

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DFS investigates reports from law enforcement of parents or caretakers Driving under the Influence and Boating under the Influence when a child is present.

It's important to note that this offense can impact a person's ability to work in healthcare, childcare, or a public school.

Drug-Exposed Infants



- Hospitals should make a report when a mother, baby, or both test positive for substances at birth AND newborns diagnosed with Fetal Alcohol Spectrum Disorder (FASD).
- The Division of Family Services (DFS) is federally required to develop a plan of safe care for these infants.
- The substances can be illegal or legally prescribed medications that were abused.
- DFS does not accept reports that allege a mother tests positive for methadone at delivery when it is prescribed by a drug treatment program.

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Hospitals are required to make referrals to DFS for newborns affected by prenatal drug exposure. In fact, DFS accepts reports of prenatal drug use when an infant or mother tests positive for drugs at birth. The effects of exposure may include low birth weight, premature birth, failure to thrive, and neurobehavioral symptoms. More recently, following the reauthorization of the federal Child Abuse Prevention and Treatment Act in 2010, healthcare providers are also required to refer newborns diagnosed with Fetal Alcohol Spectrum Disorder. These newborns may have facial characteristics, growth restriction, or other abnormalities (birth defects) caused by prenatal alcohol use. Additionally, a plan of safe care will be developed which will reduce the child's risk upon discharge from the hospital. A plan of safe care is not the same as a Safety Plan used by the Division of Family Services to maintain a child safely in the home. A plan of safe care could be services that are offered by the Division of Public Health's Child Development Watch Program, for example, or services provided by A.I duPont Hospital for Children.

At what age can a child be left alone?

- Delaware law does not specify an age when a child may be left alone.
- Division of Family Services (DFS) policy states a child must be age 12 or older.
- For any aged child, DFS considers factors such as the child's level of functioning, maturity, physical and mental health, disabilities, length of time left alone, and the time of day.

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There appear to be very few states with specific regulations that specify the age a child may be left alone. Delaware has no such law. The general recommendation is that children under the age of 12 should not be left home alone. Nevertheless, for any aged child, the child's level of functioning, maturity, physical and mental health, length of time left alone, and the time of the day are taken into consideration in determining whether the parent acted appropriately in leaving the child alone. For example, leaving an extremely impulsive 12 year old home alone over night would also be inappropriate.

Dependency

Child Abuse Report Line 1-800-292-9582

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Let's discuss Dependency next.

Dependency as defined in the Delaware statute

10 Del. C. § 908 (8) "Dependency" or "dependent child" means that a person:

- a. Is responsible for the care, custody, and/or control of the child; and
- b. Does not have the ability and/or financial means to provide for the care of the child; and...

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Title 10 of the Delaware Code under Courts and Judicial Procedure defines dependency.

As with abuse and neglect, the alleged perpetrator must have care, custody, or control of the child. In contrast to neglect, the parent or caretaker does not have the financial means to provide care for the child.

Dependency as defined in the Delaware statute (cont.)

1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care or other care necessary for the child's emotional, physical or mental health, or safety and general well-being; or
2. The child is living in a nonrelated home on an extended basis without the consent and approval of the DSCYF or any agency or court licensed or authorized to place children in a nonrelated home; or
3. The child has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan.

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Dependency occurs when the parent or caretaker also fails to provide necessary care through no fault of their own, or the child is living in a nonrelated home on an extended basis, or the child was placed with a licensed agency that cannot complete a suitable adoption plan.

Non-Relative Placements

When a child is residing with a non-relative caretaker on an extended basis, it must be reported to the Division of Family Services (DFS) for investigation and approval as required by statute (10 Del.C. §908(8)b.2.).

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Parents may place their children with family members, but they may not place their children with non-relatives on an extended basis without the approval of DFS. The term extended basis is used to suggest that the child resides in the home as opposed to just visiting. DFS will explore the appropriateness of the placement through interviews, a home assessment, and background checks.

Safe Arms for Babies

1-800-262-9800

- Safe Arms for Babies is a law that allows a parent to go to any Delaware **hospital emergency department** and leave their newborn (**14 days old or younger**) with any emergency department staff or volunteer.
- This law provides immunity from criminal prosecution for abandonment provided the baby is alive, unharmed and brought into a hospital emergency department.
- Detailed information, forms, and emergency room locations regarding Safe Arms for Babies can be found at the Division of Public Health's website:

http://www.dhss.delaware.gov/dhss/dph/chca/dphahsa_b01.html

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Safe Arms for Babies allows a parent to leave their newborn (14 days or younger) in any Delaware hospital emergency department. They are also given immunity from criminal prosecution for the abandonment of their child.

How to Report

WWW.ISEETHESIGNS.ORG

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After a child discloses abuse or neglect or if you have a reasonable suspicion, your next step is to make a report to the child abuse report line.

Child Disclosure of Abuse

Three do nots:

1. Do not interview the child multiple times.
2. Do not take pictures of the injuries or ask the child to undress. (Exception – medical providers)
3. Do not notify the parent/caretaker you are making a report.

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The child should not be interviewed beyond the disclosure. Minimal facts should only be gathered to avoid interfering with the investigative process.

To reduce the trauma to the child, photographs will be taken and interviews will be conducted by a member of the multi-disciplinary team. This team will be identified later in the presentation.

Child Abuse Report Line

- To report suspected child abuse or neglect in Delaware call the 24 Hour Division of Family Services (DFS) Report Line at 1-800-292-9582.
- Delaware's 800# is a national and statewide number. Reports should not be made to local DFS offices.
- Spanish translation is available to make a report during the weekdays from 8:00 a.m. to 3:30 p.m.
- DFS also accepts written reports and walk-in reports.
- Calls are digitally recorded for random quality assurance reviews.

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All suspected child abuse and neglect in the state of Delaware must be reported to the child abuse report line at 1-800-292-9582. However, when a child's life is in danger, you should call 911 immediately.

Even when you know the case is active with DFS and further abuse or neglect is suspected you must call the child abuse report line.

Every report is reviewed by a DFS report line supervisor. If informed that your report does not meet criteria for investigation and you continue to have concerns, you should ask to speak to a report line supervisor. The report line worker is required to give his or her name if you request it, as well as their supervisor's name.

Child Abuse Report Line (cont.)

- Magic words are “I want to make a report.”
- If unsure, DFS needs to be the decider. It’s okay to call the Report Line and discuss what you know.
- The person who spoke to the child or observed the child should make the report because it is required by statute and the Report Line may have questions about the child’s disclosure or condition.
- DFS may have information about the family you don’t know about.
- You will be informed at the time of your call whether the report has been accepted or not for investigation or you should receive a call back within 24 hours, if you provide your name.

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The report should be made by the person who spoke to or observed the child, because the report line may have additional questions.

One entity can make one report PROVIDED that it: (1) is from the individual with the most detailed information, and (2) provides the names and contact information for every person at that entity who has information regarding the report/incident.

As for two or more reporters from separate entities (e.g., hospital and police agency), those should be a separate report from each. The different perspectives, plus the reality that they will even have different details, makes separate reports the best process.

The report will be accepted if the problems identified suggest a child is abused, neglected, or dependent or is at risk of being abused, neglected, or dependent. If the reported is investigated, the report will be an invaluable source of information for subsequent reports made regarding the alleged victim or perpetrators.



State of Delaware
The Department of Services
for Children, Youth, and
Their Families

DIVISION OF FAMILY SERVICES
CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM
(Title 16, Delaware Code, Chapter 9, Subsections 901-914)
Toll Free 24-Hour Report Line 1-800-292-9582

INSTRUCTIONS: As required by 16 Del. C. § 903 and 904 "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law-enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. Any report of child abuse or neglect required to be made under this chapter shall be made to the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division."

Within 72 hours after the oral report, send a completed Child Abuse/Neglect Mandatory Reporting Form to the address below. Please type or print the information and sign the form on the back.

DIVISIONS OF FAMILY SERVICES - STATE OF DELAWARE
3601 North Dupont Highway
New Castle, DE 19720-6315

IDENTIFYING INFORMATION

Child's Name (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Victim (Yes/No)
1. _____	_____	_____	_____	_____
Current Address: _____				
2. _____				
Current Address: _____				
3. _____				
Current Address: _____				
4. _____				
Current Address: _____				
5. _____				
Current Address: _____				
Parents/Custodians/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes/No)
6. Mother				
Current Address: _____				
7. Father				
Current Address: _____				
8. Custodian/Caretaker (Relationship)				
Current Address: _____				
Please specify for numbers 1 - 8 above:				
Foreign language spoken: #s _____		Specify type: _____		
Disabilities: #s _____		Specify type: _____		

This is the Mandatory Reporting Form. In addition to making a report, professionals should complete the Mandatory Reporting form and fax or mail it to DFS within 72 hours. The form can be found online at I See The Signs.Org.

This form provides DFS with additional documentation about the report, and it can be used as a guide when making an oral report. The front page contains the demographic information and the back page is where you will describe the abuse or neglect. Diagrams are also available on the back page for medical professionals to document injuries.

Please understand that as a mandated reporting entity, when there is no reporting source there will be no way to confirm that you fulfilled your responsibility to report.

What information is needed to make a report?

- Demographics
- Describe the abuse or neglect or why the child is at risk of CAN
- Known information about the parents or siblings
- Known information about the alleged child victim's physical health, mental health, educational issues or parents or siblings
- Is the alleged child victim in need of medical attention for injuries?
- Known information that could put the child's or worker's safety in peril such as the presence of alcohol, drugs, weapons, dangerous animals, or criminal behavior

*** More information is better than less!**

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The information you provide when making a report assists DFS in determining whether the report meets criteria for investigation and when it does - how quickly to respond.

Demographics will usually be found in the child's records. If you already have the information, then there's no need to ask the child.

Once the child discloses to you what happened and if it includes who the alleged abuser is and when and where the incident took place, then you will not need to ask any more questions. You simply need to thank the child for telling you and make sure the child knows that you believe him or her.

Asking more questions about the incident is when you've gone beyond asking the minimal facts. In fact, you have begun to interview the child. As professionals, we must allow only trained interviewers, such as DFS workers, law enforcement personnel or forensic interviewers at the Children's Advocacy Center, to interview child victims of abuse or neglect. In addition, if you happen to sit in on an interview that is being conducted by DFS or law enforcement, you must not interfere by asking questions. Untrained interviewers tend to ask leading questions, which can contaminate the child's recollection of events. This could hinder an investigation, which could result in the child being returned to the home where the abuse is suspected to be occurring.

Am I violating HIPAA when I make a report?

The reporting of child abuse and neglect is not precluded by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal and HIPAA rules do not apply where “the provision of State law, including State procedures established under such law, as applicable, provides for the reporting of disease or injury, **child abuse**, birth, or death, or for the conduct of public health surveillance, investigation, or intervention.” HIPAA (1) Section 160.203(c)

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HIPAA does not preclude reporting suspected child abuse.

The Division of Family Services

Receives reports for all children in the State of Delaware that have been abused or neglected.

Then DFS will do one of three things:

- 1.) accept the report and investigate the allegations; or
- 2.) refer the report to law enforcement for investigation; or
- 3.) document the report, but not investigate the allegations.

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The Division of Family Services receives reports for all children in the State of Delaware that have been abused or neglected. Upon receipt of the report, DFS will do one of three things: accept the report and investigate the allegations; refer the report to law enforcement for investigation; or document the report but not investigate the allegations.

Multidisciplinary Response to Reports

- DFS and/or law enforcement will conduct an investigation for any report that involves an offense against a child.
- The Department of Justice (DOJ) will decide if there is enough evidence to prosecute criminally or civilly.
- Whenever appropriate, cases will also be referred to the Children's Advocacy Center (CAC) for a forensic interview, medical exam and/or mental health screening.

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Children are best served when there is collaboration among the entities investigating child abuse and neglect. The multidisciplinary team often involves the Division of Family Services, the Department of Justice, law enforcement, the Children's Advocacy Center, and sometimes a medical or mental health professional or Guardian Ad Litem.

The Memorandum of Understanding between the Department of Services for Children, Youth and Their Families, the Children's Advocacy Center, the Department of Justice and the Delaware Police Departments provides support with the collaborative intervention. DFS has a copy of the MOU posted on its website.

How can information be shared?

In general, DFS will share information only when there is a signed release of information (informed, time limited consent).

DFS, law enforcement, the CAC, and the DOJ exchange information on families and children when this information is needed to assist an investigation involving a shared client.



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DFS will share information when there is a signed release of information. However, the multidisciplinary team will exchange information when it is relevant to an investigation involving a shared client.

Other Useful Information

Child Abuse Report Line 1-800-292-9582

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Now we would like to discuss some other types of abuse or neglect that are potential warning signs of child abuse or neglect.

Child abuse and neglect is also related to other types of abuse such as

- Animal Abuse
- Elder Abuse
- Child Trafficking



Additionally, studies have shown a strong correlation between each of these types of abuse.

Animal abuse, elder abuse, and child trafficking have a strong correlation with child abuse and neglect.

Animal Abuse

- A study of 45 violent inmates in Florida prisons and 45 prisoners serving time for drug and property offenses found more than half of the violent offenders had committed animal cruelty as children. By comparison, just 20 percent of the nonviolent offenders had a history of attacking animals. (*The Associated Press*, February 29, 2004)
- Teenage boys who are slapped, spanked or hit by their fathers can be more than twice as likely to abuse animals. A substantial number of teenagers who committed mass murder at their schools—nearly half in one study—were more likely to have abused animals. (*The Plain Dealer*, January 7, 2002)
- Interviews with more than 100 U.S. serial killers showed that most had a history of some form of animal abuse in their childhoods. (*BBC News*, November 22, 2001)

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Studies have shown that serial killers or other individuals who have committed mass murders have a history of animal abuse during their childhood. For instance, in the first study, more than half of violent offenders had committed animal cruelty as children. Thus, animal abuse is a risk factor that we should be aware of as professionals working with children.

Physical Indicators of Elder Abuse and Neglect

- Injury that has not been cared for properly.
- Any injury incompatible with person's explanation.
- Pain on touching.
- Cuts, lacerations, puncture wounds.
- Evidence of inadequate care (i.e., gross decubitus without adequate medical care).
- Bruises, welt, discoloration:
 - On both upper arms.
 - Clustered on trunk, but may be found over any area of the body.
 - Injury looks like an object.
 - Presence of old and new bruises at the same time.

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Please note the similarities between the indicators of elder abuse to child abuse and neglect.

Physical Indicators of Elder Abuse and Neglect (cont.)

- Evidence of inadequate or inappropriate use of medication.
- Absence of hair and/or hemorrhaging below scalp.
- Soiled clothing or bed.
- Burns – may be caused by cigarettes, caustics, acids, friction from ropes or chains; from confinement.
- Signs of confinement (tied to furniture, bathroom fixtures, locked in a room).
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones.
- Dehydration and/or malnourishment without illness-related cause; loss of weight.
- Pallor.
- Sunken eyes, cheeks.

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For instance, balding and burns were discussed as physical indicators for child abuse. Similarly, the elderly are also deprived of their physical and medical needs.

Behavioral Indicators of Elder Abuse and Neglect

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Implausible stories
- Confusion or disorientation
- Ambivalence/contradictory statements not due to mental dysfunction
- Anger
- Denial
- Non responsiveness
- Agitation, anxiety

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The elderly exhibit similar behavioral indicators as children. Fear, withdrawal, and denial are common amongst both populations.

Family/Caretaker Factors for Suspected Elder Abuse

- The older person may not be given the opportunity to speak for him or herself or to see others without the presence of the caregiver (suspected abuser).
- Obvious absence of assistance, attitudes of indifference or anger toward the dependent person.
- Family member or caregiver “blames” the older person (i.e., accusation that incontinence is a deliberate act).
- Aggressive behavior (threats, insults, harassment).
- Previous history of abuse to others.

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Perpetrators of elder abuse share indicators as well, such as blaming or threatening the alleged victim.

Family/Caretaker Factors for Suspected Elder Abuse (cont.)

- Problems with alcohol or drugs.
- Flirtations, coyness, etc. as indicators of possible inappropriate sexual relationship.
- Social isolation of family or isolation or restriction of activity of the older adult within the family unit.
- Conflicting accounts of incidents by the family, supporters, victim.
- Unwillingness or reluctance to comply with service providers in planning for care and implementation.
- Withholding of security and affection.

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Oftentimes, perpetrators of child abuse will provide a story that conflicts with the child's statement or the perpetrator is not willing to comply with treatment. These factors exist with perpetrators of elder abuse as well.

Occasionally, DFS and the Division of Services for Aging and Adults with Physical Disabilities will conduct investigations for both issues within the same family.

Indicators of Child Trafficking

- Evidence of abuse (physical, mental, or sexual)
- Employer is holding identity and/or travel documents
- Working unusually long hours
- Unpaid or paid very little
- Not in school or significant gaps in schooling in the U.S.
- Living at workplace with employer
- Living with multiple people in a cramped space
- Heightened sense of general fear (for self and family/unusual distrust for law enforcement)
- Inability to speak to child alone
- Engaged in prostitution or induced to perform a commercial sex act

Source: Lutheran Immigration and Refugee Service

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Although it's not widely recognized, child trafficking is an emerging concern in Delaware and nationally. As you can see, when one type of abuse or neglect is present, you need to be aware that other types of abuse or neglect may also be present

Helpful State of Delaware Web Sites

- Department of Justice
<http://attorneygeneral.delaware.gov/>
- Department of Services for Children, Youth and Their Families (DSCYF) <http://www.kids.delaware.gov/>
- Division of Family Services (DFS)
http://www.kids.delaware.gov/fs/fs_cai.shtml
- Office of the Child Advocate
<http://courts.delaware.gov/childadvocate/>
- Children's Advocacy Center of DE, Inc. (CAC)
<http://www.cacofde.org/>



Here's a list of useful State of Delaware websites, which provide additional information and resources related to child welfare.



Presenters – Do not discuss specific Division of Family Services cases in front of the entire audience. If an attendee wants to discuss a specific case, ask them to contact Kriston Lowry-Sims at 302-633-2714. Kriston handles constituent relations for the Division.



Finally, please go to Iseethesigns.org. The website provides additional resources for identifying and reporting child abuse. In addition, its part of a comprehensive media outreach campaign which was created to alert the general public to the magnitude of the problem of child abuse, the duty to report child abuse, and who the real dangers are to children.

The campaign's message, "**See the Signs, Make the Call,**" serves as a call to action and a reminder that ensuring the safety of our children is everyone's responsibility.

Thank you for taking the time to participate in this training that will increase awareness of reporting child abuse and neglect.