Indicators of Child Abuse/ Neglect & How to Assist in Criminal Investigations

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Identifying Abuse

Two Primary Ways in which Schools & Staff Identify Abuse

1. Party to an Initial Disclosure
2. Observing Signs of Abuse
After an Initial Disclosure

The Best Way to Help the Child and Law Enforcement:

1. Contact Law Enforcement & Hotline ASAP
2. Do not ask the child to repeat the initial disclosure
3. Do not ask more questions than needed to inform the Hotline or LEO of crucial details
4. Do not conduct an investigation
Process of Disclosure

- Disclosure of abuse is a process, not an event. *Sorensen and Snow*, 1991
- Types of Disclosure, *Sorensen and Snow 1991*
  - Accidental- Abuse Revealed by Chance
    - 74% of children
    - Usually younger children
    - Children who accidentally disclosed were significantly younger than children who disclosed purposefully or did so following a precipitating event such as a personal safety presentation. *Nagel, Rutman, Noll and trickett, 1997*
  - Purposeful- Child’s Conscious Decision
    - 25% of children
    - Usually older children
Examples of Accidental Disclosures

- Witness to the event
- Physical evidence
- Unusual Behavior
- Inappropriate Sexual behavior
- Inappropriate Statement
- Shared confident
- Journal
- Questions
### Characteristics of Tentative Disclosure, *Sorensen and Snow, 1991*

<table>
<thead>
<tr>
<th>Category</th>
<th>Example</th>
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<tbody>
<tr>
<td>Forgetting</td>
<td>“I forgot”</td>
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<tr>
<td>Distancing</td>
<td>“It happened to Joe.”</td>
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<tr>
<td>Minimizing</td>
<td>“It only happened once.”</td>
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<tr>
<td>Empowerment</td>
<td>“He tried to touch me, but I hit him and ran away.”</td>
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<td>Dissociation</td>
<td>“When he touches me, I go to the pink forest.”</td>
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<td>Discounting</td>
<td>“I was just kidding.”</td>
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If Questions Have to Be Asked Prior to LEO or CD Involvement, Stick to These Five Question (as Needed)

#1 - What Happened?
  ○ An open ended way to ask about the allegations

#2 - Who did it? (Is ____ a grown-up or kid?)
  ○ To help determine the current safety of the child

#3 - Where did it happen?
  ○ To determine if which Law Enforcement Agency should be contacted and to help determine the safety of the child

#4 - When was the last time that it happened?
  ○ To assess if an emergency SAFE exam is needed

#5 - Did you tell anybody else? If so, who?
  ○ To help inform Children’s Division and Law Enforcement of Additional Witnesses
Best Practices When Asking Questions

- Do NOT use the terms “good touch/bad touch”.

- Do NOT use toys, dolls or stuffed animals to demonstrate how an incident occurred or to determine if the child knows what parts of their body are private.

- Consider Neutral/Friendly Locations for the Child. Do not Use the Principal’s Office or a Location in Public.

- If the child tells you something, respond by asking them to “tell me about that”.
Ways to Negatively Influence a Child During Disclosure & Cause Harm to the Investigation

- Bribery
- Unfulfilled Promises
- Commiseration
- Judgment, Intimidation
- Inappropriate Questions for Child’s Age
- Incorrect Assumptions about Child’s Feelings about Crime/Suspect
- Insensitivity to where Child is in the Inattention to Child’s Discomfort or Trauma
- Demands for Reiteration of Traumatizing Crime Details
Hotline it. It’s the Law.

RSMo 210.115: “…has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall report…”

- Failure to Report by a Mandated Reporter is a class A misdemeanor RSMo 210.165
Child Abuse and Neglect Hotline

1-800-392-3738 in Missouri
1-800-669-8689 TDD

- Created in 1975, RSMo210
- Accepts around 107,000 calls per year
- 24 hour, 7 day per week hotline
- Staffed by Children’s Service Workers
- Apps.dss.mo.gov/OnlineCanReporting/default.aspx

- Free Mandatory Reporter Training: ProtectMoKids.com
Detecting Signs of Abuse

Sexual Abuse

Indicators

Physical findings concerning for sexual abuse
  - Bleeding, primarily anal or genital
  - Bruising, primarily anal, genital, or inner thighs
  - Pain, primarily anal or genital
  - Discharge, primarily genital

Child disclosing contact that is suggestive of sexual abuse
Concerns/witnessed events of others

Physical Abuse

Indicators

Child with acute physical injuries not explained by accidental means
Witnessed abuse with or without physical injuries
Child making disclosures of physical abuse
Child in the same environment of care as a child who was seen for physical injuries (ex. Sibling
Parental/Family Characteristics: Sexual Abuse

- Authoritarian father-ineffectual mother;
- Sexual problems in marriage;
- Role reversal between mother and daughter;
- Over protection of the daughter;
- Isolation, geographic isolation, lack of social or emotional contacts with people outside family;
- Poor self-esteem in family members;
- Repression and denial as coping mechanisms.
### Additional Indicators of Abuse

#### Behavioral
- Aggression and acting out
- Regression
- Grooming habits and hygiene
- Eating problems or disorders
- Sexual acting out
- Post-traumatic responses
- Self-injurious behavior

#### Cognitive
- School-related problems
- Distorted self-image
- Impaired problem-solving skills

#### Emotional
- Depression
- Dissociation
- Post-traumatic responses
- Unusual and excessive fears
ACCIDENTAL OR NON-ACCIDENTAL BRUISES?

Accidental
Bruises on bony places:
Forehead
Chin
Elbows
Shins

Non-Accidental
earlobe
cheek
ear
arms
genitals
inner thighs

The child’s and parent’s explanation are the same.
The explanation “fits” the bruises.

The child’s and Parent’s Explanation may be different.
The explanation does not “fit” the bruises.

Pima County Health Department
Childhood Centers Program
1991
Bruises due to Abusive Injury

- Unusual Patterns
  - Larger in size
  - Multiple
  - Clusters
  - Different planes of body
  - Imprint of an object
  - Different ages of skin markings
Parental/Family Characteristics: Physical Abuse

- Seems unconcerned about the child;
- Perceives the child as “bad”, “evil”, a “monster”, a “witch” or “different”;
- Offers an inadequate or illogical explanation or has no explanation for the child’s injury;
- Gives different or contradictory explanations for the same injury;
- Attempts to conceal the child’s injury or to protects the identity of those responsible;
- Takes an long time to obtain medical care for the child;
- Takes the child to a different doctor or hospital for each injury;
Child Protector App, Children’s Mercy

Internal Abdominal Injuries
Choose this section if you are evaluating a child with an internal abdominal injury.

Learn more:
Forensic Decision-Making Tools
Browse Table of Contents

Table of Contents:
- Basic Anatomy
- Scalp and Head Bruises
- Skull Fractures
- Epidural Hematoma
- Subdural/Subarachnoid Bleeding
- Subdural Neomembranes
- Contusions
- Cerebral Edema

Forensic Decision-Making Tools

Cerebral Edema

Videos (2)
Photos (3)

Forensic Decision-Making Tools
What is the age for criminal liability for sexual offenses in Missouri?

The short answer is … “it depends.”

- Commercial sex act or sexual performance, 17yo or younger. Pornography, 17 yo or younger.
- 14yo – 16yo, if other person is *more than 4 years* older
- <14yo cannot consent to sexual contact
- Consent not possible between K-12 student & school staff/ official/ volunteer
“Sexual conduct”, sexual intercourse, deviate sexual intercourse or sexual contact;

“Sexual contact”, any touching of another person with the genitals or any touching of the genitals or anus of another person, or the breast of a female person, or such touching through the clothing, for the purpose of arousing or gratifying the sexual desire of any person or for the purpose of terrorizing the victim;

“Sexual intercourse”, any penetration, however slight, of the female genitalia by the penis.

“Deviate sexual intercourse”, any act involving the genitals of one person and the hand/mouth/tongue/anus of another person or a sexual act involving penetration of the penis, female genital or anus by a finger/instrument.
Remember:

• You are in the BEST position to help these students!

• The BEST way to help an investigation is to keep the child safe until law enforcement and Children’s Division arrive!

• Do not interfere with or conduct your own investigation.
Questions?

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