

# An Awesome Opportunity: A National Plan to End Child Abuse

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# Thank you, South Dakota

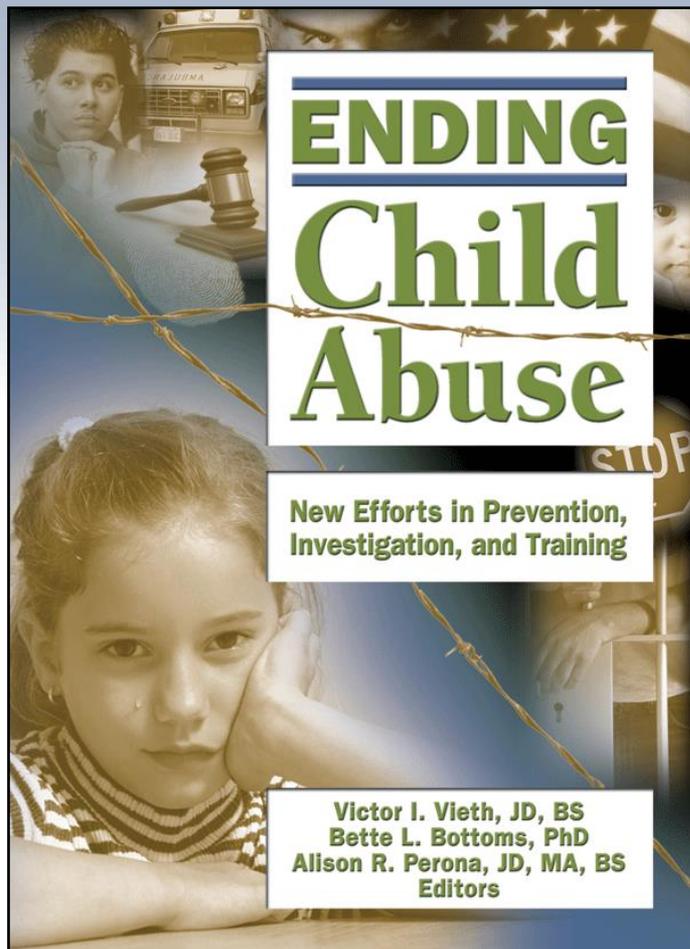


# Thank you, South Dakota





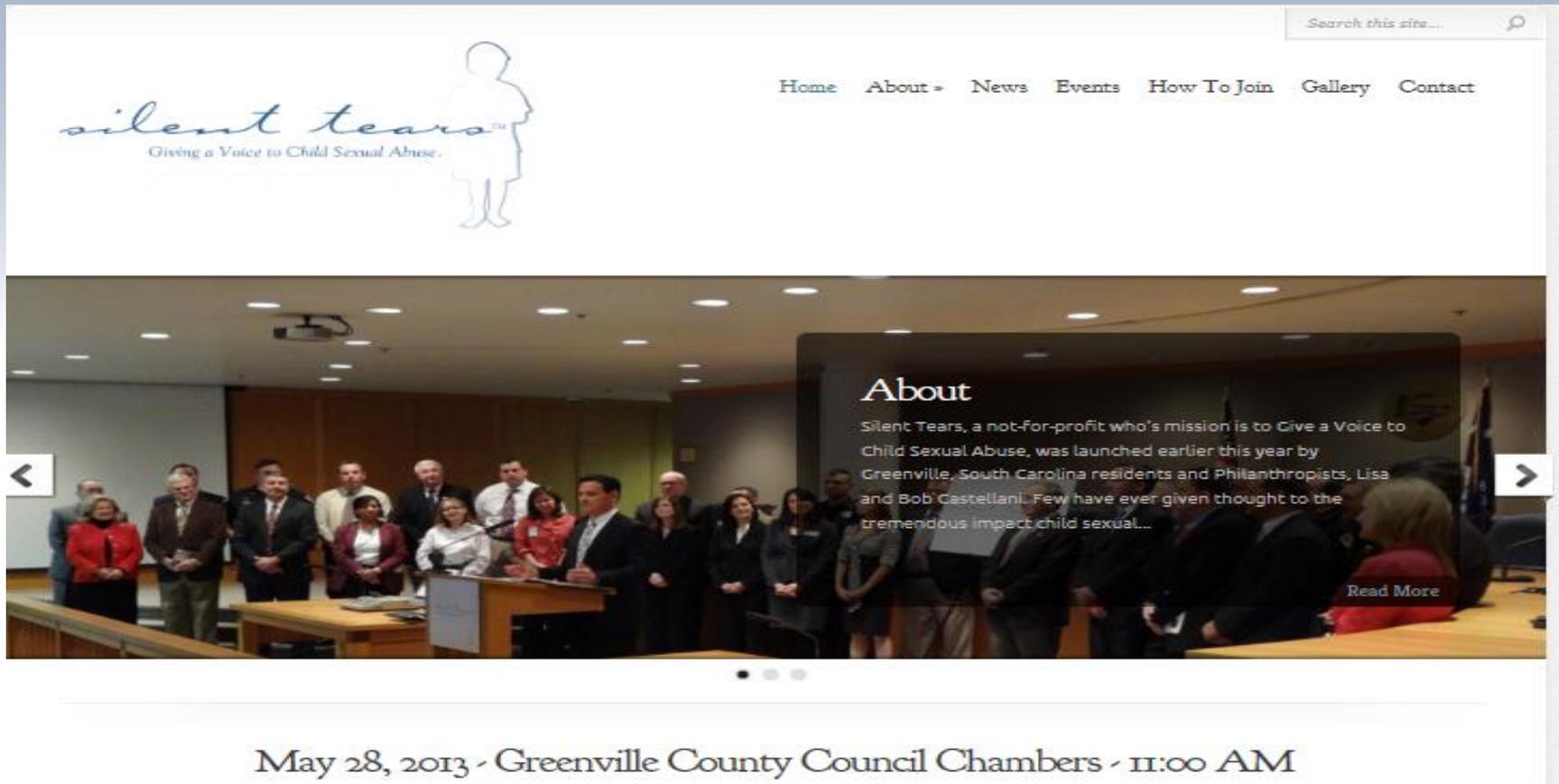
# A national plan to end child abuse



## Key components of plan to end child abuse:

- Forensic interview training at the local level
- Undergraduate reforms
- Graduate reforms
- Experiential training
- Prevention from the ground up
- Medical partner
- Moral compass (faith partners)

# Silent Tears: implementing at a state level



The image is a screenshot of the Silent Tears website. At the top left is the logo for "silent tears" in a cursive font, with the tagline "Giving a Voice to Child Sexual Abuse." and a simple line-art outline of a person. To the right of the logo is a navigation menu with links for Home, About, News, Events, How To Join, Gallery, and Contact. A search bar is located in the top right corner. Below the navigation is a large photograph of a group of people, likely the Greenville County Council members, standing in a chamber. Overlaid on the right side of the photo is a dark box with the heading "About" and a paragraph of text. A "Read More" link is visible at the bottom right of the text box. Below the photo is a caption: "May 28, 2013 - Greenville County Council Chambers - 11:00 AM".

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*silent tears*  
Giving a Voice to Child Sexual Abuse.

## About

Silent Tears, a not-for-profit who's mission is to Give a Voice to Child Sexual Abuse, was launched earlier this year by Greenville, South Carolina residents and Philanthropists, Lisa and Bob Castellani. Few have ever given thought to the tremendous impact child sexual...

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May 28, 2013 - Greenville County Council Chambers - 11:00 AM

# Revised national plan to address all violence: The NPEIV think tank (plan still a draft)

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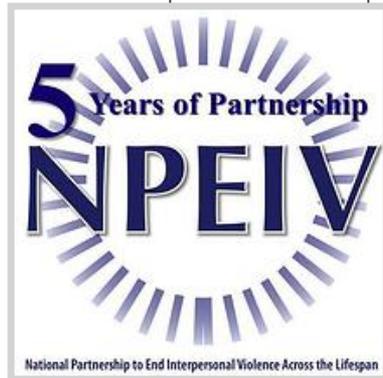
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## National Partnership to End Interpersonal Violence Across The Lifespan

### MISSION:

To make the prevention of interpersonal violence a national priority and to encourage healthy relationships by linking science, practice, policy and advocacy.



# The scope of the national plan

- The medical reforms would impact 82% of adults and 92% of all children each year
- The Youth Serving Organization reforms would impact 90 million child each year
- The Faith-Based reforms would impact 40% of the entire population each year
- The prevention reforms would impact every community in the country
- The higher education reforms would, over time, impact every community, nearly every child in the United States

# The national plan

- 66 concrete recommendations
- Recommendations divided into six categories
  1. Education and training
  2. Medical, mental health, spiritual care
  3. Criminal justice and child protection
  4. Prevention
  5. Public awareness, public policy & research
  6. Developing an infrastructure to implement plan

# Improving education & training

**1. Undergraduate and graduate reforms**

**2. Training in the field**

# The need to train mandated reporters



# Most child abuse cases are never reported

- **Only 40% of maltreatment cases and 35% of the most serious cases known to mandated reporters are reported (Finkelhor 1990)**
- **65% of social workers, 53% of physicians and 58% of physicians assistants do not report all cases of suspected abuse (Delaronde, et al, 2000)**
- **In a study of 197 teachers: only 26% would report familial abuse & only 11% abuse at hands of a fellow teacher (Kenny, et al, 2001)**

# Reasons for failure to report

- **Insufficient evidence**
- **Lack of certainty**
- **Belief report will cause additional harm**
- **Need to maintain good relationship with patients, clients, parents**
- **Ambiguity in some reporting laws**
- **Ignorance of the law**
- **Fear of retaliation**
- **Fear reporter's name will be revealed**
  - **(Kenny 2001; Bailey 1982)**

# Inadequate training at the heart of problem

- **57% of master's level social workers, pediatricians, physicians, & physicians assistants received less than 10 hours of training on mandated reporting**  
**(Delaronde, et. al. 2000)**
- **74% of teachers describe “minimal” or “inadequate” training in college and 58% claim “minimal” or “inadequate” training in the field**  
**(Kenny 2001)**
- **24% of reporters received no training; clear correlation between training and reporting.**

**(NIS-4 2010)**

# Inadequate training in Pennsylvania

- **In a survey of 1,400 mandated reporters from 54 counties:**
    - **14% had never been trained**
    - **24% had not been trained in five years**
    - **80% suggested training received was inadequate (not approved for CEUs or not sure)**
- (Mandated Reporter Survey, Protect Our Children Committee)**

# The need to better train child protection professionals



Even when cases are investigated, investigators are often inadequately trained and inexperienced

**Reporter Anna Quindlen: “Their training is inadequate, and the number of workers is too small for the number of families in trouble. Some cases would require a battalion of cops, doctors and social workers to handle; instead there are 2 kids fresh out of college w/ good intentions and a handful of forms.”**

# Marc Parent (Turning Stones)

- Commenting on his training, Parent says he received “two weeks of solemn discussion on child protective issues, but little on getting a drug dealer to let you into an abandoned building or talking a restless police officer into sticking around until you get through with a case and back into your car.”

# The problem extends to graduate schools

- **A 2003 study of APA accredited graduate programs found many of the programs “fall far short” of guidelines proposed by the APA for minimal levels of competence in handling child maltreatment cases**
  - (Champion, et al, 2003)

# Dr. Anna Salter

- **“In the two years I spent at Tufts getting a masters degree in Child Study & the five years I spent at Harvard getting a PhD in Psychology & Public Practice, there was virtually nothing on child sexual & physical abuse in any course I took...Ironically, many of the lectures were on maladies so rare I’ve yet to see them in 20 years of practice.”**

# Medical schools

- **Dr. Ann Botash: “more than 40 years after the diagnosis of BCS entered the literature, our pediatric residency programs do not have a significant education requirement for preventing, recognizing or managing child abuse.”**
- **31% of AHT cases not recognized by physicians who first evaluated them**
- **Misdiagnosis “common” (CAN 2012)**

# Law schools

- Little or no training on:
- Developmentally appropriate oaths
- Court schools
- Developmentally/linguistically appropriate questions
- Ethics of working with child witnesses (Florida study)
- Judges (University of Illinois survey)
- The problem in inadequate training extends to veterinary, dental, seminary training, etc.

# What undergraduate and graduate training is there?

- Undergraduate and graduate programs provide very little education on child abuse, domestic violence or elder abuse and those that do have only 1-4 hours (Woodtli 2002, Hatlevig 2006, Walker 2014).
- This is consistent with 40 years of research

# The costs of poor training

- Only 50% of the nation's *identified* abused children received child protection investigation and only 30% of the children suffering “serious harm” received child protection investigation (NIS-4 2010)
- NIS-4 researchers labeled “serious harm” as child abuse or neglect cases in which “an act or omission result in demonstrable harm.”

# Cases not investigated or that are “unsubstantiated” involve victims

- Unsubstantiated reports “comprise more than 3/4ths of the victims that later return to the attention of the child welfare system.”
- “...the high level of recidivism among unsubstantiated cases show unambiguously that such cases are at high risk for subsequent maltreatment...”
  - (Child Maltreatment, 2003)

PROGRAM

Click here to get started.

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Seeking solutions to improve Colorado's child welfare system

By Jennifer Brown, Christopher N. Osher and Jordan Steffen The Denver Post

POSTED: 11/18/2012 12:01:00 AM MST

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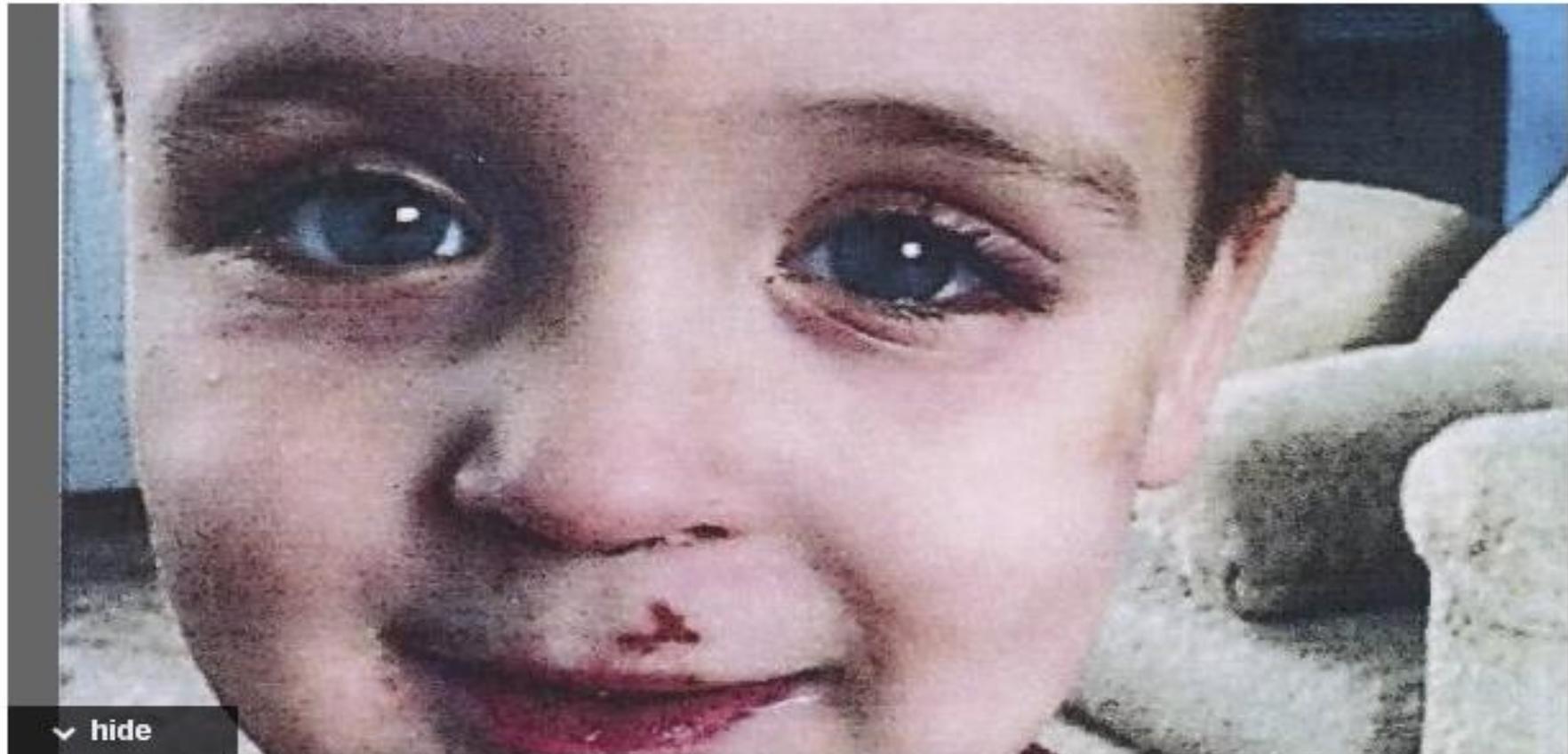
FAILED TO DEATH



# The boy they couldn't save

Article by: BRANDON STAHL , Star Tribune | Updated: September 2, 2014 - 2:38 PM

Special report: On 15 occasions, day-care workers and others told Pope County authorities that they suspected Eric Dean was being hurt. But it was not enough. His death exposes the failure of a system charged with protecting the youngest Minnesotans.



▼ hide

**A photograph of Eric Dean taken by his special education teacher, Mindy DeGeer, was presented by the prosecution as evidence during the May 2014 trial of Amanda Deltier in the death of her**

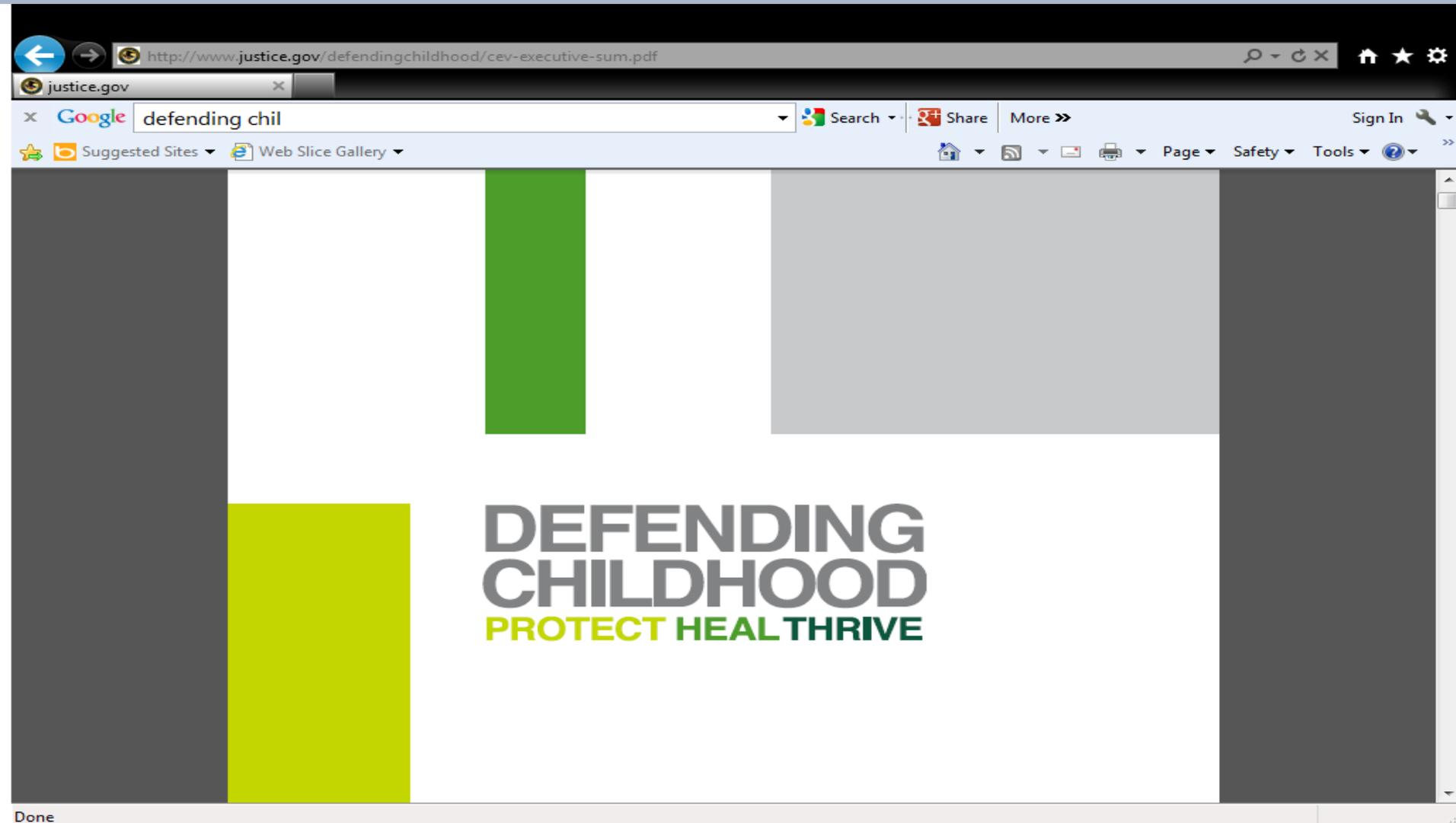
Photo: **JEFF WHEELER,**

 Star Tribune photo galleries »

# Most trafficked children were originally abused in the home

- History of sexual abuse, physical abuse or neglect in the home can play a significant role in leading to sexual exploitation/trafficking (Kortla 2010; Williamson & Prior 2009).
- One study finds 91% of exploited/trafficked children in the U.S. were abused in their home, 77% had prior involvement with CPS (Williamson & Prior 2009).

# USDOJ Report



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## Walz, Womack Introduce Bipartisan Legislation to Train Child Protection Professionals to Detect, Prevent Child Abuse

*According to statistics, between four and seven children die every day in the United States due to child abuse and neglect – one of the worst records of industrialized nations*

Washington, D.C. [6/24/14] – Today, U.S. Representatives Tim Walz (D-MN-1) and Steve Womack (R-AR-3) introduced the National Child Protection Training Act, a bipartisan bill to help train child protection professionals to detect and prevent child abuse. The bill would establish regional training centers – including the National Child Protection Training Center in Winona, MN, and the Melba Shewmaker Southern Region National Child Protection Training Center at NorthWest Arkansas Community College – that would create new undergraduate and graduate curricula for professions likely to be involved in identifying and reporting cases of abuse. Additionally, the legislation increases coordination between federal, state and local officials to institute best practices for the training of child protection professionals. Representatives McCollum and Nolan are also co-sponsors of the legislation.

"Each year far too many of our children fall victim to abuse and neglect. We must do all we can to ensure that the

# Reforming undergraduate training and graduate training

- **CAST (intensive interdisciplinary minor on child abuse and domestic violence)**
- **NPEIV recommends CAAST—IUP and NCPEA adding course on elder abuse**
- **Law schools (3), medical schools (1), and seminaries (2) are also implementing reforms**
- **4 published studies on the medical school, 1 CAST study and 1 seminary study coming out**

# CAST 301: Perspectives on Child Maltreatment

- **301 - Perspectives on Child Maltreatment & Child Advocacy—3 S.H. (required).** This course covers the history, comparative perspectives, the legal framework, responses to child maltreatment, the skills necessary to do the work, other pertinent issues pertaining to child maltreatment and child advocacy, and the future. The field of child maltreatment is fraught with controversy. Much of the class focuses on these controversies. The approach of the course will be from a variety of diverse, professional perspectives including the perspectives of a prosecuting attorney versus a defense attorney. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children might be necessary. Much of the work will be hands-on.

# CAST 401: Professional and System Response to Child Abuse

- **401/501 - Professional & System Responses to Child Maltreatment—4 S.H. (required)** This course is the second course for the child advocacy studies and focuses on the responses of professionals to allegations of child maltreatment. The purpose of this course is to expand the student's knowledge and skills in identifying, investigating and prosecuting child maltreatment. Students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal and other areas where knowledge of child maltreatment investigation and advocacy are necessary will receive competency based skills training such as forensic interviewing, documentation, etc.

# Responding to the Survivor of Child Abuse

- **402/502 - Responding to the Survivor of Child Abuse and Survivor Responses—4 S.H. (required)** This course is the third course for child advocacy studies. The purpose of this course is to prepare students to recognize the effects of child maltreatment and apply interventions strategies for children and their families. Multidisciplinary approaches to prevention, advocacy and treatment of child maltreatment survivors will be presented and discussed. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children will be necessary. The experiential lab for this course involves court room observation and interaction with children.

# Global Child Advocacy Issues

- **302 -Global Child Advocacy Issues -3 S.H. (required).** This course is a core course for child advocacy studies minor. The purpose of this course is to prepare students to recognize child advocacy issues around the world. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children will be necessary. Multidisciplinary approaches to advocacy in different countries throughout the world will be presented and discussed.

# Capstone Experience

- **407 -CAST Capstone Experience -4 S.H. (required).** This course included an intense site-based experience of student's choice designed to encapsulate the essence of baccalaureate professional role development in a internship experience. This synthesis course allows the student to expand their understanding of major concepts of child advocacy, experiential learning, and evidenced based practice in a setting of their choice. A multidisciplinary approach will be emphasized as students focus on ethical decision-making and cultural sensitivity with clients in a community location. Students work with agencies and develop a project addressing a need within that agency.

# Child exploitation

- **403 -Child Exploitation, pornography & the Internet-3 S.H. (elective).** The overall goal of this course is the study and analysis of child sexual abuse and the responses to this problem by human and social services. Specifically, this course will examine the predatory actions of offenders who engage in child sexual abuse and exploitation. Included in this assessment is an understanding of the use of computers, the internet and emerging technologies by perpetrators to exploit children. Students will also gain an understanding of the responses of social services and the criminal justice system to this phenomenon. Thus, the student will be able to gain an understanding and appreciation of the roles of law enforcement, forensics, courts, social workers, and health service providers in the detection, investigation, and prosecution of this specific form of child exploitation.

# Child poverty and child abuse

- **404 -Sociology of Child Poverty-3 S.H. (elective).** Students will analyze poverty and child poverty in the U.S. while placing both in an international and historical context. They will understand the demographics of poverty and the effects of poverty on children. They will critically evaluate sociological research and theories for poverty and child poverty. Students will also evaluate societal responses to poverty and child poverty, particularly as poverty relates to child maltreatment. This course is useful for students in fields such as nursing, criminal justice, education, social work, sociology, pre-medicine, and pre-law.

# Gender, Violence and Society

- **405 - Gender, Violence and Society-4 S.H. (elective).** This course introduces students to the roots of gender-based violence, the political and cultural structures that perpetuate it, and explores how this violence might be brought to an end. Students will investigate the local and global impact of violence; how gendered violence intersects with race, class, sexuality, age, physical ability and the oppressions that are linked to these identities; and strategies for addressing gender-based violence. The overlap between gender based violence and child abuse and neglect will be addressed under each topic. As part of the class, students will complete a 45-hour advocacy training (Plus 15 hours of volunteer advocacy work) offered in partnership with the Women's Resource Center of Winona. Course time will be divided between 2 credits of lab and 2 credits of theory. Prerequisite: CAST 301 or permission of instructor

# CAST Research

- **406 –Child Advocacy Research Studies (elective) (3).** Students will read, interpret, and evaluate the significance of research findings to child advocacy study. The course helps students understand the role of research and information technology in providing evidence based practice for child advocacy study within their respective disciplines. Students work in small groups to critique research studies and synthesize their knowledge of the research process in the analysis of several studies. These studies focus on concepts relevant to child advocacy such as the effects of maltreatment, prevention and education, cultural elements of practice, as well as other factors that influence practice with families affected by maltreatment. Research design, ethical issues in research, the professional’s role in research and the application of technology are examined. Students will explore the use of computers and technology for processing and managing data.

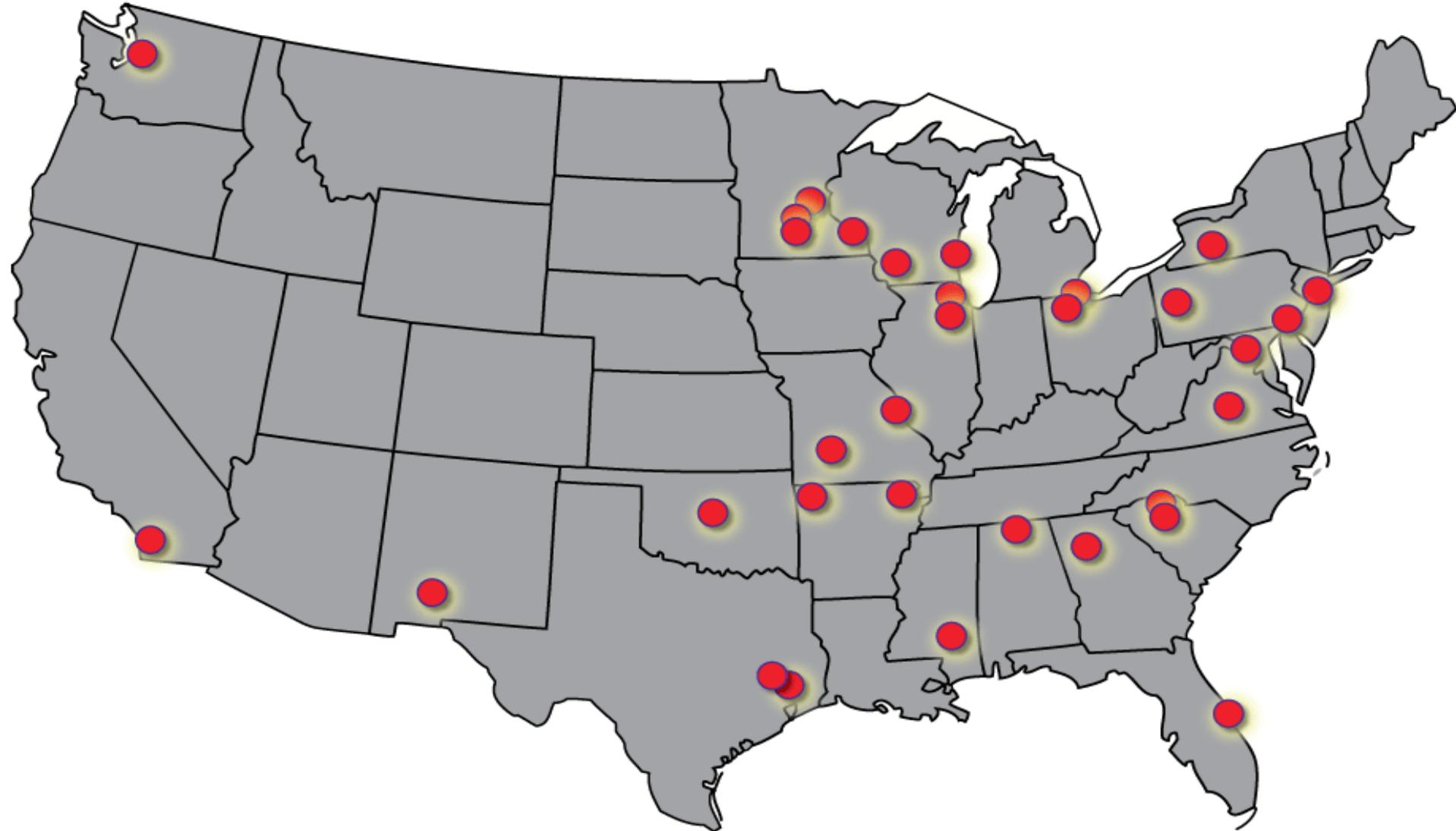
# CAST: Graduate school

- Law schools: Child Abuse and the Law (MDT taught)
- Seminary: 10 hours
  - 6 hours: ACE research, how offenders operate in faith communities, appropriate policies, managing sex offenders in the congregation, impact of abuse on spirituality
  - 4 hours: addressing spiritual questions, papers and presentations

# CAST: medical school

- Medical School: 9 month elective, 2 hours once a month, paper plus work with adolescent inpatient
- Implemented University of Toledo College of Medicine
- Four published studies:
  1. Students completing elective “significantly more prepared to identify signs of maltreatment”
  2. To report a cases of suspected abuse even if they didn’t know for sure
  3. To recommend or secure needed services for a maltreated child or adolescent Knox, et al, International Journal of Adolescent Medicine and Health (2013)

# CAST/CAAST Universities, Medical Schools, Law Schools Seminars



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## Minor in Child Advocacy Studies

The Child Advocacy Studies (CAST) minor is an interdisciplinary minor that provides comprehensive training to students who plan to work in a variety of areas serving children. The goal is to provide more comprehensive undergraduate training in the following:

- Understand healthy child development
- Understand factors that lead to child maltreatment
- Understand the responses to maltreatment, to work more effectively within various systems and institutions that respond to these incidents.
- Recognize child abuse and make high quality child abuse reports
- Receive training in best practices with victims



Download the [student worksheet \(degree requirements\)](#) for the Minor in Child Advocacy Studies

**Department Chair**  
Dr. Kim Purdy

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## Child Advocacy Studies

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## Minor Program

The CAST minor program focuses on providing students with knowledge of the multiple disciplinary responses to child maltreatment and developing a multi-disciplinary understanding of the most effective responses. Students completing the courses in this program will be better equipped to carry out the work of various agencies and systems including health care, criminal justice and social services as they advocate on behalf of the needs of children as victims and survivors of child maltreatment.

The curriculum was developed with the help of the [National Child Protection Training Center \(NCPTC\)](#), a leading organization dedicated to ending child maltreatment and abuse in the United States. The Child Advocacy Studies minor was fully established in 2004 after review by local, state and national experts.

## Required Classes

# Even around the world

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## Minsk State Medical University

### General Information

Belarusian State Medical University is a leading higher, oldest and biggest educational establishment in Republic of Belarus medical education provider in the Republic of Belarus. The University has a strong international reputation across a wide range of disciplines. In its present form it was established in 1930 under the title of Minsk State Medical Institute, though the academic heritage can be traced back to 1921, when a Medical Faculty was created as a part of Belarusian State University.

There are over 6400 registered fulltime students, following diploma programmes, post -graduate students and clinical residents.

The teaching process is organized at six faculties, including General Medicine, Pediatrics, Preventive Medicine, Dentistry, Military Medicine and Faculty for International Students. The National Health Service Ministry regulates and continually assesses the teaching and learning styles of the University. The academic staff regularly participates in international conferences and symposia. Practical courses are taught at the best city hospitals and out-patient clinics which enables us to apply the most advanced teaching methods.

### Faculties of Belarusian State Medical University

The Faculty of General Medicine

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- 2014 CSEC Workshop ▶

## CAST Club

Are you interested in advocating for children?!

Join the CAST Club today!

Meetings are held on Wednesdays at 7pm in Maxwell 281.

### 2013-2014 Officers

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**President:**  
[JoAnna Giraud \(jmgiraud1495@winona.edu\)](mailto:jmgiraud1495@winona.edu)

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**Vice-President:**  
[Elizabeth Henschel \(ehenschel10@winona.edu\)](mailto:ehenschel10@winona.edu)

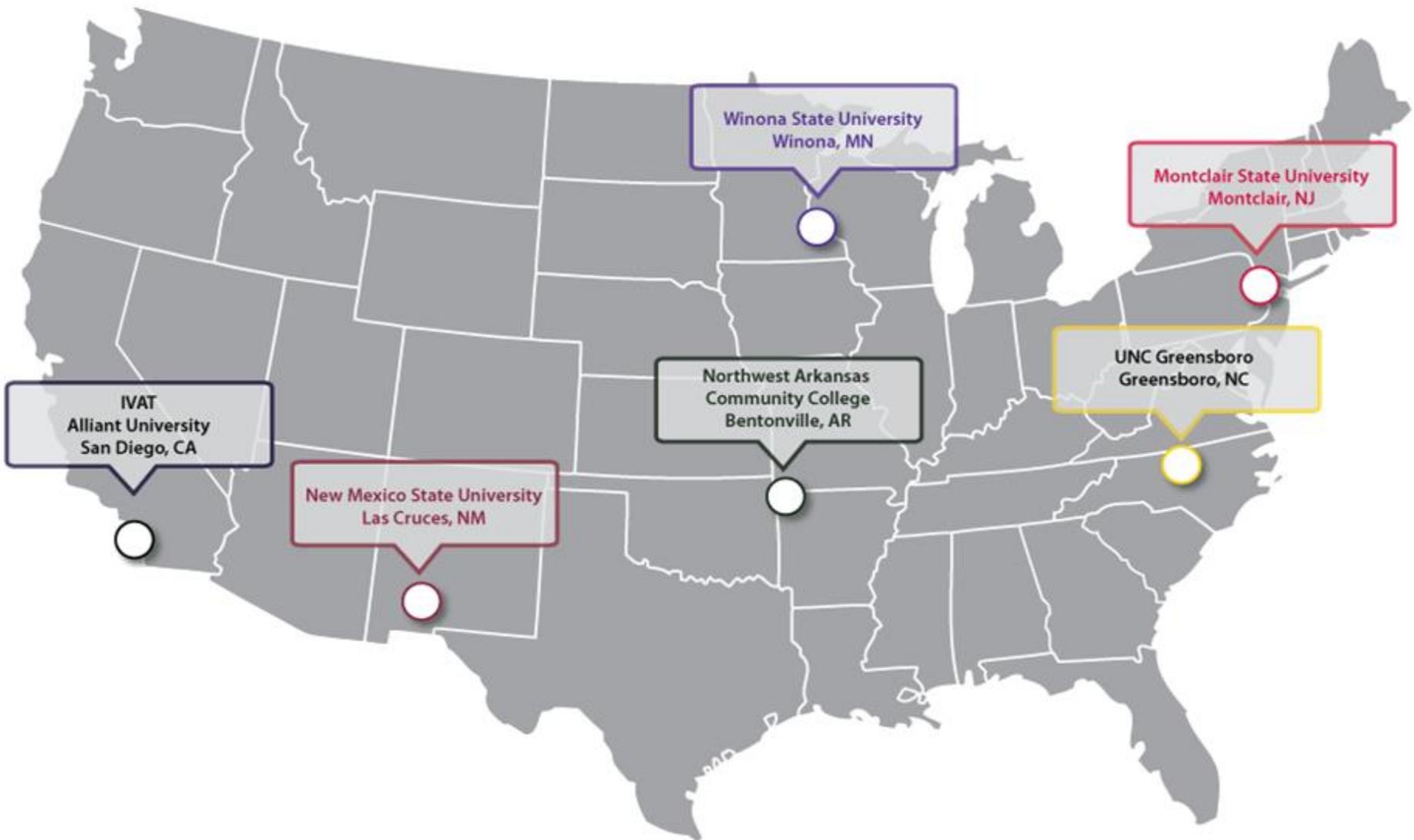
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**Secretary:**  
[Alyssa Steadman \(asteadman10@winona.edu\)](mailto:asteadman10@winona.edu)

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**Treasurer:**  
[Leah Koenigs \(lkoenigs10@winona.edu\)](mailto:lkoenigs10@winona.edu)

# Emerging infrastructure



# National plan

- **CAST/CAAST in 100 universities/colleges—at least two in every state within five years**
- **CAST/CAAST in 25% of medical schools, law schools, residency programs and seminaries within 5 years**
- **National accreditation process**
- **National mentoring program**

# CAST Approval process



**CAST**  
Providing students with  
real-world experience.



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## Approval Process

Desiring to maintain the best practice model, informed by research and practical experience, GNCPTC has engaged its current educational partners in the development of a program approval process for the CAST curricula. The goal of the program approval is to establish a baseline of knowledge in the core competencies for students completing a course of study in the CAST curricula. At its most basic level, CAST students will be substantially better prepared for a front-line career than at any time in the past.

# Inadequate training in the field

- Most professionals report inadequate training continued into the field
- 64% of DSS workers said they had no undergraduate or graduate training on child abuse and 18 % said they had no training in the field (GNCPTC 2014)
- Most professionals called for more training with a strong preference for experiential, laboratory training in small class sizes (GNCPTC 2014)

## **Voices from the frontlines**

**“I don’t need anymore  
PowerPoint presentations—I  
don’t remember what’s on the  
slides. I need trench training.”**

**--Law enforcement officer**

# Training recommendations

- National training standards within 1 year
- Within 5 years a shift to “experiential training” models
- Within 5 years, every state has at least one “laboratory” facility ideal for experiential training
- Training portal, addressing unique needs of rural practitioners, population general and specific training becomes the norm

# Training facilities



Winona State University

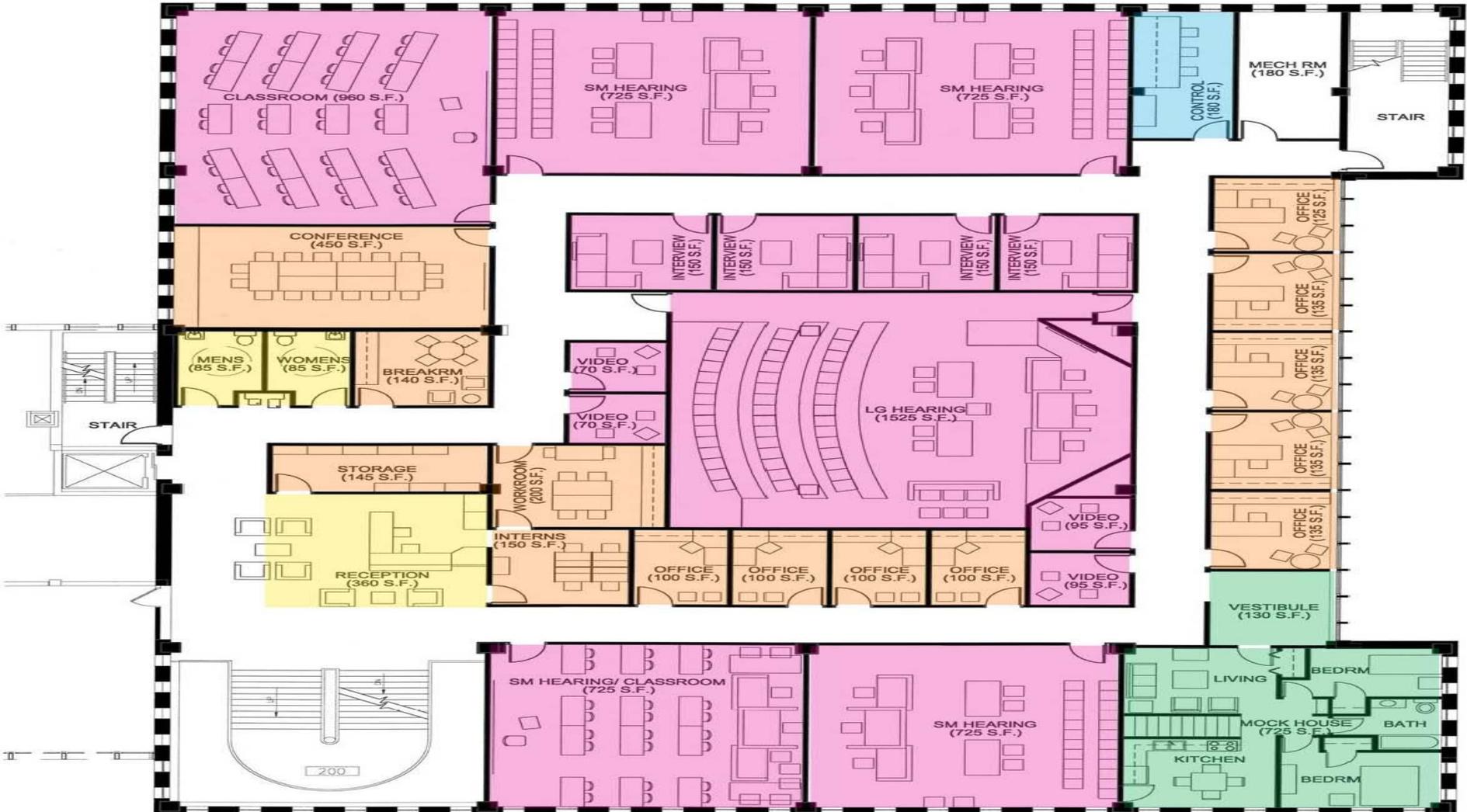


# Mock House





# NCPTC Training Site





# NCPTC Regional Center



NorthWest Arkansas Community College

# Mock House Alliant University



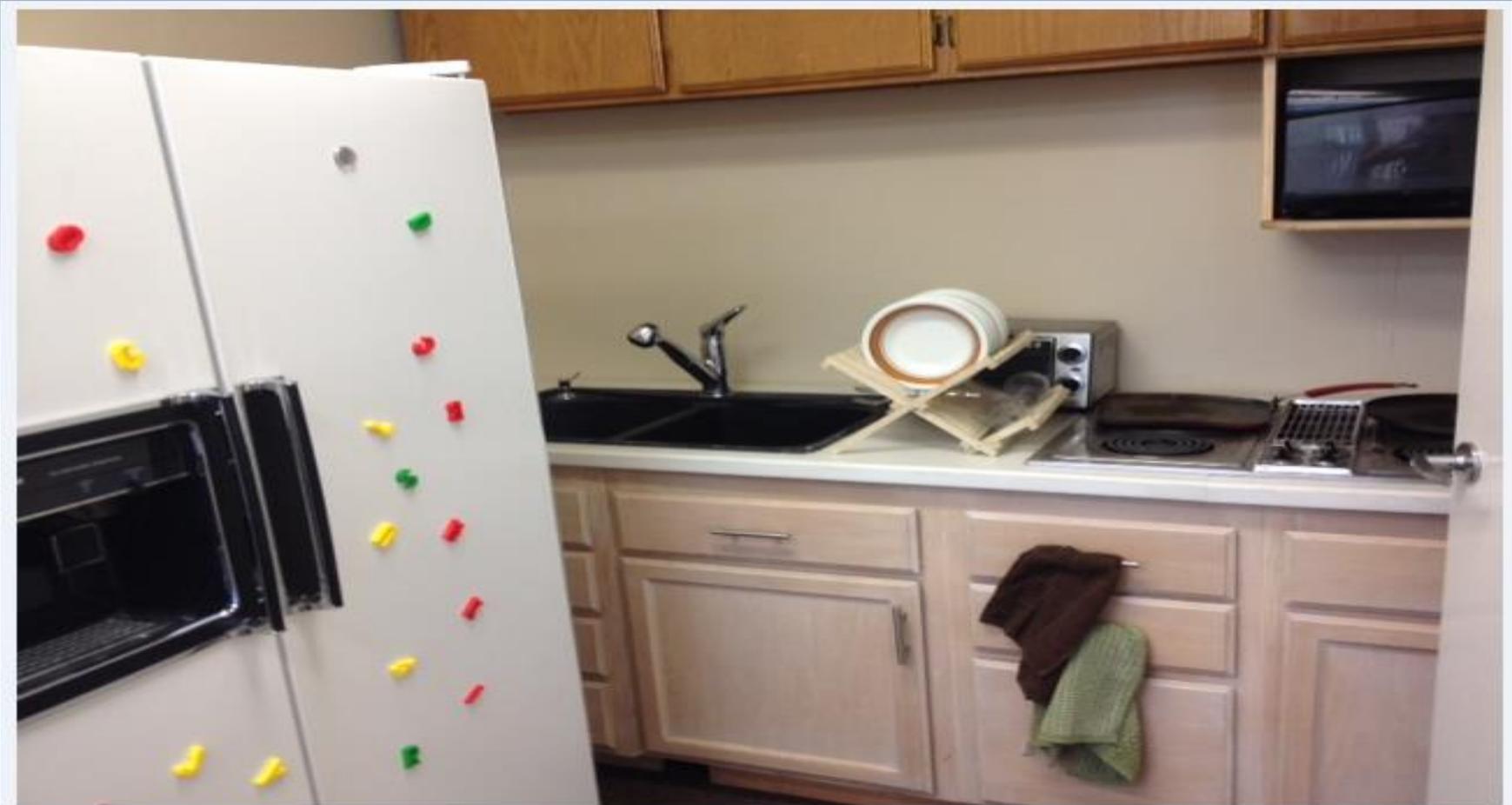
# Mock House Alliant University



# Mock House Alliant University



# Mock House Alliant University



# Mock House Alliant University



# Reforming health care



# Adverse Childhood Experience (ACE) Study (Centers for Disease control)

- **Over 17,000 men and women surveyed on 10 types of adverse childhood experiences (sexual abuse, physical abuse, emotional abuse, neglect, witness of domestic violence, etc)**
- **Now over 25 ACE studies (1998 to present)**

# Ten Adverse Childhood Experiences

- Emotional abuse (humiliation, threats) (11%)
- Physical abuse (beating, not spanking) (28%)
- Contact sexual abuse (28% women, 16% men)
- Mother treated violently (13%)
- Household member alcoholic or drug user (27%)
- Household member imprisoned (6%)
- Household member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%)

# 1 or more ACE increases risk of:

- Cancer
- Heart disease
- STDs
- Liver disease
- Smoking
- Alcohol abuse
- Obesity
- Drug dependence
- IV Drug Use
- Early intercourse, pregnancy
- Depression
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Memory disturbances
- Anger problems
- Domestic violence risk
- Job problems
- Relationship problems

## ACE and psychiatric disorders

- **10% of men and 18% of women with depression have 0 ACE score, but 54% of women and 36% of men with depression have ACE score of 4 or higher**
- **Everyone with memory impairment had at least one ACE score and 35% of those suffering from memory impairment had an ACE score of 5 or more**

## ACE and health risks

- About 5% of smokers have an ACE score of 0, but 95% have one or more ACE and approximately 16% have an ACE score of 6 or more
- About 2% of alcoholics have ACE score of 0, 98% have ACE of at least 1 and 16% have ACE score of at least 4
- About 93% of those having intercourse before 15 have an ACE score of at least 1 and about 27% of those have an ACE score of at least 4

# ACE and medical disease

- “Biomedical disease in adults had a significant relationship to adverse life experiences in childhood in the ACE study.” (Felitti 2010)
- For example, the likelihood of heart disease was increased in *all* ten ACE categories
- This is because of coping behaviors (i.e. smoking) that are “self-help” mechanisms but, even after correcting for “conventional risk factors” there was a strong relationship because of the impact “on the developing brain and body systems...” (Felitti 2010)

# ACE and health care costs

- ACE score correlation with antidepressant and other prescriptions
- The higher the ACE score, the more frequent medical visits and other medical expenses caused, in part, because ACE “patients with multiple visits to the doctor commonly do not have a unifying diagnosis underlying all the medical attention. Rather, they have a multiplicity of symptoms: illness but not disease.”  
(Felitti 2010)

# ACE and life expectancy

**“...individuals with ACE Score 6 and higher had a lifespan almost two decades shorter than seen in those with an ACE Score 0 but otherwise similar characteristics.” (Felitti 2010)**

# Polyvictimization research

- Exposure to multiple forms of victimization was common.
- Almost 66% of the sample was exposed to more than one type of victimization, 30% experienced five or more types, and 10% experienced 11 or more different forms of victimization in their lifetimes.
- Poly-victims comprise a substantial portion of the children who would be identified by screening for an individual victimization type, such as sexual assault or witnessing parental violence.
- Poly-victimization is more highly related to trauma symptoms than experiencing repeated victimizations of a single type and explains a large part of the associations between individual forms of victimization and symptom levels.
  - (Turner, Finkelhor, et al, 2010)

# Children's Exposure to Violence

Is there an impact?



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**GUNDERSEN**  
NATIONAL CHILD  
PROTECTION TRAINING CENTER

# Effects of Exposure to DV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Behavioral	<ul style="list-style-type: none"> <li>•Fussy</li> <li>•Decreased responsiveness</li> <li>•Trouble sleeping</li> <li>•Trouble eating</li> </ul>	<ul style="list-style-type: none"> <li>•Aggression</li> <li>•Behavior problems</li> <li>•Regressive behavior</li> <li>•Yelling, irritability</li> <li>•Trouble sleeping</li> </ul>	<ul style="list-style-type: none"> <li>•Aggression</li> <li>•Conduct problems</li> <li>•Disobedience</li> <li>•Regressive behavior</li> </ul>	<ul style="list-style-type: none"> <li>•Dating violence</li> <li>•Delinquency</li> <li>•Running away</li> <li>•Truancy</li> <li>•Early sexual activity</li> </ul>
Social		<ul style="list-style-type: none"> <li>•Trouble interacting with peers</li> <li>•Stranger anxiety</li> </ul>	<ul style="list-style-type: none"> <li>•Few and low quality peer relations</li> </ul>	<ul style="list-style-type: none"> <li>•Dating violence (victim or perpetrator)</li> <li>•Increased risk for teen pregnancy</li> </ul>

# Effects of Exposure to DV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Emotional/ Psychological	<ul style="list-style-type: none"> <li>•Attachment needs not met</li> </ul>	<ul style="list-style-type: none"> <li>•Fear/anxiety, sadness, worry</li> <li>•PTSD</li> <li>•Negative affect</li> <li>•Feeling unsafe</li> <li>•Separation anxiety</li> </ul>	<ul style="list-style-type: none"> <li>•Somatic complaints</li> <li>•Fear &amp; anxiety, depression, low self-esteem, shame</li> <li>•PTSD</li> <li>•Limited emotional response</li> </ul>	<ul style="list-style-type: none"> <li>•Substance abuse</li> <li>•Depression</li> <li>•Suicidal ideation</li> <li>•PTSD</li> <li>•Feeling rage, shame</li> <li>•Unresponsiveness</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>•Inability to understand</li> </ul>	<ul style="list-style-type: none"> <li>•Self-blame</li> </ul>	<ul style="list-style-type: none"> <li>•Self-blame</li> <li>•Distracted, inattentive</li> <li>•Pro-violent attitude</li> </ul>	<ul style="list-style-type: none"> <li>•Short attention span</li> <li>•Pro-violent attitude</li> <li>•Defensive</li> </ul>

## Understand effects of DV on children through drawings

An eight-year-old was asked to draw a picture of his father. He wrote in Spanish:

“This is how I see my father because he often gets angry and drunk and his eyes turn red.”

© CONNECT – Family Violence Prevention Fund



# What happens if doctors simply ask?

**“When medical professionals asked 440,000 adults undergoing comprehensive medical evaluation about ACEs, there was a 35% reduction in hospital visits in the subsequent year (as opposed to the year before), an 11% reduction in emergency room visits, and 3% reduction in hospitalizations.” (Felitti 2010)**

# ACE and Health Care



# Reforming medical and mental health

- **Within 5 years, every medical and mental health professional routinely screens for ACES**
- **Within 10 years, every medical facility will have a “No Hit Zone”**



[Conditions & Services](#)

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[Patients & Family](#)

[Home](#) > [Patients & Family](#) > [Child Abuse Task Force](#) > No Hit Zone

## Patients & Family

### > [Child Abuse Task Force](#)

- [No Hit Zone](#)
- [Learn about the latest information about preventing shaken baby syndrome efforts](#)

### > [Construction Updates](#)

### > [Coping Club](#)

### > [Family Advisory Council](#)

### > [Family Information](#)

## No Hit Zone

Kosair Children's Hospital has a "No Hit Zone" policy and program to help maintain a calm, safe and caring patient care environment for children, patients, families, staff and guests. Kosair Children's Hospital is one of only about 30 children's hospitals nationwide to implement the No Hit Zone program.

The following area facilities are designated No Hit Zones:

- Kosair Children's Hospital
- Kosair Children's Medical Center – Brownsboro
- Norton Women's and Kosair Children's Hospital
- Kosair Children's Hospital Medical Associates primary care offices
- University of Louisville Physicians – Pediatrics primary care offices



**Institution: Gundersen Lutheran**

## Brief Report



# Creating a Safe Place for Pediatric Care: A No Hit Zone

Erin R. Frazier, MD<sup>1</sup>, Gilbert C. Liu, MD, MS<sup>2</sup> and Kelly L. Dauk, MD<sup>3</sup> Author AffiliationsAddress correspondence to Kelly L. Dauk, MD, 571 S. Floyd St, Suite 412, Louisville, KY 40202. E-mail: [kclorc01@louisville.edu](mailto:kclorc01@louisville.edu)

### ABSTRACT

**Objectives:** Our goal was to create and implement a program, Kosair Children's Hospital's No Hit Zone, which trains health care workers in de-escalation techniques to address parental disruptive behaviors and physical discipline of children commonly encountered in the hospital environment

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#### This Article

HOSPITAL PEDIATRICS Vol. 4 No. 4  
July 1, 2014  
pp. 247-250  
(doi: 10.1542/hpeds.2013-0106)

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# The role of spiritual care

Psychological Trauma: Theory, Research, Practice, and Policy  
2009, Vol. 1, No. 2, 130–145

© 2009 American Psychological Association  
1942-9681/09/\$12.00 DOI: 10.1037/a0016211

## Changes in Personal Religion/Spirituality During and After Childhood Abuse: A Review and Synthesis

Donald F. Walker, Henri Webb Reid, Tiffany O'Neill, and Lindsay Brown  
Richmont Graduate University

Psychologists have begun to consider the potential role of traumatic experiences on the victim's spirituality and religiousness as well as the role personal religious and spiritual faith might have in recovery from abuse. In this review, the authors were particularly interested in these issues as they pertain to childhood abuse. The authors identified 34 studies of child abuse as they relate to spirituality and religiosity that included information on a total of 19,090 participants. The studies were classified according to both the form of abuse and the form of religiousness or spirituality that were examined. The majority of studies indicated either some decline in religiousness or spirituality ( $N = 14$ ) or a combination of both growth and decline ( $N = 12$ ). Seven studies gave preliminary indications that religiousness/spirituality can moderate the development of posttraumatic symptoms or symptoms associated with other Axis I disorders. The authors discuss implications for both therapy and future research.

*Keywords:* childhood abuse, religion and spirituality

# The impact of abuse on spirituality

- A study of 527 child abuse victims (physical, sexual or emotional) found these victims had a “significant” spiritual injury
- The injuries included feelings of guilt, anger, grief, despair, doubt, fear of death and belief God is unfair.
- However, the victims reported praying more frequently & having a “spiritual experience.”
- Source: Lawson, et al, Child Abuse & Neglect (1998)

# Shattered Faith



# Spirituality and trauma recovery

Professional Psychology: Research and Practice  
2012, Vol. 43, No. 4, 306–314

© 2012 American Psychological Association  
0735-7028/12/\$12.00 DOI: 10.1037/a0029282

## Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents

Thema Bryant-Davis, Monica U. Ellis, Elizabeth Burke-Maynard, Nathan Moon,  
Pamela A. Counts, and Gera Anderson  
Pepperdine University

Spirituality and religion are important but often neglected areas of clinical exploration. In recent years there has been some growth in traumatic studies' literature with regard to religion and spirituality in the provision of mental health services. However, while these studies demonstrate the importance of religious and spiritually competent care, much of the research involved refers to adults and has less emphasis on how children and adolescents utilize these constructs. In particular, a review of the literature reveals a limited body of research that explores how children apply religion and spirituality when coping with traumatic events. This literature review aims to contribute to the existing knowledge base by exploring the role of religion and spirituality in the lives of children and adolescents who have been, or are currently subjected to traumatic experience. It aims to delineate ways to incorporate and acknowledge the religion and spirituality of children and adolescents who are trauma survivors in treatment.

# Faith can aid in healing

- Religious and spiritual forms of coping “contribute to decreased symptoms, greater self esteem, and overall greater life satisfaction.” (Bryant-Davis 2012)
- Religiousness can moderate posttraumatic symptoms for child abuse survivors (Walker 2009)
- In a study of 2,964 female child sexual abuse survivors, researchers noted “significantly more posttraumatic symptoms” in survivors with no current religious practices (Elliott 1994)

# American Psychological Association publications

## Spiritual Interventions in Child and Adolescent Psychotherapy



*Edited by*  
Donald F. Walker and William L. Hathaway

## Spiritually Oriented Psychotherapy for Trauma

Edited by Donald F. Walker, Christine A. Courtois,  
and Jamie D. Alton

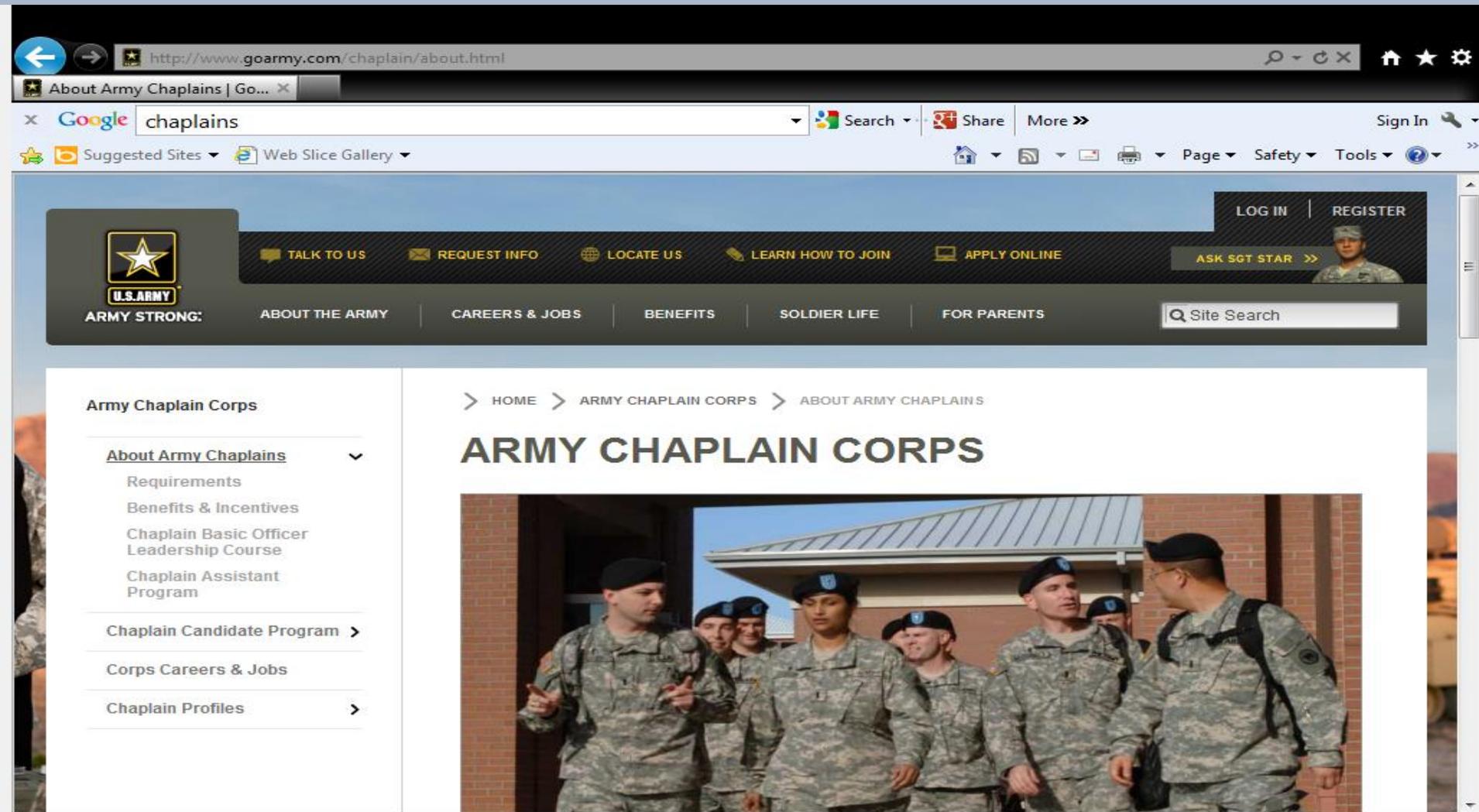


# Types of Collaboration

(Bilich et al, 2000)

- **Clergy as consultant**
- **Therapist as consultant**
- **Referrals**
- **Limited collaboration**
- **Full collaboration**
  - **Therapy and spiritual guidance offered as integrated whole**

# Military chaplains



The image is a screenshot of a web browser displaying the Army Chaplain Corps website. The browser's address bar shows the URL <http://www.goarmy.com/chaplain/about.html>. The search bar contains the word "chaplains". The website's header features the U.S. Army logo and the slogan "ARMY STRONG:". Navigation links include "TALK TO US", "REQUEST INFO", "LOCATE US", "LEARN HOW TO JOIN", and "APPLY ONLINE". There are also links for "LOG IN" and "REGISTER", and a "ASK SGT STAR" button with a soldier's portrait. A search bar labeled "Site Search" is present. The main content area has a breadcrumb trail: > HOME > ARMY CHAPLAIN CORPS > ABOUT ARMY CHAPLAINS. The main heading is "ARMY CHAPLAIN CORPS". Below this is a large photograph of several Army chaplains in uniform standing outdoors. On the left side, there is a sidebar menu with the following items: "About Army Chaplains" (with a dropdown arrow), "Requirements", "Benefits & Incentives", "Chaplain Basic Officer Leadership Course", "Chaplain Assistant Program", "Chaplain Candidate Program" (with a right-pointing arrow), "Corps Careers & Jobs", and "Chaplain Profiles" (with a right-pointing arrow).

U.S. ARMY

ARMY STRONG:

TALK TO US | REQUEST INFO | LOCATE US | LEARN HOW TO JOIN | APPLY ONLINE

LOG IN | REGISTER

ASK SGT STAR >>

ABOUT THE ARMY | CAREERS & JOBS | BENEFITS | SOLDIER LIFE | FOR PARENTS

Site Search

> HOME > ARMY CHAPLAIN CORPS > ABOUT ARMY CHAPLAINS

## ARMY CHAPLAIN CORPS

About Army Chaplains ▾

- Requirements
- Benefits & Incentives
- Chaplain Basic Officer Leadership Course
- Chaplain Assistant Program

Chaplain Candidate Program >

Corps Careers & Jobs

Chaplain Profiles >



# Hospital chaplains



## Spiritual Care

Spiritual Care

About Us

Spiritual Needs

Spiritual Care Staff

Clinical Pastoral Education

Spiritual Stories

Helpful Links

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## Spiritual Care

Gundersen Health System Spiritual Care and Clinical Pastoral Education are an important part of Gundersen's history of caring for mind, body, and spirit. Our staff has a deep respect and commitment to serve people

### Contact Us

Call (608) 775-3620 or

(2025) 222-0727

# Fire department chaplains



The screenshot shows a web browser window displaying the website for the Federation of Fire Chaplains. The browser's address bar shows the URL <http://firechaplains.org/>. The search bar contains the text "fire chap". The website header features the FFC logo on the left, the title "Federation of Fire Chaplains" in the center, and a login form on the right with fields for "Email" and "Password", a "Remember me" checkbox, and "Login" and "Forgot password" buttons. Below the header is a navigation menu with links for "Home", "About Us", "Membership", "Regions", "Training & Resources", "Events", and "2013 FFC Conference". The main content area is divided into two columns. The left column has a section titled "Welcome to the new FFC Site" with a paragraph of text, followed by a "Mission Statement" section. The right column has a section titled "Upcoming Events" with a list of training events including dates, locations, and host organizations.

http://firechaplains.org/

Federation of Fire Chaplain...

Google fire chap

Search Share More >>

Sign In

Suggested Sites Web Slice Gallery

Page Safety Tools

 Federation of Fire Chaplains

Email

Password

Remember me

Login [Forgot password](#)

Home About Us Membership Regions Training & Resources Events 2013 FFC Conference

### Welcome to the new FFC Site

We are an international fellowship of Fire-Rescue Chaplains. From here you can learn about us, check out the news of the FFC, explore membership, and investigate our training. Members can sign in to access the [FFC directory](#), participate in a blog, view articles, update your profile, and renew your membership. We encourage contact to our officers and regional directors.

### Mission Statement

The mission of the Federation of Fire Chaplains is to bring together persons interested in providing an effective Chaplain Service to

### Upcoming Events

[FFC Chaplain Training/Leesville, LA](#)  
22 Mar 2013 • St Michael's Catholic Church

[FFC Training/Kamloops BC](#)  
04 Apr 2013 • Kamloops Fire/Rescue Training Centre

[FFC Training/Moncton, New Brunswick](#)  
12 Apr 2013 (EDT) • Moncton FD

[FFC Chaplain Training/Ft. Worth, Texas](#)  
19 Apr 2013 • Riley Conference Center, Southwestern Baptist Theological Seminary, Ft. Worth, TX

100%

# Law enforcement chaplains

International Conference of...  
Google police chaplains  
Suggested Sites Web Slice Gallery  
Sign In  
Home About Us Membership Chaplaincy Intro Credentialing Regions ATS News & Views

## International Conference of Police Chaplains

Serving all law enforcement chaplains

### QUICKLINKS

- How to Join ICPC
- Regional Information
- Regional RTS Brochures
- Regional News & Links
- Members Only Section
- ICPC Store
- Journal Publications

100%

# Corporate chaplains

The screenshot shows a web browser displaying the Corporate Chaplains of America website. The browser's address bar shows the URL <http://www.chaplain.org/>. The search bar contains the text "corporate chaplains". The website header features the Corporate Chaplains International logo, a search bar, and a "Select Language" dropdown. The main navigation menu includes links for ABOUT, SERVICES, OWNERS, HR MANAGERS, FAQ, RESOURCES, CAREERS, and CONTACT. A large banner image shows a woman in a blue shirt smiling, with the text "Offering Meaningful Hope" overlaid. To the right, there are three featured articles: "The CCA Story from the Founder/CEO, Dr. Mark Cress", "Are you a business owner considering Corporate Chaplains?", and "Frequently asked questions from HR managers about chaplaincy".

Corporate Chaplains of America

Corporate Chaplains International

LANPHIER

SEARCH

Select Language

Serving companies coast to coast since 1996

ABOUT SERVICES OWNERS HR MANAGERS FAQ RESOURCES CAREERS CONTACT

Offering Meaningful Hope

The CCA Story from the Founder/CEO, Dr. Mark Cress

Are you a business owner considering Corporate Chaplains?

Frequently asked questions from HR managers about chaplaincy

75%

# Chaplaincy Training to address all forms of violence



**June 8-10, La Crosse, WI  
Viterbo University**

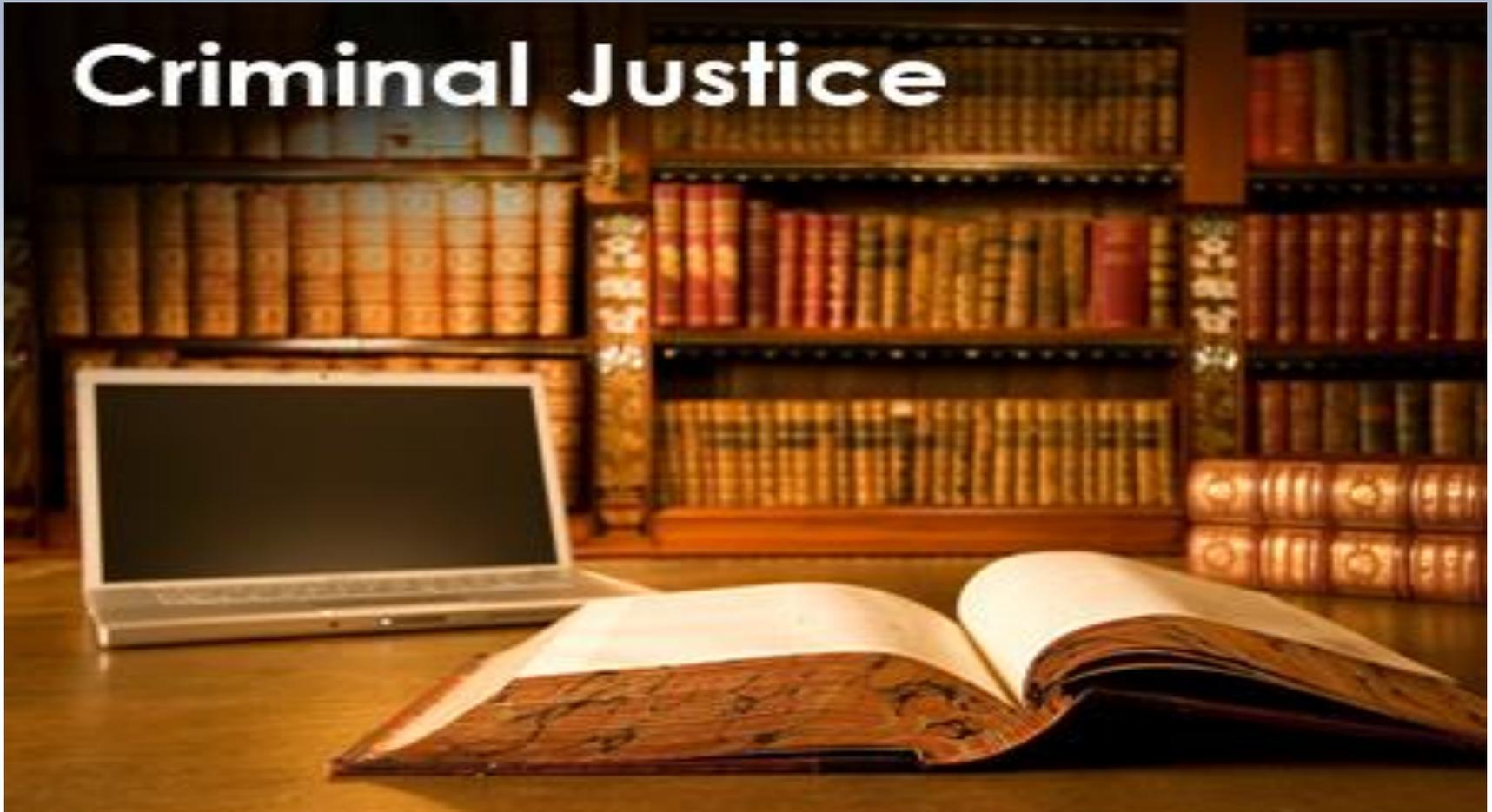
**CHAPLAINS  
FOR CHILDREN**



# Spiritual care

- **Within 5 years, pastoral/ spiritual care workers will have completed 40 hours of training on violence across the lifespan**
- **Within 5 years, hospitals will integrate chaplains into the response to trauma for survivors and families desiring this service**
- **Within 5 years, every state will have a training course that can meet this need**

# Improving criminal justice and child protection



## Criminal Justice

# The collection of evidence: national standards

- Crime scene photographs in every case
- MDTs set a goal of at least 5 items of corroborating evidence in every case
- Within 5 years, conduct forensic/investigative interviews within 2 hours of a report to the authorities
- Court cases of violence resolved within 6 months

# Other reforms

- Improving mandated reporting system (“2 plus 10” plan, educating consumers to ask the right questions about day cares, etc)
- Involving MDTs in alternative response
- Within 1 year, every employer must have a written vicarious trauma plan for those working with cases of violence

# Prevention in every community

The screenshot shows the website for Silent Tears. At the top left is the logo with the text "silent tears™" in a cursive font and "Giving a Voice to Child Sexual Abuse." below it, next to a white outline of a person. To the right is a search bar and a navigation menu with links for Home, About, News, Events, How To Join, Gallery, and Contact. The main content area features a large photograph of a group of people in a council chamber. A semi-transparent dark box is overlaid on the right side of the photo, containing the heading "About" and a paragraph of text. Below the text is a "Read More" link. At the bottom of the screenshot, a caption reads "May 28, 2013 - Greenville County Council Chambers - 11:00 AM".

Search this site...

Home About » News Events How To Join Gallery Contact

*silent tears™*  
Giving a Voice to Child Sexual Abuse.

## About

Silent Tears, a not-for-profit who's mission is to Give a Voice to Child Sexual Abuse, was launched earlier this year by Greenville, South Carolina residents and Philanthropists, Lisa and Bob Castellani. Few have ever given thought to the tremendous impact child sexual...

[Read More](#)

May 28, 2013 - Greenville County Council Chambers - 11:00 AM

## **Daro & Donnelly: When prevention falls short**

- When proponents “oversimplify” or promote “singular solutions”**
- Prevention is complex and will differ from community to community and thus puts prevention in the hands of front line professionals**

# Expanding prevention

- **Within 5 years, national shift away from cookie cutter models to prevention tailored to local needs**
- **Within 5 years, 7 or more evidence based prevention programs addressing violence across the lifespan are up and running**
- **Train MDTs about prevention**
- **Prevention “scouts”**
- **Prevention retreats**

# Youth Serving Organizations

October 13-15, 2013 | Grapevine, Texas

## NATIONAL YOUTH PROTECTION SYMPOSIUM



WORKING TOGETHER TO KEEP KIDS SAFE

# Make everyone in YSO a mandated reporter

- “All persons involved in Scouting must report to local authorities any good faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. This duty cannot be delegated to any other person.” (emphasis added)
- “Immediately notify the Scout Executive of this report, or of any violation of BSA’s Youth Protection policies, so he or she may take appropriate action for the safety of our Scouts, make appropriate notifications, and follow-up with investigating agencies.”

# Follow the CDC standards

- Screening/selection of employees & volunteers
- Guidelines on interactions
- Monitoring behavior
- Ensuring safe environments
- Responding to inappropriate behavior
- Training of employees, caregivers, youth

## Preventing Child Sexual Abuse Within Youth-serving Organizations:

*Getting Started on Policies  
and Procedures*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention



# Expand training and policies in YSOs

- **Physical abuse**
- **Neglect**
- **Emotional Abuse**
- **ACEs/Polyvictimization**

**YSOs provide personal safety training to...**

- All children in the organization**
- All parents**
- All employees/volunteers**

# Research the children in our YSOs (including schools)





**Minnesota Center for Health Statistics (MCHS)**

[MCHS Home](#)

**General Statistics**

[Indicators for Community Assessment](#)

[Minnesota Vital Statistics Interactive Queries](#)

[Minnesota State, County and CHB Vital Statistics Trends](#)

[Minnesota Vital Signs](#)

[Minnesota County Health Tables](#)

[Minnesota Health Statistics Annual Summary](#)

[BRFSS](#)

[Minnesota Student Survey](#)

**Topic-specific Statistics**

[Health Equity](#)

[Infant Mortality](#)

[Induced Abortions in Minnesota Reports](#)

[Racial and Ethnic Statistics and Reports](#)

[Tobacco Reports](#)

## Minnesota Center for Health Statistics Minnesota Student Survey

The Minnesota Student Survey is conducted every three years among three populations of students in Minnesota public schools:

- ▶ students in regular public schools, including charter schools and tribal schools (grades 6, 9, and 12 only)
- ▶ students in alternative schools and Area Learning Centers (all grades)
- ▶ students in juvenile correctional facilities (all grades)

The survey asks questions about activities, experiences, and behaviors. Topics covered include tobacco, alcohol and drug use, school climate, physical activity, violence and safety, connections with school and family, health, and other topics. Questions about sexual activity are asked only of high school students. The survey is administered jointly by the Minnesota Departments of Education, Health, Human Services, and Public Safety.

### New:

[The Health and Well-Being of Minnesota's Adolescents of Color and American Indians: A Data Book](#)

This report presents data on a variety of health topics for African American, American Indian, Asian, Hispanic and White adolescents. Data is drawn from the 2010 Minnesota Student Survey and other sources.

Reports available on this web site include:

- ▶ [Statewide trend report, 1992-2010](#)
- ▶ [Statewide tables by educational setting and racial/ethnic groups for 2004, 2007 and 2010](#)
- ▶ [Regional tables for 2004, 2007 and 2010](#)



**Related Information**

[Birth and Death Certificate Requests](#)

[Local Registrar Offices](#)

[Fathers' Adoption Registry](#)

**Contact Us**

If you have questions or comments about this page, please contact the Minnesota Center for Health Statistics:  
[healthstats@state.mn.us](mailto:healthstats@state.mn.us)

# YSOs can build resilience



# Sources of resiliency for abused children

(Summers, 2006)

- Educational characteristics
  - Engagement in academics
  - Engagement in extra-curricular activities
  - Positive relationship with instructors



# Other resiliency factors

(Herrenkohl et al, 2008)

- **Community characteristics**
  - Positive relationship with caring, nonabusive adult
  - Adults or peers who disapprove of antisocial behavior
  - Involvement with religious community
  - Peer support
  - Safety of community
  - Access to health care



# Public awareness, policy and research



# Recommendations

- **NPEIV annually surveys 1,000 professionals regarding research needed on the frontlines**
- **Literature review on effective public awareness campaigns and widely distribute to frontlines**
- **Public policy forums on violence in every state, every election year**
- **Working relationships with survivors**
- **Teach public policy advocacy in CAAST**

# Public policy reforms

- **Low cost, comprehensive background check program at federal level for YSOs**
- **End corporal punishment in all schools (200,000 acts of corporal punishment per year)**
- **No Hit Zone policies in government institutions**
- **Expanding civil and criminal SOL but with an emphasis on non-monetary reforms**

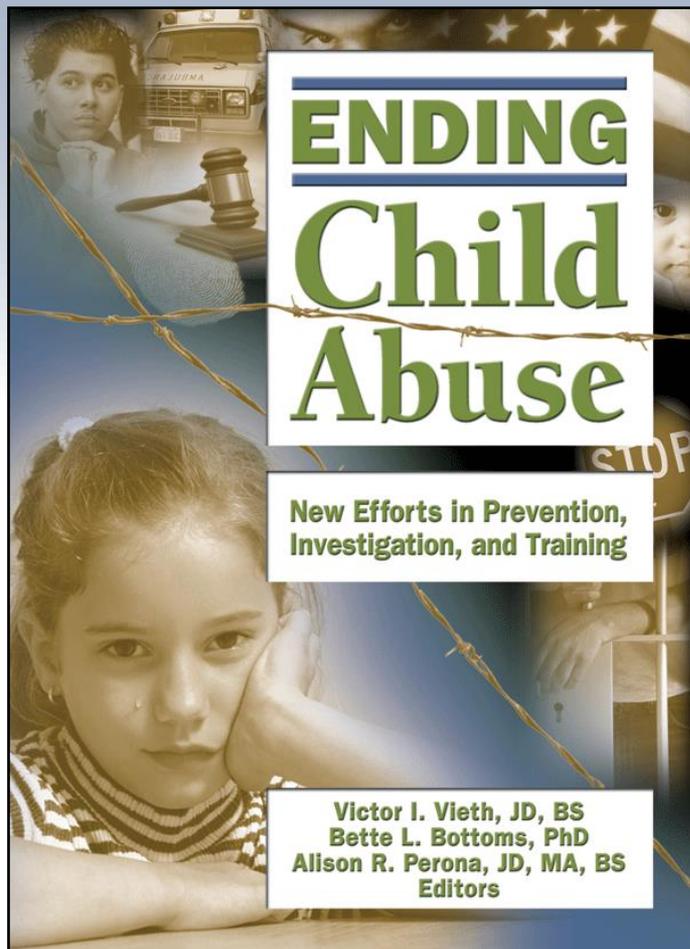
# Sustaining the reforms

- **NPEIV development team**
- **Implementation planning**
- **Public progress reports**

# The national plan

- 66 concrete recommendations
- Recommendations divided into six categories
  1. Education and training
  2. Medical, mental health, spiritual care
  3. Criminal justice and child protection
  4. Prevention
  5. Public awareness, public policy & research
  6. Developing an infrastructure to implement plan

# The goal is to end child abuse



## Key components of plan to end child abuse:

- Forensic interview training at the local level
- Undergraduate reforms
- Graduate reforms
- Experiential training
- Prevention from the ground up
- Medical partner
- Moral compass (faith partners)

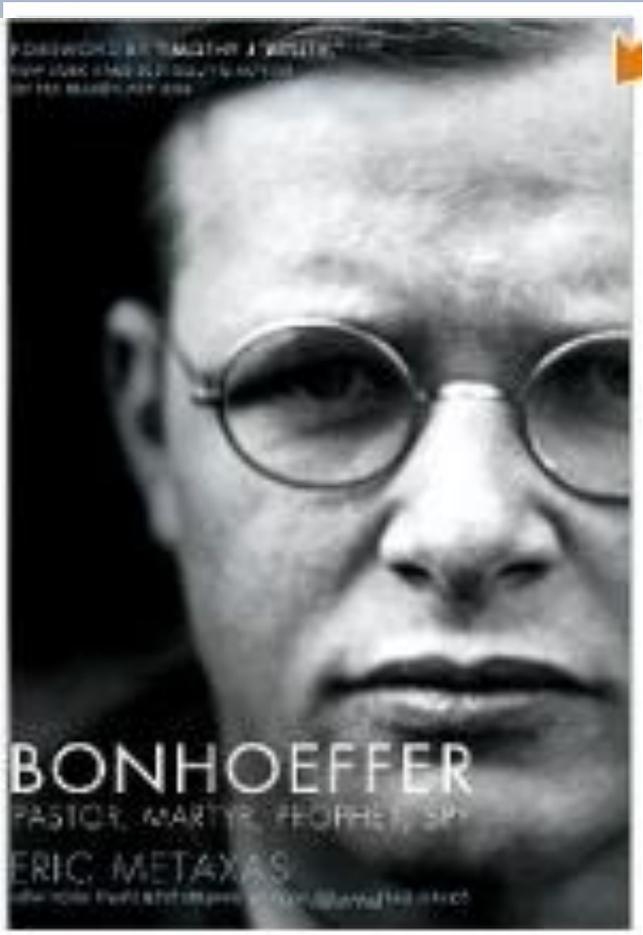
# Our Awesome Opportunity



**“It is possible to become discouraged about the injustice we see everywhere. But God did not promise us that the world would be humane and just. He gives us the gift of life and allows us to choose the way we will use our limited time on earth. It is an awesome opportunity.”**

**--Cesar Chavez**

**“Till the night be passed”**



**“Silence in the  
face of evil is  
itself evil. Not to  
act is to act.”**

**– Dietrich Bonhoeffer**