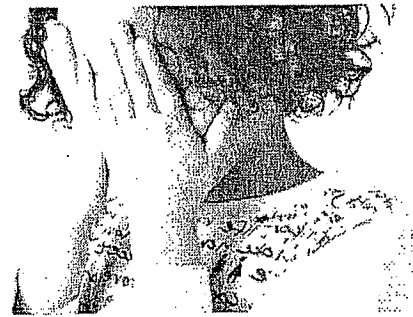


DEALING WITH CHILD ABUSE OR NEGLECT DISCLOSURE

TIP SHEET

(from a child's perspective)



- **Use words I will understand**

Always use age-appropriate words.

- **Never say you'll keep this a secret**

Never promise the child that you will keep what they tell you a secret. Explain to the child your role is to ensure she is safe.

- **Don't tell everyone**

Although you cannot promise to keep the information a secret, you should assure the child that you will not share this information with her peers or anyone who really does not need to know about it to keep her safe.

- **Explain you still care about me**

Reassure the child that what she told you will not change the way you feel about her. Children are often afraid that you will think they are bad, or that what happened to them was their fault.

- **Disclosure may be difficult for me**

Always keep in mind how difficult it has been for the child to tell you this. Remember:



- They may have been threatened not to tell.
- They may feel embarrassed or ashamed.
- They may have tested others and decided it was not safe to disclose.
- They will be watching your reaction very carefully.

As often as possible, try to keep the child informed about what will happen next. She will likely be very anxious. If appropriate, let the child know you will be calling DCFS and explain that it is the job of DCFS to keep children safe.

- **Find out answers for me**

The child will probably have lots of questions about what will happen that you cannot answer. Don't make up an answer. It's OK to tell the child that you don't know what will happen. It may help to tell the child that you know this is hard for her.

Warning Signs of
A Sexual Abused Child
(Unimaginable Act, Author Erin Merryn)

Behavioral Signs

Inappropriate sexual knowledge

Inappropriate sexual behavior

Nightmares or bed-wetting

Emotional outbursts

Displays of anger and rage

Extreme startle-response when touched or a certain person enters the room

Suddenly doesn't want to be around a certain person

Large weight fluctuations or changes in appetite

Suicide attempts/ideation

Self-harming

Runs away

Sudden changes in school performance, grades, or drops out

Overly protective and concerned for siblings, assuming a caretaker role

Post-Traumatic Stress Disorder or rape trauma syndrome symptoms

Extreme responsibility and safety-consciousness

Criminal activity

Wearing excessively loose-fitting clothing, or more layers of clothing than weather requires

Dissociation (unresponsiveness, detachment, confusion, staring blankly, unexplained crying, feeling of separation from reality, feeling of floating, out-of-body experience, feeling that everyone but self is experiencing reality or vice versa)

Panic /anxiety attacks

Feeling of choking or suffocating

Unexplained fear of water touching face (pool, shower,etc)

Feeling dirty, disgusting, and or damaged

Feelings of shame

Fear of extreme loss of control; extreme need to feel in control

Feeling of extreme vulnerability

Constant anticipation of pain

Anticipation of early death

Extreme sensitivity/irritability

Lack of confidence

Feelings of worthlessness and or lack of self-respect

Intense fear of being wrong

PHYSICAL SIGNS

Difficulty walking or sitting

Bloody, torn, or stained underclothes

Bleeding, bruises, or swelling in genital area

Pain, itching, or burning in genital area

Frequent urinary or yeast infections

Sexually transmitted infections, especially if under fourteen years old

Pregnancy

Sever gag reflex, even with nothing in or near mouth

Frequent or chronic severe nausea

Chronic, unexplained pelvic pain

Addiction

GUIDELINES FOR CALLING THE CHILD ABUSE HOTLINE

Mandated reporters and other persons should call the Hotline when they have reasonable cause to suspect that a child has been abused or neglected. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation.

Criteria:

- The alleged victim is a child under the age of 18.
- The alleged perpetrator is a parent, guardian, foster parent, relative caregiver, or any person responsible for the child's welfare at the time of the alleged abuse or neglect.
- There is a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect.
- There is demonstrated harm to the child or substantial risk of physical or sexual injury to the child.

Information the reporter should have prepared for the Hotline:

- Names, birth dates (or approximate ages), races, genders, etc. for all victims and perpetrators.
- Addresses for all victims and perpetrators, including current location.
- Information about all siblings or other family members, if available.
- Specific information about the abusive incident or the circumstances contributing to the risk of harm. The reporter should have information about when the incident occurred, the extent of injuries, how the child says it happened, and any other pertinent information.

CHILD ABUSE HOTLINE

1-800-25 ABUSE OR 1-800-252-2873

1-800-358-5117 (TTY)

The Hotline operates 24 hours per day, 365 days per year. The Hotline is less busy in the early morning hours, and reporters may be able to get through more quickly during these times. Reporters should be prepared to provide phone numbers where they may be reached throughout the day in case the Hotline must call back for more information.

SEXUALLY ACTING OUT

BEHAVIORAL EXAMPLES

Some examples of sexual acting out behavior include, but are not limited to:

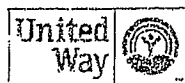
- ▶ **A child forcing another person to do things that are sexual in nature.** For example, a child telling another person to take off his/her clothes or trying to forcibly undress the other person. Another example is a child who aggressively tries to touch the genitals of adults or other children and gets angry when they are prohibited from doing so.
- ▶ **Sexual acts that children do with themselves.** These may include exposing their genitals in public and getting angry when told not to do so, or touching/rubbing their own genitals to the point of hurting themselves.

It is also important to assess the developmental age of the child or children and to consider any differences in power between them:

- ▶ When **two children of the same age** are involved in sexual exploration, it may be perfectly normal. It becomes a point of concern when one child uses force, bribery or threats, or when the acts show sexual knowledge that is not appropriate for the child's age. For example, it is not "age appropriate" for a 4-year-old child to ask another 4-year-old child to perform oral sex.
- ▶ Adults should be aware, not only of the age of the children, but also their **developmental level and power position.** If two 10-year-olds are engaged in sexual behaviors, but one of them is developmentally delayed and functioning at a 4-year-old level, you should suspect child abuse. Also, if one child is physically larger or stronger than the other child, this should raise your suspicion of child abuse.

NOTE: Some children will NOT display any overt behavioral changes.

Sexual predators often abuse children in ways that do not leave physical signs, such as fondling the child, exposing themselves to the child, or having the child perform sexual acts on the adult. Even sexual penetration of a child does not always leave obvious physical signs of abuse.



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The Amy Center
Body Boundaries Program
Questions - 618-244-2100

Responsibilities of Mandated Reporters

Who are mandated reporters?

This section identifies the responsibilities of mandated reporters to report child maltreatment and the basic types of maltreatment that must be reported. The information in this chapter comes from the Abused and Neglected Child Reporting Act (325 ILCS 5/4) which is included with this manual.

Mandated reporters are professionals who may work with children in the course of their professional duties. There are seven groups of mandated reporters as defined in the ANCRA, Sec.4:

Medical Personnel: for example, physician, dentist, LPN, RN, medical social worker, emergency medical technician, nurse practitioner, chiropractor, hospital administrator

School Personnel: includes administrators and certified and non-certified staff such as the superintendent, teacher, principal, school counselor, school nurse, school social worker, assistant principal, teacher's aide, truant officer, school psychologist, and secretary

If an allegation of abuse is raised to a school board member, the school board as a governing body or the individual member has the authority to direct the superintendent of the school district, or other equivalent school administrator, to report the abuse as required by the Abused and Neglected Child Reporting Act.

Social Service/Mental Health Personnel: for example, mental health personnel, social workers, psychologists, domestic violence personnel, substance abuse treatment personnel, staff of state agencies dealing with children such as Department of Human Services, Department of Public Aid, Department of Public Health, Department of Corrections, and Department of Children and Family Services

Law Enforcement Personnel: for example, employees of the court, parole/probation officer, emergency services staff, police, states attorney and staff, juvenile officer

Coroner/Medical Examiner Personnel

Child Care Personnel: includes all staff at overnight, day care, pre-school or nursery school facilities, recreational program personnel, foster parents

Members of the Clergy: includes any member of the clergy that has reasonable cause to believe that a child known to him or her in a professional capacity may be an abused child



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What is required of mandated reporters?

It should be noted that the protection of children is the responsibility of the entire community and that the law provides that anyone may make a report to the Hotline.

Mandated reporters are required to report suspected child maltreatment immediately when they have "reasonable cause to believe" that a child known to them in their professional or official capacity may be an abused or neglected child". (ANCRA Sec.4) This is done by calling the DCFS Hotline at 1-800-252-2873 or 1-800-25ABUSE.

As professionals who work with children, mandated reporters are assumed to be in the best position to recognize and report child abuse and neglect as soon as possible. Mandated reporters are the state's "early warning system" to identify probable abuse early enough to avoid serious and long-term damage to a child. The State's primary goal is to protect the child and, whenever possible, to stabilize and preserve the family so that it may remain intact.

The Abused and Neglected Child Reporting Act places several requirements on you as a mandated reporter.

- You are required to report suspected child abuse or neglect immediately.
- Privileged communication between professional and client is not grounds for failure to report. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor (first violation) or a class 4 felony (second or subsequent violation). Further, professionals may be subject to penalties by their regulatory boards. A member of the clergy may claim the privilege under Section 8-803 of the Code of Civil Procedure.
- You may have to testify regarding any incident you report if the case becomes the subject of legal or judicial action.
- State law protects the identity of all mandated reporters, and you are given immunity from legal liability as a result of reports you make in good faith.

Reports must be confirmed in writing to the local investigation unit within 48 hours of the Hotline call. Forms may be obtained from the local DCFS office or you may duplicate and use the forms in Appendix D of this manual.