Toolkit for Child-Serving Professionals

PREVENTION DURING A CRISIS

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Child Protection Accountability Commission (CPAC)
C/O Office of the Child Advocate
900 King Street, Suite 350
Wilmington, DE 19801
Telephone: (302) 255-1730
courts.delaware.gov/childadvocate/cpac/
Quick Reference

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5. Helping Children Cope with a Crisis
6. Talking Through COVID-19
7. Resources

Adapted from:

MassKids
Massachusetts Citizens for Children

All Maine Children & Families
SAFE, STABLE, HAPPY, HEALTHY

Prevent Child Abuse
Kentucky

University of South Carolina
School of Law
YOU PLAY A KEY ROLE

Professionals play a significant role in ensuring healthy outcomes for children—from preventing child abuse before it occurs to intervening when abuse is suspected. COVID-19 brings a new set of challenges, which we have never experienced. Historically, child maltreatment increases when families have faced stressors such as housing instability, financial hardships, isolation, anxiety, and lack of access to childcare.

During times of crisis, it becomes even more important to have strong connections between child-serving professionals and their families. In a world where connections are critical to the health and wellbeing of children and families, it can be difficult to provide support and ensure safety. This guide is one of many steps Delaware is taking to provide professionals with tools to support families and children when they need it most.

FOR IMMEDIATE ASSISTANCE:

Report Child Abuse or Neglect in Delaware
800-292-9582 or www.iseethesigns.org

Delaware COVID-19 Support
Hotline: 2-1-1 or www.coronavirus.delaware.gov

Child Mental Health Crisis Hotline & Support
1-800-969-4357 (HELP) or Text DE to 741741
FACTORS IMPACTING CHILD SAFETY

According to the CDC, 1 in 7 children have experienced child abuse or neglect in the past year.

Risk Factors for Children

Children are at an increased risk of abuse and neglect during the COVID-19 pandemic. In Delaware, the Division of Family Services (DFS) Child Abuse and Neglect Report Line saw a 35-40% decrease in reports starting in March when schools went online. However, during this same time professionals at A.I. duPont Hospital for Children (Nemours) reported an increase in children hospitalized for suspected child abuse. This means that while children are still being abused and neglected, they do not have the same number of adults watching them as before.

Some populations of children are at an even greater risk of abuse and neglect than others. Children younger than 4 years old are more vulnerable, due to their small size and need for constant care, and can be particularly at risk for certain forms of maltreatment such as abusive head trauma or physical abuse. Children with special needs that may increase caregiver burden, such as disabilities, mental health issues, or chronic physical illnesses, are also at an increased risk of abuse or neglect. Additionally, teens who spend large amounts of time on the internet are at a greater risk of experiencing sexual assault online.

Source: Prevent Child Abuse DE, Child Welfare Information Gateway

Risk Factors for Families

There are also factors within the family that can increase a child’s risk for abuse or neglect. Families experiencing mental health needs during times of increased stress may be at even more risk. Limited access to services, disruptions in income, and children remaining home for extended periods of time may exacerbate existing conditions. Substance-impacted families are also at a greater risk for child maltreatment due to lack of appropriate supervision, presence of harmful substances, stress of withdrawal periods, and a lack of safe, responsible adults in the home. These factors make children more vulnerable to both child abuse and neglect.

Additionally, families experiencing domestic violence may not view home, where they are spending most of their time, as a safe space. The unprecedented stress of the pandemic could also breed unsafety in homes where violence may not have been an issue before. According to the Centers for Disease Control and Prevention, 1 in 3 women and 1 in 4 men in the United States have experienced violence from an intimate partner in their lifetime— and the risks to victims are severe. CDC data links intimate partner violence with an increased risk of injury and death. About 41% of female survivors sustain a physical injury from their abusers, and about 1 in 6 homicide victims are killed by their intimate partners.

Source: American Psychological Association
KEEPING CHILDREN & FAMILIES SAFE

REGULARLY ENGAGE
- Make a clear plan on how you can be contacted and when you plan to connect
- Ensure the ability to have conversations in private when talking to children and families
- Support families to access tools they need for virtual contact
- Explain how video chats, online forums, and phone calls will work

ASK QUESTIONS
- Talk regularly to children and their caregivers. Ask questions about what is going well, how they are feeling, etc.
  - Children/Youth: ask routine check-in questions, such as what fun things they have planned that day, what they had for breakfast, etc. For more examples, click here.
  - Parents/Caregivers: ask questions such as how they are managing, what they are doing with their children, etc. For more examples, click here.

OBSERVE THE ENVIRONMENT
- Monitor the environment closely during video chats for changes in any behaviors, as well as any sounds heard during your virtual contact, e.g. yelling.
- Observe and document any bruises or marks on the child during your virtual contacts.
- Ask who is in the home, pay attention to the environment and who may be listening in to the call.

STRENGTHENING FAMILIES & PROTECTIVE FACTORS
- To balance an increase in risk factors of child abuse and neglect, professionals are encouraged to increase the factors that strengthen and protect families.
  - These factors include parental resilience, social connections, knowledge of child development, concrete support in times of need, and social and emotional competence of children.
  - For more information on protective factors, click here.

WHEN A CHILD DISCLOSES
- Students are most likely to initially disclose abuse or neglect to trusted adults such as educators and other child-serving professionals.
  - Let students know you will listen with an open mind, and help brainstorm other trusted adults whom they can go to.
  - If they come to you with any alarming issues, respond calmly, listen attentively, tell them it’s not their fault, answer questions, use positive affirmations, and help them report it if necessary.
  - Ask the Minimal Fact questions: what happened, who did that to you, where did this happen, and when did this happen? To take DE’s 30-minute training on Minimal Fact Questions, click here.

RESPONDING TO CONCERNS
- Be aware of possible signs a child is not safe, such as multiple unsuccessful attempts to reach a child/family/caregiver, or unexplained bruising, welts, cuts, burns or other injuries.
- For more guidance on responding to concerns, view the section on the next page.

REPORTING CHILD ABUSE AND NEGLECT
- ALL persons in Delaware are required by law to report suspected abuse or neglect.
- If you suspect child abuse or neglect of any minor in the state of Delaware, an immediate report must be made to the Division of Family Services Child Abuse Report Line at 1-800-292-9582 or online at www.iseethesigns.org.
- For more guidance regarding reporting suspected child abuse and neglect in Delaware, click here.
RESPONDING TO CONCERNS IN VIRTUAL SETTINGS

<table>
<thead>
<tr>
<th>Concern</th>
<th>Appropriate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained bruising, lacerations, fractures or burns, human bite marks, or bald spots</td>
<td>Report to the DFS Child Abuse and Neglect Report Line immediately. Then follow your school or agency’s protocols.</td>
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<tr>
<td>Child presents with significant change in mood, behavior, appetite, school performance</td>
<td>Report to the DFS Child Abuse and Neglect Report Line immediately. Then follow your school or agency’s protocols.</td>
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<tr>
<td>Parent/caregiver appears to be under the influence or using illicit drugs</td>
<td>Alert a supervisor. Make a report if you notice a pattern of these behaviors or if the substance use is negatively impacting the child.</td>
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<tr>
<td>Excessive yelling by parent/caregiver is observed</td>
<td>Alert a supervisor. Make a report if you notice a pattern of these behaviors or if the yelling is negatively impacting the child.</td>
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<tr>
<td>Child discloses abuse or neglect</td>
<td>Report to the DFS Child Abuse and Neglect Report Line immediately. Then follow your school or agency’s protocols.</td>
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PREVENTION STRATEGIES FOR VIRTUAL CONTACT

- Modify policies on interactions between staff & children during pandemic
- Policies and procedures should minimize or restrict, wherever possible, one-on-one interactions between adult/child or older child with younger children
  - Make the interactions observable & interruptible
  - Examples include: invite parents to observe interactions; conduct sessions in observable location; involve another adult; communicate/document contacts; record one-on-one sessions (without child in view)
- Provide prevention training/programming to adults & children
- Conduct background checks on all employees & volunteers who are left in charge of children
- If background check cannot be completed, all interactions must be supervised by an approved staff member
HELPING CHILDREN COPE WITH A CRISIS

WHAT TO EXPECT & HOW TO RESPOND

Children react, in part, to what they see from the adults around them. How a child reacts and the common signs of distress can vary according to the child’s age, previous experiences, and how the child typically copes with stress. All children need the consistency of a strong routine when so much else is out of their control. In addition to understanding what to expect and how to respond, professionals are encouraged to have conversations with children and their parents about these reactions and helpful responses.

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<thead>
<tr>
<th>AGE</th>
<th>REACTIONS</th>
<th>HELPFUL RESPONSES</th>
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<tbody>
<tr>
<td>PRESCHOOL (3-5)</td>
<td>- Fear of being alone, bad dreams</td>
<td>- Patience and tolerance</td>
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<td></td>
<td>- Speech difficulties</td>
<td>- Provide reassurance (verbal and physical)</td>
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<td>- Loss of bladder/bowel control; constipation, bed-wetting</td>
<td>- Encourage expression through play, reenactment, storytelling</td>
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<td>- Change in appetite</td>
<td>- Allow short-term changes in sleep arrangements</td>
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<td>- Increased temper tantrums, whining, or clinging behaviors</td>
<td>- Plan calming, comforting activities before bedtime</td>
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<td>- Maintain regular routines</td>
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<td></td>
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<td>- Avoid media exposure</td>
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<tr>
<td>ELEMENTARY SCHOOL (6-12)</td>
<td>- Irritability, whining, aggressive behavior</td>
<td>- Patience, tolerance, and reassurance</td>
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<td></td>
<td>- Clinging, nightmares</td>
<td>- Play sessions and staying in touch with friends</td>
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<tr>
<td></td>
<td>- Sleep/appetite disturbance</td>
<td>- Regular exercise and stretching</td>
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<td></td>
<td>- Physical symptoms (headaches, stomachaches)</td>
<td>- Engage in educational activities (workbooks, educational games)</td>
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<td></td>
<td>- Withdrawal from peers, loss of interest</td>
<td>- Participate in structured household chores</td>
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<td>- Competition for parents' attention</td>
<td>- Set gentle but firm limits</td>
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<td>- Forgetfulness about chores and new information learned in school</td>
<td>- Discuss the current outbreak; encourage questions, and include what is being done in the community</td>
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<td></td>
<td></td>
<td>- Encourage expression through play and conversation</td>
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<td></td>
<td></td>
<td>- Help generate ideas for promoting health and maintain family routines</td>
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<td></td>
<td></td>
<td>- Address any stigma or discrimination occurring and clarify misinformation</td>
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<tr>
<td>TEENS (13-18)</td>
<td>- Physical symptoms (headaches, rashes, etc.)</td>
<td>- Patience, tolerance, and reassurance</td>
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<td></td>
<td>- Sleep/appetite disturbance</td>
<td>- Encourage continuation of routines</td>
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<td></td>
<td>- Agitation or decrease in energy; apathy</td>
<td>- Encourage discussion of outbreak with peers, family (but do not force)</td>
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<td></td>
<td>- Ignoring health-promoting behaviors</td>
<td>- Stay in touch with family and friends through phone, internet, or video games</td>
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<td></td>
<td>- Isolating from peers and loved ones</td>
<td>- Discuss and address stigma, prejudice and potential injustices occurring during outbreak</td>
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<tr>
<td></td>
<td>- Concerns about stigmas and injustices</td>
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<td></td>
<td>- Avoiding or cutting school</td>
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Social distancing leads to unique considerations. Now more than ever we will want to build connections and reduce social isolation. Virtual contact may assist teachers and other child-serving professionals to better understand the educational and social needs of their students and ensure continued educational opportunities.

**REMAIN CALM AND REASSURING**
- Remember children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and with others.
- Provide comfort and a bit of extra patience.
- Clarify misunderstandings or misinformation about how the virus is spread— not every cough or sneeze means they or others have COVID-19.

**BE MINDFUL OF YOUR LANGUAGE**
- Remember viruses can make anyone sick, regardless of a person's race or ethnicity. Avoid making assumptions about who might have COVID-19.
- Give children information that is truthful and appropriate for their age and development level.
- Consider having a separate discussion with young children in order to understand and address specific fears or misconceptions they may have.

**EMPHASIZE YOUR SUPPORT SYSTEM**
- Check in with your students to ensure they and all household members remain well. If you have a reason to think anyone in the home is not well, direct them to a hospital, health care professional, or telehealth resource.
- Check back in with your children on a regular basis or when the situation changes.

**MAKE YOURSELF AVAILABLE TO LISTEN AND TALK**
- Make time to talk. Be sure children know they can come to you with questions.
- Encourage them to talk about their feelings and be sure to validate them.
- Help them express their feelings through drawing or other activities.
RESOURCES

Click on the links below to explore resources for professionals in Delaware.

COVID Resources:
- DE COVID-19 Information or call 2-1-1
- DE Child Care Resources
- Food Bank of DE
- DE Resiliency Resources

DE Child Abuse and Neglect Report Line
1-800-292-9582 or online at iseethesigns.org

Domestic Violence Hotline
New Castle: 302-762-6110
Kent and Sussex: 302-422-8058

General Resources:
- Prevent Child Abuse Delaware's Coronavirus Resources and Parent Resources
- Resources for Supporting Children's Emotional Well-being During the Pandemic
  - Parent/Caregiver Guide to Helping Families Cope with the Pandemic

TRAINING OPPORTUNITIES

State of Delaware:
- Online Training (also available to educators through DOE): Mandatory Reporting Training: How to Identify and Report Child Abuse and Neglect in DE; Mandatory Reporting Refresher Training; Minimal Facts; Child Neglect
  - DE Mandated Reporter Resource Guide

Beau Biden Foundation:
- Stewards of Children Training
- Workshops: Protecting Children in a Virtual Learning Environment; Grooming Children, Families and Organizations