



One Child at a Time

*A Guide for Professionals
in Recognizing and Reporting
the Abuse and Neglect
of Children with Disabilities*

Provided by the TEAM for West Virginia Children

www.teamwv.org • www.preventchildabusewv.org



**TO REPORT CHILD ABUSE OR NEGLECT, CALL YOUR LOCAL
CHILD PROTECTIVE SERVICES DURING BUSINESS HOURS**

Or

**the W.Va. Child Abuse and Neglect Hotline (24 hours a day):
1-800-352-6513
Voice/TDD Accessible**

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Introduction

Ensuring Children's Rights

While everyone should be concerned about child abuse and neglect, certain groups of people are more likely to have the opportunity to recognize and report abuse and neglect. Some of those people are required by law to do so. As a professional, you are one of those people.

This book is designed to assist you in the role of mandated reporter. By taking the time to read through this material, you should become more discerning in your observations and have a better understanding of the child abuse and neglect reporting process.

This booklet contains information on:

- * Definitions of child abuse and neglect.
- * Key indicators to look for in recognizing cases of possible abuse or neglect.
- * Considerations when working with children with disabilities.
- * Issues and concerns about reporting.
- * Procedures for reporting.
- * An explanation of what happens after a report is made.
- * Ways professionals can help prevent child abuse.

**Let's join together in protecting
our community's children.**

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Give a little love to a child and you get a great deal back.
 — John Ruskin

Recognizing Child Abuse and Neglect 1

The Diversity of Disabilities

About 6 million children with disabilities, ages 3-21, receive special education services in this country, according to the United States Department of Education. Most disabilities are long-term in nature. They range from mild to severe and can affect people's learning, communication, self-care, and other activities of daily living. The term "disability" covers a broad range of impairments that include:

- * PHYSICAL DISABILITIES, which can be caused by cerebral palsy, spina bifida, spinal cord injuries, traumatic brain injuries, and other conditions.
- * INTELLECTUAL DISABILITIES, which can be caused by attention deficit/hyperactivity disorder, autism, mental retardation, learning disabilities, and other conditions.
- * SOCIAL/EMOTIONAL DISABILITIES, which can be caused by mental illness, emotional disturbances, behavior disorders, and other conditions.
- * SENSORY IMPAIRMENTS, such as hearing and vision impairments, blindness and deafness.

Causes of Abuse and Neglect

Most people who abuse children are ordinary people who lack coping skills. Abusers come from all socioeconomic classes, races, ethnic heritage, religious faiths, occupations and educational levels. There are certain known factors which, when combined, increase the likelihood of abuse or neglect. Many of the factors that contribute to child abuse are the same for disabled and non-disabled children. Often, the child abuser is:

- * Isolated from the support of family and friends.
- * Lacking in social skills and parenting skills.
- * Someone who was abused as a child.
- * Under stress, such as marital, employment or financial problems.
- * Lacking in self-confidence and self-esteem.
- * Not getting his/her emotional needs met.
- * A substance abuser (alcohol or other drugs).
- * Ignorant about principles of child development.
- * Overly dependent on the need to control.
- * Impulsive and easily frustrated.

Research has shown that some children are at greater risk for child abuse and neglect. Some children can be more demanding and seen as more difficult. There are also situations where a child does not meet a parent's expectations; for example, the baby was a girl and the parent was determined that this child would be a boy. The existence of these situations in no way implies that the child deserves punishment. It only implies that some children are at higher risk for child abuse and neglect due to their special needs or circumstances.

Children with disabilities have an increased vulnerability to abuse. Abuse, in turn, causes disabilities. Approximately 18,000 children per year suffer a variety of permanent disabilities because of abuse or neglect. Children who have disabilities, due to previous abuse or not, suffer abuse twice as often as non-disabled children.

Many myths create barriers around the issue of child abuse among children with disabilities. These include:

- * Belief that children with disabilities are more protected than non-disabled. This false sense of security can lead to denial that abuse could occur or is occurring.
- * Belief that children with disabilities are less important than non-disabled children.
- * Belief that children with disabilities are less sensitive to suffering from physical or sexual abuse since they are perceived as infantile or asexual.
- * Belief that the victim has provoked the abuse.
- * Reluctance to accuse professional caregivers if they are the source of the abuse.
- * Belief that children with disabilities are less credible than non-disabled children.

For children with severe disabilities, it might take particularly flagrant signs (death, pregnancy, venereal disease, or a new physical injury) before abuse is noted. This challenge can cause children to be left in danger for many years.

While many of the risk factors for disabled and non-disabled children are the same, other specific areas of concern that make children with disabilities especially vulnerable include:

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

— Margaret Mead

- * Dependency for care will make a child trusting and unlikely to question.
- * Children learn compliance and do not complain.
- * Some children with disabilities have a limited social group and fear that if they report the abuse, they will damage or end the relationship with the abuser. They might also fear retribution.
- * A child with a disability might never have had the opportunity to learn about personal boundaries and self-protection or have inadequate socialization to understand “right” and “wrong” behavior. They might tolerate, accept, and acquiesce to inappropriate behavior.
- * Self-injury will mask the source of the abuse.
- * Physical disabilities could seriously hamper efforts to flee.
- * Communication difficulties prevent children from reporting abuse.
- * Communication problems and lower cognitive functioning sometimes make a child appear less credible, and therefore they are not believed.

Legal Definitions

According to West Virginia law [WV Code 49-1-3], an abused or neglected child is any child whose parent, guardian, or custodian (regardless of age) harms or threatens the child’s health or welfare by:

- * Knowingly or intentionally inflicting, attempting to inflict or knowingly allowing another person to inflict physical injury or mental or emotional injury.
- * Sexual abuse or sexual exploitation.
- * The sale or attempted sale of the child.
- * Refusal, failure, or inability to supply the child with necessary food, clothing, shelter, supervision, medical care or education.
- * Excessive corporal punishment.
- * Domestic or family violence causing substantial emotional injury which harms or threatens the child’s health or welfare.
- * Negligent treatment or maltreatment.
- * Abandonment, defined as a child without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child’s parent or custodian.

Consequences of Abuse and Neglect

The consequences for children with disabilities are similar to those for children without disabilities. However, due to the nature of certain disabilities and their side effects, these consequences may be more severe. Outcomes can include:

- * Mild to severe physical injuries.
- * Death.
- * Sexually transmitted diseases.
- * Pregnancy.
- * Emotional distress including anger, anxiety and fearfulness, depression and low self-esteem.
- * Social withdrawal.
- * Impaired ability to trust.
- * Learning difficulties.
- * Posttraumatic Stress Disorder.
- * Tendency toward re-victimization.

Those who witness or experience abuse may be more likely to abuse others.

Kinds of Abuse and Neglect

Many people think that “child abuse” is limited to physical harm. In reality, child abuse includes:

- * physical abuse, including Shaken Baby Syndrome.
- * physical neglect.
- * sexual abuse.
- * mental/emotional/verbal maltreatment.

Physical injuries, severe neglect and malnutrition are more readily detectable than the subtle, less visible injuries which result from emotional maltreatment or sexual abuse. However, all categories of abuse endanger or impair a child’s physical or emotional health and development and, therefore, demand attention.

The presence of one or more indicators does not mean there is abuse in every instance, but should alert you to the possibility. Trained professionals will help to determine whether abuse occurred.

Most people who abuse children are known to the child. However, there are instances where children are abused by strangers.

PHYSICAL ABUSE

A combination or pattern of indicators should alert you to the possibility of physical abuse. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

Questionable bruises and welts:

- * on face, lips, mouth.
- * on torso, back, buttocks, thighs, arms.
- * in various stages of healing. (In the first stage, the bruise is reddish-blue. In the second stage, the bruise is purplish-black. In the third stage, the bruise turns yellowish-green.)
- * clustered, forming regular patterns.
- * reflecting shape of article used to inflict injury (electric cord, belt buckle).
- * on several different surface areas.
- * regularly appearing after absence, weekend, or vacation.
- * human bite mark.
- * bald spots.

Questionable burns:

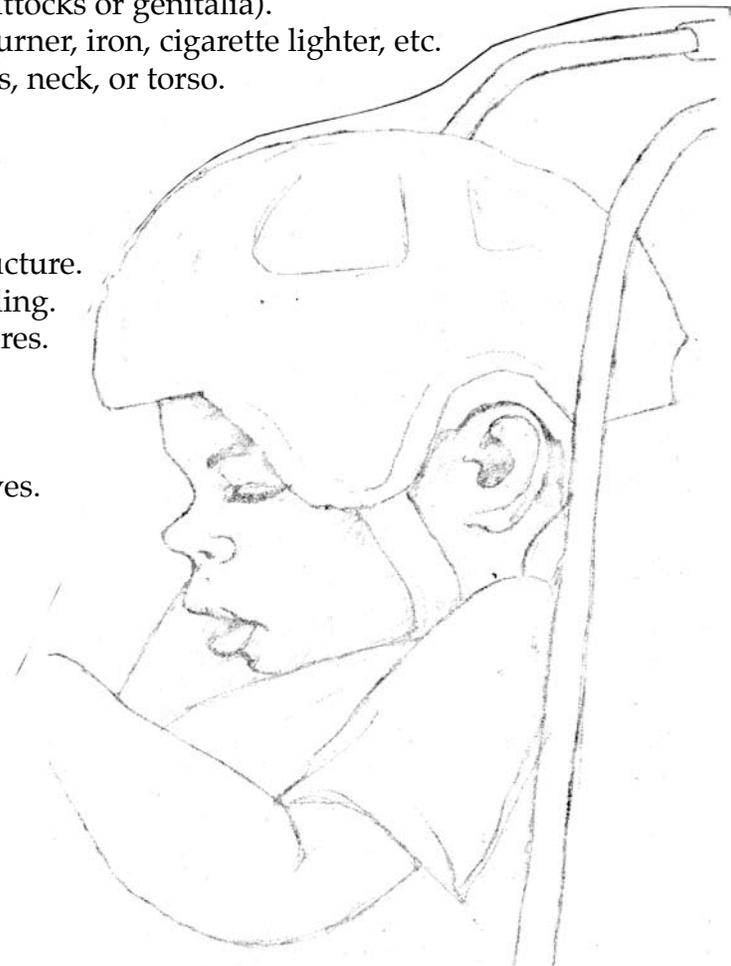
- * cigar or cigarette burns, especially on soles, palms, back or buttocks.
- * immersion burns (sock-like or glove-like, or doughnut shaped on buttocks or genitalia).
- * patterned like electric burner, iron, cigarette lighter, etc.
- * rope burns on arms, legs, neck, or torso.
- * singed hair.

Questionable fractures:

- * to skull, nose, facial structure.
- * in various stages of healing.
- * multiple or spiral fractures.

Questionable lacerations or abrasions:

- * to mouth, lips, gums, eyes.
- * to external genitalia.



Child Behavioral Indicators

- * uncomfortable with physical contact.
- * wary of adult contacts.
- * apprehensive when other children cry.
- * behavioral extremes (aggressiveness or withdrawal).
- * frightened of parents.
- * afraid to go home.
- * reports injury by parent or caregiver.
- * complains of soreness or moves uncomfortably.
- * wears clothing inappropriate to weather to cover body.
- * reluctance to change or take off clothes (attempt to hide injuries, bruises, etc.).
- * self destructive.

Caregiver Characteristics

- * history of abuse as a child.
- * uses harsh discipline inappropriate to child's age, transgression, and condition.
- * offers illogical, unconvincing, or contradictory explanations of child's injury, or offers no explanation.
- * significantly misperceives child (for example, sees child as "bad", "stupid", "different", etc.).
- * psychotic or psychopathic personality.
- * misuses alcohol or other drugs.
- * attempts to conceal child's injury or to protect identity of person responsible.
- * unrealistic expectations of child, beyond child's age or ability.

Shaken Baby Syndrome / Abusive Head Trauma (AHT)

Shaken Baby Syndrome (SBS)/ Abusive Head Trauma (AHT) can be a fatal form of child abuse. This term refers to the violent shaking of a baby or young child by the shoulders, arms, or legs and the injuries that occur as a result of that violence. There are not always outward signs that a baby has been shaken, but there is injury done inside the body, especially to the brain. One episode of violent shaking can result in whiplash-induced bleeding in and around the brain. The brain is slammed against the hard skull, often causing permanent damage.

Words hit as hard as a fist.

— Prevent Child Abuse America

Other injuries include:

- * brain swelling and damage.
- * mental retardation.
- * cerebral palsy.
- * developmental delays.
- * subdural hemorrhage.
- * blindness.
- * hearing loss.
- * paralysis.
- * trouble in speech and learning.
- * death.

Some of the symptoms of SBS/ AHT include:

- * difficulty staying awake.
- * irritability.
- * vomiting.
- * seizures.
- * coma.

These symptoms can occur immediately after a shaking episode or they can occur hours or weeks later.

Facts about Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT)

- * Boys are more frequent victims of SBS/AHT than girls.
- * Shaking is more likely to be done by a male than a female. Boyfriends and fathers make up two-thirds of all perpetrators.
- * If the perpetrator is a female, it is more likely to be a baby sitter or other caregiver.
- * 25 to 50% of Americans do not realize that shaking a baby can cause permanent damage or death.
- * Most children are shaken between the ages of 1 month to 4.5 years of age, which is an average of 8.6 months of age.
- * About 70% of the victims are killed and the other 30% normally live with severe, permanent injuries.
- * One in four babies die as a result of Shaken Baby Syndrome/ Abusive Head Trauma.

What triggers a person to shake a baby?

- * Constant crying is the Number One trigger.
- * Feeding problems.
- * Toilet training issues.
- * General frustrations.

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT)

You can prevent Shaken Baby Syndrome/ Abusive Head Trauma by educating yourself and parents about the dangers of shaking an infant and toddler and steps to take to relieve frustration. It is normal for babies to cry, and even healthy babies can experience long periods of inconsolable crying. A crying baby or child can be very frustrating, but the following tips may help parents and caregivers.

- * Make sure the baby is safe in his crib, on his back
- * Make sure the baby isn't hungry, sick or in need of a diaper change
- * Then step away for a few minutes. Or call someone to help.
- * Have a plan ahead of time to deal with frustration
- * Never, ever, shake a baby.

PHYSICAL NEGLECT

Physical neglect is the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. Physical neglect may include, but is not limited to:

- * abandonment.
- * lack of supervision.
- * lack of adequate bathing and good hygiene.
- * lack of adequate nutrition.
- * lack of adequate shelter.
- * lack of medical or dental care.
- * lack of required school enrollment or attendance.

A child is neglected under West Virginia law [WV Code 49-1-3] when the failure, refusal, or inability to provide for the child is not due primarily to a lack of financial means on the part of the parent, guardian or custodian.

Children at increased risk of medical neglect and for whom the consequences are serious include children with medically diagnosed diseases or disabilities and children under the care of physician sub-specialists or allied health care specialists, due to a medical diagnosis. Failure to obtain treatment, however, must be considered in light of:

- * The availability of resources.
- * The parents' financial ability to pay for treatment.
- * The parents' cultural and religious beliefs.
- * The spectrum of seriousness as to the consequences of failure to obtain needed medical care.

A combination or pattern of indicators should alert you to the possibility of physical neglect. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * consistent hunger, poor hygiene, inappropriate dress.
- * consistent lack of supervision, especially in dangerous activities of long periods.
- * unattended physical problems or medical needs, including vision and hearing difficulties.
- * continuous lice or scabies, distended stomach, emaciated.
- * required immunizations neglected.
- * abandonment.

Child Behavioral Indicators

- * begging, stealing food.
- * constant fatigue, listlessness, or falling asleep.
- * alcohol or drug abuse.
- * states there is no caregiver.
- * frequently absent.
- * shunned by peers.
- * self destructive.

Caregiver Characteristics

- * misuses alcohol or other drugs.
- * maintains chaotic home.
- * evidence of apathy or hopelessness.
- * mentally ill or diminished intelligence.
- * history of neglect as a child.
- * consistent failure to keep appointments.
- * leaving child unattended in vehicle.

SEXUAL ABUSE

Sexual abuse is defined as acts of sexual assault, sexual abuse, and sexual exploitation of minors. Sexual abuse encompasses a broad range of behavior and may consist of many acts over a long period of time or a single incident. **Victims are both boys and girls, and range in age from less than one year through adolescence.** Specifically, sexual abuse includes:

- * incest.
- * rape.
- * intercourse.
- * oral-genital contact.
- * fondling.
- * sexual propositions or enticement.
- * indecent exposure.
- * “peeping” into bathroom or bedroom to spy on child.
- * child pornography.
- * child prostitution.

Some children with disabilities, as well as those without disabilities, lack knowledge about sexuality and abuse, thereby not discerning that sexual contact is abusive. Sexual abuse is often facilitated by personal care routines, such as dressing, bathing, and toileting.

The nature of sexual abuse, the shame of the child victim, and the possible involvement of trusted parents, stepparents, or other persons in a caregiver role make it extremely difficult for children to come forward to report sexual abuse. There are many reasons why children often do not tell anyone about the sexual abuse. Some of these reasons include:

- * The child was threatened or bribed by the abuser to keep quiet.
- * The child was unable to describe what happened.
- * The child was confused by the attention and feelings that accompany the abuse.
- * The child blames him/herself and thinks the abuse is a form of punishment.
- * The child thinks no one will believe him or her.

Sexually abused children feel many different emotions, including fear, anger, isolation, sadness, guilt, shame, and confusion. A combination or pattern of indicators should alert you to the possibility of sexual abuse. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * difficulty in walking or sitting.
- * torn, stained or bloody underclothing or diaper.
- * pain, discomfort, bleeding or itching in genital area.
- * bruises or bleeding in external genitalia, vaginal or anal areas.
- * venereal disease.
- * frequent urinary or yeast infections.
- * encopresis (fecal soiling).
- * massive weight change.

Child Behavioral Indicators

- * unwilling to change or take off clothes.
- * withdrawal, chronic depression or phobias.
- * overly compliant, passive, undemanding behavior aimed at maintaining a low profile.
- * hostility or aggression.
- * bizarre or unusual sexual behavior or knowledge.
- * detailed and age-inappropriate understanding of sexual behavior.
- * unusually seductive behaviors with peers and adults.
- * excessive masturbation.
- * poor peer relations.
- * reports sexual abuse.
- * threatened by physical contact.
- * suicide attempt.
- * role reversal, overly concerned for siblings.
- * unexplained money or “gifts”.
- * poor self esteem, self devaluation, lack of confidence.
- * regression in developmental milestones, as well as lags in development.
- * sleep disturbances, including severe nightmares.
- * excessive bathing or poor hygiene.
- * drawings with strong, bizarre sexual theme.

Caregiver Characteristics

- * extremely protective or jealous of child.
- * encourages child to engage in prostitution.
- * encourages child to engage in sexual acts in presence of caregiver.
- * sexually abused as a child.
- * misuses alcohol or other drugs.
- * non-abusing caregiver/spouse is frequently absent from the home, permitting access to child by abusing caregiver/spouse.

We are guilty of many errors , but our worst crime is abandoning the children. Many of the things we need can wait. The child cannot. Right now is the time, bones are being formed, blood is being made, senses are being developed. To the child we cannot answer “Tomorrow.” The child’s name is “Today.”

— Nobel Prize-winning Chilean poet Gabriela Mistral

Children with disabilities, as well as those without disabilities, are most often maltreated by persons they know and trust including parents, family members, and other caregivers. Since children with disabilities are routinely in contact with and dependent upon service providers, the risk of maltreatment, especially sexual abuse by service providers, is increased.

In addition to the above, perpetrators who abuse children with disabilities share the following characteristics:

- * Perpetrators are predominately male.
- * Perpetrators are in a position of authority and control. They perceive their victim as powerless and unable to accuse.
- * Perpetrators were often victims of abuse as children or were exposed to abusive environments.
- * Perpetrators may claim their victim provoked the abuse.
- * Perpetrators emphasize the victim's differences rather than similarities to persons without disabilities, lack empathy, and minimize personal responsibility.

Not all perpetrators have these characteristics and some persons who exhibit these characteristics are not perpetrators.

MENTAL/EMOTIONAL MALTREATMENT

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly cripple a child emotionally, behaviorally, and intellectually. Varying degrees of emotional and behavioral problems are common among children who have been emotionally abused. Emotional maltreatment can include patterns of:

- * verbal assaults, including screaming, intimidating, rejecting, ridiculing, threatening, blaming, sarcasm.
- * ignoring and indifference.
- * constant family conflict.

Emotional abuse can be seen as a self-fulfilling prophecy. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caregiver.

Cases of emotional abuse are extremely difficult to prove. A cause and effect relationship between the parent or caregiver's acts and the child's response must be established. These cases should be referred for evaluation and treatment as soon as possible.

A combination or pattern of indicators should alert you to the possibility of emotional maltreatment. You may notice physical and behavioral indicators by observing the child, and you may become aware of indicators that relate to the parent or caregiver.

Physical Indicators

- * speech disorders.
- * lags in physical development.
- * failure to thrive.

Child Behavioral Indicators

- * conduct disorders (antisocial, destructive).
- * neurotic traits (sleep disorders, inhibition of play).
- * behavior extremes: compliant, passive, undemanding, aggressive, demanding, rageful.
- * overly adaptive behavior: "Parents" other children inappropriately.
- * inappropriately infantile or emotionally needy.
- * self-destructive, attempted suicide.

Caregiver Characteristics

- * Not meeting a child's educational needs such as failing to enroll a child in school, refusing recommended remedial services without good reason, or repeatedly keeping a child out of school without good reason.
- * blames or belittles child.
- * ignores or rejects.
- * withholds love.
- * treats siblings unequally.
- * seems unconcerned about child's problems.
- * unreasonable demands or impossible expectations without regard to child's developmental capacity.

The Importance of Observation

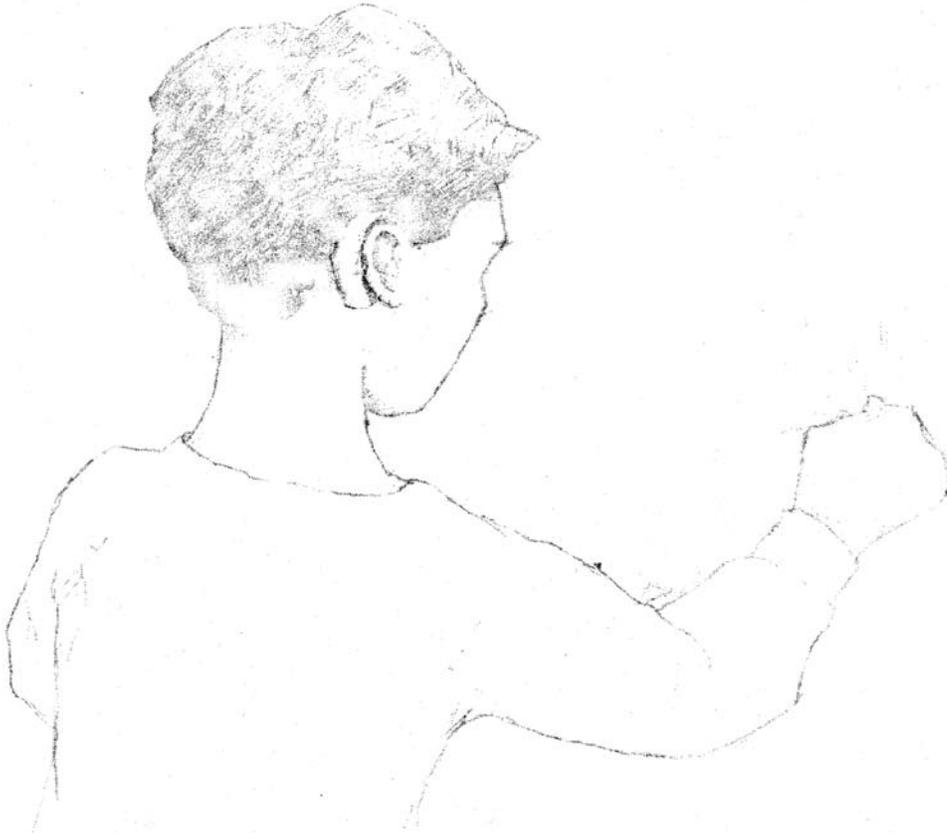
Abused and neglected children may be found in any community across our country. Child care settings and schools are often the only places where children are seen daily over periods of time by professionals trained to observe their appearance and behavior. These settings offer a continuum of time for observation and an opportunity to compare and contrast behaviors which are normal with those which are abnormal.

Parental Attitudes as Indicators

A good deal of important information can be gathered from routine conversation with parents and children. Parents and children will often reveal details of family life, discuss methods of discipline, and even request help with a problem. Conversations with parents can also reveal how they feel about their child. The abusive or neglectful parent may:

- * Appear disinterested in the child's problems.
- * Fail to keep appointments or return calls.
- * Become excessively angry at the child's performance.
- * Refuse to discuss the child's problems.
- * Seem overly protective or unwilling to "share" the child with anyone else.
- * Refer to the child as "different," "bad," "stupid," etc.
- * Show a lack of maturity.
- * Appear to perceive of him/herself as worthless or unable to cope with the child.

Be sure to see other indicators in the sections on physical abuse, physical neglect, sexual abuse and emotional maltreatment.



Parents With Disabilities

Most parents with disabilities are able to provide adequate care and nurturance of their children, especially when they have support from their families and/or community services. A threat to the child's safety should not be assumed merely because the parent has a disability.

Assessment of the impact of the disability on the parents' ability to nurture, supervise, and meet the developmental needs of their children must be done on a case-by-case basis. The following factors should be considered:

- * The nature and severity of the parent's disability.
- * Impact of the disability on parental judgment and behavior.
- * Demonstrable adverse effects on the safety and care of the child.
- * The availability and use of formal and informal support systems.

Assistance from a disability specialist should be used to help assess the parents' abilities to care for their children and to help identify the types of supports that may be needed. As in those situations of suspected child maltreatment where the parents are not disabled, parents with a disability should be offered assistance in meeting their responsibilities toward their children and, if needed, a protective plan developed.

Assessment of the impact of intellectual disabilities on the parents' ability to meet their child's developmental and safety needs must be done on a case-by-case basis, taking into consideration the factors previously described. In addition, parents with intellectual disabilities have special challenges related to parenting that may include (Stehle, 1992):

- * Social biases that they cannot be competent parents.
- * Social expectations that they would never become parents.
- * Low self-esteem due to past segregation and social and academic failure.
- * Difficulty with intimacy and an inability to read cues.

Some adults with intellectual disabilities may rely on the direction of others or may have difficulty independently picking up on their child's cues. Some adults have had limited opportunities to learn problem-solving skills or, due to limited cognitive skills, may have trouble applying them.

Family Stress and Risk

Disabilities sometimes isolate families from neighbors, friends, and extended family members, placing an increased burden on those who might already be at risk due to the following factors:

- * Financial, especially if a family member must quit work to care for the disabled child.
- * Lack of relief from caregiving duties.
- * Adolescent and/or single parent.
- * Mental illness and depression.
- * Pre-existing isolation.
- * Unrealistic expectations of the child.
- * Family member attributes such as poor impulse control, low self-esteem, and a need to control others.
- * Substance abuse.
- * A history of family violence.

Emotional Response to a Disability

The birth of a child with a disability or the discovery of a disability can be hard on a family, and emotions are very similar to the stages of grief and mourning - denial, anger, depression, adaptation, and acceptance can all be experienced. But unlike a death, this cycle repeats during developmental milestones, such as walking, talking, entry into school, adolescence, and the age when most children have grown into adulthood and have left home.

Impact on Family Life

Some infants with a disability might be harder to care for because:

- * They are harder to soothe than other babies.
- * They require constant care.
- * Infants with disabilities may not smile, make eye contact, or enjoy cuddling, making it harder for parents to become attached or feel protective of the child.
- * The child might require an extended hospital stay, interfering with normal bonding.
- * Developmental milestones may be delayed, causing parents to feel that they have failed.
- * Caregivers might be frustrated by the behavioral difficulties experienced by young children with disabilities.

Depending on the disability, the family dynamics may change:

- * A child with a disability may need more care with lifting, dressing, and toileting than other children.
- * Household chores, such as laundry and cleaning, may increase.
- * The house may need to be adapted for special needs.
- * Increased financial demands may result from the need for special medical or educational needs, along with equipment or adaptive devices.
- * Leisure time may be limited or restricted due to the extra caregiving requirements.
- * Physical and emotional fatigue may rob parents of the energy needed for other activities and relationships with their spouses, children, and extended family members.

Family members will have to acquire new skills, such as:

- * Fluency in sign language or augmentive communication devices.
- * Strong advocacy skills to obtain special services.
- * Siblings have to adjust to a brother or sister who, because of the disability, may require large amounts of family time, attention, money, and/or psychological support. This might result in feelings of anger, depression or guilt in the non-disabled sibling.

The child with a disability may experience:

- * Frustration at not being able to make him/herself understood.
- * Unhappiness at not being included in play activities with peers.
- * Withdrawal due to lack of social skills.
- * Low self-esteem
- * Anger resulting from an inability to do things as easily and quickly as their siblings.

Healthy Adjustments within the Family

While parenting a child with a disability has its challenges, it also has its rewards that include:

- * Close family bonds from working together as a team.
- * Learned patience and compassion for others
- * Family pride associated with achievements

Healthy families also exhibit the following characteristics:

- * They view their child as a child first; the disability is secondary.
- * They are not preoccupied with why the condition happened.
- * They focus on positive attributes of their child rather than negative aspects of the disability.
- * They seek and use information about the disability to facilitate their understanding and work with their child.
- * They are cognizant of the educational implications of the disability and are familiar with available programs and communication methods.
- * They are aware of available support groups.
- * They manage the needs of the child with a disability within the context of family life.
- * Both parents have an active role in parenting, which provides a gender balance beneficial to the child's social development.
- * Good communication within the family.
- * Support from friends and relatives.
- * Caregiver respite is available.

Obstacles to Accessing Community Resources

Specialized professional and community resources are essential for families of children with disabilities. Unfortunately, families often encounter obstacles to accessing needed services including:

- * Resources are non-existent or far away.
- * Denial of services due to not meeting eligibility criteria.
- * Impersonal or inappropriate services, including culturally non-responsive services.
- * Lack of professional expertise.
- * Lack of transportation or money for services.
- * Lack of time.
- * Needs of other family members.
- * Resistance to services from the child with a disability.
- * Lack of knowledge of resources or need for services.
- * Physical, cognitive, or emotional disability of the parent(s).
- * Poor attitude on the part of professionals.

“The family is the one safe island in an unknown sea.”

— Russian Proverb

A Fine Line Between Abuse and Discipline

In order for children to grow up and become productive members of society, subject to society's norms, values and rules, all children need discipline. Discipline is a learning process designed to teach appropriate behaviors.

Unlike discipline, abuse is not a learning process. It is designed to stop behavior through inflicting pain. It does not teach alternative, corrective behavior. Therefore, abused children do not learn correct behavior. They learn to avoid punishment.

The intent of the reporting law is not to interfere with appropriate discipline but to respond to extreme or inappropriate parental or caregiver actions. Actions which are excessive or forceful enough to leave injuries are considered abusive.

Distinguishing Abuse From Accident

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace cognitive skills, which means the child can approach danger without recognizing it. The following is a guide to help you distinguish between accidental and non-accidental injuries. When observing an injury you suspect might be the result of abuse, consider:

- * **Location of the injury.** Certain locations on the body are more likely to sustain accidental injury. They include the knees, elbows, shins and forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of the legs, or face are less likely to come into contact accidentally with objects which could cause injury.
- * **Number and frequency of injuries.** The greater the number of injuries, the greater the cause for concern. Unless the child is involved in a serious accident, a number of different injuries is unlikely. Also, multiple injuries in different stages of healing may indicate abuse over time.
- * **Size and shape of the injury.** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. Resulting marks bear strong resemblance to the object used. Accidental marks resulting from bumps and falls usually have no defined shape.
- * **Description of how the injury occurred.** If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the

appearance of the injury. When the description of how the injury occurred and the injury are inconsistent, there is cause for concern. For example, it is not likely that a fall from a chair onto a rug would produce bruises all over the body.

* **Consistency of injury with the child's developmental capability.**

As children grow and gain new skills, their ability to engage in activities which can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head, but less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees. A two-week-old infant does not have the movement capability to self-inflict a bruise.

Remember that accidents do happen. Parents are not perfect. Injuries do occur that might have been avoided. Nevertheless, there is cause for concern when injuries recur and/or the explanation is inconsistent with the injury or the child's developmental abilities.

Latchkey Children

West Virginia law does not set a specific age at which a child can legally stay alone. In fact, age alone is not a very good indicator of a child's maturity level. Some very mature 10-year-olds may be ready to take care of themselves, while some 15-year-olds may not be ready due to emotional problems or behavioral difficulties. For children six years and under, being left alone or to care for younger siblings is never acceptable for extended periods of time.

In determining whether a child is capable of being left alone and whether a parent is providing adequate supervision in latchkey situations, Child Protective Services (CPS) will assess several areas. These areas include:

- * child's level of maturity. CPS will want to assess whether the child is physically capable of taking care of her/himself.
- * child's mental capability of recognizing and avoiding danger and making sound decisions.
- * child's emotional readiness to be alone.
- * child's knowledge of what to do and whom to call if an emergency arises.
- * child has no physical, emotional, or behavioral problems that make it unwise to be left alone.

It is important to note that a child who can care for him/herself may not be ready to care for younger children. Note these factors:

- * **Accessibility of those responsible for the child.**
CPS will want to determine the location and proximity of the parents; whether they can be reached by phone and can get home quickly if needed; and whether the child knows the parents' location and how to reach them.
- * **The situation.** CPS will want to assess:
the time of day and length of time the child is left alone;
the safety of the home or neighborhood;
whether the parents have arranged for nearby adults to be available in case a problem arises; and
whether there is a family history of child abuse and neglect.

Characteristics of a Disability or Abuse?

There are often practical problems in identifying maltreatment of children with disabilities because the symptoms of abuse may be masked by the disability or characteristics of the disability can mimic child abuse indicators. For example:

- * Some children suffer from rare diseases that mimic the symptoms of abuse. Osteogenesis imperfecta, or brittle bones, is unusual, affecting only one in 25,000 people. (Child abuse is more common.) If an undiagnosed child presents at the emergency room and multiple healed fractures show on an X-ray, medical staff should rule out the condition before reporting injuries as suspected child abuse.
- * Some children with disabilities may be limited in their ability to communicate information about an abusive incident.
- * Some children with behavioral impairments or mental retardation engage in self-abusive behaviors or are prone to accidental injury.
- * Some children with physical disabilities require greater assistance with personal care routines such as dressing, bathing and toileting at a later chronological age than their able-bodied peers. Personal care routines may result in occasional touching of sexual parts of the body with resultant difficulty discerning if the touch was accidental, required, or exploitive.

Areas for assessment to help discern whether the presenting situation is characteristic of the disability or indicative of abuse or neglect include:

- * Observation of the injury.
- * The child's statements.
- * Consistency of injury with explanation given.

- * Consistency of the injury with the child's developmental and/or physical capabilities.
- * Witnesses to the incident.
- * Medical findings.
- * The child's behavior.

The best rule of thumb in discerning maltreatment is to know what is normal for that particular child. When assessing the child's behavior, it is important to:

- * Examine the history of the behavior.
- * Obtain a behavioral "baseline".
- * Determine whether there has been a clear behavior change that has taken place during the time frame in question.

The following behaviors, especially when corroborated with other evidence, may indicate sexual abuse:

- * Increased masturbation.
- * Touching others, especially if new behavior.
- * New and odd behaviors related to child's own genitals, i.e. pulling, punching, rubbing, inserting objects into orifices.
- * Irritability with related behaviors.
- * Fears.
- * Sexual drawings.

Situations of sexual activity between children are reportable to child protective services when:

- * The perpetrator is in a care-taking role.
- * There is suspected lack of supervision by the parent or adult caregiver, thereby enabling the activity to take place.

The following variables should also be considered when assessing sexual activity between children:

- * Whether the activity is considered to be normal sexual curiosity that is developmentally appropriate.
- * The age difference between the victim and perpetrator.
- * The use of force or violence.
- * The nature and frequency of sexual activity.
- * The existence of a power differential, knowledge differential, and gratification differential between perpetrator and victim.

Children who perpetrate sexual assault against other children may themselves be victims. Child perpetrators should be referred for mental health evaluation.

Why Should I Report?

The purpose of required reporting is to identify suspected abused and neglected children as soon as possible so that they may be protected from further harm. Child Protective Services cannot act until a report is made. Consequently, you play a critical role in preventing any future harm to children.

Without detection, reporting, and intervention, these children may remain victims for the rest of their lives. Abused children don't just grow up and forget their childhood. They carry physical and emotional scars throughout their lives, often repeating the pattern of abuse or neglect with their own children.

You can help stop the cycle of abuse and neglect.

Who Must Report?

Anyone may report suspected abuse or neglect; however, under West Virginia law [WV Code 49-6A-2], certain persons are **required** to report. These persons include:

- * medical, dental or mental health professionals
- * Christian Science practitioners
- * religious healers
- * school teachers and other school personnel
- * **social service workers**
- * **child care or foster care workers**
- * emergency medical services personnel
- * peace officers or law enforcement officials
- * members of the clergy
- * circuit court judges, family court judges, magistrates or employees of the Division of Juvenile Services
- * humane officers
- * youth camp administrators or counselors
- * employees, coaches, or volunteers at an entity that provides organized activities for children
- * commercial, film, or photographic print processors

As a result of Senate Bill 161 (effective June 8, 2012) ANY person over 18 who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child shall report or cause a report to be made to Child Protective Services or the State Police or other law enforcement agency having jurisdiction.

When will justice come? When those who are not injured become as indignant as those who are.

— Leo Tolstoy

Am I Protected if I Report?

West Virginia law provides immunity from civil or criminal liability for persons reporting abuse in good faith [WV Code 49-6A-6].

When Should I Report?

Any time you suspect that a child is being abused or neglected or observe a child being subjected to conditions likely to result in abuse or neglect, you are required by law [WV Code 49-6A-2] to report your concerns to the local Child Protective Services (CPS), or to cause a report to be made immediately, and not more than 48 hours later.

Furthermore, if you believe a child has suffered serious physical abuse or has been sexually abused or sexually assaulted, you must also immediately report your concerns to the State Police AND any local law enforcement agency having jurisdiction to investigate the complaint [WV Code 49-6A-2], as well as Child Protective Services.

You need not prove that abuse or neglect has taken place; personnel from local CPS are responsible for making this determination. Your responsibility is to alert them to your suspicions.

What If I Don't Report?

Under West Virginia law, any mandated reporter of suspected abuse or neglect who knowingly fails to report shall be guilty of a misdemeanor. Penalties include up to 30 days in jail and/or a \$1,000.00 fine [WV Code 49-6A-8].

Besides the legal consequences of failing to report, consider the emotional consequences. Will you be able to live with yourself if you know you didn't do everything possible to protect a child from harm?

How Do I Report?

When you suspect that a child is being abused or neglected, you should report your concerns to the Child Protective Services (CPS) division of the state Department of Health and Human Resources (DHHR) in the community where the abuse occurred [WV Code 49-6A-5]. Local offices are open during daytime business hours and their telephone numbers are located on page 58.

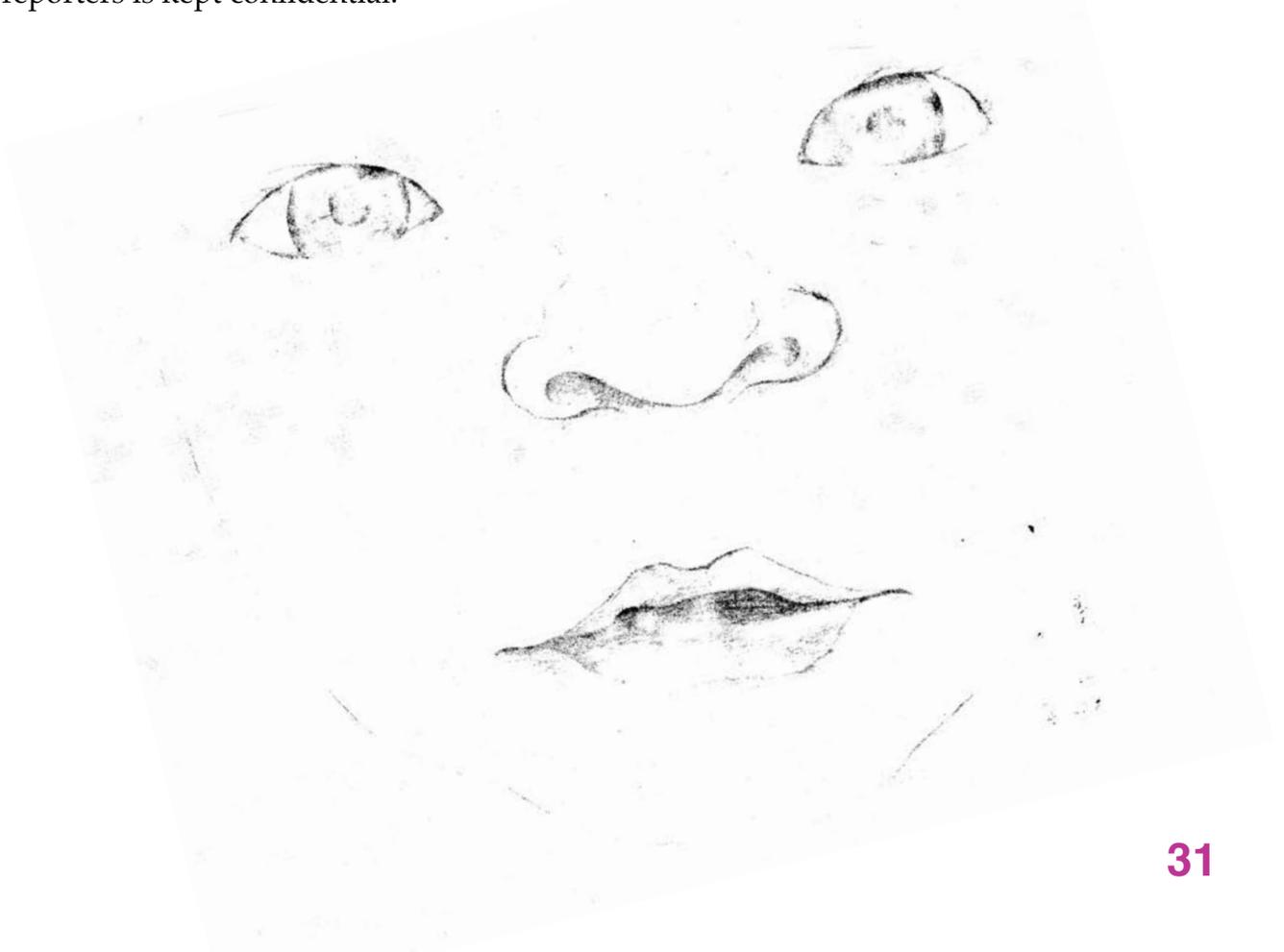
Reports can also be made to the Child Abuse and Neglect Hotline (1-800-352-6513) 7 days a week, 24 hours a day.

When making a report, it is helpful to provide as much information as possible, if known. Information you may be able to provide includes:

- * the name, address, and telephone number of the child and parents or other person(s) responsible for the child's care.
- * the child's birthdate or age, sex, and race.
- * the names and ages of other persons who live with the child and their relationship to the child.
- * whether or not there is a family member who can protect the child.
- * the name, address, and telephone number of the suspected abuser and his/her relationship to the child.
- * the nature and extent of the abuse/neglect, including any knowledge of prior maltreatment of the child or siblings.
- * information about the disciplinary practices of the parents and how the family functions.
- * information about the child's current condition and functioning.
- * whether the child is fearful about going home.
- * your name, address and phone number.
- * any other pertinent information.

See the Appendix for a Form to guide your report.

You may report anonymously if you choose, but you are encouraged to give your name. This makes it possible for the CPS worker to contact you later if additional information is needed. Providing your name will also enable the CPS worker to inform you of the outcome of the investigation. The identity of all reporters is kept confidential.



What If Policy Requires Me to Report to My Supervisor?

The law is clear about who is required to report suspected cases of child abuse and neglect to the local Child Protective Services (CPS) or the Child Abuse and Neglect Hotline and to area law enforcement, or cause a report to be made [WV Code 49-6A-2; 49-6A-5]. **Simply reporting it to your supervisor or the director of your agency is not enough.** Your supervisor may supplement the report, or cause an additional report to be made.

Should I Inform the Parents of the Report?

You may have a relationship with the child and/or parents. However, be cautious about discussing the report to Child Protective Services (CPS) with the parents, so that you do not place the child at further risk or interfere with the CPS and law enforcement investigation.

Filing a report of suspected child abuse or neglect can be described as “making a referral to request help and services for the child and family.”

Parents need to know that their problems are not unique, that they are not inherently “bad” parents, and that there is help available. The intent of a report is to protect the child from further harm and to improve family relationships. Once the family reveals Child Protective Services involvement, let the parents know that you want to continue your relationship with the family and that you believe that this is a problem which can be solved.

Try to be objective and supportive of the family. Be professional and do not make judgments about the family or play the “blame game.” Only talk to the parents about the activities with which you are involved. You are not the investigator. When appropriate, encourage the family to make use of community resources. The family is most likely experiencing a great amount of stress.

What if I'm Not Sure?

You may consult with your local Child Protective Services or with staff at the Child Abuse and Neglect Hotline.

Be aware how your own biases may affect your decision about whether a particular injury or behavior is reportable. For example, will you be more likely to report a suspicious bruise on a child who lives in poverty than on a child from an upstanding family of the community?

If a child has shared information with you about abuse or neglect, this is enough for you to make a report. It is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected.

What if the Abuse Occurred in the Past?

Any case of suspected child abuse or neglect where the victim is under 18 must be reported even if the abuse or neglect occurred in the past. The Child Protective Services worker will evaluate the situation to determine whether an investigation is warranted at the time of your report.

What if a Report Isn't Accepted by Child Protective Services?

Not all reports of suspected child abuse or neglect are accepted for investigation by Child Protective Services (CPS). When CPS decides not to investigate a report, it is usually because the report does not meet the legal definition of abuse/neglect; law enforcement has the responsibility to investigate; or the family's problems can be more effectively addressed by a different type of service.

CPS will notify any mandated reporter of whether an investigation has been initiated and when the investigation is completed. [WV Code 49-6A-2a] If a decision is made not to investigate, and you disagree, you may further discuss your concerns with the CPS supervisor. When a case is not appropriate for CPS, you may ask for suggestions or guidance in dealing with the family.

Issues and Concerns About Reporting

A report of suspected maltreatment is not an accusation. It is a request for the helping process to begin. The reporting process, however, may not always go smoothly. Difficulties may be encountered which can act as a barrier to reporting or can discourage continued involvement in situations of child abuse and neglect. Some of these difficulties are discussed below.

Previous Bad Experiences

Professionals who have had an unsatisfactory experience when reporting suspected child abuse or neglect may be reluctant to report again. These professionals may have been discouraged from reporting, or may have developed a distrust of Child Protective Services (CPS), feeling that a previous case was not handled to their satisfaction. These concerns are real. Things may not have gone as well as they could have. A previous bad experience, however, does not mean that the next time things will be handled poorly. If you have an unfortunate experience with a CPS response, you should consider requesting intervention by a supervisor in the handling of the case.

As a mandated reporter, you must report regardless of your concerns or previous experiences. The law requires it, and no exemptions are made for those who have had a bad experience. In addition, while reporting does not guarantee that the situation will improve, not reporting guarantees that if abuse or neglect exists, the child will continue to be at risk.

The Belief That Nothing Will Be Done

Sometimes potential reporters are convinced that nothing will be done if they report, so they don't report. Aside from the legal considerations (failure to report is against the law in West Virginia) [WV Code 49-6A-8], such reasoning is faulty. If an incident of suspected child abuse or neglect is reported, some action will occur. At the very least, a record of the report will be made and your legal obligation will be fulfilled. On the other hand, if the incident is not reported, nothing will be done. **Abused and neglected children cannot be protected unless they are first identified, and the key to identification is reporting.**

Confidentiality

Identity of Reporters

The identity of all persons who report suspected child abuse or neglect is confidential; however, in some instances, despite the Child Protective Services worker's efforts to maintain confidentiality, families may be able to deduce the identity of the reporter. However, the reporter is protected from suit by the immunity clause if the report was made in good faith [WV Code 49-6A-6].

Parental Rights to Access Child Abuse or Neglect Records

Parents, the child(ren), and legal counsel may exercise their right to see all personal information, relating to him/herself, contained in the Child Protective Services case record [WV Code 49-7-1].

However, the individual requesting information is only given access to that portion of the record concerning him/herself, with safeguards taken to ensure the privacy rights of the other persons mentioned in the CPS case record, including keeping confidential the identity of the reporter.

How to Respond to the Child Who Reports Being Abused or Neglected

When a child tells you, openly or indirectly, about abuse or neglect, it is important to recognize the strength which this child has demonstrated by sharing the secret, as well as the trust the child has shown you by choosing you as a confidante.

Although it may be a difficult subject for you to discuss, it is important that you handle the disclosure with sensitivity. These general guidelines can help:

- * **Listen to what is being told to you.** Don't push him/her to share more than he/she is willing. The child needs warmth and acceptance. It isn't necessary at this time that intimate details be revealed.
- * **Do not ask direct questions of the child**—this might compromise the investigation.
- * **Reassure the child that he/she has done the right thing by telling you.** Acknowledge the difficulty of the decision and the personal strength shown in making this decision. Make it clear that the abuse or neglect is not the child's fault and that the child is not bad or to blame.
- * **Be calm. Keep your own feelings under control.** Be calm and non-judgmental. Be careful not to criticize or belittle the child's family or to be hysterical.
- * **Use the child's own vocabulary.**
- * **Do not promise not to tell.** Know your limits. This is not a situation you can handle by yourself. However, do not discuss what the child told you with anyone who is not directly involved in helping the child.
- * **Tell the truth.** Don't make promises you can't keep, particularly relating to secrecy, court involvement, placement and social worker decisions.
- * **Be specific.** Let the child know exactly what is going to happen within the limits of her/his ability to understand. Tell the child that a social worker who helps families with these kinds of problems may be coming to talk with the child.
- * **Assess the child's immediate safety.** Is the child in immediate physical danger? Is it a crisis? Are there others in the home who can protect the child?
- * **Be supportive.** Remember why the child came to you. The child needs your help, support and guidance. Reassure the child that telling about the abuse or neglect was the right thing to do. It is the only way to make it stop.
- * **Respect privacy.** Tell only those who need to know what the child has disclosed to you.

When a child tells you that he or she has been abused, the child may be feeling scared, guilty, ashamed, angry and powerless. You may feel a sense of outrage, disgust, sadness, anger and sometimes disbelief. It is important for you to remain calm and in control of your feelings in order to reassure the child.

Try to help the child regain control. The child is about to become involved in a process in which the primary intent will be to determine the child's best interest. At times, this may seem to sweep the child up in a series of events that are beyond control. Although alternatives may be limited, it can help to let the child make decisions, whenever possible, to allow the child some sense of self-determination. For example, you might ask the child what you can do to help or make the process less difficult.

Techniques for Interaction with the Abused or Neglected Child

The following are tools or techniques that can be used with children who report abuse or neglect:

- * Never underestimate the power that a positive adult relationship can have in a child's life. Children take their cues from adults.
- * Make the child's surroundings as safe as they can be. Structure and routine can help children regain a sense of personal control.
- * Ask permission before touching, again allowing a child to regain control.
- * Don't speak badly of the abuser. The abuser is often known and liked or loved by the child.
Suggested statements:
"What he/she did to you was wrong — I am sorry that it happened to you."
"It was unfair of him/her to do that to you. I am sorry that it happened."
- * Try not to act shocked, angry or upset at what a child may say or do. Remain open for more information.
Suggested statements:
"I'm wondering where you learned that."
"I'm wondering who taught you how to do that."
"I'm sorry that happened to you. We need to tell someone so that (abuser's name) can get help to stop doing that to you."
- * Do not make a child feel different or singled out. Treat the child just like every other child, but with an extra dose of compassion.
- * Use your colleagues as resource people and for support, keeping in mind the child's right to privacy.

Child Protective Services' Response 6

What Happens After I Make a Report?

When a report of suspected child abuse or neglect is made, Child Protective Services (CPS) staff must determine whether the situation described meets the legal definition of child abuse or neglect and whether CPS has the authority and responsibility to investigate. If not, the report is screened out. If so, the report is assigned.

CPS has two categories of workers: initial assessment and treatment. Initial Assessment CPS workers receive and investigate reports of abuse and neglect and make a finding as to whether (1) maltreatment occurred; (2) there is risk of maltreatment; and (3) the child is safe. Treatment CPS workers work with families whose cases are opened for further services and cases which go to court.

The Investigation

West Virginia law requires that in a report of imminent danger, a face-to-face interview with the child and the development of a protection plan must be made within 72 hours. In all other reports, a face-to-face interview with the child and the development of a protection plan must occur within 14 days. [WV Code 49-6A-9]

The CPS worker will interview the child, siblings (if necessary), the parents or caregivers, the alleged abuser, and any other people having information about the incident. The worker may come to the provider to interview or observe the child. It's important to note that CPS workers do NOT need the parents' consent to see the child. [WV Code 49-6A-9(b)(3)]

Through interviews, observation, and information gathering, the CPS worker will, within 30 days, make a finding about:

- (1) whether or not maltreatment occurred.
- (2) the degree of risk of maltreatment.
- (3) whether the child is safe.

Multi-Disciplinary Teams (MDT)

In 1995, a system for evaluation of and coordinated service delivery for children who may be victims of abuse or neglect and children undergoing delinquency proceedings, known as multi-disciplinary teams (MDT), was established [WV Code 49-5D]. The Investigative MDT, headed by the prosecuting attorney, is responsible for coordinating the initial and ongoing investigation of all civil and criminal allegations pertinent to cases involving child abuse [WV Code 49-5D-2].

If the case goes into court, a Treatment MDT is formed and providers who are involved with the family are an essential part of this team. The Treatment MDT is to assist the court in facilitating permanency planning, to recommend alternatives, and to coordinate evaluations and in-community services. Members may participate by telephone or videoconferencing.

Rules of confidentiality do not apply within the MDT, allowing for full and appropriate sharing of information. MDT members are bound by laws of confidentiality not to release information beyond the MDT and, if applicable, the court. [WV Code 49-5D-3]

If you wish to participate in a Treatment MDT for a particular child with whom you are working, notify the CPS worker of your interest.

Interdisciplinary Teamwork

Interviewing a child with a disability about suspected child abuse or neglect can be a challenge due to the subject matter, diversity of disabilities, and the number of professionals involved with the child. Interdisciplinary collaboration among disabilities professionals, law enforcement, and child protective services workers will:

- * Capitalize on each professional's expertise.
- * Allow for the identification of common goals.
- * Minimize duplication of efforts and the risk that the activities of one investigation will interfere with the other.
- * Minimize unnecessary confrontations that can deplete energy and resources of the child, family, and professionals.

Investigation of suspected abuse or neglect of children with disabilities should follow the same thorough investigatory principles as required for children without disabilities. The major investigatory responsibilities include:

- * Determining if maltreatment has occurred.
- * Protecting the child from further abuse/neglect.
- * Minimizing trauma to the child as a result of system intervention.
- * Determining whether a crime has been committed.
- * Providing or arranging for needed services.

Children need models more than they need critics.

— Elbert Hubbard

Investigation strategies to help facilitate interdisciplinary teamwork and effective intervention include:

- * Specialized knowledge on the part of the law enforcement investigator and child protective services worker about children with disabilities.
- * Assistance from a disability specialist either in interviewing or providing advice on how to conduct the interview or interpret the results.
- * Interdisciplinary policies and procedures on the management of suspected abuse or neglect of children with disabilities, including identified, trained agency liaisons.

Pre-Interview Planning

Effective interviewing of a child with a disability requires that preliminary information be obtained from records or other professionals/ persons knowledgeable about the child. Needed preliminary information includes:

- * The child's primary disability. Characteristics of a disability are on a continuum, varying in degree from mild to severe with each child being unique in terms of his/her management of the disability.
- * The way in which the disability impacts upon the child's current functioning including cognition, language and communication mode, memory, mobility, emotions, behavior, self-care, and relationships. Ask how the disability affects the child's level of independence and need for assistance.
- * Any accompanying impairments, e.g., visual, language, cognitive, or mental illness.
- * Communication challenges including marked differences in receptive vs. expressive communication and use of augmented communication methods.
- * Behavior challenges that may affect the interview and require management.
- * Distractibility, which may be addressed by control of stimuli in the interview setting.
- * Where the child receives treatment or special schooling related to the disability. This is a prime source of additional information about the child's need and a resource to the interviewer for management of the interview.
- * Special care needed as a result of the disability. This will provide you with information about the challenges for the family as a result of the disability.

It is also important to consider vulnerabilities by asking about:

- * Behavioral compliance that has been historically rewarded.
- * Training/education in sexuality and/or self-protection.
- * Interpersonal dependency.
- * Other family stressors unrelated to the child's disability.
- * Availability of needed family resources.
- * Individual or systemic isolation.

Interview Principles and Use of Language

When interviewing any child about suspected abuse or neglect, including a child with a disability, the interviewer should be:

- * Sensitive to the child's developmental level.
- * Flexible in following the child's lead rather than adhering to rigid protocols.
- * Objective and nonjudgmental.
- * Empathetic.



At the beginning of the interview, it is important for the interviewer to:

- * Explain the purpose of the interview and his/her role.
- * Establish a positive rapport.
- * Provide a series of questions that are “neutral” in content to determine whether the child really understands or if additional adaptations need to be made.

If the child is deaf or deaf/blind, and his/her primary mode of communication is sign language, a certified interpreter should be present to facilitate communication.

General questions, used to develop rapport and check the child’s understanding, might include inquiries about: where the child lives; child’s age or birth date; names and ages of siblings; name of school or teacher; favorite television show; likes and dislikes; and what the child did for fun this week (who, what, when).

The limits on confidentiality should be addressed early in the interview as most children worry about whom you will tell and why.

When exchanging information, simplify language by using:

- * Simple words.
- * Short sentences and questions.
- * Simple tenses.
- * Concrete, visual references.
- * Focused questions, i.e., “who,” “what,” “when,” “where.”

Common language pitfalls to avoid in the interview include:

- * Abstract words.
- * Use of pronouns. Proper names are preferable.
- * Complex questions with multiple ideas.
- * Unclear references, e.g., those things, this, it, that. Repeat the name of the person or thing you are talking about.
- * Yes/no questions. The child may answer affirmatively, believing a positive response is desired.
- * Negative questions, e.g., “Didn’t you go to the store?”
- * Questions of relativity which require a high level of thinking, e.g., shorter, bigger, easiest, etc. When needing to use terms of relativity, use concrete examples, e.g., “Was it larger than the table over there?”
- * “Why” questions.
- * Leading questions, in which the desired answer is specified in the question.

All interviews should have closure, the purpose of which is to:

- * Thank the child for his or her help. Praise the child's effort, not the content of what was said.
- * Tell him or her what will happen next.
- * Educate the child regarding personal safety.
- * Explore safety options with the child.

Interviewing Children with Language/Communication Challenges

Some children with disabilities have language or communication difficulties that are challenging during the interview. Understanding the way(s) in which the disability affects the processing of information, so that needed adaptations can be made, is essential to a successful interview. The information-processing model divides communication into three stages:

- * Input or the ability to receive information.
- * Processing or the ability to make sense of information.
- * Output or the ability to communicate information back to the other person.

If a child has a disability, communication can be disrupted at any or all of these points. The effect is often cumulative. For example, problems with processing information will affect output. Input challenges affect the processing and output of information, disrupting all three areas of communication.

Disability types, related communications challenges, and needed interview adaptations are described below:

Input Challenges (visual, auditory, and tactile information)

Disability

Blind/visual impairment.
Deaf/hard of hearing.
Learning disabilities.
Epilepsy.
Tactile sensory impairment.
Deaf blind or dual sensory impairment.
Mental retardation.
Cerebral Palsy.
Spina Bifida.
Traumatic brain injury.
Attention Deficit Hyperactivity Disorder (ADHD).

Adaptations

- Sit at same level.
- Use normal voice tones.
- Speak clearly.
- Slower pace and repetition may be needed.
- Eye contact is critical.
- Written messages and visual aids.
- Use of interpreter.
- Body language and facial expressions are important.
- Quiet setting with limited noise and limited distractions.
- Good lighting.
- Tactile aids.
- Augmentative aids.

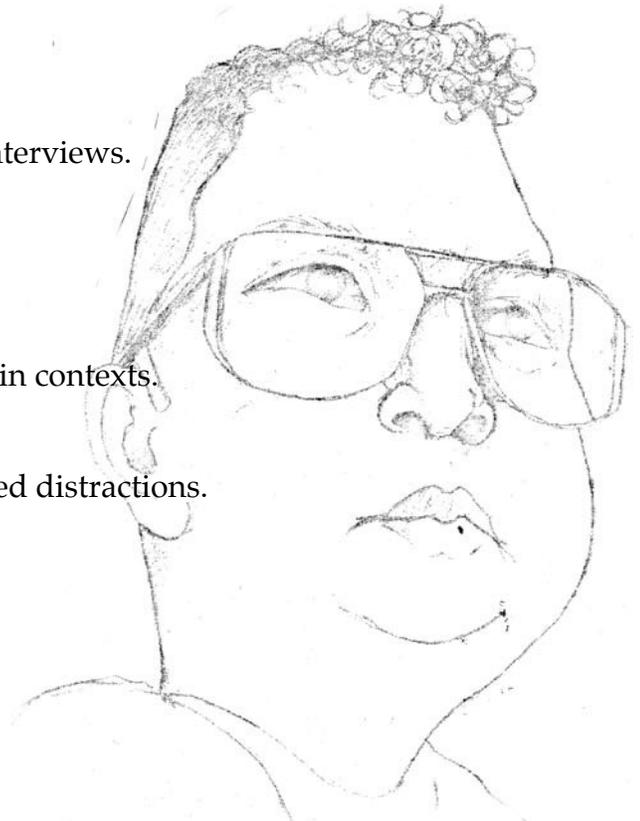
Processing Challenges (information storage, retrieval, and understanding)

Disability

- Emotional disturbance.
- Learning disabilities.
- Mental retardation.
- Autism.
- Traumatic brain injury.
- Cerebral palsy.
- Spina bifida.
- Traumatic brain injury.
- Deaf/Hearing impaired.
- Blind/visually impaired.

Adaptations

- Keep interviews short; may need multiple interviews.
- Provide structure.
- Minimize distractions.
- Use concrete language and developmental age-appropriate language.
- Break down known complex ideas.
- Use focused questions and questioning within contexts.
- Speak distinctly.
- Check for understanding.
- Find a quiet setting with limited noise, limited distractions.
- Use augmentative devices.



Output Challenges (vocal and motor information)

Disability

Speech and language.
Deaf/hard of hearing.
Learning disability.
Cerebral palsy.
Traumatic brain injury.
Dual sensory impairment or deaf/blind.

Adaptations

Sit at the same level.
Interpreter may be needed.
Listen carefully.
Watch body language.
Use drawing boards or props.
Props may be needed.
Use multiple modalities.
Find a quiet setting with limited noise and limited distractions, and good lighting.

It is important not to confuse communication difficulties with a lack of intelligence. It is also important not to confuse expressive communications ability with receptive communication abilities. Some children can understand more advanced language than they can produce on their own (Crocker, 1994).

Interviewing a child with a disability is not an easy task, especially when there are language/communication challenges. The diversity of disabilities necessitates adaptation of the interview, including the language used by the interviewer, to the age, cognitive functioning, developmental level, and abilities of the child.

Collaboration, including interviewing assistance or advice from a disability professional knowledgeable about the child, will help the investigator to understand the disability, facilitate communication, validate impressions, and determine the need for protective intervention.

All humanity is one undivided and indivisible family, and each one of us is responsible for the misdeeds of all the others.

— Gandhi

Use of Interpreters

In those instances where the child is deaf, hard of hearing, or deaf/blind, a qualified interpreter is needed to facilitate the investigative interview. Use of a hearing friend, family member, or relative of the hearing impaired child who knows sign language is not recommended for confidentiality reasons, possible biases, and issues of competency.

The role of the interpreter is to facilitate communication by translating spoken English into Sign Language or Cued Speech and vice versa. The interpreter is not part of the conversation. He or she may not advise the interviewer or the child on what to say or how to say it, offer explanations or background information. A summary of what is said or signed is not acceptable. All information discussed in the presence of the interpreter is confidential.

Prior to the interview, the interviewer should:

- * Discuss fees for interpreter services.
- * Describe the child's limitations, skills, and strengths.
- * Clarify roles and expectations with the interpreter.
- * Outline the areas to be covered so that the interpreter can be prepared with suitable vocabulary.
- * The interviewer and interpreter should also agree on the length and frequency of rest periods. Long sessions of signing can be tiring.

The interpreter should also be allowed time to talk with the child to determine what method of signing is most satisfactory and whether or not his or her interpreting skills are suitable to the child's needs.

In those instances where the child's sign language base is limited (i.e., s/he relies upon gestures or signing that is unique to their home environment), it may be necessary to have a highly experienced interpreter in order to facilitate accurate communication.

Interview Strategies

Begin the interview by developing positive rapport with the child through the use of general questions prior to focusing on the incident in question:

- * The interviewer should look at the child, not at the interpreter.
- * The interviewer should not speak or direct conversation to the interpreter.
- * The interviewer should use the words "I" and "you" instead of "tell her" or "does he/she understand."

- * Speak clearly and in normal tones. If you tend to talk quickly, slow down.
- * Do not interrupt one another. The interpreter can interpret the message of only one person at a time.

Allow time for the child to obtain all the information and to respond. The interpreter will be a few words behind the speaker in transferring information.

Facilitated Communication

Facilitated communication is a process that provides physical assistance, through guidance of the hand or arm of a person with autism, cerebral palsy, or other developmental disability while that person types messages on a computer, typewriter, or other similar device.

Although facilitated communication has been called a form of communication, use of facilitated communication in child abuse and neglect investigative interviews remains controversial due to questions concerning possible influence of the facilitation. For this reason, attempts should be made to corroborate disclosures of abuse or neglect made through facilitated communication with other evidence.

Services Provided to the Family

While the immediate objectives of an investigation are to gather the facts and protect the child from immediate harm, these are not the only objectives. The CPS worker is also responsible for helping the parents identify and solve the problems that may have caused maltreatment. The CPS worker helps the parents acquire the knowledge and skills needed to provide adequate care for their children.

Services are provided to the family by the CPS worker and/or community agencies. These services may include: individual and/or family counseling; parenting groups or classes; homemaker services; respite care; or family supervision, provided through home visits by the CPS worker or another agency. The length of time that CPS provides services to a family varies from case to case and is dependent on the continued risk of harm to the child.

Right to Appeal Investigation Findings

Clients have the right to file a grievance. They may obtain forms from their local Department of Health and Human Resources office.

Release of Child's Records to Child Protective Services

During the course of a child abuse or neglect investigation, the Child Protective Services (CPS) worker may request the release of records. West Virginia law requires providers to provide CPS with assistance and information to enable it to fulfill its responsibilities for investigating allegations of child abuse or neglect and providing services in the best interests of the child. [WV Code 49-6A-9(e)] Once provider records are obtained by CPS, they become a part of the CPS case file. Therefore, all documents in possession of CPS may be made available to the parent or attorney through a subpoena or court order.

Photographs and X-rays

A CPS worker, in the course of an investigation of reported child abuse, may take photos of the child, yard, home and car without the permission of the parent or guardian. [WV Code 49-6A-4]

Feedback from Child Protective Services

Intrusion into family life to protect a child is a highly sensitive matter necessitating confidentiality. Due to strict Federal and state laws concerning the release of Child Protective Services information, the CPS worker is restricted in the information that can be discussed with individuals outside of the family. [WV Code 49-7-1] At a minimum, you will be informed that a report has been investigated and determined to be unsubstantiated or that necessary action has been taken.

If you are not contacted by the CPS worker within 45 days of the date of the report and you wish to learn the outcome of the investigation, you may call the worker assigned to the case or the supervisor.

Praise the children and they will blossom.

— Irish proverb

Civil Court Action and Testimony by Professionals

Most cases of child abuse or neglect do not require court involvement. Most families will accept help in correcting the circumstances which caused the maltreatment. However, where there is evidence of abuse or neglect and the family does not do what is necessary to ensure the child's safety, a petition may be filed in circuit court by Child Protective Services or by any responsible adult [WV Code 49-6-1]. The court is a place where the rights of the child and the parents are protected. Ultimately, the court will decide what is in the best interests of the child.

Providers may be requested to provide written reports or testimony to assist the court in making a decision. In some cases, submitting written reports decreases the likelihood of having to testify. In those rare instances where providers are called to testify, you will be asked questions related to your credentials, what you observed and possibly your conversations with the child and parents.

Legal Procedures

The purpose of West Virginia's child welfare laws is to assure the spiritual, emotional, mental and physical well-being of the child and to preserve and strengthen the child's family ties, where possible. In all cases, the goal is to assure the child a safe and permanent home.

Child Protective Services (CPS) is required to address the safety, permanency and well-being of children who are abused and/or neglected. CPS will try to prevent the removal of the child if the child's safety in the home can be assured and if there are no aggravated circumstances* surrounding the maltreatment of the child under investigation, another child of the abusing parent, or another child in the household. If there are aggravated circumstances, then CPS will remove the child and petition the court for the termination of parental rights.

Removal and placement outside the home is traumatic for the child. The child often feels abandoned by the family and can even feel responsible for the problems in the home that led to removal. Removal can lead to feelings of insecurity as the child wonders if the family will ever be reunited. In addition, when a child is removed, the child must adjust to a new family—and possibly even a new community.

If it becomes necessary to remove the child, the CPS worker will give the parents or guardian an opportunity to place the child with relatives in order to preserve a sense of family identity. When this is not possible, placement in foster care may be necessary. The ultimate goal is to assure that the child is expeditiously placed in a safe, secure and permanent home. If the family can be reunited safely, then this option has priority.

[*Aggravated circumstances include but are not limited to abandonment, torture, chronic abuse, sexual abuse, murder of another child or the child's other parent, voluntary manslaughter, attempted or conspired to commit murder or accessory before or after the fact, felonious assault resulting in serious bodily injury.]

What Happens in Cases of Abuse and Neglect?

The following is a brief description of the legal procedures set forth in West Virginia law for cases of child abuse or neglect [WV Code 49-6].

In certain instances, West Virginia law permits Child Protective Services (CPS) and law enforcement officers to take a child into immediate protective custody for the protection of the child [WV Code 49-6-9]:

- * A CPS worker may take immediate emergency custody of a child in an emergency situation which constitutes imminent danger to the physical well-being of the child if the worker has probable cause to believe that the child will suffer additional abuse or neglect or will be removed from the county before a petition can be filed and temporary custody ordered.
- * A law enforcement officer may take a child into protective custody for up to 96 hours without a court order if the child has been abandoned or requires emergency medical treatment and the parent is absent or refuses to permit the treatment.

Whether protective custody has been taken or not, the next step is a child abuse and/or neglect petition. The petition is usually filed by the CPS worker, and it alleges the specific abusive or neglectful conduct, including time and place, and explains how such conduct comes within the statutory definition of abuse or neglect. The petition details any supportive services provided by CPS to remedy the alleged circumstances, and explains the relief sought. After the petition is filed, the Circuit Court must set a hearing and appoint counsel. (If there is a temporary custody order in effect, this hearing is to be scheduled within 30 days).

The Circuit Court may grant temporary emergency custody to the WV Department of Health and Human Resources (DHHR) or to a responsible relative for not more than 10 days pending a preliminary hearing if the child is in imminent danger and there are no reasonable alternatives to removing the child from the home. (Reasonable alternatives might include medical, psychiatric, psychological, or homemaking services for the family while the child remains in the home but in the state's custody.)

If the alleged abuser is a member of the household, the child may not remain in the home unless the abusing person is removed by court order. Other children in the home are included in the custody issue whether it is alleged they have been abused or not. They may be removed temporarily if the court finds imminent danger and a lack of reasonable alternatives to removal. If one child is in imminent danger, then all children in the home are presumed to be.

The next step is a preliminary hearing. If the court finds that continuation in the home is contrary to the best interests of the child, it may grant custody to the DHHR or a responsible relative or other appropriate agency or person temporarily.



At this time, the court may also grant an improvement period for the parent or custodian for a period of months to try to remedy the circumstances that led to the petition of abuse or neglect, if the parent or custodian proves by clear and convincing evidence that he/she will fully participate in such an improvement period. If allowed, a family case plan is developed by CPS and the multidisciplinary treatment team (MDT), which details services to be provided to the family and lists specific, measurable, realistic goals to be achieved by the parent or custodian.

At the end of the improvement period (if one is granted), there is an adjudicatory hearing. The court makes a determination as to whether the child has been abused or neglected. The parent or custodian may seek a post-adjudicatory improvement period. After adjudication, the child's Case Plan will be developed.

Finally, there is a dispositional hearing [WV Code 49-6-5]. The court may:

- * dismiss the petition.
- * refer the child, abusing parent(s), the battered parent, or other family member(s) to a community agency and dismiss the petition.
- * return the child to the home under supervision of the CPS.
- * order terms of supervision to assist the child and abusing parent(s) or battered parent.
- * upon finding the abusing parent(s) or battered parent unwilling or unable to provide adequately for the child's needs, commit the child to the temporary custody of the state, department, licensed welfare agency, or suitable guardian.
- * in some cases, grant another improvement period of not more than 6 months with a possible 3-month extension.
- * terminate the parental rights of a child who has been in foster care for 15 of the last 22 months unless there are compelling reasons not to do so.

If the court decides there is no reasonable likelihood that the conditions of abuse or neglect can be substantially corrected in the near future, and when necessary for the welfare of the child, the court will terminate parental, custodial and guardianship rights and commit the child to permanent sole custody of the non-abusing parent (including a battered parent), if there is one, or terminate parental rights and commit the child to the guardianship of the DHHR or a licensed child welfare agency. The court will not terminate parental rights if a child, age 14 or older, objects.

At each step in the legal process, the court is concerned with the safety and best interests of the child, and if possible, preserving and reunifying the family.

Cooperation with a Court Appointed Special Advocate (CASA)

Since 1991, judges in West Virginia in communities where there is a CASA program have been able to appoint a Court Appointed Special Advocate (CASA) for a child involved in civil child abuse proceedings. The CASA is a volunteer from the local community who has been trained to advocate for the best interests of a child who has come into the court system as a result of abuse/neglect.

The CASA volunteer, acting under order of the court, reviews records; facilitates prompt, thorough review of the case; and interviews appropriate parties to make recommendations on what would be in the best interests of the child.



The CASA volunteer respects the right to privacy by keeping information confidential that would identify parties involved in CASA cases.

If you are working with a child in DHHR custody, you may be contacted by the CASA volunteer for information. You should request to see the CASA's identification and a copy of the court order appointing the CASA to the case before providing information. The CASA may wish to discuss the child's progress, social adjustment or other issues relating to the child's day-to-day functioning. The CASA would also appreciate being contacted about any significant developments relating to the child. The better the information gathered by the CASA, the more effective the CASA can be in advocating for the child's best interest in any legal proceedings or during multi-disciplinary team meetings. To check and see if there is a CASA program in your area, contact the West Virginia CASA Association at www.wvcasa.org.

Competency

While determining competency is one of the primary tasks of the court, often during the course of the investigation law enforcement officials consider whether the child will make a competent witness. Social beliefs and misconceptions about persons with disabilities can influence one's perception of the competency of a child with a disability.

Some people with disabilities have particular difficulty with dates and times and even the sequencing of events, but they know what happened and who did it. Other people have communications challenges that must not be construed as a lack of intelligence or incompetence.

Effective communication during the investigation and in the courtroom is essential for credible evidence to emerge. The child's ability to communicate what happened is influenced by:

- * The adult interviewer's ability to talk to the child, using language and concepts that he/she can understand.
- * The child's developmental stage including age, cognition, vocabulary, linguistic skill, and emotional functioning.
- * The child's understanding of the investigative and judicial process.

The presence of a physical, developmental, or emotional disability or difficulty with communication does not automatically render a child incompetent to testify. It is the responsibility of investigators to facilitate communication by obtaining assistance or advice from a disability professional knowledgeable about the child and/or a certified interpreter. The use of the disability experts will:

- * Help the investigator to understand the disability and its impact on the child's functioning and communication.
- * Validate impressions.
- * Assist the court in understanding the evidence.

Criminal Prosecution

Child Protective Services is required to report all cases of serious physical abuse and all cases of sexual abuse and sexual assault to the county Prosecuting Attorney's office. Criminal prosecution is at the sole discretion of the Prosecutor.



Caring professionals train themselves to notice signs of abuse and neglect, and follow the law in reporting these signs to the proper authorities. In addition, they take steps to make sure that their own settings are safe places where children are not mistreated. Those working with families ensure families have knowledge of positive techniques to teach children appropriate behavior.

But they can do more. Professionals can take a proactive stance and work to prevent and eliminate the cycle of abuse through supporting the provision of programs for children, parents and the community.

Corporal Punishment

“Sticks and stones can break my bones...”

Providers are prohibited from administering corporal punishment. Spanking can be a difficult issue to address because of people’s general acceptance of its use. Teaching other strategies of discipline by modeling and offering suggestions can lead to a decrease in spanking as the only discipline method.

Verbal Abuse

...but words can never hurt me.”

We all know that words can hurt. Few providers would intentionally belittle, humiliate or shame a child. But what happens when you’re angry and frustrated? Have you ever said something you regret?

Picture this: You’ve just blown your top and said something hurtful to a child. Like it or not, this happens to most of us at one time or another, and when it does, the important question is: What do you do next? Do you pretend it didn’t happen because it would be a sign of weakness to apologize? Or do you stop and use this as a teachable moment? It is okay to tell a child “Your behavior was unacceptable, and we must deal with that, but you don’t deserve to be spoken to like that. I’m sorry.”

Our children are likely to live up to what we believe of them.

— Lady Bird Johnson

Discipline or punishment?

It has been said that the purpose of punishment is to hurt, but the purpose of discipline is to teach. Most providers would agree that their goal is to help children learn to be self-disciplined. When developing discipline strategies, think about the difference between discipline and punishment and consider these questions:

- * Do you want the children to be focused on external or internal rewards?
- * Do you want the children to be operating from fear or from confidence?
- * Do you want the children to believe that “might makes right”?
- * Do you want the children to believe that adults are always right simply because they are adults.

Services for Parents

Many parents are isolated from family and friends and have few places to turn for help. Encourage parents to feel comfortable talking and learning about topics that can make a daily difference in their interactions with children:

- * stress management strategies.
- * discipline techniques.
- * stages of child development.

Concerned parents and providers can join together to:

- * organize support groups.
- * bring in speakers.
- * distribute information.

In addition, you can arm yourself with knowledge about local service agencies and programs that can provide help to families in crisis. Consult the Appendix or your local Department of Health & Human Resources office.

Prevention Programs for Children

You can help children learn about child abuse, how they can protect themselves, and to whom they should go for help. There are many books and videos available, teaching about the difference between safe and unsafe touch. When making use of these materials, it is a good idea to inform parents of your intent and involve them in teaching children basic safety information.

Prevention Strategies

The goal of prevention is to intervene before abuse and neglect occur. Child abuse and neglect prevention strategies for children with disabilities are multifaceted and can include:

- * Identification and early intervention services for high-risk families.
- * Support services for families of children with disabilities who are experiencing stress.
- * Educational programs that teach children with disabilities personal safety skills and related issues on human sexuality.
- * Information for parents and direct care providers on child safety and identification and reporting of suspected abuse and neglect.
- * Criminal records checks and child abuse and neglect background checks as part of a thorough pre-employment screening of direct care providers.

Residential care safeguards include:

- * Straightforward child abuse and neglect policies and procedures with associated staff training.
- * Required reporting of abuse and neglect within the facility and protection for staff and residents who report.
- * Non-aversive behavior management strategies.
- * Training in non-violent, self defense strategies for staff working with aggressive residents.
- * Realistic staff expectations.
- * Supervisory leadership that models and rewards good caregiving.
- * Administrative efforts to enhance job satisfaction for staff providing direct services.
- * Good communication and teamwork within the facility.
- * Available employee counseling and staff support programs.
- * Cultivation of positive attitudes about people with disabilities.
- * Emphasis on inclusion versus segregation and isolation of residents.

Programs and services for children with disabilities that are well integrated into the larger community will encourage interaction, thereby reducing the risks associated with personal and program isolation.

Home is the sacred refuge of our life.

— John Dryden

Prevention Curriculum Components

Since many interrelated factors place children with disabilities at increased risk for abuse, an eclectic approach that educates and empowers children and changes the social and environmental conditions that foster abuse is necessary for successful risk reduction.

The basic contents of abuse prevention education programs for children with disabilities are the same as for children without disabilities. The following are suggestions for teaching appropriate skills:

- * Help children build a healthy and positive self-esteem.
- * Avoid teaching over-compliance.
- * Help children develop healthy boundaries.
- * Teach children to express their feelings.
- * Help children express their fears.
- * Teach communication skills.
- * Teach appropriate social skills.
- * Teach personal safety skills.
- * Teach children to seek help.

Since children with disabilities exhibit a broad range of learning styles and skills, child abuse prevention programs must be adapted to meet their individual needs.



Appendix

WV Department of Health and Human Resources Offices

Barbour	304-457-9030	Mineral	304-788-4150
Berkeley	304-267-0100	Mingo	304-235-4680
Boone	304-369-7802	Monongalia	304-285-3175
Braxton	304-765-7344	Monroe	304-772-3013
Brooke	304-723-3060	Morgan	304-258-1350
Cabell	304-528-5800	Nicholas	304-872-0803
Calhoun	304-354-6118	Ohio	304-232-4411
Clay	304-587-4268	Pendleton	304-358-2305
Doddridge	304-873-2031	Pleasants	304-684-9244
Fayette	304-465-9613	Pocahontas	304-799-2540
Gilmer	304-462-0412	Preston	304-329-4340
Grant	304-257-4211	Putnam	304-586-1520
Greenbrier	304-647-7476	Raleigh	304-256-6930
Hampshire	304-822-6900	Randolph	304-637-5560
Hancock	304-794-3060	Ritchie	304-643-2934
Hardy	304-538-2391	Roane	304-927-0956
Harrison	304-627-2295	Summers	304-466-2807
Jackson	304-373-2560	Taylor	304-265-6103
Jefferson	304-724-2600	Tucker	304-478-3212
Kanawha	304-746-2360	Tyler	304-758-2127
Lewis	304-269-6820	Upshur	304-473-4230
Lincoln	304-824-5811	Wayne	304-272-6311
Logan	304-792-7095	Webster	304-847-2861
McDowell	304-436-8302	Wetzel	304-455-0920
Marion	304-368-4420	Wirt	304-275-6551
Marshall	304-843-4120	Wood	304-420-2560
Mason	304-675-0880	Wyoming	304-732-6900
Mercer	304-425-8738		

State and National Resources

National Resources

American Academy of Pediatrics
<http://www.aap.org>

Centers for Disease Control & Prevention, Child Maltreatment Prevention Page
<http://www.cdc.gov/violenceprevention/childmaltreatment/>

Child Find of America Hotline
<http://www.childfindofamerica.org>
1.800-I.AM.LOST

Child Help National Child Abuse Hotline
<http://www.childhelp.org/hotline>
1.800.426.5678

Darkness to Light
<http://www.d2l.org>
1.866. FOR.LIGHT

National Center for Missing and Exploited Children
<http://www.missingkids.org>
1.800.843.5678

National Alliance of Children's Trust & Prevention Funds
<http://www.cfalliance.org>

National Court Appointed Special Advocate Association
<http://www.casaforchildren.org>
1.800.628.3233

National Domestic Violence Hotline
<http://www.thehotline.org>
1.800.799.SAFE or 1.800.799.7233

Prevent Child Abuse America
<http://www.preventchildabuse.org>
1.800.CHILDREN or 1.800.244.5373

Runaway Switchboard
<http://www.1800runaway.org>
1.800. RUNAWAY or 1.800.786.2929

West Virginia Resources

Mountain State Parents, Child, Adolescent Network (CAN)
www.mspscan.org
1.800.CHILD85 or 1.304.233.5399

Our Babies: Safe and Sound
<http://www.safesoundbabies.com>

Prevent Child Abuse West Virginia
<http://www.preventchildabusewv.org>
1.866.4KIDSWV

TEAM for West Virginia Children
<http://www.teamwv.org>
304.523.9587

West Virginia Child Advocacy Network
<http://www.wvcan.org/>
304.414.4455

West Virginia Advocates
<http://www.wvadvocates.org>
1.800.950.5250

West Virginia Child and Adult Abuse Hotline
1.800.352.6513

West Virginia Child Care Association
<http://wvcca.org>
304.340.3611

West Virginia Children's Trust Fund
<http://www.wvcf.org>
304.558.4637

West Virginia Coalition Against Domestic Violence
<http://www.wvcadv.org>
304.965.3552

West Virginia Court Appointed Special Advocate Association
www.wvcasa.org

West Virginia Court Improvement Program
www.wvcip.com

West Virginia Department of Health and Human Resources Bureau for Children and Families
www.wvdhhr.org/bcf

Bureau for Child Support Enforcement
www.wvdhhr.org/bcse

Bureau for Public Health, Office of Maternal, Child and Family Health
www.wvdhhr.org/mcfn

Child Abuse Prevention Page
www.wvdhhr.org/bcf/children_adult/childabuseprev/default.asp

West Virginia Healthy Kids and Families Coalition
www.wvhealthykids.org

West Virginia Kids Count Fund
www.wvkidscountfund.org
1.888. KIDSCOUNT

West Virginia Legislature's Office of Reference and Information
www.legis.state.wv.us
1.877.565.3447

West Virginia Mental Health Consumers Association
<http://www.mhca.org>
304.345.7312

West Virginia State Bar Legal Information Service
http://www.wvbar.org/public_information/
1.800.642.3617

It isn't enough to talk about peace. One must believe in it. And it isn't enough to believe in it. One must work at it.

— Eleanor Roosevelt

Child Protective Services Referral Form

Mother's Name _____ Birth Date _____

Address _____ Phone _____

Father's Name _____ Birth Date _____

Address _____ Phone _____

Other adults in the home:

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Child(ren) involved:

Name _____ Birthdate _____ Sex _____ Race _____

Name _____ Birthdate _____ Sex _____ Race _____

Name _____ Birthdate _____ Sex _____ Race _____

Please list a family member who can protect the child, if one is available:

Provide a brief but accurate description of the abuse and/or neglect including the abuser's name:

Information about the child(ren)s' current condition:

Mandated Reporter Disclosure Job Aid

What to do when a child or adult discloses suspected child abuse or neglect.

1. Find a private place to talk with the person.
2. Reassure the person making the disclosure ("I believe you.")
3. Listen openly and calmly, with minimal interruptions.
4. Write down the facts and words as the person has stated them. (Exact words are important to investigators.)
5. Do not promise not to tell, but respect the person's confidentiality by not telling others who don't need to know.
6. Tell the truth.
7. Be specific. Let the child know what is going to happen.
8. Assess the child's immediate safety.
9. Be supportive.
10. Report the disclosure immediately and no later than 48 hrs to CPS.

What NOT to say when someone discloses suspected child abuse or neglect.

1. Don't ask "why" questions such as: "Why didn't you stop him or her?" "Why are you telling me this?"
2. Don't say "Are you sure?"
3. Don't ask "Are you telling the truth?"
4. Don't say "Let me know if it happens again."
5. Avoid leading questions ("Did your uncle touch you too?" "Was he wearing a blue jacket?")

WV Child Abuse and Neglect Hotline

1-800-352-6513 (24 hours a day, 7 days a week)

For serious physical abuse or sexual abuse,
also contact the state police & local law enforcement.

What Can Be Done to Prevent Child Abuse and Neglect?

Child abuse and neglect is a community problem and should be everyone's concern. Prevention is a community responsibility. You can help to strengthen families who are responsible for the well-being of their children. Every small effort can bring big rewards and will make a difference in the quality of life in your community. You can also:

- * Get involved.
- * Reach out to parents who are under stress. Help a friend, neighbor or relative who may be struggling with their parenting responsibilities.
- * Develop good communication with the children in your life.
- * Help yourself. Recognize the signs that indicate outside help is needed. If you feel overwhelmed, constantly sad, angry and out of control, get some help.
- * Support local abuse prevention efforts.
- * Vote.
- * Educate your legislators and policymakers on issues affecting children.
- * Lend an encouraging word to a child.
- * Be a positive role model for your children and for other parents.
- * Do something today to help a child you may not know.
- * Volunteer your time for a community agency.
- * Report suspected abuse to appropriate local authorities.
- * Advocate for comprehensive services to help families and laws which protect children and promote healthy families.
- * Speak up for non-violent television programming.
- * Increase public awareness about the problem of child abuse.
- * Become a CASA volunteer.
- * Teach non-violent methods of conflict resolution.
- * **Join the TEAM for West Virginia Children.**

(Contributions are tax deductible. West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, W.Va., 25305. Registration does not imply endorsement.)

Ten Reasons to Prevent Child Abuse

- 1.** Child abuse can be fatal.
- 2.** Child abuse stymies a child's normal growth and development. New brain research shows that the development of the brain in the first three years of life is directly affected by the kind of care babies and toddlers receive.
- 3.** Child abuse is costly for many social institutions.
- 4.** Child abuse costs continue to multiply over time.
- 5.** Child abuse victims often repeat violent acts that they experienced on their own children.
- 6.** Treatment services, while critical, are often ineffective in permanently altering parental behaviors.
- 7.** Prevention programs targeted at parents before they become abusive or neglectful reduce the likelihood for future maltreatment.
- 8.** Prevention programs targeted at children can improve a child's awareness of how best to avoid child abuse and other unsafe practices.
- 9.** Child abuse prevention efforts serve as a way to combat other social problems of concern to the public and to policy makers.
- 10.** Child abuse prevention creates a more compassionate society, one which places a high value on the welfare of children.

— From Prevent Child Abuse America

About TEAM for West Virginia Children

TEAM stands for “Together Eliminating Abuse and Maltreatment.” TEAM for West Virginia Children, a Huntington-based non-profit agency, formed in 1986, is dedicated to the prevention of child abuse and neglect. A small paid staff is helped by many volunteers to conduct programs including:

Western Regional Court Appointed Special Advocate (CASA) project provides trained community volunteers (CASA), appointed by a Circuit Court judge, to advocate for the best interests of an abused or neglected child who has been placed in state custody. The CASA fully researches the situation and makes recommendations to the judge on services needed and permanent placement for the child. The goal is a safe, permanent, loving home for the child.

Public awareness campaigns: The TEAM provides both speakers and materials to promote child abuse prevention. Specific materials are available to help prevent Shaken Baby Syndrome and promoting safe infant sleep through the Our Babies: Safe & Sound Campaign. The TEAM has developed a Train the Trainer curriculum and a series of booklets on identifying and reporting child abuse for mandated reporters.

Mountain State Healthy Families: This project provides voluntary intensive home visitor services for first-time parents who face many challenges. The goal is to help the family get off to a good start by promoting parent-child interaction, providing child development information, and serving as a link to needed community resources.

Prevent Child Abuse West Virginia (PCA-WV): This project is working to support safe and strong families through education, effective programs, and sound public policy. PCA-WV is a state chapter of Prevent Child Abuse America. Partners in Prevention is a statewide initiative of PCA-WV involving community teams around the state who are working to promote the well-being of children on a community level. PCA-WV is also leading efforts to build a network of Circle of Parents® mutual help support groups in West Virginia.

Partners in Community Outreach: This informal network of community-based In-Home Family Education programs around the state works together to build a statewide system of evidence-based early childhood home visiting programs that assures program quality and accountability - helping programs to improve child health; increase school readiness; enhance parenting skills and reduce child maltreatment.

To contact TEAM for West Virginia Children:

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