INDICATORS OF PHYSICAL ABUSE

Professional Development for Hotline Operators

UA LITTLE ROCK
MidSOUTH Training Academy

Professional Development Series
Hotline Operators
Developed and Presented by MidSOUTH

INTRODUCTION

This training was developed by UA Little Rock/MidSOUTH for new and experienced Hotline operators. There is also a possibility there will be supervisors in the audience. Since the audience may have more experienced staff, the training is designed to tap into their experiences and expertise. The training on indicators of physical abuse is one of a series of free-standing modules. There is no pre-requisite for this training. The trainer cannot assume that participants have had any prior content; i.e., training is not sequential or developmental in nature.

Assembling Instructions:

This module has a series of handouts for participants. Three-hole punch the handouts so that participants can file them in a binder.

Participant Handouts and Titles

Handout 1 – Agenda

Handout 2 – What's In It for Me?

Handout 3 – Red Flags

Handout 4 – Behavioral Indicators of Physical Child Abuse

Handout 5 – Buzz Words

Handout 6 – Understanding Child Abuse

Handout 7 – What Would You Do?

Trainer Note: Brief icebreakers are included with each training session. The point of each icebreaker is not so much for participants to get acquainted, as this audience likely already know each other well, but to introduce the subject matter.

Training modules do not have to be taken in a specific order.

TEACHING NOTES

Learning Outcomes:

Upon completion of this training, Hotline operators will be able to:

- Describe the physical and behavioral indicators of physical abuse
- Articulate the limitations/caveats related to behavioral indicators of maltreatment
- Identify "buzz words" that indicate that the maltreatment being reported is severe in nature and be able to describe the meaning of these key words
- Apply a framework to identify behaviors or characteristics that account for how many abusive or neglectful acts occur

SECTION I INTRODUCTIONS AND HOUSEKEEPING

Begin the session by introducing yourself to the participants and welcoming them to training. Take a few minutes to discuss the training. Refer participants to Handout 1, "Agenda."

During class time, participants are expected to take part in activities and participate in exercises. Cover a few "housekeeping" issues. These topics should include but are not limited to:

- Sign-in Sheets - Sign-in sheets must be completed for each section.
- Cell phones - Turn cell phones off during training.
- Attendance – Credit for completing the training will only be awarded if the participant has attended the entire training section.

TEACHING NOTES

SECTION II ICEBREAKER

Conduct a quick ice breaker designed to introduce the subject of the training. One has been included, but trainers may substitute with another one they like better as long as it accomplishes the same purpose.

Purpose

The purpose of this exercise is to get an understanding of participants' level of knowledge related to physical abuse and to determine what information would be most helpful to them.

Materials

This exercise requires:

- Handout 2, What's In It for Me?
- Pencil or pen for each participant
- Flipchart and markers or whiteboard and markers for the instructor

Methodology

1. Pass out **Handout 2**, "What's In It for Me?"
2. Ask each participant to spend a few minutes answering the questions on the handout.
3. If there is a large group, ask participants at each table to then compare their lists and decide whether there are common themes and issues. If the group is small, there will probably be sufficient time to cover everyone's issues and concerns.
4. Call time and begin the debriefing/processing.

TEACHING NOTES

Processing

- As participants discuss their answers, make notes on the flipchart or whiteboard. Be attuned to common issues or themes.
- If there are issues that are clearly outside the scope of this session (such as questions about sexual abuse), make sure participants know it will be covered in another session.
- Consider posting this list and returning to it as needed during the remainder of the training. Encourage participants to add material if something pops into mind.
- Trainers must be flexible enough to incorporate appropriate issues and concerns from this list.

SECTION III PHYSICAL INDICATORS OF ABUSE

Begin this section by discussing "Red Flags." Certain signs or symptoms should raise the index of concern that an injury is not accidental. Such **"Red Flags"** include:

- Injuries that are clustered, especially on culturally accepted target sites for physical punishment or on areas of the body that do not routinely get bruised.
- Bruises on children that are too young to walk or pull up. (Give the example of the 9-week-old with parallel bruises on the face whose parents said banged his own head against the crib).
- Injuries that are patterned – the shape of the implement used can be seen on the skin.
- Injuries that are of different ages.
- Injuries that do not fit the history given.
- Fractures in very young children.

TEACHING NOTES

- Multiple fractures or specific types of fractures (spiral in the absence of a history of a twisting trauma, metaphyseal, bucket handle).

Refer participants to Handout 3, "RED FLAGS." The points set out above are listed on this page. Certain medical terms also raise red flags to professionals that there is a high likelihood that physical abuse has occurred. These will be covered again in "Buzz Words" in a later section. These include:

- Abusive head trauma – subdural hematoma, brain swelling, shearing injuries and/or retinal hemorrhages.
- Closed-end double track marks.
- Open-end double track marks.
- Spiral fracture with no history of twisting injury.
- Metaphyseal fractures, sometimes called chip fractures or bucket handle fractures.
- Posterior (on the back side) rib fractures on very young children.

Now give the PPT presentation on physical indicators of abuse. **TRAINER NOTE:** Before you begin, *make sure* to warn participants that the images in the slide show are graphic and may be disturbing to them.

For the most part, the presentation is organized as follows:

- A slide is presented which has an image of an injury. Ask participants to talk about what they see in the slide. Reinforce correct answers.
- The next slide in the series will have a split screen with the picture of the injury on ½ the screen and an explanation of the major learning points on the other ½ of the screen.

TEACHING NOTES

- Slides were selected from two sets of slides purchased by MidSOUTH for training purposes. Their sources were George Washington Medical School and the American Academy of Pediatrics.
- For Hotline operators, a major point of discussion throughout the slide show may be whether the injuries should be registered, and if so, whether they should be registered as Priority I or Priority II.

The slides are organized in the following manner:

- **Cuts/welts/bruises:** The first set of slides is from G.W. Medical Publishing. These slides primarily address bruises and abrasions.
- As the slides on severe maltreatment (head injuries, subdural hematomas, and fractures) are presented, emphasize that these injuries **may not have any visible external signs of trauma**. This emphasis may be particularly important as it relates to some of the subtle bone fractures. It is difficult for adults to conceive of a fracture that does not cause severe pain. However, fractures such as chip fractures are highly significant for child abuse, yet do not *look* like fractures at first glance (no cast, no swelling).
- **Skeletal injuries:** After these slides, there are a few radiology slides. Keep in mind, it is more important to discuss the significance of certain types of fractures than to simply show a large number of bone slides.
- **Severe internal injuries:** There are only a few slides for this section as well. The slides included are from both the G.W. set and the AAP set. Important lecture points include:
  - Head injuries are the leading cause of child abuse deaths.

TEACHING NOTES

- Abusive head trauma is a constellation of symptoms including subdural hematoma, shearing injuries to the bridging veins in the brain, and often (but not always) retinal hemorrhages.
- Abdominal injuries are the second leading cause of child abuse deaths.
- Life threatening injuries of these types frequently have no externally visible signs.

- **Other head/facial injuries:** The slides in this section are from the AAP set. They demonstrate injuries that, while not life threatening, should be included in order to heighten worker awareness.
- **Accidental and non-accidental burns:** These slides compare accidental versus non-accidental burns.

Stop periodically and have group members describe what they are seeing. Ask them, as Hotline Operators, how they will use this information to improve their screening of Hotline referrals.

SECTION IV BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

Conduct a quick small group exercise to address the behavioral indicators of physical abuse.

Methodology

1. Refer the group to Handout 4, "Behavioral Indicators of Physical Child Abuse." Divide the large group into four groups. Assign each group one of the following age ranges:

   Infants and toddlers (0 - 2 ½ years)

   Preschool (2 ½ - 5 years)

   School Age (6 - 12 years)

   Adolescents (13 - 18 years)

TEACHING NOTES

2. Give each group the following assignment: Identify and list as many behaviors as you can that children of the ages in your group might display as the result of being physically abused. Give special instructions to the group with infants and toddlers to include some behaviors that might be displayed by very young infants.
3. Allow 5-7 minutes for this part of the exercise.
4. Call time. Ask each group to present their material. After the group has presented, ask other groups if they have suggestions to add to the age group of the presenting group.

TEACHING NOTES

Processing

The literature on the behavioral indicators of physical abuse is not as well documented as the literature on sexual abuse. However, there are some behaviors that should raise red flags. Points to ensure are addressed include:

- Behaviors at the extremes – children who are very aggressive or children who are unusually withdrawn. Research supports that abused children are more aggressive with peers and tend to focus on aggressive behaviors.
- Children who do not play well with others (see above).
- Hyper-vigilance or guarded watchfulness.
- Children (older ages) who wear clothing inappropriate for the weather to conceal injuries.
- Drug and alcohol use.
- Unexplained crying. Unable to comfort or console (infants).
- Running away. Coming to school early, staying late.
- Limited problem-solving skills with a tendency to focus on negative solutions.

- Depression and feelings of hopelessness.
- Dissociation, psychic numbing, rage or sadness. Ask questions to ensure that group members know what these terms mean and what they might observe that would indicate that the behavior or affective state is occurring.
- As the group reviews the lists of behaviors, indicate that these behaviors do not prove physical abuse. They may be due to stress from a variety of sources. They are only a clue.

The source for the above information is The APSAC Handbook of Child Maltreatment, Second Edition, Sage Publications, 2002.

Hotline supervisors have expressed concern about situations where a caller is reluctant to say he or she suspects abuse (although his or her call alone would indicate some level of concern) and the child is maintaining it is an accident. After the review of physical and behavioral indicators, ask operators to respond to the following situation:

A caller to the Hotline is reporting that an 8-year-old child has bruising that the caller is worried about. The child has linear bruising on the left side of his face. The bruising extends across the cheek and over the ear. The child told the caller (a teacher) that he tripped and fell into the door. This child has come to school several times with bruises and has reported that they were accidents. The teacher is reluctant to say that she suspects abuse, but the number of times this child has had accidents is becoming concerning. The child is very quiet at school and is hyper-vigilant around adults. He is easily frustrated by other children and tends to hit when he doesn't get his way with them.

- What are the red flags?

TEACHING NOTES

- What other questions might you ask the teacher to try to get additional information?
- How have experienced operators handled similar situations?

SECTION V BUZZ WORDS THAT INDICATE SEVERE MALTREATMMENT

Summarize the preceding exercises with Handout 5, "Buzz Words." These are terms that describe medical conditions that are highly suspicious of abuse. In other words, child maltreatment is the most likely cause for these conditions in the absence of a good history of accidental trauma. These terms are:

- Spiral fracture (Remember, the literature on spiral fractures has changed. Now, they are less indicative of maltreatment if there is a history of a twisting injury – such as a toddler running full out, falling, and twisting a leg beneath him. However, they are still suspicious in very young children).
- Metaphyseal/chip fracture
- Posterior rib fractures (with no history of trauma)
- Donut burn
- Stocking burn
- Glove burn
- Abusive Head Trauma or Non-Accidental Head Trauma
- Subdural hematoma
- Retinal hemorrhages

TEACHING NOTES

SECTION VI FRAMEWORK FOR MALTREATMENT

Conclude the session by discussing the factors that are in play in an abusive situation. Pass out Handout 6, "Understanding Child Abuse." Begin by asking the group, **"What is stress?"** After the group has generated some ideas, make the following points:

- Stress occurs when an individual's normal coping/problem-solving skills prove inadequate to handle a situation.
- Stress is in the eye of the "stressed." Some individuals may take in stride events that are stressing to another individual.
- Perception is reality – if an individual perceives an incident as stressful, it is stressful! Ask questions at this point to surface things that individuals in the group have experienced as stressful that other significant people in their environments felt were no big deal.
- The reason for discussing stress at this point is because the group is going to consider a model that explains why some physical abuse occurs. Essentially, the premise of this model is that people exposed to high degrees of stress may be at risk to strike out at a child. It is important that all group members have a similar understanding of stress.

Processing

While processing this exercise, ask questions directed toward assessing the degree of risk. For example, ask participants to speculate on the degree of risk to an infant with an irritating cry and colic paired with a mother who interprets the crying as the baby not liking her. How would the risk change if a male figure in the house threatened harm to the mother if she could not keep the child quiet? Conclude this discussion by pointing out that this model explains how most child physical abuse occurs. As with any model, it will not apply uniformly to every family.

TEACHING NOTES

UNDERSTANDING CHILD ABUSE

Social-Cultural Factors

1. Values and norms concerning violence and force; acceptability of corporal punishment
2. Hierarchical social structure; exploitative personal relationships
3. Inequitable, alienating economic system; acceptance of permanent poor class
4. Values concerning competition vs. cooperation
5. Devaluation of children and other dependents
6. Institutional component of all the above – laws, health care, education, welfare system, etc.

Family Stresses

Child-Produced Stress

1. Physically different – handicapped, resembles feared adult
2. Mentally different – handicapped, mental illness
3. Temperamentally different or difficult
4. Behaviorally different – ADHD, ODD, very curious
5. Degree of relationship – foster child, step child, significant other's child
6. Normal developmental stages

Social-Situational Stress

1. Structural factors – poverty, isolation, unemployment, poor housing
2. Parental relationship – domestic violence divorce or discord
3. Parent-child relationship – attachment, punitive child rearing style, scapegoating, role reversal, many children/unwanted child, perinatal stress

Parent-Produced Stress

1. Low self-esteem
2. Abused as a child
3. Depression or other affective disorder
4. Substance abuse
5. Character disorder or psychiatric illness
6. Unrealistic expectations
7. Isolation, lack of support
8. Inability to trust
9. Lack of coping skills
10. Impulsive

Triggering Situation

Discipline/punishment
Argument/family conflict
Substance use/abuse
Acute Environmental problem

Maltreatment of some type
(Model does not fit sexual abuse)

SECTION VII USING WORK AIDS

The primary work aid used by the Hotline is the Memorandum of Understanding between DCFS and CACD. This MOU is signed each year. This exercise is set up to give participants experience using the guide. Since there will be experienced workers in the class, try to arrange small groups so that there is at least one relatively new person in each group. Several scenarios have been written and are available to the trainer with a "Cheat sheet" set out below. However, trainers should also refer back to the first exercise, where people identified areas that gave them problems. Trainers may need to use those examples instead. For example, if someone said he had difficulty figuring out when something should be registered as a Priority I or Priority II, ask the person to give an example scenario. Then, poll the group about how they would handle it. Refer back to the exercise on risk factors – very young child, unable to protect self, developmentally at risk – to help make decisions on those cases that seem they could go either way. Handout 7 has three different situations. Use these or go with issues generated by the class.

First Situation: Issues in this case are anonymous report, degree of injury, and injuries to the face on a child under 7 years old.

An anonymous caller makes a report of a six-year-old girl who has numerous marks on her back, thighs, lower legs, tops of her forearms, and undersides of her forearms. When you ask the caller how many marks, she tells you approximately 35 separate, discernable injuries and some places that look like there may be more, one on top of the other. There are 4 places where the skin is cut and scabbed over. The bruises are all about the same color.

TEACHING NOTES

The child has told the caller that her mother hit her with a belt when Mom was drunk. The injuries look like they could be consistent with a belt mark. The child also has numerous (about 10) old, loop-shaped, hyper-pigmented areas. The caller will not give any information to identify herself and says she has "to live near these people and they are crazy." She suggests that someone see the child at school. At the end of the call, she says a belt mark goes over the child's face.

1. Would you accept this report for investigation?

   This report should be taken, even though the caller is anonymous. Most operators are going to be very familiar with the fact that Arkansas permits anonymous reports, so hopefully this will not be a big issue. From Gary Glission, 2015: This information would still rise to a Priority I physical abuse report. The difference now from 2007 (the last time MidSOUTH ran this series) is that Priority I physical abuse reports are assigned to CACD. The thought process is that if we have such a severe report of physical abuse, law enforcement and prosecution may need to be involved as well.

2. What Priority would you assign? What is your reasoning? (Where are you looking in the MOU?)

   At issue is whether this report rises to the level of severe maltreatment. Cuts, welts, and bruises indicate that this type of report can go either way. Direct the discussion to address:

   a. This child has old and new injuries – indicative of possible maltreatment over time
   b. There are a significant number of injuries – there is no possibility that this may be deemed reasonable and moderate punishment

TEACHING NOTES

c. The child has defensive injuries – the bruises on the undersides of the forearms
d. The child has bruising over the face
e. Based on this information, this should probably be registered as a Priority I (see MOU)

3. Say you had all the information above and at the very end, the caller mentions that several of the belt-shaped marks go across the child's face. Would that change any of your decisions? If so, how? Direct the discussion to look at risk factors, parent out of control, possible damage to eyes; etc.

Second Situation:

You receive a call from a hospital. They have a two-month-old infant with a skull fracture and facial bruising. The child received the injury during a domestic violence episode. The mother's live-in boyfriend was attempting to hit her as she fled the house and hit the baby instead. The baby was knocked out of the mother's arms and onto the floor. The mother and boyfriend both say the baby was not the intended target.

1. Do you accept this report for investigation? Do you need additional information? If so, what would that be?
   a. Does the boyfriend live in the home? **Note:** As the trainer, you already have this information. The participants do not. Give them a chance to discuss it before prompting them to it.
   b. If he does not live in the home, does he have or has he had a caregiving role with this child?
   c. Were one or both of the adults (mother and/or boyfriend) arrested for the domestic violence?
2. What Priority would be assigned? Per Hotline Supervisor:

TEACHING NOTES

- The Hotline would need to know if the boyfriend is living in the home; if so, we can list him as an offender due to the caretaker role. Priority I, assign to CACD due to the skull fracture.
- If the boyfriend is not living in the home but has cared for the child in the past (the Hotline can still accept this under the physical abuse category due to changes in the law from 2013), Priority I, assign to CACD due to the skull fracture.
- If either of the parties are arrested for the domestic violence with the child present, we accept for Threat of Harm, Priority I, and assign to DCFS.

Third Situation:

You receive a report from a woman identifying herself as a child's grandmother. The child is 8 years old. The child told her that her stepfather spanked her with a hairbrush last week. She said it made two big bruises on her legs. There is not a bruise right now that the grandmother can see. The girl told her grandmother that her friend and her friend's mother saw the bruises. The grandmother says this type of thing happens all the time and she is sick of it. She has not reported in the past, but something has to happen to make it stop.

1. How do you handle this report? At issue is the provision in the Maltreatment Act that directs the Hotline to accept reports of bruising, even if the bruise is not visible at the time of the report (but occurred within 14 days). In reality, this report might be investigated and determined to be reasonable and moderate corporal punishment, but that is an issue that must be determined by the investigator.
2. Priority: II/DCFS

TEACHING NOTES

HANDOUT 1

DYNAMICS OF PHYSICAL ABUSE

HOTLINE OPERATOR TRAINING

AGENDA

I. Introductions and Housekeeping

II. Physical Indicators of Abuse

III. Behavioral Indicators of Physical Abuse

IV. Buzz Words that Indicate Severe Maltreatment

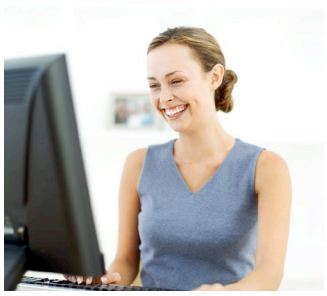
V. Framework for Physical Abuse and Neglect Incidents

VI. Practice Session

HANDOUT 2

WHAT'S IN IT FOR ME?

INDICATORS OF PHYSICAL ABUSE



If this training only addressed two things, I hope they would be:

1.

2.

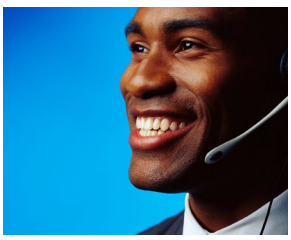
With regard to physical abuse, I would like to know more about:

When I am handling calls about physical abuse, two things that really make me crazy are:

1.

2.

Something that would make this part of my job easier is:



HANDOUT 3

"RED FLAGS" – Physical Indicators of Abuse

Physical abuse is the easiest form of maltreatment to identify. The challenge for the Investigator/Assessor is to determine whether injuries on a child are accidental or due to abuse. For the Hotline Operator, the challenge is to know whether the allegation, if true, would meet a legal definition of maltreatment. If so, the report should be taken. There are certain **physical** "red flags" which alert professionals that an injury or injuries may be due to abuse. These include:

- Injuries that are clustered, especially on culturally accepted target sites for physical punishment or on areas of the body that do not routinely get bruised.
- Bruises on children that are too young to walk or pull up.
- Injuries that are patterned – the shape of the instrument used can be seen on the skin.
- Injuries that are of different ages.
- Injuries that do not fit the history given.
- Fractures in very young children.
- Multiple fractures or specific types of fractures.

There are also words that alert professionals to the high likelihood of physical abuse. These diagnoses from a medical professional should raise a "red flag" for Hotline Operators. Some of these terms include:

- Abusive head trauma – subdural hematoma, shearing injuries to bridging veins, retinal hemorrhages.
- Non-accidental trauma.
- Closed-end double track marks – extension cords, ropes, doubled over belts.
- Open-end double track marks – ruler, board, belt.
- Spiral fracture or oblique fracture – twisting injury without clear history of an accidental twisting mechanism.
- Metaphyseal fracture, sometimes called chip fracture or bucket handle fracture – jerking injury.
- Posterior rib fractures on very young children – possibly squeezing.

HANDOUT 4

BEHAVIORAL INDICATORS OF PHYSICAL CHILD ABUSE

Infants and Toddlers (0 - 2 ½ Years)

Preschool (2 ½ - 5 Years)

School Age (6 - 12 Years)

Adolescents (13 - 18 Years)

HANDOUT 5

BUZZ WORDS

These are terms that describe medical conditions that are highly suspicious for abuse. In other words, child maltreatment is the most likely cause for this condition in the absence of a good history of accidental trauma. These terms are:

- Spiral fracture (without history of twisting injury)
- Bucket Handle fracture
- Metaphyseal fracture
- Posterior rib fractures (with no history of trauma)
- Donut burn
- Stocking burn
- Glove burn
- Abusive head trauma
    - Subdural hematoma
    - Retinal hemorrhages

HANDOUT 6 (Physical Abuse)

UNDERSTANDING CHILD ABUSE
Social-Cultural Factors

1.
2.
3.
4.
5.
6.

Family Stresses

Child-Produced Stress	*Social-Situational Stress*	*Parent-Produced Stress*
1.	1.	1.
2.		2.
3.	2.	3.
4.		4.
5	3.	5.
6.		6.
		7.
		8.
		9.
		10.

TRIGGERING EVENT
Maltreatment of some type – Abuse or Neglect
(This model does not explain sexual abuse)

HANDOUT 7

WHAT WOULD YOU DO?

First Situation

An anonymous caller makes a report of a six-year-old girl who has numerous marks on her back, thighs, lower legs, tops of her forearms, and undersides of her forearms. When you ask the caller how many marks, she tells you approximately 35 separate, discernable injuries and some places that look like there may be more, one on top of the other. There are 4 places where the skin is cut and scabbed over. The bruises are all about the same color. The child has told the caller that her mother hit her with a belt when Mom was drunk. The injuries look like they could be consistent with a belt mark. The child also has numerous (about 10) old, loop-shaped, hyper-pigmented areas. The caller will not give any information to identify herself and says she has "to live near these people and they are crazy." She suggests that someone see the child at school. At the end of the call, she says a belt mark goes over the child's face.

1. Would you accept this report for investigation?

2. What Priority would you assign? What is your reasoning? (Where are you looking in current MOU)? What agency would be assigned?

3. Say you had all the information above and at the very end, the caller mentions that several of the belt-shaped marks go across the child's face. Would that change any of your decisions? If so, how?

Second Situation

You receive a call from a hospital. They have a two-month-old infant with a skull fracture and facial bruising. The child received the injury during a domestic violence episode. The mother's boyfriend was attempting to hit her as she fled the house and hit the baby instead. The baby was knocked out of the mother's arms and onto the floor. The mother and boyfriend both say the baby was not the intended target

1. Do you accept this report for investigation? Do you need additional information? If so, what would that be?

2. What Priority would be assigned?

Third Situation

You receive a report from a woman identifying herself as a child's grandmother. The child is 8 years old. The child told her that her stepfather spanked her with a hairbrush last week. She said it made two big bruises on her legs. There is not a bruise right now that the grandmother can see. The girl told her grandmother that her friend and her friend's mother saw the bruises. The grandmother says this type of thing happens all the time and she is sick of it. She has not reported in the past, but something has to happen to make it stop.

1. How do you handle this report?

2. What Priority would be assigned?

Agreement Between
The Arkansas Department of Human Services (ADHS)
The Arkansas State Police (CACD)

I. Purpose

In accordance with Arkansas Code Annotated §12-8-501, the State has a responsibility to provide competent and thorough child maltreatment investigations which are sensitive to the needs of children and families. The Arkansas State Police (CACD) Crimes Against Children Division (CACD) is a partner with the Division of Children and Family Services (DCFS) in the Practice Model. CACD supports the Practice Model goals and values and supports families at every step of an investigation. CACD supports frontline staff by providing skill-based training and supervision to build and maintain professionalism. CACD strives for quality and accountability in all work conducted by CACD staff.

Child maltreatment is a crime and suspected severe child maltreatment should be investigated by trained law enforcement investigators. The CACD was created as a result of a Governor's Executive Order under in Arkansas Code Annotated §12-8-501 through § 12-8-508.

II. Statutory Requirements

The CACD agrees to comply with all applicable state and federal laws and regulations, which include the Juvenile Code, the Child Maltreatment Act, The Child Abuse Prevention and Treatment Act (CAPTA), Title IV-E of the Social Security Act which includes the Adoptions and Safe Families Act (ASFA), and state law pertaining to the CACD, Arkansas Code Annotated §12-8-501, et seq.

III. Program Responsibilities

A. The Child Abuse Hotline

The Child Abuse Hotline Section of CACD shall:

- Receive and document all reports with sufficient identifying information as defined by Arkansas law.
- Receive and document all child deaths that:
    1) Is sudden and unexpected; and,
    2) Was not caused by known disease or illness for which the child was under the care of a physician at the time of death; or
    3) The death of a child reported by a coroner or county sheriff
- Receive facsimile transmission in non-emergency situations by identified reporters who provide their names, phone numbers and email addresses (for online reporting). Confirm receipt of facsimile transmission via a return facsimile transmission.
- Conduct a history check on all reports unless calls waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of the call wait time.
- Attempt to secure all information requested on the CHRIS screens and elicit the following:
    - Reason the reporter suspects child maltreatment and how the reporter acquired the information.
    - Current risk of harm to the child
    - Mental and physical condition of the alleged offender.
    - Potential danger to staff investigating the allegation(s)
    - Identify and location of possible witnesses or persons knowledgeable about the alleged child maltreatment.
    - Relevant addresses and directions.

- Licensing authority and facility involved
- Prioritize and determine the appropriate investigating agency. either CACD or DCFS, as outlined in this Agreement.
- Inform the caller if the information provided does not constitute a legal allegation of child maltreatment.
- Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification shall be made within forty-eight (48) hours excluding weekends and holidays after a mandated reporter makes a call to the hotline that is not accepted or is screened out.
- Forward report to the appropriate investigating agency, either DCFS or CACD, for investigation, and DCFS may refer for assessment.
- After hours notification is to be made to the appropriate on call member of either DCFS or CACD.

DCFS will maintain in the CHRIS System a current list of on-call DCFS staff, supervisors, and Area Directors including home phone numbers and cell phone numbers.

If local law enforcement contacts the hotline because a 72 hour hold has been initiated on a child or a hold needs to be taken on a child to protect the child, the hotline shall provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS.

At any time should the system be inoperable or the respective entities do not have access to the computerized entry, the agencies shall receive report notification via a format that the agencies shall request at the time of the outage to assure child safety.

Child maltreatment allegations will be assigned to either the child maltreatment investigative pathway or the differential response pathway pursuant to A.C.A. §12-18-601 as follows

Type of Maltreatment	Priority	Agency
Abandonment^^	I/II	CACD/DCFS
Abuse with a Deadly Weapon	I	CACD
Bone Fractures	I	CACD
Brain Damage/Skull Fracture	I	CACD
Burns, Scalding	I	CACD
Cuts, Bruises and Welts/Age 4 and over *	I/II	CACD/DCFS
Cuts, Bruises and Welts/Age three and under**	I/II	CACD/DCFS
Educational Neglect	II	DCFS
Environmental Neglect	II	DCFS
Extreme or Repeated Cruelty	II	DCFS
Failure to Protect ***	I or II	CACD/DCFS
Failure to Thrive	I	DCFS
Forcing a Child to Listen to a Telephone Sex Line	I	CACD
Human Bites	II	DCFS
Human Trafficking	I	CACD
Immersion	I	CACD
Inadequate Clothing	II	DCFS
Inadequate Food	II	DCFS
Inadequate Shelter	II	DCFS
Inadequate Supervision	II	DCFS
Indecent Exposure	I	CACD
Internal Injuries	I	CACD
Kicking	II	DCFS
Lock-out	II	DCFS

Malnutrition	I	DCFS
Medical Neglect	II	DCFS
Medical Neglect of Disabled Infants	I	DCFS
Mental Injury	I	DCFS
Munchausen Syndrome by Proxy or Factitious Illness by Proxy	II	CACD
Newborn Child Born with an Illegal Substance in its System or at the time of birth, the presence of illegal substance in mother's system	I	DCFS
Poison/Noxious Substances	I	CACD
Pornography/Exposure to Live Sex Act	I	CACD
Sex (Oral)	I	CACD
Sexual Contact	I	CACD
Sexual Exploitation	I	CACD
Sexual Penetration	I	CACD
Sexual Solicitation	I	CACD
Sex Trafficking	I	CACD
Shaking a Child Age Four or Older	II	DCFS
Shaking a Child Age Three or Younger	II	DCFS
Sprains/Dislocations	II	DCFS
Striking a Child Age Seven or Older on the Face	II	DCFS
Striking a Child Age Six or Younger on the Face	II	DCFS
Striking, Pinching or Biting a Child in the Genital Area	II	DCFS
Striking a Child with a Closed Fist	II	DCFS
Subdural Hematoma	I	CACD
Substance Misuse	II	DCFS
Suffocation or Interfering with Breathing	I	CACD
Threat of Harm	I	DCFS
Throwing a Child	II	DCFS
Tying/Close Confinement	II	DCFS
Underage Juvenile Offenders Age 10 and older	I/II	CACD
Underage Juvenile Offender Under age 10	I/II	DCFS
Voyeurism	I	CACD

*Depending upon the location (head/torso, excluding buttocks), severity and multiplicity of the injuries, cuts, bruises and welts may be a Priority I.

**The investigation of bruises, cuts, or welts in or on any portion of the head, face, neck, or torso, excluding buttocks, that are the result of a direct act against the child by a parent or caretaker, when reported by a medical facility or medical personnel or law enforcement, will be the responsibility of the CACD. This does not include an injury that is the result of a failure on the part of the parent or caretaker to safeguard the child from environmental situations that resulted in those injuries.

***CACD will investigate if the Failure to Protect is linked to a Priority I CACD investigation.

^^CACD will investigate only those allegations of abandonment in which the alleged offenders are former and or current foster/adoptive parents

Reports containing information that young children are behaving in a developmentally inappropriate sexual manner, but do not contain allegations of sexual abuse or name an offender will not be registered as child maltreatment, -but will be documented. Reports of consensual sexual activity between similar aged children shall not be accepted by the Child Abuse Hotline unless the activity falls within the statutory definition of sexual abuse. If the assessment results in an allegation of child sexual abuse as defined by statute, the DCFS worker will make a report to the Child Abuse Hotline, and, if accepted, the report will be investigated by CACD or DCFS, depending on the age of the named alleged offender.

Regarding allegations that fit Differential Response criteria and involve a child who is currently in foster care but the allegations took place prior to the child entering foster care, the hotline will assign these allegations to DCFS via the investigative pathway given that the child is already in foster care so a Differential Response does not apply.

B. Investigations – Who Will Investigate?

The CACD, being specially trained and organizationally placed outside of the Arkansas Department of Human Services (ADHS), shall investigate all reports of child maltreatment that identify a(n):

1) DCFS foster parent or a member of the foster parents' household that is assigned to the investigative pathway;
2) DCFS pre-adoptive parent;
3) DCFS provisional foster parent;
4) Therapeutic Foster Care (TFC) foster parent;
5) Juvenile named as an alleged offender aged 10-18 and the allegation is "severe maltreatment" as defined in the Child Maltreatment Act;
6) Alleged offender who is a person who is not a family member or is not living in the home with the alleged victim(s) with an allegation of severe maltreatment;
7) Allegation(s) involving a foster child whether foster child is the offender or the victim excluding all reports that meet Differential Response criteria involving a child in foster care that allegedly occurred prior to the child entering foster care;
8) Staff person of a Division of Youth Services owned facility or Division of Youth Services contract facility as the alleged offender;
9) Allegation(s) involving a juvenile in a Division of Youth Services owned facility or Division of Youth Services contract facility whether juvenile is the offender or the victim.
10) Division of Children and Family Services employee or spouse as an alleged offender in a report assigned to the investigative pathway;
11) Child death accepted by the Child Abuse Hotline that:
    a) Is sudden and unexpected; and,
    b) Was not caused by known disease or illness for which the child was under the care of a Physician at the time of death; or,
    c) The death of a child reported by a coroner or county sheriff; or,
    d) Dies during the course of an open child maltreatment investigation.

DCFS, being the state agency designated to administer or supervise the administration of the programs under the Child and Family Services Plan, including title IV-B and title IV-E, shall investigate all reports of child maltreatment that identify a(n):

1) Arkansas State Police employee or spouse, either in their personal or official capacity, as the alleged offender assigned to the investigative pathway; and,
2) Allegations that fit Differential Response criteria that involve a child who is currently in foster care but the allegations took place prior to the child entering foster care (hotline will assign these to the investigative pathway with DCFS as the investigative agency given that the child is already in foster care so a Differential Response would not apply);
3) DCFS foster parent or a member of the foster parents' household that is assigned to the differential response pathway (assignment will be made to a DCFS county office other than the county in which the alleged foster parents/member of the foster parents' household reside) ; and,
4) DCFS employee or spouse or Arkansas State Police employee or spouse named in a report assigned to the differential response pathway (the DR will be assigned to a county office outside the area in which the DR allegation allegedly occurred).

The CACD, upon acceptance of this agreement, assumes responsibility for criminal child maltreatment investigations in accordance with Arkansas Code Annotated §12-18-601, if local law enforcement declines to investigate. Those allegations of child maltreatment are the responsibility of the CACD by this Agreement in conjunction with the Governor's Executive Order. The CACD shall not be responsible for any child welfare matters other than those set out in this agreement, incorporated herein, unless additional responsibility is incorporated into this agreement in the form of an amendment by mutual agreement of the CACD and the ADHS.

In the event DCFS is currently involved in an investigation (e.g., inadequate supervision) and a child dies, there will be communication between DCFS and CACD as to who will be primary on the investigation going forward based upon an assessment completed by CACD. DCFS investigative activities on original allegation will continue until notified otherwise by CACD upon completion of their assessment.

CACD will complete the Child Fatality Disclosure Case Briefing summary, if there is no prior history with the family or DCFS secondary assignment.

C. Investigations---Procedural Requirements

CACD shall initiate -all child maltreatment investigation no later than twenty-four (24) hours of receipt of an allegation of severe maltreatment, excluding reports of sexual abuse if the most recent allegation of sexual abuse was more than one (1) year ago -or the alleged victim does not currently have contact with the alleged offender, abandonment if the child is in a facility, or cuts, welts, bruises or suffocation if the most recent allegation was more than one (1) year ago and the alleged victim is in the custody of the Department of Human Services. - Exceptions noted above will be initiated within 72 hours.

Upon initiation of the investigation, the primary focus of the investigation shall be whether or not the alleged offender has access to children and whether or not children are at risk such that children need to be protected.

At any point in the investigation, CACD will immediately notify DCFS, either in person or via telephone if CACD has concerns about the safety of children When a safety factor is present and a safety assessment has been requested, CACD will advise the offender of the reported allegations if the offender lives in the home.

An investigation is initiated by CACD when the victim is interviewed or examined outside the presence of the alleged offender. A DCFS safety assessment does not constitute an initiation of a CACD child maltreatment investigation. CACD may contact DCFS to conduct a Health and Safety assessment after examining/interviewing the child and the non-offending parent living in the home if safety is a concern. DCFS shall not initiate a Health and Safety assessment unless CACD has completed the Health and Safety checklist and a safety factor is present. CACD will conduct or secure drug testing, or take whatever steps are needed during the course of any investigation conducted by CACD to properly investigate the allegations. Upon the request of CACD, DCFS will make referrals, if needed, to local counseling, etc., during the course of the investigation. During the course of all investigations conducted by DCFS and CACD, families will be provided with a pamphlet developed by DCFS regarding access to services/needs.

DCFS will engage and involve CACD in the development and planning implementation of any new division initiatives.

CACD will use the Child Reporting Information System (CHRIS) to document activities associated with the investigation of suspected child maltreatment. CACD must document the activities within 48 hours of completion. CACD and DCFS will in good faith attempt to resolve CHRIS issues when problems arise. ADHS agrees to update CHRIS, at its expense, to include all applicable CACD forms.

DCFS staff will act as secondary on all CACD investigations if a Health and Safety Assessment has been requested, and DCFS staff will document in CHRIS all activities associated with the investigation in the contact screen only. CACD and DCFS shall not alter or delete any documentation entered into CHRIS by the other agency.

CACD shall make an investigative determination within forty-five (45) days of the receipt of the initial report of child maltreatment. CACD shall interview the alleged offender's children and any children living in the alleged offender's home if the allegation is determined to be true.- CACD shall conduct an assessment of any other children previously or currently under the care of the alleged offender, and to the extent practical, determine whether these children have been maltreated or are at risk of maltreatment.

D. Investigations-Notice

The investigating agency shall provide notification required in the statute (Ark. Code Ann. §12-18-500 et seq., Ark. Code Ann. §12-18-700 et seq., Ark. Code Ann. §12-18-813.) If the report involves a foster child or is in an open dependency-neglect or FINS (Family in Need of Services) case, DCFS shall provide notice of the investigative determination to legal parents/guardians, the public defender or counsel, the judge in the juvenile court case, the Attorneys Ad Litem and CASA.

The investigating agency shall notify a facility's licensing or registering authority of the initial report of child maltreatment if a client or resident of the facility is identified as a victim and the facility is licensed or registered by the State of Arkansas. The investigating agency shall notify the appropriate ADHS division director and facility director when the initial report is that a client or resident of a facility operated by ADHS or a facility operated under contract with ADHS has been subjected to child maltreatment while at the facility.

IV. Judicial and Other Appearances

CACD shall prepare affidavits containing facts obtained during the course of a child maltreatment investigation. Employees of CACD will appear and testify in the Administrative Hearings and all court proceedings initiated by ADHS without a subpoena. If CACD provides the Office of Chief Counsel with an affidavit, OCC will notify CACD of the date, time and location of the court proceeding. If CACD has prepared the affidavit the CACD employee will appear in court unless relieved by OCC.

CACD and DCFS shall immediately notify the OCC when an employee receives a subpoena to provide testimony or documents pertaining to a child maltreatment investigation. If needed, the OCC shall take steps to quash the subpoena. If the subpoena is not quashed, the CACD or DCFS employee shall comply with the subpoena

No staff from either CACD or DCFS will appear voluntarily at a hearing to give testimony adverse to the investigating agency's position. If a CACD or DCFS employee is subpoenaed by the petitioner in an administrative hearing or by the defendant in a child welfare hearing and the employee's testimony will be adverse to the investigating agency's position, the CACD or DCFS employee will immediately notify the investigating agency and OCC of the compelled appearance and provide the investigating agency with a summary of the employee's testimony.

To ensure that DHS and CACD are adequately prepared for court appearances and administrative hearings, the CACD will send the Central Registry its investigative file within ten business days of the request for the file by the Central Registry manager. The investigative file shall include copies of pictures, audio tapes, - video tapes, CD's, DVD's and other forms of media

V. Finances

Upon the approval of the ADHS, DCFS' transfer of funds shall be made in the following manner:
The ADHS will transfer federal funds and other revenues to the CACD via state treasury fund transfers upon receipt of billing information provided by the CACD. ADHS shall transfer **$3,298,404** in funding for State Fiscal Year (SFY) 2020. DCFS will cover the cost to house CACD investigators in DHS county offices.

While the ADHS agrees to transfer the funds, the CACD agrees that any additional funding required by the CACD to comply with this agreement will be the responsibility of the CACD. The CACD agrees to request any additional funding from the Arkansas State Legislature as part of its budgeting process.

The transfer of funds shall be made in a manner that is acceptable under the laws of the State of Arkansas and the rules, regulations, and procedures of the DF&A; and in compliance with any federal guidelines that may affect any portion of those monies transferred.

The ADHS agrees to continue to provide the current office space to CACD positions transferred to CACD and other positions as agreed upon by ADHS and CACD. The office space shall include utilities, telephone service, and CHRIS access. However, after July 1, 2009, CACD will pay for any office space for any new positions.

All responsibility regarding the central registry along with charging of fees for requested copies of child

maltreatment reports will reside solely with the Division of Children and Family Services.

VI. Indemnification

The parties agree that the cost of any disallowance, deferral, sanction, or other liability shall be borne by the program or agency whose conduct or performance is the basis of the disallowance, deferral, sanction, or other liability.

VII. Monitoring and Dispute Resolution

No employee of CACD shall attempt to inhibit the reunification efforts of DCFS in dealing with families Should CACD have unresolved concerns regarding the safety of a child, the CACD employee shall express these concerns to his or her supervisor at CACD. The CACD supervisor shall contact the DCFS Area Manager to share CACD's concerns, and if the CACD supervisor is not satisfied with the response from the DCFS Area Manager, the CACD supervisor shall go up the appropriate chain of command

The parties, the Director of ADHS, the Director of ASP, the Director of DCFS, or their designees, and the Commander of CACD shall meet as needed to discuss specific cases, operations, protocol compliance. and other pending issues. The parties agree to work together in good faith and in the spirit of cooperation. If this fails, the parties agree to submit to binding dispute resolution led by an unbiased representative of the Governor's Office.

The DCFS shall have final authority on all decisions regarding removal, protection, and reunification. The ADHS is the designated agency for administration and oversight of the federal programs under Titles IVB and E of the Social Security Act for the State of Arkansas.

VIII. Confidentiality & Disclosure of Information

The CACD will abide by the confidentiality requirements as outlined in the Child Abuse Prevention and Treatment Act, the Child Maltreatment Act, and the Arkansas Juvenile Code. CACD makes the following assurance:

CACD may not disclose information concerning child maltreatment allegations except as authorized under state or federal law or regulations or Division of Children and Family (DCFS) Policy.

All information pertaining to child maltreatment investigations is confidential and shall be released only as permitted by state and federal law. CACD may disclose information to the Prosecuting Attorney or law enforcement upon request or as necessary to facilitate an investigation or prosecution. All requests for copies of central registry records shall be handled by DFCS.

No investigative file shall be released while the investigation is pending, except as allowed in Arkansas Code Annotated § 12-18-101et seq.

Nothing in the preceding paragraphs will preclude timely disclosure to the appropriate Prosecuting Attorney's Office in the furtherance of the prosecution of the offender in such crimes; or other law enforcement agencies in the furtherance of the investigation; or as required by the DCFS; or the U.S. Department of Human Services, or any assistance through the Arkansas Crime Victims Reparations Act.

Referrals concerning malicious reporting shall be made to the appropriate Prosecuting Attorney.

IX. Multidisciplinary Teams and Child Safety Centers

CACD and DCFS shall participate in Multi-Disciplinary Teams authorized by the Commission on Child Abuse, Rape and Domestic Violence. To prevent multiple interviews of a child who has been a victim of child maltreatment, CACD and DCFS shall utilize Child Safety Centers, when available and appropriate.

X. Severability

The parties agree to be bound by any change in federal laws or regulations, or state laws or state plans pertaining to the operation of the various programs affected by this agreement and, in the event this agreement is irreconcilably inconsistent with such laws, regulations or plans, this agreement shall be subordinate thereto. The provisions of this agreement are severable such that invalidity of one (1) provision shall not affect the validity of any other provision.

XI. Duration

This agreement shall take effect July 1, 2019 and shall end June 30, 2020. This agreement shall be binding upon any successors to the Director of ADHS and the Director of the Arkansas State Police This agreement and protocol shall be subject to the continuing review of the Arkansas General Assembly and the U.S. Department of Health and Human Services, Administration for Children and Families.

XII. Amendment of Agreement

The Agreement shall not be approved, amended or assigned without the consent of the ADHS, DCFS and the CACD.

XIII. Oversight

Under Arkansas Code Annotated §12-8-506 the Oversight Committee shall meet to review the administration of the child abuse hotline, child abuse investigations, and service delivery to children and families.

The CACD shall submit reports regarding the administration of the Child Abuse Hotline and child abuse investigations at least quarterly to the Legislative Oversight Committee, House Subcommittee on Children and Youth of the House Committee on Aging, Children and Youth, Legislative and Military Affairs and the Senate Committee on Children and Youth. A copy of all reports submitted to the legislature shall be provided simultaneously to the Director, DCFS.

This agreement was signed by the following:

William J. Bryant

Colonel Bill Bryant, Director
Arkansas State Police

08/21/19

Date

Cindy Gillespie

Cindy Gillespie, Director
Arkansas Department of Human Services

9/25/19

Date

MAJ Jeffrey Drew

Major Jeffrey Drew, Commander
Crimes Against Children Division
Arkansas State Police

8-21-19

Date

Mischa Martin

Mischa Martin, Director
Division of Children and Family Services
Arkansas Department of Human Services

9/12/19

Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of Director

P.O. Box 1437, Slot S201 Little Rock, AR 72203-143
501 682-8650 Fax: 501-682 6836 TDD 501 682-88

SFY 2020 Cost Sharing Agreement

This agreement is entered into between the Arkansas State Police (ASP) and the Department of Human Services (DHS) for the purpose of sharing training costs for the Crimes Against Children Division (CACD) of the ASP. This agreement is valid for the fiscal year ending June 30, 2020.

DHS agrees to pay for training costs for the CACD up to 50% per training event, not to exceed a fiscal year cumulative total of $25,000. Such training must be specifically related to child welfare.

ASP will pay all expenses for the training and submit copies of paid expenses to DHS. DHS will reimburse ASP up to the amount specified in this agreement.

Colonel Bill Bryant
Director, Arkansas State Police

08/21/19
Date

Cindy Gillespie
Director, Department of Human Services

9/30/2019
Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of Director

P.O. Box 1437, Slot 5201 · Little Rock, AR 72203 1437
501 682-8650 · Fax:501-682-6836 TDD 501 682-8820

SFY 2020 Cost Sharing Agreement

This agreement is entered into between the Arkansas State Police (ASP) and the Department of Human Services (DHS) for the purpose of reimbursing process server costs for the Crimes Against Children Division of the Arkansas State Police. This agreement is valid for the fiscal year ending June 30, 2019.

The Department of Human Services (DHS) agrees to reimburse Arkansas State Police (ASP) for process servers used by CACD. ASP agrees process servers will only be used after all other means of contact have been exhausted. ASP will pay the expense and submit copies of paid expenses to DHS. DHS will reimburse ASP for the cost incurred.

William J. Bryant
Colonel Bill Bryant
Director, Arkansas State Police

08/21/19
Date

Cindy Gillespie
Director, Department of Human Services

5/20/2019
Date