

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND
THEIR FAMILIES
DIVISION OF FAMILY SERVICES

2002-2003 DELAWARE SCHOOLS
TRAINING

TABLE OF CONTENTS

- I. Mandatory Child Abuse/Neglect Reporting
- II. Facilitator's Presentation
- III. Substance Abuse Information
 - The Nature of Substance Abuse
 - Chart of Major Substances of Abuse
 - Indicators of Substance Abuse in Families
 - The Impact of Chemical Dependency on Families
 - Children of Alcoholics
 - Consequences of Adolescent Substance Abuse
 - Adult Children of Alcoholics as Parents
 - Article: When the Teacher is Knowledgeable and Caring
 - Resources and References
- IV. Other Information
 - Safe Arms for Babies
 - The Professionals Guide to Reporting Child Abuse and Neglect
 - Personalized Safety Plan



CHILD ABUSE AND NEGLECT

MANDATORY REPORTING

§ 903. REPORTS REQUIRED

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with § 904 of this title.

CHILD ABUSE AND NEGLECT

MANDATORY

REPORTING FORM



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)
In-State, Toll-Free 24-Hour Report Line 1-800-292-9582
Out-of-State 24-Hour Report Line 1-302-577-6550

INSTRUCTIONS: Any physician, and any other medical person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, medical examiner, school employee, social worker, psychologist, or any other person who knows or reasonably suspects child abuse or neglect shall make an oral report to the Report Line using the number at the top of this page in accordance with **16 Del.C., §903**.

Within 72 hours after the oral report, send a completed Child Abuse/Neglect Mandatory Reporting Form to the regional office of the county of the child(ren)'s residence. Please **type or print** the information and sign the form on the back.

NEW CASTLE COUNTY:

Division of Family Services
NCC Police Department
3601 N DuPont Hwy
New Castle, DE 19720

KENT COUNTY:

Division of Family Services
Barratt Bldg, Ste 200
821 Silverlake Blvd
Dover, DE 19904

SUSSEX COUNTY:

Division of Family Services
Georgetown State Service Center
546 S Bedford St
Georgetown, DE 19947

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)
------------------------------------------------------------------	-----------------------	-----	------	-------------------------

Mother

6.

Current Address:

Father

7.

Current Address:

Custodian/Caretaker (Relationship)

8.

Current Address:

Please specify for numbers 1 – 8 above:

Foreign language spoken: #s _____
Disabilities: #s _____

Specify type: _____
Specify type: _____

SCHOOLS

2002-2003

FACILITATORS

PRESENTATION

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH
AND THEIR FAMILIES**

DIVISION OF FAMILY SERVICES

FACILITATORS' PRESENTATION

**School Training – 2002-2003 Child Maltreatment and
Substance Abuse**

PURPOSE:

The purpose of this school training is to raise the level of awareness and understanding of school personnel regarding substance abuse, its impact on children, and its connection to child maltreatment. With this knowledge school personnel may be better prepared to effectively respond to this situation as encountered in the classroom.

The safety and well being of children is being profoundly affected by substance abuse and addiction.

The abuse of alcohol and other drugs on the part of even one family member, particularly if that person happens to be a parent, negatively impacts on the lives of all members of the family.

In particular, substance abuse impacts on a parent's capacity to provide consistent nurturing and hands-on care that children require in order to thrive.

At the end of the 20th century there were over 12 million users of illicit drugs in the US and over 14 million Americans who abuse alcohol.

Over 10 million minor children live with a substance abusing parent or caregiver.

In 1999, 60-85% of child abuse treatment cases with Division of Family Services involved parental substance abuse.

2.

A basic knowledge of the dynamics and effects of alcohol and other drug abuse is fundamental for professionals involved with substance-abusing families.

Unless professionals are aware of the nature of substance abuse and recovery, and the unique characteristics of chemically involved families, services provided for parents and children may prove to be ineffective.

The following film will address some educational needs of teaching professionals in order to prepare them to be more effective at identifying and working with substance abusing families, beginning with the mandatory reporting law.

The first segment will provide you with some foundational information about substance abuse and addiction. The second segment discusses the immediate and long-term psychological and behavioral effects on children raised in substance abusing homes.

DURING THE PAUSE:

In the first segment we learn that substance abuse and chemical dependency know no economic, social, racial or gender boundaries. We are all directly or indirectly affected by it. In relation to child abuse, the most prevalent type of abuse that occurs with substance abusing parents is neglect. As the young mother stated in the first segment, using parents are often not physically and/or totally emotionally present for their children. As their substance abuse progresses into addiction the effects of the long term use of alcohol and drugs on the parent's ability to control their emotions and behavior diminishes and physical and sexual abuse are more likely.

This upcoming segment looks at how children typically adapt to survive the often unpredictable circumstances of living in a substance abusing home where the rules are don't talk, don't feel, and don't trust.

3.

AFTER THE VIDEO:

In this segment, you saw children from substance abusing families in foster care. Most children with substance abusing parents live in their own homes. Substance abuse, in and of itself, is not child abuse or neglect. As a school professional, keep the following statements in mind from the video when children of substance abusing families are in your classroom:

- It's not your fault!
- You didn't make your parents start. You can't make them stop using alcohol and other drugs.
- You have been hurt by their substance abuse.
- Your mom and dad do love you even though they may not always be able to show it.
- Substance abusers can and do recover. Even if they don't, kids can feel better.
- You deserve help just for yourself.
- You are not alone. There are lots of kids like you and people and places to go for help.

Additionally, the Division of Family Services has specially trained caseworkers and counselors to address the issues of substance-involved families that are referred to us. All caseworkers have mandatory training in substance and child maltreatment.

The KIDS Department (DSCYF) offers substance abuse treatment services for children and adolescents through the Division of Child Mental Health. These services include levels of outpatient counseling and residential treatment. Services are available to adults through the Division of Substance Abuse and Mental Health.

DSAMH offers training on substance abuse related issues throughout the year. They sponsor a training conference, the Summer Institute at the University of Delaware the final week of July every year.

The Delaware Alcohol and Drug Counselors Association also offer a training conference, usually the last week of February.

4.

For additional information, see the references and resources on the Internet at www.state.de.us/kids/

Information and resources on the web are as follows:

- The Nature of Substance Abuse
- Chart of Major Substances of Abuse
- Indicators of Substance Abuse in Families
- The Impact of Chemical Dependency on Families
- Children of Alcoholics
- Consequences of Adolescent Substance Abuse
- Adult Children of Alcoholics as Parents
- Article: When the Teacher is Knowledgeable and Caring
- Resources and References

Thank you for your attention.

THE NATURE
OF
SUBSTANCE ABUSE

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR
FAMILIES
DIVISION OF FAMILY SERVICES**

**SCHOOL TRAINING 2002-2003
CHILD MALTREATMENT AND SUBSTANCE ABUSE**

THE NATURE OF SUBSTANCE ABUSE

The impact of alcohol and other drug abuse varies widely from individual to individual. The following characteristics seem fairly universal, regardless of the substance or substances of choice. They can help us to understand the nature of most chemical dependencies. By building upon this understanding, professionals will be better equipped to design realistic service plans that are more likely to be effective.

- **Alcohol and other drug abuse is progressive.** People do not set out to become alcoholics or addicts. First-time users universally resist the notion that they could ever become dependent on any chemical. It is with an accumulation of time and experience that the casual user becomes a substance abuser and that life can no longer be endured "clean and sober."
 - **Experimental use.** Early use is described as experimental. The user generally is motivated by curiosity or social pressure to try substances reputed to alter ways of thinking and feeling. Use during this phase is occasional, frequently unplanned, and involves little, if any reorganization of lifestyle to accommodate it. Similarly, there may be no detectable deterioration in health, relationships, or ability to function as expected.
 - **Intensified use.** Progressively more regular use begins to impact the user's life in more significant ways. Because it is both planned and more frequent than experimental use, increased amounts of time, thought, energy, and money go into the acts of "scoring" and using. At this stage, one's social life may revolve around getting high,

2.

and peer relationships often change accordingly. The economic and personal costs escalate as the ability to function at school or work declines, and mood swings become more prominent.

- **Habitual use.** Habitual use marks the onset of chemical dependency. Tolerance to the original drug of choice has developed, a problem remedied either by using larger amounts of the same drug or recourse to drugs that will produce a more intense experience. Solitary use increases; now the emphasis is on simply getting high, rather than on the social experience of “partying” with one’s peers. The user is increasingly preoccupied with drug use and may turn to dealing or other criminal activity to support a growing dependency on more potent and more expensive drugs. Deterioration in all significant areas of functioning is present.
- **Dependency.** Dependency, or addiction, is said to exist when the user can no longer manage life without getting high. Use may occur continuously or in binges, but now the substance plays such a central role in the individual’s life that everything else tends to revolve around it. The effects of the alcohol and/or other drug use on health, finances, relationships, and emotional stability are profound as the user finds it increasingly difficult to perform even ordinary tasks. Judgment at this state can be severely impaired.
- **The onset of chemical dependency is insidious.** Chemical dependency sneaks up on the individual who is, in any case, often not the best judge of his/her own addiction. In actuality, the lines drawn by professionals to note phases of drug and alcohol use (experimental, regular, habitual, and so on) are blurred, and precisely when the user moves from one phase to the next depends on many factors, including:

3.

- Physiological and psychological make up,
- Drug of choice,
- Means of ingestion, and
- Prior history.

Dependency can evolve over a long period of time (months or even years), or as many crack addicts report, it can occur over the course of a weekend.

- **The earlier the person starts to use, the more likely that person is to become chemically dependent.** Although there are exceptions to this rule, generally, children who are introduced to drugs while still very young are more susceptible to heavier use and abuse than individuals whose experimentation occurs at a later age.
- **Anyone can become an addict.** Chemical dependency cuts across all racial, social, and economic lines. No one is immune. Although some individuals seem to have a higher threshold of addiction than others, exposure to the right substance of abuse under the right circumstances (times of stress, loss, pain, or boredom) has the potential to seduce anyone into a true chemical dependency.
- **Substance abuse is a family problem.** Substance abuse is a family problem in both a biological and a psychological sense. There is a growing body of evidence that certain people (come children of alcoholics, for instance) are biologically at highest risk of becoming chemically dependent. It is a family problem, also, insofar as coping behaviors are learned within the context of the family. Children of substance-abusing parents may learn to cope with unpleasantness in their lives as their parents have done before them, by taking substances into the body to effect change in mental status. Finally, it is a family problem because

4.

everyone in the family is profoundly affected by the alcohol and/or drug abuse of even one of its members.

- **Denial is intrinsic to the problem of alcohol and other drug abuse.** It is well known that the substance abuser generally denies that there is a problem or minimizes its extent. It is less well known that the entire family, to protect its integrity and tenuous ability to function, also often denies the existence and impact of the problem.
- **Alcohol and other drug abuse is a systemic problem.** Substance abuse impacts every aspect of the user's physical, emotional, work, and social life. Health, jobs, school, and relationships are affected. With chronic abuse, no significant area of functioning remains untouched.
- **Substance abuse often afflicts those individuals who are already the most vulnerable, the least equipped to cope.** Frequently, persons most severely impacted by substance abuse come from families with multiple stresses, including alcohol and/or other drug abuse problems, mental health disorders, failures in school and/or employment, and/or a history of physical and/or sexual abuse. These individuals, already struggling to cope, are then further impaired by their drug use. Thus, they tend to come to treatment in very serious condition and typically need a wide range of services.

MAJOR SUBSTANCES

OF

ABUSE

MAJOR SUBSTANCES OF ABUSE

Drug Group	Drug	Street Names	Method of Use
Depressant	Alcohol	booze, liquor, juice, brew, beer, wine, product brand names	Swallowed in liquid form
Stimulants	Cocaine	Coke, blow, white, snow, snort, flake, nose candy, toot, white, lady, cane, crack, rock	Snorted or injected
	Amphetamines	Uppers, pep pills, bennies, dexies, black beauties	Swallowed in capsule, tablet, or pill form
	Methamphetamine	Speed, meth, moth, crank, water, crystal meth, ice, ice cream, batu, shabu	Snorted, injected, or smoked
Narcotics	Heroin	Smack, junk, horse, China white, Mexican brown, mud, black tar	Injected, snorted or smoked
Sedatives	Barbituates, Methaqualone, Choral hydrate, Glutethimide, Benzodiazepines	Barbs, downers, yellow jackets, yellows, red devils, blue devils, ludes, supers	Swallowed in capsule, tablet, or pill form, injected
Hallucinogens	Phencyclidine (PCP)	Angel dust, crystal, supergrass, killer weed, KJ, sherms, embalming fluid, hog rocket fuel	Snorted, injected, drunk, applied to leafy material and smoked, or swallowed in capsule, tablet or pill form
	Lysergic acid diethylamide (LSD)	Acid, blotter acid, microdot, cubes, purple haze, white lightening	Swallowed in tablet or capsule form, or placed into thin squares of gelatin, paper, sugar cubes, gum, candy, or crackers
	Mushrooms (Psilocybin/Psilocyn)	Magic mushrooms, shrooms	Chewed, smoked, or ground and infused in hot water and drunk as tea
	Peyote (Mescaline)	STP	Chewed, swallowed in capsule or pill form, ground and infused in hot water and drunk as tea
Cannabis	Marijuana	Grass, pot, weed, Acapulco gold, Colombian, ganja, smoke, sinsemilla	Smoked in handrolled cigarettes or pipes
	Hashish Hashish Oil	Hash Hash Oil	
Inhalants	Nitrous Oxide	Laughing gas, whippets	Inhaled or sniffed, sometimes using a paper bag, rag, gauze, or ampules
	Amyl Nitrate Butyl Nitrate	Poppers, snappers Rush, bolt, locker room, bullet, climax	
	Airplane Glue, Aerosol Sprays, Gasoline, Paint Thinner		

MAJOR SUBSTANCES OF ABUSE

Drug	Paraphernalia	Observable Effects of Use
Alcohol	Bottles and cans	Impaired coordination, staggered walk, bloodshot eyes, flushing, slurred speech
Cocaine	Small glass vials; foil, cellophane or paper packets; triple beam scales SNORTING: mirrors, razor blades, straws INJECTING: syringes, needles, spoons, cotton, tourniquets SMOKING: small glass or pottery vials, glass pipes, handrolled cigarettes	Increased alertness and energy dilated pupils, rapid speech tremors, sweating, runny or irritated nose, decreased appetite, weight loss, depression
Amphetamines Methamphetamine	SWALLOWING: pill bottles, plastic bags, paper packets SNORTING: plastic or paper packets, plastic bags, razor blades, mirrors, straws INJECTING: plastic or paper packets, plastic bags, syringes, spoons, tourniquets, needles	Increased alertness, decreased appetite, weight loss, increased respiration and heart rate, dilated pupils, sweating, rash, insomnia, depression
Heroin	Foil or cellophane packets, rubber or plastic balloons folded into balls INJECTING: needles, cotton, matches, spoons or bottle caps, tourniquets SNORTING: razor blades, straws, pipes	Impaired judgment, speech, slow gait, sleepy appearance, constricted pupils, decreased pulse and respiration rate
Sedatives	Pill bottles, plastic bags	Impaired judgment, staggered gait, drowsiness, slurred speech, dilated pupils, shallow breathing, weak and rapid pulse
Phencyclidine (PCP)	Tablets, pills, or gelatin capsules; dark colored cigarettes, paper or cellophane packets, clear liquid in small glass vials	Drowsiness, excitement, slurred speech, muscle rigidity, unusual eye movements, exaggerated gait, sweating
Lysergic Acid Diethylamide (LSD)	Small paper squares, vials, tablets or capsules in plastic bags	Dilated pupils, elevated body temperature, anxiety, confusion, disoriented sense of direction, distance and time
Mushrooms	Dried mushrooms, brownish powder	Dilated pupils, sweating, hyperventilation, tremors, rambling speech, hyperactivity, depression
Peyote	Brown disc-shaped dried cactus "buttons," brownish powder	Muscle tension, vomiting, dilated pupils, dizziness, chills, increased pulse, sweating, hallucinations
Mescaline	Aspirin-like pills or capsules	
Marijuana Hashish Hashish Oil	Plastic bags, aluminum foil packets, "Zig-Zag" cigarette papers, handrolled cigarettes, wooden or clay pipes, waterfilled pipes, plastic bags, roach clips, decorative boxes, small vials	Restlessness, relaxation, bloodshot eyes, increased appetite, impaired coordination
Inhalants	Spray cans, glue containers, saturated cloths, ampules	Dilated pupils, runny nose, watery eyes, impaired coordination, slurred speech, headache, weight loss

PHYSICAL AND BEHAVIORAL INDICATORS
OF
SUBSTANCE ABUSE IN FAMILIES

PHYSICAL AND BEHAVIORAL INDICATIONS OF SUBSTANCE ABUSE IN FAMILIES

The negative impact of alcohol and/or other drug abuse on family functioning and health may become apparent through a variety of physical and behavioral indicators. The following indicators can alert professionals to a possible substance abuse problem among family members:

- Personality changes and inconsistent behaviors;
- Financial problems despite an adequate income;
- Sudden, unexplained wealth;
- Frequent automobile or other accidents;
- Self-defeating behaviors (e.g., missed appointments, absences from work, repeated lateness); repeated changes in friends and associates;
- Altered mental status consistent with alcohol or other drug intoxication;
- Withdrawal symptoms;
- Skin lesions such as abscesses or track marks consistent with injection drug use;
- The presence of drug paraphernalia;
- Frequent member consistently making excuses for an absent family member.

PHYSICAL AND BEHAVIORAL INDICATIONS OF PERINATAL SUBSTANCE ABUSE

The first step in determining a drug- or alcohol-dependent pregnant woman's need for services is to identify the problem. In addition to the general indicators noted above, the following physical signs and symptoms are suggestive of perinatal alcohol and/or other drug abuse.

- Lack of prenatal care;

2.

- Previous delivery of a prenatally drug-exposed infant;
- Intrauterine growth retardation in the absence of other identifiable causes, and

PHYSICAL AND BEHAVIORAL INDICATIONS OF RELAPSE FOR INDIVIDUALS IN RECOVERY

Relapse is inherent in alcohol and other drug abuse. The identification of a substance-affected family is only the beginning of a long process toward healing and maintaining a sober lifestyle. For an individual in recovery, the following behavioral signs and symptoms may alert professionals to the imminent risk of relapse:

- Increasing self-pity;
- Increasing depression;
- Setting expectations that are too numerous or unrealistic;
- Feelings of being “all-powerful” or not needing support, and
- Distancing from friends who are clean and sober.

THE IMPACT
OF
CHEMICAL DEPENDENCY
ON
FAMILIES

The Impact of Chemical Dependency on Families

Disrupted Activities

Research has shown that the impact of chemical dependency on the family system is often directly related to the disruption of family activities. These activities fall into three broad categories: family celebrations, family traditions, and patterned routines. In families where one or more members are chemically dependent, we often find the following disruptions:

- Family celebrations and traditions such as holidays, birthdays, and anniversaries are inconsistently observed.
- Routine patterns that govern daily life such as dinner time, homework time, curfew, chores, and bedtime are often arbitrary or nonexistent. This lack of pattern may result in a lack of monitoring or supervision of children in the family. Rules and the consequences for breaking rules may be inconsistent. This may lead to inconsistent or excessively severe discipline of children.
- Family routines and the behavior of members change depending on whether a family member is using or not using AOD at the time.

Common Characteristics of Chemically Dependent Families

When family members become organized around the dependent person and family activities are disrupted, families may develop certain characteristics. For example:

- Communication between family members may become rigid, with strict rules about unmentionable subjects.
- Children may take on a parental role with other family members.
- Alcohol or other drugs may be used by other family members to handle stress or solve problems.
- Family members may feel comfortable only during crisis and may create crisis in order to establish emotional closeness.
- Family members may lack clear behavioral expectations of other members.

2.

- Parents may have low expectations for children's success.
- Privacy may not be valued or respected.
- There may be a strong sense of loyalty between family members.

CHILDREN
OF
ALCOHOLICS

CHILDREN OF ALCOHOLICS

One in five adult Americans lived with an alcoholic while growing up. Child and adolescent psychiatrists know these children are at greater risk for having emotional problems than children whose parents are not alcoholics. Alcoholism runs in families, and children of alcoholics are four times more likely than other children to become alcoholics. Most children of alcoholics have experienced some form of neglect or abuse.

A child in such a family may have a variety of problems:

- | | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guilt | The child may see himself or herself as the main cause of the mother's or father's drinking. |
| Anxiety | The child may worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents. |
| Inability to have close relationships | Because the child has been disappointed by the drinking parent many times, he or she often does not trust others. |
| Confusion | The alcoholic parent will change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, does not exist because bedtimes and mealtimes are constantly changing. |
| Anger | The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection. |
| Depression | The child feels lonely and helpless to change the situation. |

Although the child tries to keep the alcoholism a secret, teachers, relatives, and other adults, or friends may sense that something is wrong. Child and adolescent psychiatrists advise that the following behaviors may signal a drinking or other problem at home:

2.

- Failure in school; truancy
- Lack of friends; withdrawal from classmates
- Delinquent behavior, such as stealing or violence
- Frequent physical complaints, such as headaches or stomachaches
- Abuse of drugs or alcohol; or
- Aggression towards other children
- Risk taking behaviors
- Depression or suicidal thoughts or behavior

Some children of alcoholics may act like responsible “parents” within the family and among friends. They may cope with the alcoholism by becoming controlled, successful “overachievers” throughout school, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults.

Whether or not their parents are receiving treatment for alcoholism, these children and adolescents can benefit from educational programs and mutual-help groups such as programs for children of alcoholics, Al-Anon, and Alateen. Early professional help is also important in preventing more serious problems for the child, including alcoholism. Child and adolescent psychiatrists help these children with the child’s own problems, and also help the child to understand they are not responsible for the drinking problems of their parents.

The treatment program may include group therapy with other youngsters, which reduces the isolation of being a child of an alcoholic. The child and adolescent psychiatrist will often work with the entire family, particularly when the alcoholic parent has stopped drinking, to help them develop healthier ways of relating to one another.

Contact: Al-Anon Family Group (800) 356-9996.

American Academy of Child & Adolescent Psychiatry, Children of Alcoholics, No. 17, updated 5/99

CONSEQUENCES
OF
ADOLESCENT
SUBSTANCE ABUSE

Getting the Facts About Adolescent Substance Abuse and Treatment

Consequences of Adolescent Substance Abuse

Adolescents face unique risks associated with substance abuse. The use of substances may compromise an adolescent's mental and emotional development by interfering with how young people approach and experience interactions. In addition, adolescents are at serious risk for a number of direct and indirect consequences, including the following:

- **Traffic Accidents** – Nearly half (45 percent) of all deaths from traffic accidents are related to the consumption of alcohol, and an estimated 18 percent of drivers are 16-20 (or 2.5 million adolescents) drive under the influence of alcohol.
- **School Related Problems** – Adolescent substance abuse is associated with declining grades, absenteeism from school, and dropping out of school. Cognitive and behavioral problems experienced by teens abusing substances may interfere with their academic performance.
- **Risky Sexual Practices** – Adolescents who use drugs and alcohol are more likely than non-using teens to have sex, initiate sex at a younger age, and have multiple sex partners, placing them at greater risk for unplanned pregnancies and HIV/AIDS, hepatitis C, and other sexually transmitted diseases.
- **Delinquent Behavior** – Adolescents who use marijuana weekly are six times as likely than non-users to report they run away from home, five times more likely to say they steal from places other than home, and four times more likely to report they physically attack people.
- **Juvenile Crime** – Adolescents age 12 to 16 who have ever used marijuana are more likely at some point to have sold marijuana (24 percent vs. less than 1 percent), carried a handgun (21 percent vs. 7 percent), or been in a gang (14 percent vs. 2 percent) than youth who have never used marijuana.
- **Developmental Problems** – Substance abuse can compromise an adolescent's psychological and social development in areas such as the formation of a strong self-identity, emotional and intellectual growth, establishment of a career, and the development of rewarding personal relationships.
- **Physical and Mental Consequences** – Smoking marijuana can have negative effects on the user's mind and body. It can

2.

impair short-term memory and comprehension, alter one's sense of time, and reduce the ability to perform tasks that require concentration and coordination, such as driving a car. Evidence also suggests that the long-term effects of using marijuana may include increased risk of lung cancer and other chronic lung disorders, head and neck cancer, sterility in men, and infertility in women.

- **Future Use Disorders** – The earlier the age at which a person first drinks alcohol, the more likely that person is to develop an alcohol use disorder. A person who starts drinking alcohol at age 13 is four times more likely to develop alcohol dependence at some time in his or her life than someone who starts drinking at age 20.

Signs and Symptoms of Substance Abuse

People who interact with adolescents in the home or community need to be alert to change in an adolescent's behavior and appearance that may signal substance abuse. By recognizing the potential warning signs and symptoms of substance use, you may be able to get help for a teenager in need of treatment. The following behavior characteristics, when extreme or lasting for more than a few days, may indicate alcohol-related or drug-related problems and the need for further screening by a professional.

- Sudden changes in personality without another known cause
- Loss of interest in once favorite hobbies, sports, or other activities
- Sudden decline in performance or attendance at school or work
- Changes in friends and reluctance to talk about new friends
- Disorientation of personal grooming habits
- Difficulty in paying attention, forgetfulness
- Sudden aggressive behavior, irritability, nervousness, or giddiness
- Increased secretiveness, heightened sensitivity to inquiry

3.

Screening and Assessment of Adolescent Substance Abuse

- Screening for adolescent substance abuse should be conducted by health care delivery systems, juvenile justice and family court systems, and community organizations such as schools, vocational rehabilitation, and religious organizations.

ADULT CHILDREN

OF

ALCOHOLICS

AS

PARENTS

Adult Children of Addicts as Parents

Adult children of addicts (ACOA) often have painful memories associated with disrupted family holidays and traditions. These painful memories may get in the way of their giving these things to their children—even when they want to, they often don't know how to establish formal traditions, celebrations, or routines.

- Because ACOAs often have no concept of what normal is, they see normal as “perfect” and will often become perfectionists parents.
- ACOAs often have no frame of reference for setting appropriate boundaries and therefore are unable to set appropriate limits for their children.
- ACOAs often find it difficult to play because they have only seen out-of-control adults who were drinking or using drugs. They fear that spontaneity will lead to chaos.
- ACOAs will often be hypervigilant parents who smother their children with concern or fear.
- ACOAs have often been inappropriately touched as children and may be ambivalent about showing physical affection.
- ACOAs have difficulty with grieving because of the many unresolved losses in their lives and may have problems being emotionally available to their children's sadness.
- ACOAs may have been parental children and may expect their children to take care of them as they took care of their parents.
- ACOAs may minimize their children's feelings because that was their experience as children.
- ACOAs are often heavily invested in their work because that is a source of self-esteem—they feel incompetent as parents.
- ACOAs may harbor deep-set feelings of shame for their parents and have overwhelming feelings of failure for recreating the addiction cycle.

2.

- ACOAs may associate the ability to express emotion with drinking or being out of control and may not know healthy ways to express strong feelings without fear.

WHEN
THE
TEACHER
IS
KNOWLEDGEABLE
AND
CARING

WHEN THE TEACHER IS KNOWLEDGEABLE AND CARING...

By Deborah George Wright

On the overhead screen, the teachers saw a photograph of Mrs. Goldberg's class of smiling third graders. They were attending a week of training on how to lessen the effects of substance abuse on the development of students. As they scanned every face, they were told that one of those children, Steven, at that time was being physically abused by his alcoholic father and sexually abused by the father's friend. Drugs would soon become part of the child's life. He would grow up to be a chronic drug user and to rape and murder a mother of two before being sentenced to life without parole.

Years later, Mrs. Goldberg would write the sentencing judge as he weighed giving the death penalty, "In all my years of teaching, there were five children I will never forget. Steven was one of those. He never had a chance."

Most teachers develop an ability to recognize the child who is likely to develop serious mental and emotional problems, but they need the training to respond appropriately and to link the child with services that can help. Moreover, teachers may lack the perception to see the trauma of the compliant silent lost child in the back row, the active clown in the center, or the overly responsible hero in the front. These children endure a home life that undermines their happiness and success as students and adults and will affect their children as well.

Studies vary on the actual number of school age children who have an alcoholic parent. Some estimates are as high as one in every four. Some children will develop the resiliency to surmount the problems caused by parental substance abuse. Others will do so with the help of a caring adult who not only listens and fosters trust, but encourages them to develop skills for self protection, self sufficiency, and a positive self image. Others who might be helped will, instead, become angry, antisocial survivors whose lifestyles and life problems cost society dearly.

When our society was less transient, children who needed help could turn to non-drinking relatives and neighbors. But, today, most families have relocated several times and live far from those who might know what goes on inside their homes. Who then can be the

2.

first line of defense for these kids? Because of the extent and duration of their contact with children and their ability to influence young people, teachers are the most obvious.

Undergraduate and graduate schools of education have only recently added special education courses to degree requirements; very few address addiction and its impact on the family. As a result, teachers have asked for inservice programs addressing COAs in the classroom. Many inservices are funded with the help of the Drug Free Schools and Communities Act.

Like the 65 teachers attending this training, most believe that one caring teacher with knowledge and skills can make a difference. "It did for me," said Joe, a coach. "I was like that kid, Steven. But in the sixth grade, my coach took me aside, told me he understood and that I would make it if I tried. That's why I'm at this training, for the other Stevens."

Deborah George Wright, M.A., Associate Dean of Extended Learning,
Southwestern Oregon

RESOURCES

AND

REFERENCES

IF YOU NEED HELP, PLEASE CALL...

Substance Abuse Programs

NEW CASTLE COUNTY

Brandywine Counseling, Inc.
302-472-0381
Connections Community Support Programs, Inc.
302-627-9360

KENT COUNTY

Connections Community Support Programs, Inc.
302-627-9360
Kent County Counseling
302-735-7790

SUSSEX COUNTY

Sussex County Counseling
302-854-0172
Thresholds
302-856-1835

Mental Health Programs

Wilmington

809 Washington Street
302-577-6490

Newark

Hudson Service Center
302-368-6830

Dover

James Williams State Service Center
302-739-4170

Sussex

Georgetown State Service Center
302-856-5490

IN THE EVENT OF AN EMERGENCY

Call one of the mobile crisis units:

New Castle County – 1-800-652-2929
Kent or Sussex Counties – 1-800-345-6785

GENERAL INFORMATION ABOUT SERVICES

302-255-9399

ABOUT DELAWARE HELPLINE

DELAWARE HELPLINE

1-800-464-4357 is a partnership of Delaware Health and Social Services (Division of State Service Centers), Department of Administrative Services (Division of Support Services) and First Call for Help, a United Way Agency.

DELWARE HELPLINE

1-800-464-4357 is a toll-free service which provides information on state government agencies and referrals to community resources. It began operation in 1990 as a statewide comprehensive information and referral service for health and human services but broadened its scope considerably in 1997. **DELAWARE HELPLINE** now includes a state government information service that links callers to appropriate state offices, legislators and employees, and continues to provide needs assessment, problem resolution and referrals for callers with health or human service needs.

OTHER FEATURES

S-P-E-A-K confidentially to a Referral Specialist who can help you assess your problems and situation.

C-A-L-L 1-800-464-4357 or email us at helplineweb@state.de.us

Se habla espanol. Spanish speaking staff.

TTD line available for the hearing impaired.

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH LINKS

OFFICE OF NATIONAL DRUG CONTROL POLICY MEDIA CAMPAIGN

Choose to live drug free! The Office of National Drug Control Policy has developed a media kit that provides organizations with proven and practical methods, models and templates to help reduce substance abuse among youths. <http://www.mediacampaign.org>.

- **American Medical Association**
- **American Psychiatric Association**
- **American Psychological Association**
- **Centers for Disease Control and Prevention**
- **Department of Health & Human Services**
- **Mental Health: A Report of the Surgeon General**
- **National Association of State Alcohol and Drug Abuse Directors**
- **National Association of State Mental health Program Directors**
- **National Criminal Justice Reference Service**
- **National Institute on Alcohol Abuse and Alcoholism**
- **National Institutes of Health**
- **National Institute of Mental health**
- **National Library of Medicine**
- **National Mental Health Awareness Campaign**
- **National Mental Health Knowledge Exchange Network (KEN)**
- **New England Journal of Medicine**
- **Office of Justice Programs**
- **Partnerships Against Violence Network On-Line**
- **Research Institute on Addictions**
- **State Departments and Divisions of Mental Health**
(Courtesy of and maintained by the South Carolina Department of Mental Health)
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
- **SAMHSA's Treatment Facility Locator**
The Substance Abuse Treatment Facility Locator is a searchable on-line version of the National Directory of Drug Abuse and Alcoholism Treatment Programs that identifies treatment facilities located closest to a specified location. The locator

2.

displays maps pinpointing the exact location of facilities identified in a search. This application is supported by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

NIDA INFOFAX NIDA (National Institute on Drug Abuse) has announced a new information resource of science-based facts about drug abuse and addiction. It is called NIDA Infobox and is a toll-free recorded phone service providing:

- Fact sheets via fax-on-demand, mail or TTY
- Access 24 hours a day in English, Spanish or TTY
- Brief audio messages on drugs of abuse and other topics

NIDA Infobox provides about forty fact sheets on a range of topics related to illicit drug abuse. The fact sheets are based on recent research findings and are updated regularly. They are available by dialing:

- 1-888-NIH-NIDA (1-888-644-6432)
- For hearing impaired – 1-888-TTY-NIDA (1-888-889-6432)

Information on NIDA's activities and research also can be accessed on the NIDA Home page at:

<http://www.nida.nih.gov>. The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services.

For more information about Delaware Health and Social Services, please email us as dhssinfo@state.de.us.

Delaware Hospital Emergency Rooms That Will Accept Your Baby.

NEW CASTLE COUNTY

**Alfred I. duPont
Hospital for Children**

1600 Rockland Road
Wilmington
(302) 651-4186

**Christiana
Hospital**

4755 Ogletown-Stanton Road
Newark
(302) 733-1700

**Veterans Administration
Hospital**

1601 N. Kirkwood Highway
Wilmington
(302) 633-5209

**St. Francis
Hospital**

7th & Clayton Streets
Wilmington
(302) 421-4333

Wilmington Hospital

501 W. 14th Street
Wilmington
(302) 428-4182

KENT COUNTY

**Kent General
Hospital**

640 So. State Street
Dover
(302) 744-7124

**Milford Memorial
Hospital**

21 W. Clarke Avenue
Milford
(302) 430-5721

SUSSEX COUNTY

**Beebe
Medical Center**

424 Savannah Road
Lewes
(302) 645-3289

**Nanticoke Memorial
Hospital**

801 Middleford Road
Seaford
(302) 629-6611, ext. 2556

It's Safe, Legal, and Completely Anonymous.

Safe Arms for Babies
1-800-262-9800

A Service of:
Delaware Health & Social Services



Division of Public Health

P.O.Box 637
Dover, DE 19903

Doc. No: 35-05-20/01/10/10

**Are You
Pregnant
and Feeling
Scared?**

**Thinking
About
Abandoning
Your Baby?**



Now, There's Help.

*It's Safe, Legal, and
Completely Anonymous.*

Safe Arms for Babies 1-800-262-9800

So, You're
Pregnant or Have
Just Had a Baby.



*If You're Sure You Just
Can't Handle it,*

Now there's Help.

Delaware has a new law. Now, babies up to 14 days old can be given to hospital emergency room staff. They will find a home for your baby, and no one will even ask your name.

You Can Call ...

or just go to any of the hospital emergency departments listed here. Hospital staff or volunteers will simply take your baby for you. The baby will be cared for in the hospital until a temporary home can be found. Eventually, the baby will be adopted.

Family Health Information. . .

will help hospital staff and caregivers care for your baby. You will be offered a short, anonymous health history form that you can fill out at the hospital or mail in later.

Safe Arms for Babies

1-800-262-9800

If You Change Your Mind . . .

you have 30 days to call the Division of Family Services at 1-800-292-9582. If you do not call within 30 days, your parental rights will end. A baby identification number will be given to you at the hospital.

**Maybe,
you're NOT
thinking of
abandoning your child...**

but you need assistance raising your child. We will help you find assistance with:

- Your Health During Pregnancy
- Pre-Natal Care for Your Baby
- Other Medical and Health Care
- Counseling & Support
- Food
- Housing
- Financial Assistance
- Health Insurance

If you need help, or more information on giving up or keeping your baby, just call us at 1-800-262-9800. You will get a real person who understands. Help is available 24 hours, 7 days a week, and we are bi-lingual.

**Other Counseling and Licensed
Adoption Agencies That Can Help You:**

One choice for parents unable to provide a home for their child is adoption—finding a new permanent home for a baby. The following agencies can answer questions and provide counseling about choices and the process of adoption:

Adoptions from the Heart

Wilmington (302) 658-8883

Adoption House

Wilmington (302) 477-0944

Bethany Christian Services

Dover (302) 735-9690

Catholic Charities, Inc.

Wilmington (302) 655-9624

Dover (302) 674-1600

Children & Families First, Inc.

Wilmington (302) 658-5177

Milford (302) 422-8013

Latter Day Saints Social Services

Newark (302) 456-3782

Project Cuddle

1-888-6-CUDDLE

(Local Volunteers are Available) (1-888-628-3353)





**THE PROFESSIONALS' GUIDE
TO REPORTING CHILD**

Abuse & Neglect





A law regarding the abuse of children became effective on June 28, 1976. The law defined child abuse and neglect and described the responsibilities of the child protective agency receiving the reports. The statute was amended almost in its entirety by the Child Abuse Prevention Act of 1997 which became effective on July 17, 1997.

16 Del. C., § 902. Definitions of child abuse and neglect.

(1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 (1) (c) of Title 11 emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

(9) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: education as required by law; nutrition; or medical, or surgical, or any other care necessary or the child's well-being.

DELAWARE LAWS



§ 903. Reports Required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with § 904 of this title.

Professional reporters are often referred to as *mandated reporters*.

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services (Division of Family Services) of 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 of Child Protective Services, or in accordance with the rules and regulations adopted by the Division.

DELAWARE LAWS



§ 908. Immunity from Liability.

Anyone participating in good faith in the making of a report pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of the child pursuant to § 906 (b) (5) of this chapter, or exercising emergency protective custody in compliance with § 907 of this chapter, shall have immunity from any liability civil or criminal, that might otherwise exist and such immunity shall extend to participation in any judicial proceedings 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 this § 906 (b)3 of this Title.

Penalty for not making a report:

§ 914. Penalty for violation.

Whoever knowingly violates § 903 of this chapter shall be fined no more than \$1000 or shall be imprisoned not more than 15 days or both.

CONFIDENTIALITY / INVESTIGATION



The Division of Family Services adheres to all Federal laws and regulations governing access and release of confidential records. It is the policy of the Division of Family Services not to divulge the name of the person who reports a family to the agency without the reporter's consent.

The Division of Family Services conducts a thorough investigation of a family and, when needed, provides treatment services to families. To accomplish these goals, caseworkers must speak to people, such as medical professionals and teachers, who know the family. Therefore, the caseworker asks the family to sign a consent to obtain/release information.

Now is the time to report!

- Stop current child abuse
- Prevent future child abuse and neglect
- Ensure the safety of a child – it's everyone's business
- Protect young children who cannot protect themselves
- Promote optimal functioning of the family
- Act quickly and do not rely on someone else to make the report

It's the Division of Family Services' responsibility to investigate allegations of child abuse and neglect!



Institutional Abuse

The Division also investigates child abuse and neglect which occurs in child care facilities. Child care facilities include: transitional living programs, residential child care, foster homes, licensed child day care facilities, emergency shelters for children, correctional and detention facilities, day treatment programs, all facilities in which a reported incident involves a child/children in the custody of the Department of Services For Children, Youth and Their Families, and all facilities which are operated by the Department. Licensed-exempt child care facilities (preschools, schools, hospitals or church operated baby-sitting/Sunday schools) are not included. Those reports should be referred to the police. There are specialized Division of Family Services staff who investigate institutional abuse reports.

Making a Report

If you suspect a child under the age of 18 is being abused or neglected or is at risk for abuse or neglect, you should make a report to the Division of Family Services by calling 1-800-292-9582 within the State of Delaware. Out-of-state calls are to be made to (302) 577-6550. The phones are answered 24 hours a day, 365 days a year by Division of Family Services' staff.



Information needed

When you call in a report, you will need to have certain information:

- Name, age (date of birth if possible), gender of the child and other family members and the names of the parents/caretakers if available
- Address, phone numbers, and/or directions to the family's home or location of the child
- Description of the suspected abuse or neglect
- Current condition of the child
- Any other pertinent information which may assist us in determining abuse or neglect

When making a report you will not have to give your name. However, if you *do* give your name it will allow the caseworker to call you for further information about the family.

Next Steps

Once a report is received, the report line worker will review the facts of the case with a supervisor. If a decision is made not to investigate, you will be contacted by report line staff.

CONFIDENTIALITY / INVESTIGATION



The report will be accepted if the problems identified suggest a child is abused, neglected, dependent or is *at risk* of being abused, neglected or dependent.

The Division of Family Services utilizes a risk assessment tool to analyze the information in the report. Some information such as the young age of a child (0 - 6 years old), parental drug and alcohol usage or evidence of current injury will show an increased risk to the child and require a quicker response time.

When a case is accepted for investigation, a caseworker will contact the parents or caretakers, the children, professionals, family members and/or friends who can help assess the family situation. The Division of Family Services also conducts a criminal background check on all household members above the age of 12.

Once the investigation is completed, the caseworker with the supervisor will determine if the family is in need of treatment services. As the reporter, you will receive a letter informing you if the case was closed or opened with our division. Due to confidentiality, the Division of Family Services is unable to release any other information to the reporter.

THE PROFESSIONAL TEAM



The Division of Family Services works collaboratively with other agencies to identify, assess and treat families. We have formal agreements known as Memoranda of Understanding (MOU) with:

- All statewide police agencies
- The Department of Justice
- The Division of Public Health
- The Division of Mental Retardation
- The Department of Education - Public School Districts
- The Department of Correction
- The Dover Air Force Base Family Advocacy Center



THE PROFESSIONAL TEAM



Memoranda of Understanding describe specific reporting procedures, protocol for interaction between agencies, criteria for sharing of information, problem resolution and designate liaisons for each agency.

We also have collaborative relationships with the Children's Advocacy Center of Delaware (CAC) and the Family Visitation Centers throughout Delaware. The CAC is a private organization which offers multidisciplinary services for children who are victims of sexual assault and serious physical abuse. Family Visitation Centers provide a safe, neutral place for monitored exchange of children for off-site visitation and supervised on-site visitation in families with a history of domestic violence.

Each member of the professional team serving families or children, has the responsibility to report suspected cases of child abuse or neglect. The Division of Family Services has the responsibility to investigate and determine whether abuse or neglect has actually occurred or if the child is at risk for abuse or neglect.

Some professionals have distinct responsibilities in protecting children as highlighted below:

Child Care Staff

Child care staff have several points of contact with the Division of Family Services. All child care facilities in the State of Delaware are licensed by the

THE PROFESSIONAL TEAM



Office of Child Care Licensing. Facilities are required to meet standards defined in *Delacare: Requirements for Residential Child Care Facilities and Day Treatment Programs*.

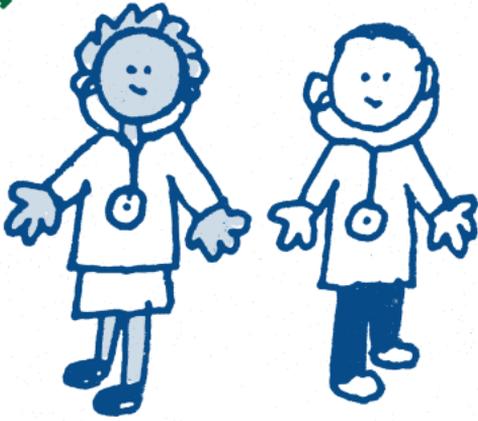
Child care staff also are a source of information for Division of Family Services' staff. Child care providers see many children on a regular basis. They are able to observe a child's appearance and behavior. In addition, they have knowledge about the interaction between a child and parent. Child care providers are a critical source of information about children who have not yet entered school.

After a family is reported for child abuse and neglect, child care providers may be part of a plan to help a family. The Division of Family Services makes referrals to child care facilities to provide a safe and stimulating environment for children. In addition, child care staff are often called upon to discuss a child's progress.

Law Enforcement

Domestic Violence: Law enforcement should report to the Division of Family Services cases where children witness felony level domestic violence or chronic misdemeanor domestic violence. Of course, if a child is injured during a domestic violence situation, this should also be reported *immediately* to the Division.

THE PROFESSIONAL TEAM



Joint Investigation: Police officers are mandated to do joint investigation if certain crimes may have been committed as specified in The Child Abuse Prevention Act of 1997.

Temporary Emergency Protective Custody: The Child Abuse Prevention Act of 1997 empowers police officers to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. The police must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

Physicians

Medical personnel provide expertise in the identification of abuse or neglect. The Division of Family Services also relies on the medical community to confirm abuse or neglect during the course of an investigation.

Medical Examination: The Child Abuse Prevention Act of 1997 gives the Division of Family Services the authority to "secure a medical examination of a child, without the consent of those responsible for the care, custody, and control of the child, if the child has been reported to be a victim of abuse or neglect." These examinations are to be paid for by all insurance companies operating in the State of Delaware, as stipulated in the Child Abuse Prevention Act of 1997.



Temporary Emergency Protective Custody: The Child Abuse Prevention Act of 1997 empowers physicians to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. Physicians must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

School Personnel

Educators are often a great source of information about the children we serve. Educators not only see children almost daily, they also provide a support system and role model for children. In addition, educators are able to identify, by their performance in school, children who may be having problems. Behavior and appearance are key indicators of the situation at home. Educators can provide the Division of Family Services with valuable information to help these children.

Educators can continue to help after a report has been made. Since they will most likely continue to see the child, they can report any new incidents of abuse or neglect. They also can be a support to the child and help a caseworker with services that the school may be able to provide.

ABUSE



Physical Indicators

- Injuries that are unexplainable or do not have a reasonable explanation may be a result of child abuse. Injuries may include bruises or welts on the face, torso, buttocks, thighs or back. The marks may be in the shape of an object and may be in various stages of healing.
- Fractures/dislocations that are unexplained and involve facial structure, skull, bones around joints or spiral fractures may be child abuse.
- Burns on the palms of the hand, soles of the feet, buttocks or back that may reflect a pattern of cigarette, cigar, electrical appliance, rope or immersion burns may be child abuse.
- Cuts, bite marks, pinch marks, bald patches, retinal hemorrhaging, and abdominal injuries may also be indicators of child abuse.

Behavioral Indicators

- Overly shy, avoids contact with adults
- Afraid to go home/or requests to stay at school or child care
- Reports injuries by parents



- Cries excessively or sits and stares
- Gives unbelievable explanations for injuries
- Requests or feels deserving of punishments or suggests harsh punishments for other children.

High Risk Children

- Children who are disabled or have special needs are at a higher risk for abuse due to the increased stress on the caregiver.
- Children aged 0-6 are at a higher risk for abuse due to the increased level of care needed and the lack of relief for the parent through school or child care options.
- Parents who are abusing substances often have little patience. They may be impulsive and possibly experience mood swings which may put their children at higher risk for abuse.
- Children living in a home in which domestic violence is present are at an increased risk for abuse. The abuser in the home may accidentally hurt one of the children while attacking the victim of domestic violence. The abuser may decide to hurt a child in the home as a means of punishing or hurting the victim. Or, the victim of domestic violence may abuse the children due to the stress they are under from the abuser.

ABUSE



Shaken Baby Syndrome

Usually in Shaken Baby Syndrome, there are no skull fractures or external signs of injuries. The baby often seems fine until he/she goes into sudden respiratory arrest or seizures.

The amount and severity of shaking necessary to cause death is always intentional and abusive. These injuries are caused by a person shaking an infant violently and over a period of time. Infants typically start to show symptoms of the injuries within minutes of the abuse. The injuries from shaken baby syndrome result in fatalities in 20% to 25 % of the cases and most survivors suffer brain damage. This type of abuse is most often seen in children under 18 months because infants less than one year old lack muscle control and their heads are heavier than their body. In a study of fatal cases of Shaken Baby Syndrome, the majority of perpetrators were men who became furious over a baby's crying and assaulted the child out of frustration and rage.



Neglect is characterized by the chronic failure of a caregiver to provide for a child's physical needs, such as medical, educational, supervision and basic needs of shelter, food, clothing or protection.

Physical Indicators

- Height and weight significantly below normal age levels
- Inappropriate or chronically dirty clothing
- Poor hygiene, body odor, lice, scaly skin
- Lack of medical or dental care
- Untreated illness or injury
- Lack of shelter, heat, water or sanitary living conditions
- Unsupervised child or abandoned child, (Delaware policy is that children aged 12 or over can be left unsupervised if the child is able to care for his/her own safety needs)

Behavior Indicators

- Falling asleep in school
- Poor school attendance or chronic tardiness
- Chronic hunger, begging for/stealing food
- Running away from home

NEGLECT

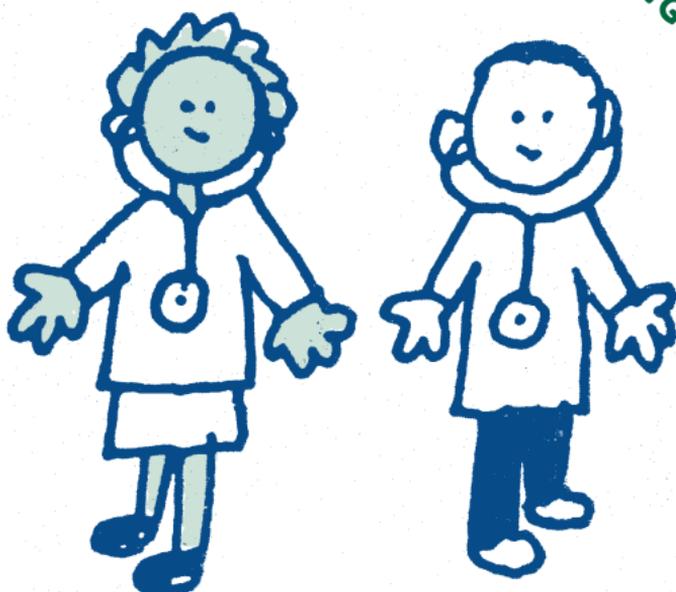


- Repeated acts of vandalism
- Reports that there is no one to care for them or reports the lack of heat, water, electricity in the home
- Assumes adult responsibilities

High Risk Children

- Disabled children may be at increased risk for neglect because of their special needs. Physically disabled children may need additional help from a caregiver and this help may be withheld or the child may be ignored by a caregiver who is not able to deal with the child's additional needs. Mentally disabled children or developmentally delayed children may be at increased risk for neglect because of their additional needs for help.
- Children aged 0-6 are at increased risk for neglect due to their need for additional care. Children at this age also are in need of help with many tasks throughout the day. This level of supervision and constant need can stress a parent to the point of not caring for the child properly or attending to his/her needs.

NEGLECT



- Parents who are abusing alcohol or other drugs may not be aware of the needs a child has, therefore they neglect to provide for the child. Caregivers may not be aware of their actions or inactions and allow things to go undone, such as paying bills, clothing, bathing or feeding a child. If a caregiver is unable to identify his/her own needs, the child's needs will rarely be met.
- Caregivers who are victims of domestic violence are often unable to care for their child's needs. They may be physically unable to care for a child due to injuries or they may be emotionally unable to deal with day-to-day life due to the abuse they are enduring. Children living in domestic violence situations simply may be neglected as a result of the victim's abuse or as a part of the abuser's violence.

Failure to Thrive

Failure to thrive is characterized by the lower-than-normal physical, emotional or developmental growth of a child. These children usually fall below the 3rd percentile on a normal growth chart. Failure to thrive may result from a medical condition, environmental conditions such as neglect or disturbed parenting; or a combination of medical and environmental factors. Failure to thrive can be life threatening and the child needs to be assessed by medical personnel.

ABUSE/NEGLECT



Emotional abuse is characterized by a caregiver chronically belittling, humiliating and ridiculing the child. Emotional neglect is also a form of abuse and is defined as the consistent failure of the caregiver to provide support, attention or affection to the child.

Physical Indicators

- Eating disorders
- Sleep disturbances
- Wetting/soiling by school age
- Speech disorders
- Failure to thrive
- Developmental lags
- Ulcers, severe allergies or asthma

Behavioral Indicators

- Poor peer relationships
- Habit disorders, such as biting, rocking, head banging, thumb sucking (in an older child)
- Behavior extremes, overly compliant/demanding, withdrawn/aggressive
- Self-destructive behavior, oblivious to hazards and risks
- Chronic academic underachievement



High Risk Children

- Children who are disabled may be at increased risk of emotional abuse or neglect due to their own behavior or physical needs which cause increased stress in a caregiver. Children who have any type of disability may frustrate a parent which could lead to emotional abuse when that parent is incapable of addressing a child's special needs.
- Children aged 0-6 may be at a higher risk for emotional abuse or neglect due to the increased need for support during these formative years. These children are often demanding and in need of extra attention as they learn to care for some of their own needs such as feeding themselves and toileting. Because of the lack of a support network, parents may be overwhelmed and the result could be child emotional abuse or neglect.
- Parents who are currently abusing alcohol or other drugs may also have difficulty meeting their child's emotional needs. These parents may be trying to deal with their own problems or simply be unable, because of their substance abuse, to cope with any of their child's needs.
- Caregivers who are experiencing domestic violence may not be able to tend to a child's emotional needs. Victims of domestic violence may be wrapped up in their own problems and unable to give a child the support he/she needs or may use the same type of emotional abuse toward the child that they are experiencing from their abuser.

SEXUAL ABUSE

Sexual abuse is the exploitation of a child for the sexual gratification of another person. Sexual abuse may include intercourse, sodomy, oral genitalia stimulation, verbal stimulation, exhibitionism, voyeurism, fondling, child pornography or prostitution. Sexual abuse that occurs within a family is called incest. The family member can be a parent, grandparent, sibling, cousin or any other relative. The Division of Family Services handles cases of sexual abuse that occur *within the family*. Police are often involved in these cases and also handle those in which the sexual abuse occurs outside the family. It is important to recognize symptoms of sexual abuse as early as possible so that physical evidence may be collected.

Physical Indicators

- Complaints of pain or irritation of the genitals
- Sexually transmitted diseases
- Pregnancy
- Frequent unexplained sore throats, yeast or urinary tract infections

Behavioral Indicators

- Excessive masturbation
- Sexual knowledge beyond a child's developmental level
- Depression, suicide attempts
- Chronic runaways
- Avoidance of certain adults or places
- Decline in school performance

Child Abuse Prevention Act of 1997 (1999 amendments)

11 Del.C., § 612. Specific Offenses.

A person who is 18 years of age or older is guilty of assault in the second degree (a class D felony) when they recklessly or intentionally cause physical injury to another person who has not yet reached the age of six years. Furthermore, it is no defense if the accused did not know the person's age or the accused "reasonably believed the person to be six years of age or older."

14 Del.C., § 4123. Child Abuse Detection/Reporting Training

Each public school shall ensure that each full-time teacher receives one hour of training every year in the detection and reporting of child abuse. This training, and all materials used in such training, shall be prepared by the Division of Family Services. In addition, "all public and private providers contracting with the Department of Education...shall ensure that each and every employee receives a minimum of one hour of training every year."

16 Del. C., § 906. Temporary Emergency Protective Custody

A Division of Family Services caseworker shall have the authority to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect providing the child in question is located at a school, day care facility, or child care facility at the time the authority is initially exercised. This is similar to the temporary emergency protective custody authority granted to a physician or police officer.

- Drug/alcohol abuse
- Wearing extra layers of clothing or avoidance of undressing
- Frequent complaints of headaches, stomach aches or backaches
- Disclosure of sexual abuse

High Risk Children

- Disabled children are at increased risk for sexual abuse. Because disabled children may be accessible to an abuser, they may not be able to get away or to tell about the abuse; or they may be easily persuaded into situations leading to abuse.
- Children aged 0-6 are also at risk as they too may be easily persuaded into situations where abuse can occur. They may not be able to tell about or get away from an abuser. They may be more accessible to an abuser.
- Children who live in homes where alcohol or other drugs are abused are at an increased risk for sexual abuse for many reasons. Adults who may not normally abuse children may be uninhibited and approach/attack a child while under the influence of a substance. Caregivers may be under increased pressure to allow their children to be sexually abused in exchange for money or substances. Children may be exposed to substances themselves and to situations where sexual abuse occurs.
- Children who live in domestic violence situations may also be at increased risk for sexual abuse. Perpetrators of domestic violence often use sexual violence to exert their control. Children may either experience or be forced to watch this type of violence.

Child Death

A child's death is an extremely difficult experience for everyone involved. When a child dies, an investigation takes place on many different levels. Law enforcement, the medical examiner's office and sometimes the Division of Family Services are involved in investigating a child's death. Delaware also has statewide multidisciplinary Child Death Review Panels that conduct reviews to determine if there are system, policy or legislative changes which could be made to prevent future deaths.

Child deaths may be investigated by members of the professional team. Police are searching for any criminal violations. The medical examiner assists in the criminal investigation as well as determining the cause of death. If child abuse or neglect is suspected, the Division of Family Services becomes involved to ensure the safety of other children in the home and to provide services as needed.

In Delaware most child deaths occur during the first year of life.

Funding for this publication was provided in part by the Child Abuse and Neglect Basic State Grant authorized under CAPTA as disbursed by the Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health and Human Services.

**To report child abuse and neglect, call
1-800-292-9582 24 hours a day**



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

Delaware Youth and Family Center
1825 Faulkland Road • Wilmington, Delaware 19805

Division of Family Services Offices:

Elwyn- (302) 577-3824
University Plaza- (302) 451-2800
Kent County- (302) 739-4800
Sussex County- (302) 856-5460

Things to consider to increase your safety and the safety of your children:

- ⇒ Have important numbers accessible to you and your children (i.e. 911, family members, etc...).
- ⇒ Ask a neighbor to beware of suspicious activity in your home.
- ⇒ Plan an escape route in case of an emergency and practice the plan with your children.
- ⇒ Think in advance of where you may be able to go with your children in a hurry.
- ⇒ Leave extra money, car keys, clothing, and copies of documents with someone you trust.
- ⇒ Open a savings account.

Things to consider if you leave the relationship....

- ⇒ Obtain a protective order and keep a copy with you at all times. Keep extra copies in your car, at school, work, and/or with someone you trust.
- ⇒ Notify all childcare givers if your partner has been restricted from seeing the children.
- ⇒ Change the locks and/or install additional security measures.
- ⇒ Make sure all outside lights are working.
- ⇒ Have your calls screened at work and use an answering machine to screen your calls at home.
- ⇒ Avoid places where your partner knows you will be (grocery stores, banks, etc...).
- ⇒ When you feel down and ready to return to the relationship, call a support group, hotline, or someone you trust.

*** It is important to review and update your safety plan often.**

IF YOU FEEL YOU ARE IN DANGER CALL 911

RESOURCES:

24-Hour Domestic Violence

Hotlines & Shelters

New Castle Co.	302-762-6110
Northern Kent	302-678-3886
Kent & Sussex	302-422-8058
Latino/Pop.	302-745-9874 or 302-745-9873

VICTIM ADVOCACY PROGRAM:

New Castle County	302-577-2200 x3098
Kent County	302-739-6552
Sussex County	302-856-5843

INFORMATION AND REFERRALS:

Delaware Coalition Against Domestic Violence	800-701-0456
Domestic Violence Coordinating Council	302-255-0405

Helping to protect your safety and the safety of your children

Personalized Safety Plan

**Prepared by:
The Domestic Violence
Coordinating Council
302-255-0405**

Helping to protect your safety and the safety of your children



No one deserves to be abused...

- ◆ Domestic violence is **not** just violence leading to physical injuries. It is a pattern of abusive behavior used to gain control over another person that can include; threats, emotional, sexual or economic abuse; intimidation; deprivation; social isolation; or repeated battering and injury.
- ◆ Over time, the violence usually becomes more frequent and more severe. It does not go away without intervention.
- ◆ Children are devastated by domestic violence. They are hurt by seeing or hearing the violence and they are more likely to be the victims of violence if you are being abused.
 - ▲ Although you do not have control over your partner's violence, you do have a choice about how to respond to him/her and how to best get yourself and your children to safety.

**YOU ARE NOT ALONE.
THERE IS HELP AND
SUPPORT AVAILABLE.**

If you are being abused...

You are not alone. There are people who can understand the problems you are facing and support you.

You can talk with a friend, relative, anyone you trust and think will be supportive. Talking with someone can be the first step in getting the help that you need. Do not let anyone deny the violence you have experienced.

You can call the police, or have a doctor check your injuries.

You may be able to obtain an Order of Protection from Abuse (PFA) from the court.

You can call a domestic violence hotline for assistance. See phone numbers on this brochure.

If you know someone who is being abused...

Do not ignore it. Let them know privately that you are aware of the situation. Be a good listener.

Do not blame the victim or ask what they did to deserve it. Offer support and the space to express hurt, anger and fear.

If you can, offer transportation or childcare.

Let them make their own decisions even if they choose to stay with the abuser. They must be the one to seek help. It often takes a long time for a person to decide to leave.

Let them know what resources are available. Give them a copy of this brochure and create a personal safety plan together.

Encourage them to call a DV Hotline.

Checklist of items to have ready to take when fleeing an abusive relationship:

- Photo identification**
- Birth certificates**
- Social Security cards**
- School and medical records**
- Money, bank books, credit cards, food stamps**
- Keys to home, car, office**
- Driver's license and registration**
- Prescription medications**
- Medicare/health insurance cards**
- Passports**
- Green cards/documentation**
- Work permits**
- Address book**
- Lease/rental agreement
- House deed
- Mortgage payment book
- Insurance papers
- Current unpaid bills
- Personal hygiene products
- Pictures
- Items of sentimental value
- Jewelry
- Children's diapers
- Formula
- Favorite toys and/or blankets

* **BOLD TYPE INDICATES MOST IMPORTANT**