



This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

# *Recognizing and Reporting Child Abuse*



*Mary Rose Garcia, MSW*

*Forensic Interviewer/Family Advocate*

*Children's Advocacy Center of the South  
Plains*

*Lubbock, Texas*

## + Today's Presentation +

- What is a children's advocacy center?
- What is their role?
- + • Statistics and the why +
- Four types of abuse - signs and symptoms

## + Today's Presentation +

- Maltreatment of children with significant cognitive disabilities
- + • Grooming +
- Who are the perpetrators?
- Myths

## + Today's Presentation +

- How to respond to a disclosure - the dos and don'ts!
- Reporting - when, how & legalities +
- First responders/minimal facts interviews

## + Today's Presentation +

- Sex trafficking +
- Therapy +

## What is a Child Advocacy Center?

- A child/family may have to navigate certain things alone, such as support in unknown territory, medical, LE (law enforcement), mental health, judicial system

## What is a Child Advocacy Center?

- With CACs (child advocacy centers), we offer help, support or resources with all these things. Parents/guardians may not know what to expect or do; many times they feel scared, angry, or hurt. What are they supposed to do now?

## Lubbock Advocacy Center (Opened in 1996)

- Covers Lubbock and 14 surrounding counties
- Provides interviews for CPS (Child Protective Services) & LE in these counties
- Provides mobile equipment to record these interviews

## Services

- Forensic interviews
- Family advocacy
- Multidisciplinary team meetings
- Education/prevention
- Therapy

## Role of the Children's Advocacy Center in a Child Abuse Investigation

- Provide forensic interviews for law enforcement & CPS investigators
- Facilitate multidisciplinary case reviews- child protection team

## Role of the Children's Advocacy Center in a Child Abuse Investigation

- Multidisciplinary enhanced program- statewide intakes come from Austin CPS and INRs (information and referrals) for LE- someone reads them all and determines if they meet our criteria to provide interviews

## Role of the Children's Advocacy Center in a Child Abuse Investigation

- Provide family advocacy services & follow-up services with families
- Provide free trauma-focused therapy services like CFTSI (child & family traumatic stress intervention)

## Role of the Children's Advocacy Center in a Child Abuse Investigation

- Provide community education/ awareness on child abuse to children and adults

## Why Should You Learn or Know These Things?

- It's the law! In Texas we are all mandated reporters
- To know how/when to report
- To dispel commonly believed myths

## Why Should You Learn or Know These Things?

- To be a voice for children who may not speak up
- To know how to handle a disclosure (what to do and what not to do)

## Child Abuse Statistics

- How many reports of child abuse are made each year in the US?
- Three million reported, one million confirmed

## National Statistics

- One in four girls will be sexually abused before age 18
- One in six boys will be sexually abused before age 18
- Only one in 10 children who are abused will tell someone

## National Statistics

- Around 40% of children who experience sexual abuse are abused by older, more powerful children
- Every 10 seconds a report is made
- Five children die every day from abuse

## Texas/Local Statistics

- Of the 68,018 Texas children served by a CAC in 2021, 98% of the child victims knew their perpetrators
- 46,512 forensic interviews, 14% increase from 2020

## Forensic Interviews 2021

- 1094 Interviews
  - Sexual abuse - 760
  - Physical abuse - 102
  - Both - 27
  - Neglect - 56

## Forensic Interviews 2021

- Witness - 133
- Other - 16
- Sex trafficking - 9
- Child fatality - 1

## +Therapy 2021

- 109 children and caregivers
- 2560 sessions
- \$192,000
- Family advocates made an additional 1590 follow-up calls (after initial 1094 interviews)

## +Types of Abuse

- Child abuse is legally defined as any willful act, or threatened act, that results in any physical, mental, or sexual injury or harm that causes, or is likely to cause, the child's physical, mental, or emotional health to be significantly impaired

## +Types of Abuse

- Physical abuse
- Neglect
- Emotional abuse
- Sexual abuse

## +Physical Abuse

- Any non-accidental, physical injury to the child

## What to Look for:

- Frequent injuries that are unexplained and/or the story that the child gives just does not make sense
- Burns/bruises in an unusual pattern that may indicate the use of an instrument

## What to Look for:

- Evidence of delayed or inappropriate treatment for injuries

## +Types of Physical Abuse +

+  
Defined as any non-accidental, physical injury to the child

- + • Hitting +
- Punching
- Choking
- + • Kicking +

## +What to Look for: +

- + • Frequent complaints of pain without obvious injury +
- + • Complaints of soreness or discomfort when moving (like not able to sit down) +

## What to Look for:

- Injuries that involve the face, backs of hands, behind ears, buttocks, genital area, abdomen, back, or sides of the body; some of these injuries can be seen by nurses/doctors/teachers. You will probably receive lots of training on how to determine what bruising may be abuse.

## What to Look for:

- Aggressive, disruptive, destructive or self-destructive behavior
- Passive, withdrawn, emotionless behavior

## +What to Look for: +

- Biting +
- Burning
- + • Shaking +

## +Neglect +

- The failure of a parent/guardian, or responsible caregiver, to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm +

## Neglect

- A child's basic needs are not being met
- They do not have food, water, shelter
- Failure to provide or seek adequate medical care for the child
- Child is not given medicine that is required for them to be healthy

## Neglect

- Occurs when a child's parent/guardian fails to respond adequately to child's emotional needs
- Parent or guardian intentionally withholding love and attention

## Neglect

- Parent/guardian fails to care for and protect the child's surroundings
- Inadequate supervision
- Exposure to drugs

## Physical Signs

- Under or malnourished/often hungry (may be seen in exam)
- Regularly displays fatigue, listlessness, or falls asleep frequently in class (teachers)
- Untreated injuries

## Physical Signs

- Need for glasses, dental care, or other medical attention
- Chronic injuries attributed to a lack of supervision
- Lack of personal care or hygiene (is it because they are poor or neglected)

## Physical Signs

- Cutting (long sleeves in warm weather)

## Emotional/Behavioral Signs

- Any extreme behavior changes
- Stealing, hoarding, or begging for food
- Passive or withdrawn behavior
- Aggressive, disruptive, destructive, or self-destructive behaviors

## Emotional/Behavioral Signs

- Developmental delays not caused by a disability
- Extreme loneliness, need for affection, clingy behavior

## Emotional Abuse

- Repeatedly telling the child mean, hateful, or emotionally harmful things
- Making a child perform any sort of act that might be degrading
- Exposing child to domestic violence

## Physical Signs

- Delayed physical development
- Failure to thrive
- Gastrointestinal issues
- Substance abuse
- Bedwetting

## Physical Signs

- Habit disorders (sucking, rocking, biting)
- Cutting (long sleeves in warm weather)

## Emotional/Behavioral Signs

- Any extreme behavior changes
- Developmentally delayed
- Delinquent behaviors
- Self-destructive behaviors
- Doesn't seem to be attached to caregiver

## Emotional/Behavioral Signs

- May appear overly pushy or hostile
- May have a hard time making friends

## Sexual Abuse

- The exploitation or victimization of a child by an adult or an older or more powerful child. Sexual abuse includes the use of a child for sexual arousal, including touching and non-touching offenses.

**DOES NOT REQUIRE SKIN to SKIN CONTACT!**

## Sexual Abuse

- Sexual assault/aggravated sexual assault
- Indecency with a child
- Exposing the child to pornography
- Taking explicit photos or videos of child

## Sexual Abuse

- Having sexually inappropriate conversations with a child
- Exhibitionism
- Forcing a child to watch a sex act

## Emotional/Behavioral Signs

- Major change in normal mood/behavior
- Excessive knowledge of sexual behaviors
- Threatened by closeness or physical contact

## Emotional/Behavioral Signs

- Fear of being alone with adults of a particular gender
- Refuses to change for gym or participate in physical activities

## Emotional/Behavioral Signs

- Sexual victimization of other children
- Regress to early childhood behaviors (thumb sucking, bedwetting, etc.)

## Physical Signs

- Pain, swelling, or itching in genital area
- Difficulty walking or sitting
- Torn, stained, or bloody clothing
- Substance abuse
- Sexually transmitted infections, especially in preteens

## Physical Signs

- Pregnancy
- Weight change
- Cutting (long sleeves in warm weather)
- Suicide attempts

## Maltreatment of Children with Significant Cognitive Disabilities

- Includes students with severe profound cognitive impairments
- Red flags of abuse are the same for children with these challenges

## Maltreatment of Children with Significant Cognitive Disabilities

- May be more likely to experience physical abuse from guardians
- Increased dependence on caregivers puts them at greater risk for sexual abuse and neglect

## Maltreatment of Children with Significant Cognitive Disabilities

- Abusers may take advantage of kids who have problems speaking, hearing, or who don't understand social situations very well

## Maltreatment of Children with Significant Cognitive Disabilities

- Can be frustrating because of inability to “prove”

## Grooming

- A deliberate process by which a perpetrator earns the trust of the victim, the victim’s family and the community

## Grooming

- They establish an emotional connection with a minor to lower the child's inhibitions, so they can manipulate, exploit, and abuse them. Children and young people can also be groomed online.

## Grooming

- Gifts
- Secrets
- Excessive communication
- Spending extra alone time with a child
- Appropriate and inappropriate touching

## Grooming

- Walking in on them in the bathroom or during private dressing time
- Offering special privileges to a child
- Offering alcohol/drugs

## Grooming

- Talking to a child about personal sexual experiences; “testing the waters”
- Showing pornography

## Why Children Don't Tell

- They believe the abuse is their fault
- To protect siblings, other family members or friends from abuse
- They have likely been threatened or manipulated by abuser
- Fear of not being believed

## Why Children Don't Tell

- Afraid speaking up will “ruin lives”
- They may not know it is wrong

## Why Children Don't Tell

- A parent will tell them not to say anything because the abuser (dad, boyfriend, or stepdad, etc.) pays the bills and then they wouldn't have a place to stay

## Who Are the Perpetrators?

- Family member inside the home or ones who visit a lot
- Relative/close family friend

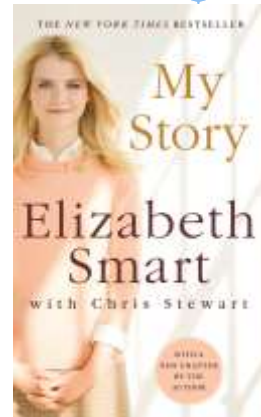
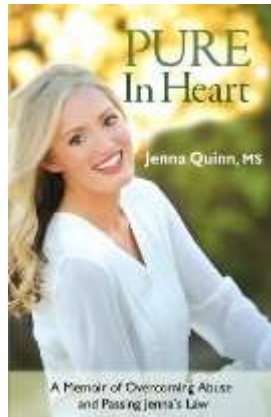
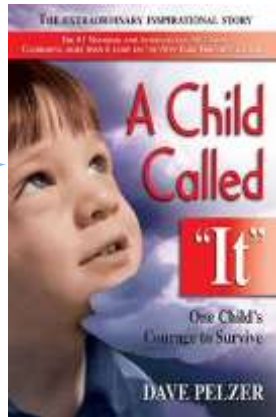
## Who Are the Perpetrators?

- Friend's parent
- Church member/teacher/coach
- Older child
- Parent's boyfriend/girlfriend

## Who Are the Perpetrators?

- Over 90% of the time abusers are someone that is known to the child, family, and community

## Books About Child Abuse



## Myths About Child Sexual Abuse

- Strangers typically abuse children
- I can recognize a person who abuses children
- Many children lie about being sexually abused

## Myths About Child Sexual Abuse

- My child would tell me if he/she were being abused
- Abuse only happens to certain people, not in my community

## Responding to an Outcry of Abuse

- Do NOT make assumptions or promises
- Do NOT show shock or other emotions
- Do NOT interrogate or investigate
- Do NOT put words in the child's mouth

## Responding to an Outcry of Abuse

- Do NOT be judgmental about the abuser; it is often someone the child loves/trusts
- Do NOT assume someone else will report the abuse

## R.E.P.O.R.T.

- Report child abuse!
- It is your legal responsibility!
- We are all mandated reporters

## Recognize and Report Suspected Abuse Immediately

- Should I or shouldn't I? (you may ask yourself)
- If it crosses your mind, the answer is always yes
- You need a suspicion to report, not evidence

## Exercise Caution When Speaking to a Child

- Find out who, what, when, where the child will see this person again
- Then stop asking questions

## Protection of the Child is the Most Important Thing

- Do not call the parent/guardian
- Do not conduct an internal investigation

## Outcry Witness

- Staying in your lane and making a report will help you (sometimes years later) if you have to testify

## Record Keeping

- Keep a record that you made a report
- Include the CPS report number and/or the conversation with the local police/SRO (school recourse officer)

## Tampering

- Even when it is not intentional, it harms the case
- Let investigators and CPS professionals take it from there

## Policies in Child-Serving Organizations

- Every child-serving organization should have written policies that specifically address issues related to child abuse

## Things to Consider

- Perform background checks, screenings, personal interviews, and professional references for all staff and volunteers working with children

## Things to Consider

- Require staff and volunteers who work with children to be trained regularly in recognizing & reporting child abuse
- Minimize the one-on-one interaction with a child
- Establish a policy

## To Make a Report

- State CPS hotline (will forward to local office)

**1-800-252-5400**

**txabusehotline.org**

## To Make a Report

- You do not have to be certain that abuse or neglect has occurred
- When you hesitate to make a report or avoid the responsibility altogether, you may be causing additional harm to the child

## What is a First Responder Contact?

- The initial contact, usually made by a CPS investigator and/or a law enforcement officer, following a report of suspected child abuse

## What is a First Responder Contact?

- This is appropriate when there is a community protocol in place that calls for an official forensic interview to be conducted by the Children's Advocacy Center of the South Plains

## What is a First Responder Contact?

- Law enforcement & CPS require a timely response to the reporting of a potential crime against a child
- Law enforcement will respond immediately when a call is received

## What is a First Responder Contact?

- CPS is mandated to initiate contact, assess safety, and respond to any needs within 24/72 hours
- Initial response may be made by law enforcement or CPS; or the practice may be to respond jointly

## Purpose of Minimal Facts Interview

- To establish safety of child now and in the future
- To learn if there are other kids or witnesses
- To learn if suspect has access to other kids

## Purpose of Minimal Facts Interview

- To pave the way for further in-depth interview at a later date
- To establish venue

## Questions to Ask Yourself Before Talking to a Child

- Is the child developmentally competent to provide the information that I need?
- Do they know what “how many” means?
- Is the child emotionally stable enough to answer my questions?

## Questions to Ask Yourself Before Talking to a Child

- How do I phrase my questions so that they are developmentally appropriate, non-suggestive, and non-leading?
- What must be known to make decisions about further action?

## Questions to Ask Yourself Before Talking to a Child

- Is there another source for the information, such as an accompanying adult?

## Questions to Ask Yourself Before Talking to a Child

- Talk to the child (or adult) alone
- Show interest in what the child is saying
- Use open-ended questions

## Questions to Ask Yourself Before Talking to a Child

- Do not use leading questions
- Don't go further than you need to
- Record your questions & child's responses

At the End of Field Interview, We Should Know From the Child:

- What the act was? Sexual abuse?
- Touched? Where on the body and with what?
- Where? (jurisdiction)
- When? (last time) If under 8, may not give wanted information

At the End of Field Interview, We Should Know From the Child:

- Who did it?
- Other victims or witnesses?
- Is there an injury?

## +What You Should Know From Adult/Collateral +

- More information on what happened to the child
- More details about the perpetrator (e.g., address, DOB (date of birth), etc.)
- How disclosure arose (spontaneous or not, and if not, what questions were asked)?

## +What You Should Know From Adult/Collateral +

- Other possible victims or witnesses?
- Where it happened?
- Medical attention needed?
- Safety plan needed?

## What You Don't Need to Know

- How many times something has happened (don't need details about every incident)
- Exact locations (e.g., rooms in house)

## What You Don't Need to Know

- Sensory details (how it felt, what was said, etc.)
- Context around disclosure process (why they decided to tell or not tell, etc.)

## What NOT to do in a Field Interview

- Do not use dolls or stuffed animals to elicit disclosure
- Do not introduce words to child to label actions or body parts
- Do not solely ask yes/no questions

## Here are the Reasons Why You Should Avoid Doing a Full Field Interview

- Interview is not video or audio recorded
- Child is more likely to provide a more full disclosure in a neutral environment

## Here are the Reasons Why You Should Avoid Doing a Full Field Interview

- Child may be reluctant to talk in future interviews as child may feel they have already told someone
- With younger children, the risks of suggestibility are increased (contaminating the statements)

## Here are the Reasons Why You Should Avoid Doing a Full Field Interview

- The more questions you ask, the more testimony time you may have
- **Why to avoid multiple child interviews:**
  - Recantation by the child
  - Child feeling as if no one believes him/her

## Here are the Reasons Why You Should Avoid Doing a Full Field Interview

- Child changing statements in order to please professionals, which may lead to what seem like inconsistencies
- Increases trauma to the child (we talked about this earlier)

## What if They Don't Disclose

- No abuse?
- Communication problems
- Child does not want to or is unable to talk about abuse at this time
- Remember some of the reasons we talked about earlier, why they don't tell

## Field Interview or Not?

- Be aware that children under 6 have more potential for memory to be contaminated so the number of times the child is “interviewed” will contaminate the assessment/ investigation. So if at all possible, DO NOT interview and call your CAC to consult.

## Field Interview or Not?

- Do a field interview if needed to establish the safety of the child! What do you need in order to ensure safety?

**That is most important!**

## What Do You Know About Sex Trafficking?

- The recruitment, harboring, transportation, provision, obtaining, or advertising of a minor child for the purpose of a commercial sex act, which involves the exchange of anything of value – such as money, drugs, or a place to stay – for sexual activity

## What Do You Know About Sex Trafficking?

- This is, by law, human trafficking, regardless of the use of force, fraud, or coercion
- There is no such thing as a “child prostitute”
- Even if a child is willingly in “the life”

## What Do You Know About Sex Trafficking?

- A lot of people may think it's like the movie "Taken"

## What Do You Know About Sex Trafficking?

- While that may happen, kids are sometimes abducted; most of the time it starts with social media

## Social Media

- Friends recruiting friends
- Recruiting through texts
- Recruiting through calls
- Recruiting people online

## Who is at Risk?

- Youth in the foster care system
- LGBTQ
- CPS involvement
- History of abuse

## Who is at Risk?

- Children with significant substance abuse issues or who live with someone who has substance abuse issues
- Children who are chronically missing or who frequently run away (especially 3+ missing incidents)
- Any youth is at risk

## What Do You Know About Sex Trafficking?

- Second largest & fastest growing criminal activity; tied with arms dealing
- Texas is #2 in the nation for child sex trafficking
- Approximately 79,000 victims in Texas

## +What Do You Know About Sex Trafficking? +

- 80% female, 20% male +
- A person can stay in one place and still  
+ be trafficked +
- Trafficker: parents/guardians = 40-55%

## +What Do You Know About Sex Trafficking? +

- Average age of entry: +
  - Females: 12-14 years of age
  - + • Males: 11-13 years +

## Physical Indicators

- Signs of sexual or physical abuse
- Symptoms of neglect such as malnourishment
- Unaddressed or chronic medical issues or STIs

## Physical Indicators

- Recovered at hotels, strip clubs, or other places where commercial sex is known to occur
- Has a secret cell phone or apps providing multiple cell phone numbers

## Physical Indicators

- In possession of material things inconsistent with child's access to money
- Extreme changes to physical appearance; expensive hair, nails and makeup

## Physical Indicators

- Living out of suitcases, motels, a car, or other evidence of housing insecurity
- Has tattoos/branding

## Behavioral Indicators

- Unexplained absences from school
- Stops engaging in activities they previously enjoyed
- Abruptly disconnect from family and friends

## Behavioral Indicators

- Significant or sudden changes in mood or behavior, including their online activity
- Appears overly frightened, annoyed, resistant, or belligerent to authority figures

## Behavioral Indicators

- Avoids answering questions or lets others speak for them
- Lies about age and identity
- Has secret online profile

## Behavioral Indicators

- Uses language or emojis often associated with commercial sex such as “trick”, “the life”, or “the game”

## What Should I Do if I Suspect a Patient Is Being Trafficked?

- If a healthcare provider suspects their patient is being trafficked, the provider should try to speak with the patient privately without anyone who is accompanying them

## What Should I Do if I Suspect a Patient Is Being Trafficked?

- Private conversations help to establish trust and allow the patient to share information about their situation in a safe environment

## What Should I Do if I Suspect a Patient Is Being Trafficked?

- Healthcare organizations should establish protocols on responding to human trafficking, including screening methods and questions to ask potential trafficked persons

## Where to Learn More

- <https://www.acf.hhs.gov/otip>
- <https://www.texasattorneygeneral.gov/initiatives/human-trafficking>
- <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>

## +Trafficking Hotline

+ 1-888-373-7888 +

- Call local law enforcement
- + • If a child is in immediate danger always call 911 first!
- Text 233733

## +Without Therapy / Intervention

- Post-Traumatic Stress Disorder (PTSD)
- Depression
- + • Substance abuse +
- Difficulties in interpersonal relationships
- Low self-esteem

## Without Therapy / Intervention

- Running away
- School-related problems including learning difficulties
- Vulnerability to further victimization

## Therapy Success Story

- “This client started therapy with me following multiple years of sexual abuse and was also a witness to domestic violence. When she started therapy, she showed multiple trauma symptoms. She experienced PTSD, depression, and anxiety.

## +Therapy Success Story +

- She participated in self-harm and experienced high suicidal ideation.

## +Therapy Success Story +

- Since completing the TF-CBT protocol she has shown healing in multiple areas of her life. She is no longer experiencing SI. She has been “clean” from self-harm for over a year. She now participates in a variety of extracurricular activities and is a member on different sport teams.

## +Therapy Success Story +

- Her and her non-offending caregiver and siblings have grown closer together and have been able to heal as a family. She was able to read an impact statement in court, advocate for herself, and give voice to her story.

## +Therapy Success Story +

- She has grown and thrived even after experiencing things that some of us could never imagine for ourselves. She has goals for herself to finish school, attend college, and become a therapist to help other children who have also experienced abuse.

## +Therapy Success Story +

- While her road to healing had twists and turns she's been able to grow and find healing through it all.”

+ CAC (Certified Addiction Counselor) Therapist +

## +Therapy Success Story +

- 9-year-old girl: “I got a really great counselor, and she is the best counselor that there has ever been. In therapy, we do breathing exercises and the 5-4-3-2-1 meditation stories, we draw sometimes, and we just talk and stuff. It helps me a lot.”

## +Therapy Success Story

- ...It helps me mentally and physically, so I don't get mad and throw things at anybody. I have learned how to keep my confidence and stay calm by listening to songs.

## +Therapy Success Story

- ...Well now I don't feel as weird because it's not my fault and it happens but even though it's gonna happen to lotsa people, you just gotta fight through it."

## +Therapy Success Story +

- 13-year-old girl... “sexual assault has definitely made me a stronger person and it showed me a lot. At first my family was pretty torn apart.”

## +Therapy Success Story +

- Everyone had an attitude and no one was ever really happy but after talking about our problems and working things out and going to therapy, I’m proud to say things have gotten a whole lot better. My mom is very proud of how far I’ve come.”



## Recognizing and Reporting Child Abuse

Mary Rose Garcia, MSW

If you have any questions about the program you have just watched, you may contact us at:

(800) 424-4888 or [Health.eduCSRequests@ttuhsc.edu](mailto:Health.eduCSRequests@ttuhsc.edu)

Direct your inquiries to Customer Service. Be sure to include the program title and speaker.

This information is intended for the private use of Health.edu subscribers. Any redistribution of this information without the express written permission of Health.edu is prohibited.

[www.ttuhsc.edu/health.edu](http://www.ttuhsc.edu/health.edu)

Copyright 2023



This information is intended for the private use of Health.edu subscribers.  
Any redistribution of this information without the express written permission of  
Health.edu is prohibited.

800-424-4888|[www.ttuhsc.edu/health.edu](http://www.ttuhsc.edu/health.edu)

Copyright 2023