CHILD ABUSE PREVENTION
A TRAINING MODULE FOR SCHOOL STAFF

HISD Health and Medical
HOUSTON INDEPENDENT SCHOOL DISTRICT

Health and Medical Services

Child Abuse Module

Prepared under the direction of Gwendolyn Johnson, Manager

Revised August, 2012
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**CHILD ABUSE MODULE**

**Introduction**

People who suspect that children are abused, neglected, in danger of abuse or neglect, by law, must report their suspicions to the Texas Department of Family and Protective Services, 1-800-252-5400, or to the local state law enforcement agency. Victims, many times, do not recognize that they are being abused, as this abusive act is perceived as being normal. The Agency’s Licensing Division is responsible for investigating complaints and reports that a child may have been abused, neglected, or in danger of abuse or neglect.

**Mission of Module**

The Child Abuse Module has been revised in an effect to allow flexibility in its use. This revised format will permit the user to adapt information from this module to meet individual school needs as well as varying time allocations.

The module provides information regarding child abuse laws, school board policies and procedures, and training guidelines, which may be used in meeting mandated training requirements for teachers and school staff.

A Sample Agenda has been included which covers the mandated training. Overhead transparencies may be made from materials included in the module.

Texas Department of Family and Protective Services
Internet Address: [www.dfps.state.tx.us/training/Reporting/](http://www.dfps.state.tx.us/training/Reporting/)

Revised 2012
IN-SERVICE REQUIREMENTS

The mandatory reporting law and the educator’s likelihood of identifying abuse or neglect make it important that they:

- Know and be able to recognize the signs of abuse and neglect.
- Know and be familiar with the reporting procedures required by their school, their school district, and the state.
- Be familiar with the resources in their schools and community that are available for help when dealing with a victimized child in the classroom.

On June 14, 1985, Governor Mark White responded to these needs by signing House Bill 986. The bill states:

“As a part of inservice training and preparation, all certified professional educators must be instructed in recognizing and responding to signs of abuse or neglect in students.”

This bill applies to teacher in-service training and preparation for each school year.

All new personnel must be inserviced each year regarding the recognition and reporting of child abuse. Principals have been informed that the school nurse can provide this inservice. The inservice should include information regarding the district’s policy and the school’s procedure, as well as the legal implications. Check with the principal to determine who will be responsible for collecting information regarding the reporting of child abuse (nurse or counselor) prior to presenting the child abuse inservice.

The school nurse is responsible for being sure that the information is current and a date is decided with the principal as when the inservice will be provided. These inservices must be held early in the school year.

The child abuse module was developed to facilitate an improved and updated child abuse inservice. It allows for flexibility to meet the individual school needs. The nurse is responsible for knowing and must be informed of current laws and procedures. The number for reporting is 1-800-252-5400. The internet address for reporting is: http://www.txabusehotline.org
User name:
Password:
CHILD ABUSE MODULE

GOAL: To provide knowledge of Houston Independent School District’s (HISD) Policies and Procedures relating to Child Abuse and to meet state mandated training.

OBJECTIVES: Upon completion of this module participants will:

1. Recognize signs of child abuse and neglect.
2. Identify the legal responsibility and procedures of reporting child abuse or neglect.
3. Develop familiarity with resources available for help when dealing with a victimized child in the classroom.
SAMPLE AGENDA

CHILD ABUSE MODULE

Why should we be concerned about the child abuse? Is it my problem? Is it your problem?

What is child abuse?

I. Give pretest
   Ask participant to keep until end of session when answers will be discussed.

II. Discuss Mandated Training.

III. Discuss Definitions of Abuse.

IV. What to look for – Transparencies
   Physical Abuse
   Neglect
   Sexual Intercourse
   Indicators of Parents Who May Abuse Their Children
   Children Most Likely to Be Abused

V. Priority Intake

VI. Legal Responsibility for Reporting
   Public Welfare
   Child Abuse
   Report to County Attorney
   Internet Reporting

VII. Administrative Regulations

   See Appendix I
THE ABUSE OF CHILDREN

PRETEST

1. T  F  Most physically abused children are only abused once
2. T  F  Physical abuse tends to run in families; parents who abuse their children often had poor parent models themselves.
3. T  F  Physical abuse of children is a violation of criminal law.
4. T  F  Although most of them survive, children who suffer severe neglect end up scarred psychologically and sometimes physically.
5. T  F  Neglecting parents have a problem with lack of stability in their lives.
6. T  F  Neglect is the least common reason for death among children.
7. T  F  In most cases, childhood victims are sexually abused by strangers.
8. T  F  Child pornography is not a form of sexual abuse.
9. T  F  In most cases, the sexual abuse of children does not involve threat or use of physical force.
10. T  F  Substance abuse, mental illness, and/or mental retardation may make some parents more likely to abuse their children emotionally.
THE ABUSE OF CHILDREN

Answers to quiz

1. FALSE
Most children who are physically abused become part of a cycle which repeats itself throughout their childhood.

2. TRUE
Unfortunately, those who had to live through a childhood of victimization are very likely to victimize their own children. One reason for this may be the poor self image which the victims of physical abuse tend to develop.

3. TRUE
The physical abuse of children is a form of assault which should be regarded at least as seriously as all other criminal violations.

4. TRUE
Because their basic needs were ignored at such an early age, children who suffer severe neglect are not given the opportunity to normally develop psychologically. Their social skills may suffer severely. In addition, if they were malnourished or caused to be ill as the result of having basic food, clothing, and shelter needs unmet, their physiological development may have been affected.

5. TRUE
Often the problems which parents or caretakers have in various areas of their lives are taken out on their children. They typically do not have a healthy outlet for their feelings and do not know where to get help for themselves.

6. FALSE
Neglect is actually the number one killer of children today, however, it is difficult to identify and prove. In many cases, there is no intervention, and it is not until the child dies that people are aware of the neglect which was present.

7. FALSE
Although much sexual abuse is done by strangers to the child victims, over 70% of the sexual abuse of children is done by people the children knew. In fact, if sexual abuse to a child has occurred, it is most likely that the perpetrator was someone the child knew fairly well and trusted.

8. FALSE
Any sexual activity which is demanded of a child by an adult is abusive and a violation of the law.

9. FALSE
In most cases of child sexual abuse, the child is threatened with harm if she/he tells anyone about the victimization. These threats can result in physical through beatings or torture, even resulting in the murder of a child.
10. TRUE

Parents who are out of control due to their own problems of mental illness, substance abuse, or mental retardation are likely candidates to abuse their children emotionally. However, they are not the only parents or caretakers who abuse their children and should not be singled out. People from all groups may treat their children in a way which can be considered emotional maltreatment.

DEFINITIONS

Child abuse is against the law. The four main categories of child abuse defined in the Texas Family Code are:

**Physical Abuse** – the non-accidental injury to a child that results in substantial harm, or threat of harm, including an injury that is at variance with the explanation given, and excluding the reasonable discipline of a child by a parent or guardian.

**Mental Abuse** – injury to a child that results in material and observable impairment in the child’s growth, development, or psychological functioning.

**Sexual Abuse** – sexual conduct with or in the presence of a child to arouse or gratify the sexual desires of another. This includes sexual penetration with a foreign object, incest, sexual assault, sodomy inflicted on or shown to a child; failure to make reasonable effort to prevent the sexual conduct mentioned above; or the depiction of a child in print, film, or video for obscene or pornographic purposes.

**Neglect** – includes abandonment, failure to obtain and follow through with proper medical treatment; failure to provide children with proper food, clothing, shelter, and leaving a child in a situation where he/she will be exposed to substantial harm.

**DFPS** – the Texas Department of Family and Protective Services PO Box 149030 Austin, Texas 78751 (512) 438-4800, has a mission to protect the unprotected.
WHAT TO LOOK FOR

**Physical Abuse**

 Bruises, welts, black eyes, burns, frequent injuries.

 Regular patterns descriptive of objects used, such as belt buckles, hand, wire hanger, chain, wooden spoon, squeeze or pinch marks.

 Children who do not want to sit down.

 Burns

 Children who cannot hold a pencil

 Fractures and dislocations or whiplash from shaking the child

 Children who do not want to change clothes for Physical Education.

 Wearing long sleeves even in hot weather

 Complaints of pain without obvious injury

 Evidence of poor self concept

 Frequent absence or tardiness without reasonable explanations

 Coming to school early and staying late

 Fear of going home or seeing parents

 Aggressive, disruptive, destructive behavior

 Passive, withdrawn, fearful of other children or adults

 Manipulative or distrustful attitude

 Absence of joy

 Lack of expression of anger or pain

 Complaints of beatings or other harsh treatment

 Child is “too eager” to please

 There is a significant change in the child’s attitude or behavior at school
<table>
<thead>
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<th>Details</th>
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<tr>
<td>Apparent fear of parents or going home</td>
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<tr>
<td>Lying very still while surveying environment</td>
<td></td>
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<tr>
<td>Inappropriate reaction to injury, such as failure to cry from pain</td>
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<tr>
<td>Lack of reaction to frightening events</td>
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<tr>
<td>Apprehensive when hearing other children cry</td>
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<td>Indiscriminate friendliness and displays of affection</td>
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<tr>
<td>Superficial relationships</td>
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<tr>
<td>Acting-out behavior, such as aggression, to seek attention</td>
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<tr>
<td>Withdrawal behavior</td>
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EMOTIONAL ABUSE AND NEGLECT

Frequent truancy

Obvious malnourishment, such as thin extremities, abdominal distention, lack of subcutaneous fat

3-4 standard deviations below normal height/weight

Child is given inappropriate food, drink, or medicine

Inappropriate dress for weather

Tom, dirty clothing/poor personal hygiene, especially teeth

Body and hair dirty, offensive body odor

Fatigue, listlessness

“Failure to thrive”

Stealing or begging for food

Evidence of poor health care, such as nonimmunized status, untreated infection, frequent colds

Excessively passive or sleepy

Self stimulatory behavior, such as finger sucking or rocking

Drug and/or alcohol addiction

Vandalism or shop lifting

SUGGESTIVE BEHAVIOR

Failure to thrive
Fedding disorders, such as rumination
Enuresis
Sleep disorders
Self-stimulatory behaviors, such as biting, rocking, sucking
During infancy, lack of social smile and stranger anxiety
Withdrawal
Unusual fearfulness
Antisocial behavior, such as overcompliant and passive or aggressive and Demanding
Lags in emotional and intellectual development, especially language Suicide attempts
SEXUAL ABUSE

Bruises, bleeding, lacerations or irritation of external genitalia, anus, mouth, or throat

Sexually transmitted disease in young child

Complaints of pain/itching in genital area

Evidence of trauma in genital area

Torn, stained, or bloody underclothing

Difficulty in walking or sitting

Pregnancy in young child

Unusual seductive behavior

Drawings or writing may have strong, often bizarre sexual theme

Overly sophisticated knowledge and interest in sexual acts and vocabulary

Expression by child or other children of his/her being sexually involved with an adult

Repeated attempts to run away from home

Poor peer relationships

Overly mature appearance or behavior

Recurrent urinary tract infections

Sudden emergence of sexually related problems, including excessive or public masturbation, age-inappropriate sexual play, promiscuity, or overly seductive behavior

Withdrawn, excessive daydreaming

Preoccupied with fantasies, especially in play

Incestuous relationships, excessive anger at mother for not protecting daughter

Regressive behaviors, such as bed-wetting or thumb sucking

Profound and rapid personality changes, especially extreme depression, hostility, and aggression (often accompanied by social withdrawal) Suicidal attempts
METHODS USED TO PRESSURE CHILDREN INTO SEXUAL ACTIVITY

The child is offered gifts or privileges.

The adult misrepresents moral standards by telling the child that it is “okay to do.”

Isolated and emotionally and socially impoverished children are enticed by adults who meet their needs for warmth and human contact.

The successful sex offender pressures the victim into secrecy regarding the activity by describing it as a “secret between us” that other people may take away if they find out.

The offender plays on the child’s fears, including fear of punishment by the offender, fear of repercussions if the child tells, and fear of abandonment or rejection by the family.
CHILDREN MOST LIKELY TO BE ABUSED

Handicapped and/or children with special needs

Premature infants (lack of parent/child bonding due to lengthy stay in incubator following birth)

Unwanted, illegitimate, or hyperactive children

Child with “will of own” – stubborn, inquisitive, demanding children who remind the parent of someone the parent dislikes, such as younger sister or brother who received all the attention from the parent.

ENVIRONMENTAL CHARACTERISTICS

One of chronic stresses which may include problems of poverty and poor housing

Frequent relocation by family

Indecent exposure between children and parents, such as that occurs in crowded living conditions, increases the likelihood of abuse.
INDICATORS OF PARENTS WHO MAY ABUSE THEIR CHILDREN

Significant crisis in family-death, divorce, separation, long term illness, drug or alcohol problems, unemployment, etc.

Family is isolated – no close friends or relatives, no community involvement

Little concern for child’s problems – unavailable for conferences

Aggressive or defensive about child

Child’s injury blamed on third party

Bizarre behavior related by child

Unreasonable explanation given for child’s injury

Delay in seeking medical attention for child, or a history of taking child to several different doctors or emergency room

Unreasonable expectations of child

Low frustration level or impulsive traits

Immaturity – lack of knowledge concerning child rearing

Poor self image

Were abused as children themselves
APPENDIX
A SCHOOL CHILD’S BILL OF RIGHTS

1. Right to be heard.
2. Right to live in a non-abusive and peaceful environment.
3. Right to be protected against unethical violation.
4. Right to privacy and boundaries.
5. Right not to be hit.
6. Right to say no.
7. Right to be treated in a nonjudgmental manner.
8. Right to terminate conversations with people who causes him/her to feel put down and humiliated.
9. Right to be treated with respect and dignity and to have confidentiality maintained.
10. Right to be believed.
11. Right to give and receive unconditional love.
12. Right to receive health care and adequate nutrition.
13. Right to face the consequence of their behavior.
14. Right to grieve over losses.
15. Right not to smile upon crying and to be angry at a loved one.
16. Right to utilize available school services.
17. Right to receive information regarding the situation after abuse has been reported.
18. Right to make decisions, right to change, and the right not to be perfect.
19. Right to make friends and have friends.
20. Right to be happy.

** A CHILD THAT IS TAUGHT AT HOME HAS THE SAME RIGHTS.**
Strategies for Dealing with Anger

Anger is very important. Often it is the first indicator to alert us of a problem. Today, health care and school professionals are confronted by angry students and angry parents. For this reason, understanding the emotion of anger and how to deal with it is critical in preventing and controlling physical aggression.

1. Stay calm.
2. Listen to the person’s complaint or allegation before making comments. If you speak, lower your voice.
3. Use “I” statements and avoid blame.
4. Maintain a safe distance from the angry person (an arm length is usually considered safe).
5. Recognize your indicator of anger.
6. Practice a quick form of gaining self-control, i.e. take a deep breath, counting to ten (10).
7. Identify the problem or concern.
8. Clarify the real issue and provide factual information. Keep the encounter brief.
9. Empathize with the person; however, do not assume ownership of the problem.
10. Do not take the anger situation personally.

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POSSIBLE INDICATORS OF GRIEF

Grief is experienced when there is a loss or perceived loss. Grief is related to desire, whether the desire is large or small. If the desire is not met, a feeling of grief may be experienced.

An awareness of our feelings and learning constructive ways of dealing with them is crucial in our process of healing and developing the whole person. Children experience the same feelings as adults, but manifest and express feelings in different ways. Healthy children are spontaneous, joyful, and honest regarding their feelings.

1. Children may exhibit intervals of normal play while grieving, followed by periods of questioning and sadness.
2. Children use story telling to express feelings of grief.
3. Children do not always have words to express feelings. Children may seek telling a fearful story, thereby allowing the child to be comforted by others.
4. Children may have a decline in normal and routine activities.
5. Exhibit punishment seeking behavior as a way of coping with grief.
6. Use humor, i.e. joking about painful issues
7. Drug/alcohol use
8. Withdrawal and isolation
9. Sexual acting out behavior
10. Over or under eating
11. Rejection of help
12. Episodes of crying and sadness
13. Sleep disorders
14. Regression and a sense of helplessness
15. Acceptance of mistreatment
16. Experience fearful episodes e.g. bad dreams, nightmares
17. Day dreaming/lack of concentration
18. Change in physical appearance
19. Change in academic performance
20. Multiple and frequent psycho-somatic complaints e.g. stomach aches, headaches.
DEFINITIONS OF ABUSE
SUBCHAPTER A. GENERAL PROVISIONS
TEXAS LAW

Definitions – Child abuse and neglect are defined in both Federal and State Legislation.

SECTION 261.001. Title 5, Family Code, is amended by adding Sections 261.001. To view the Texas family Code on reporting child abuse or neglect, go to the Texas Legislature online web: CHILD ABUSE LAW

SUGGESTIONS FOR RESPONDING TO DISCLOSURE OF ABUSE

- Find a private place to talk with the child.
- Reassure the child that it is good to tell, you’re sorry if it happened, and you know it’s hard.
- Don’t be overly critical of the offender. The child may care for that person, regardless of what happened. Simply tell the child the perpetrator needs help, because what they did was wrong.
- Don’t promise not to tell.
- Tell the child you believe him/her.
- Don’t panic or express shock.
- Reassure the child that it’s not his/her fault, even if she/he participated with some willingness.
- Use the child’s vocabulary.
- Determine the child’s immediate need for safety.
- Let the child know what you will do, and what will happen when the report is made.
- Report to the proper authorities.
- Recognize your own feelings about abuse. If you do not, you might project them onto the child and harm the relationship.
- Talk at the child’s pace. Probing questions can cause anxiety and guilt for a child who seeks support and trust.
- If a disclosure occurs during a lesson, acknowledge it (e.g., “That sounds like something we should talk about – let’s do it after class, o.k.?“)
- It is best to present a lesson on preventing abuse before playtime or recess, so that you can talk with the child privately, if they come forward.

*Remember, your role is not to investigate the situation. It is your responsibility to report the abuse, set in motion the investigation, and be supportive of the child.
Notice of Employee Responsibilities for Reporting Child Abuse and Neglect


See HISD Board Policy on line and Employee Responsibilities: http://pol.tasb.org/Policy/Code/592?filter=FFG
RESOURCES

Child Abuse Reporting

Reporting Abuse/Neglect: A Guide for School Professionals
HOUSTON INDEPENDENT SCHOOL DISTRICT
Reporting Form for
CHILD ABUSE AND NEGLECT

Texas law makes it a misdemeanor for a person suspecting child abuse or neglect not to report the case. Failure to report is punishable by a fine of up to $500 or by imprisonment in jail up to 6 months or both. Persons reporting pursuant to the law are immune from liability, civil or criminal, if the report is not made in bad faith or with malice.

IDENTIFYING INFORMATION:
Name of Child___________________________ Birthdate or Age____________
Child’s Address_________________________ Grade____________________

Name of Siblings:
____________________________________
____________________________________
____________________________________

NAME OF PARENT(S) OR PERSON (and RELATIONSHIP) RESPONSIBLE FOR CHILD
______________________________________________________________
______________________________________________________________
______________________________________________________________

WHERE CAN THE CHILD BE SEEN?
______________________________________________________________

TYPE OF SUSPECTED CHILD ABUSE OR NEGLECT:
Burning Fractures Abandonment/Neglect
Beating Sexual Abuse
Other (Please specify)___________________________________________

STATEMENT OF TIME, PLACE, AND CONDITIONS PROMPTING THIS REPORT:
______________________________________________________________

PERSON MAKING REPORT:
Signature___________________________ Date____________________
Title______________________________ Telephone No.____________

The above information was obtained either by observation or by sufficient reporting to warrant investigation. Information obtained from student records is provided in accordance with Board Policy 450.100 and Administrative Procedure 450.136, a., (5), Access to Student Records by State Governmental Official, and 450.136, d., Release of Student Records for Health or Safety Emergency.
Report Child Abuse

Call: 1-800-252-5400

Internet www.txabusehotline.org