



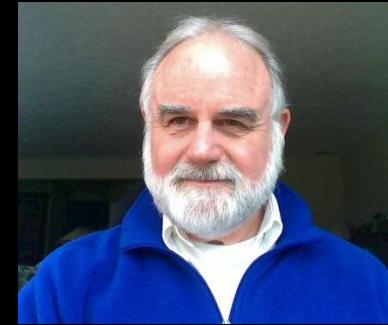
Harold Johnson & Heather Bupp, Esq.

KIDS IN HIGH-RISK SITUATIONS: YOUR LEGAL & ETHICAL OBLIGATIONS

Learning Objectives:

- You will be able to:
 - Use a checklist of signs to determine if you should act
 - Identify actions you can take to keep the child safe
 - Determine with whom to collaborate
 - Know your role as a mandated reporter of the situation to the appropriate authorities

Harold Johnson



- Educator with more than 40 years of experiencing in the field of deaf education - teacher, program administrator, and university professor
- Founded O.U.R. Children Project (O = Observe, U = Understand, R = Respond)
- Disclosures
 - Financial - Received financial compensation from ASHA for this presentation
 - Nonfinancial - Runs <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/>, a website designed to help people understand and prevent the maltreatment of children with disabilities
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Heather Bupp, Esq.



- An experienced ethics counsel who provides ethical guidance to ASHA members, staff, the professions, and the public
- Previously, a solo attorney specializing in ethics and professional discipline
- Disclosures
 - Financial - ASHA Director of Ethics
 - Nonfinancial - Ex officio to ASHA Board of Ethics
- ethics@asha.org

Child Abuse Prevention and Treatment Act (CAPTA)

- P.L. 93-247: Enacted in 1974
- P.L. 108-36: Reauthorized in 2003 by Keeping Children and Families Safe Act
- Federal law that identifies acts and behaviors that characterize child maltreatment and provides basis for state legislation
- <http://www.acf.hhs.gov/sites/default/files/cb/capta2003.pdf>

Child Maltreatment Defined

Using Federal Child Abuse Prevention and Treatment Act (CAPTA): “The term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (42 U.S.C.A. §5106g).

<https://www.childwelfare.gov/pubs/prevenres/focus/focus.pdf>

Definition of Child Maltreatment in Each State's Laws

- Most commonly in four categories:
 - Physical abuse
 - Neglect
 - Sexual abuse
 - Emotional maltreatment
- <http://www.childwelfare.gov/pubs/prevenres/focus>

(b) Covered Professionals

Persons engaged in the following professions and activities are subject to the requirements of subsection (a) of this section:

1. Physicians, dentists, medical residents or interns, **hospital personnel** and administrators, nurses, **health care practitioners**, chiropractors, osteopaths, pharmacists, optometrists, podiatrists, emergency medical technicians, ambulance drivers, undertakers, coroners, medical examiners, alcohol or drug treatment personnel, and **persons performing a healing role or practicing the healing arts**.
2. Psychologists, psychiatrists, and mental health professionals
3. Social workers, licensed or unlicensed marriage, family, and individual counselors
4. **Teachers, teacher's aides or assistants**, school counselors and guidance personnel, school officials, and school administrators
5. **Child care workers** and administrators
6. Law enforcement personnel, ... and juvenile rehabilitation or detention facility employees
7. Foster parents
8. Commercial film and photo processors

What is the SLPs Role?

- Watch for signs of maltreatment
- Know your role as a mandated reporter
 - Practice setting specific?
 - State(s) licensed?
 - Application of federal and state laws/regs
- Be an advocate

ASHA Code of Ethics (2010r)

- Principle I, Rule M, states:
“Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.”

<http://www.asha.org/Code-of-Ethics/#sec1.3>

ASHA Code of Ethics (2010r)

- Principle I, Rule N, states:

“Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.”

<http://www.asha.org/Code-of-Ethics/#sec1.3>

Assessment Considerations

- Timing of assessment
 - Recent removal from home
 - Placement instability
- Caregiver-child interaction and familiarity

See also, Welc, J. B. (2010). *Understanding the impact of abuse & neglect on speech & language development*. Presented at ASHA Convention, Philadelphia, PA.

Questions and Answers



To Ask a Question:

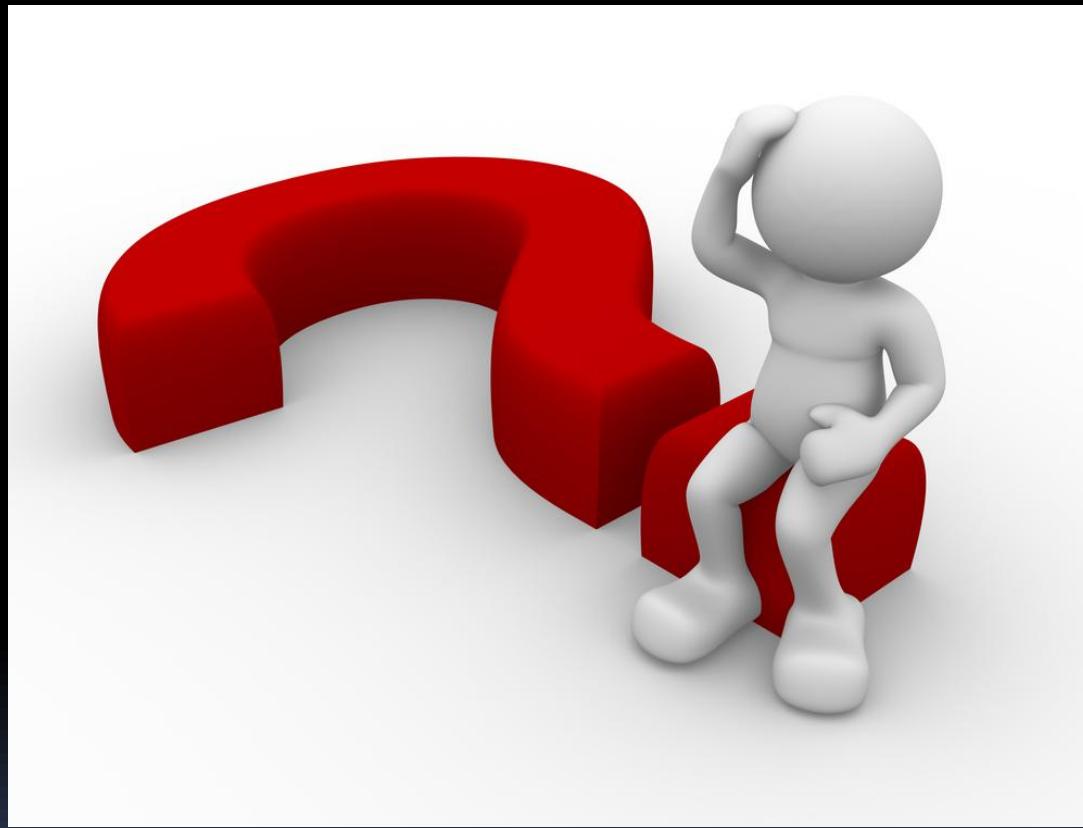
Live Web Access:	Type your question into the Q & A panel and send to “All Panelists.”
Live Telephone Access:	Press *1 on your telephone keypad to signal that you wish to ask a question.

Awareness & Understanding

We will be covering the following points of information in relation to the abuse and neglect of children with disabilities:

- Incidence
- Impact
- Indicators

Incidence



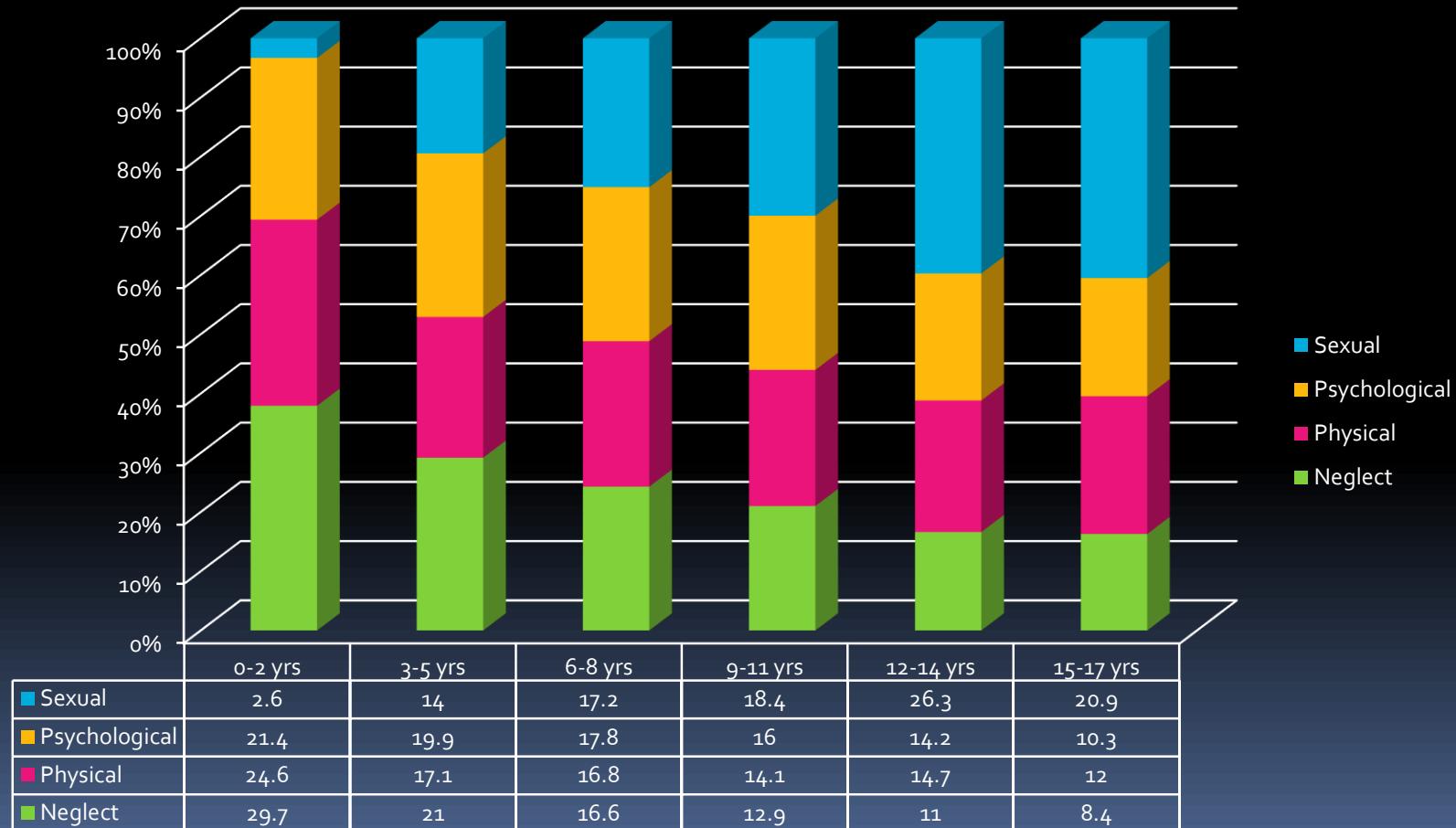
Incidence



- Children with disabilities are three times more likely to experience maltreatment (i.e., neglect & abuse) than their nondisabled peers (Sullivan & Knutson, 2000)
- This rate indicates that at least 25% of children with disabilities will experience one or more forms of maltreatment between birth and 18 years of age (Jones et al., 2012)

Child Maltreatment 2012: U.S. Dept. of Health & Human Services –
Administration for Children & Families – Administration on Children, Youth and
Families – Children’s Bureau

Exhibit 3-E Selected Maltreatment Types of Victims by Age, 2012
Types of Maltreatment by Age



Implications

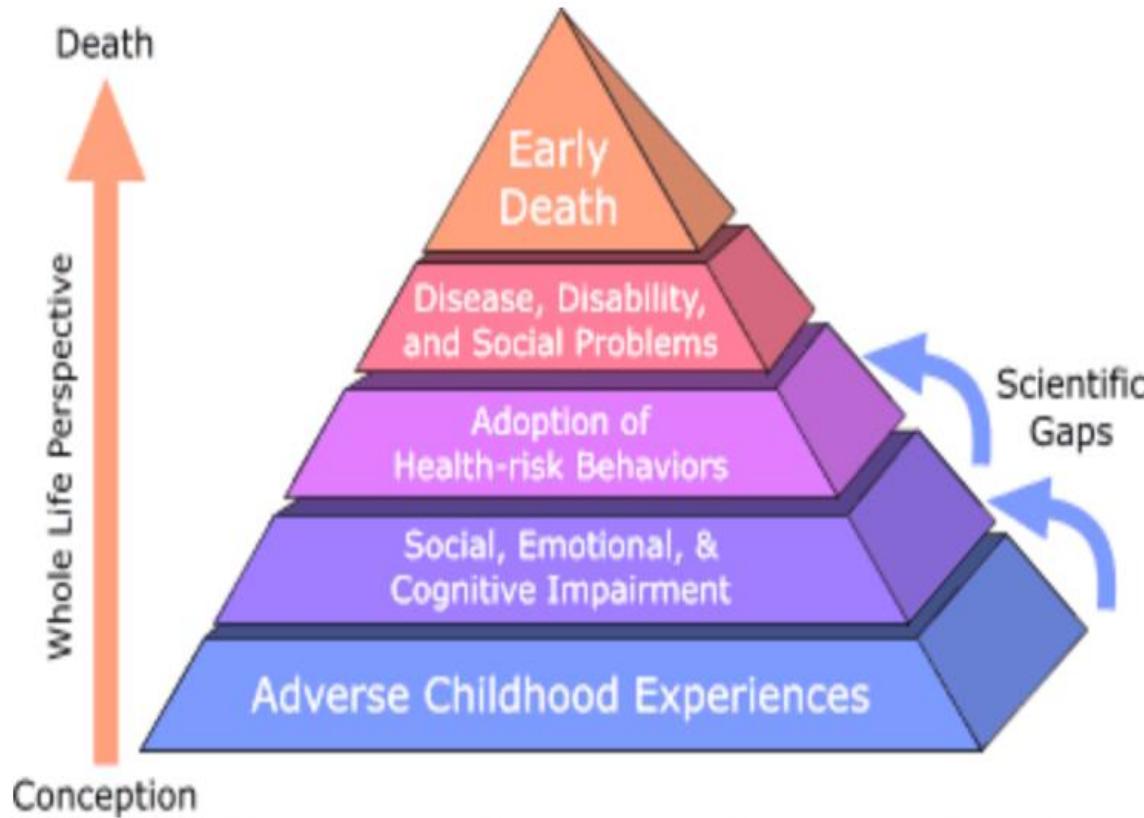
- The younger the child, the greater his/her vulnerability to maltreatment
- The type of maltreatment experienced by children changes over time, i.e., incidence of:
 - Neglect, physical, and psychological maltreatment decreases with age, vs.
 - sexual abuse increases with age
- We should change our prevention efforts to reflect children's changing risks for maltreatment, risks that continue to occur throughout an individual's life



Impact



Pyramid



Website: [The ACE Study](https://www.acestudy.org) (Adverse Childhood Experiences) –
YouTube Video:
[Wounds that won't heal: The ACE Study](https://www.youtube.com/watch?v=tMXtOxXBCRo)

Impact

- Poor physical health
 - Chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity
- Social difficulties
 - Insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life

Impact

- Cognitive dysfunctions
 - Deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance
- Behavioral problems
 - Aggression, alcohol/drug abuse, juvenile delinquency, adult criminality, abusive or violent behavior, cutting, and suicide

(Child Welfare Information Gateway, 2013; Wang & Holton, 2007)

Language Patterns

- Pragmatics:
 - Poor conversational skills
 - Inability to discuss feelings
 - Shorter conversations
 - Fewer descriptive utterances
 - Language used to get things done with little social exchange or affect
- Semantics:
 - Limited expressive vocabulary
 - Fewer decontextualized utterances, more talk about the here and now
- Syntax/Morphology:
 - Shorter, less complex utterances
- Phonology:
 - No difference (Owens, 2010)

Implications

- The ACE Study findings suggest that during their lifetime, children who experience neglect and/or abuse are at significantly higher risk for a poor quality of life, illness, and death
- During their school years these same children are at a significantly higher risk for cognitive, language, and behavioral problems, often leading to poor academic performance, risky social behavior, and educational failure

Indicators of Neglect & Abuse



Indicators



- Please be forewarned that some of the following information and images may be personally disturbing
- As parents and professionals it is critical we know the visual, verbal, and behavioral indicators that a child may be experiencing neglect and/or abuse
- Please go to the Child Welfare Information Gateway's "What is Child Abuse and Neglect? Recognizing the Signs & Symptoms" for more in-depth information (<https://www.childwelfare.gov/pubs/factsheets/whatiscan.pdf>)

Neglect

- Child indicators
 - Is frequently absent from school
 - Begs or steals food or money
 - Lacks needed medical or dental care, immunizations, or glasses
 - Is consistently dirty and has severe body odor
 - Lacks sufficient clothing for the weather
 - Abuses alcohol or other drugs
 - States that there is no one at home to provide care



Neglect (cont.)

- Parent indicators
 - Appears to be indifferent to the child
 - Seems apathetic or depressed
 - Behaves irrationally or in a bizarre manner
 - Is abusing alcohol or other drugs



Physical Abuse



- Child indicators
 - Has unexplained burns, bites, bruises, broken bones, or black eyes
 - Has fading bruises or other marks noticeable after an absence from school
 - Seems frightened of the parents and protests or cries when it is time to go home
 - Shrinks at the approach of adults
 - Reports injury by a parent or another adult caregiver

Physical Abuse (cont.)



- Parent indicators
 - Offers conflicting, unconvincing, or no explanation for the child's injury
 - Describes the child as "evil," or in some other very negative way
 - Uses harsh physical discipline with the child
 - Has a history of abuse as a child

Sexual Abuse



- Child indicators
 - Has difficulty walking or sitting
 - Suddenly refuses to change for gym or to participate in physical activities
 - Reports nightmares or bedwetting
 - Experiences a sudden change in appetite
 - Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
 - Becomes pregnant or contracts a venereal disease, particularly if under age 14
 - Runs away
 - Reports sexual abuse by a parent or another adult caregiver

Sexual Abuse (cont.)



- Parent indicators
 - Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
 - Is secretive and isolated
 - Is jealous or controlling with family members

Emotional Abuse



■ Child indicators

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Emotional Abuse (cont.)



- Parent indicators
 - Constantly blames, belittles, or berates the child
 - Is unconcerned about the child and refuses to consider offers of help for the child's problems
 - Overtly rejects the child

- A URL to a checklist of the signs of abuse and neglect is provided in the resources section of the presentation

REPRODUCIBLE | 175

Recognizing Child Abuse Checklist

When reading material that involves dysfunctional families such as the one Huck Finn finds himself in, a good way to make it relevant to the real world is to use actual forms in use today to recognize and identify child abuse. This is one such form.

Signs of Possible Abuse or Neglect

The Child

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

Signs of Physical Abuse



Reality Check...

- Most of the time the signs of neglect and abuse are ambiguous
- You will almost always have doubts about your suspicions that a child is being maltreated

- Never forget that our job is to report our suspicions, NOT to investigate until we are sure

Childhelp National Child Abuse Hotline 1-800-4-A-CHILD. This hotline is staffed 24/7 by degreed counselors.

See

<https://www.youtube.com/watch?v=tQ5uzupV-q8>



- When you suspect, but are not yet ready to call the police or child protective services, **call 1-800-4-A-CHILD**

Confidential counselors at the hotline can help:

- **Victims:** children and teens who have been abused
- **Survivors** of child abuse
- **Abusers:** people who have abused a child or who are afraid that they may abuse a child
- **Witnesses** to child abuse
- Concerned people with questions

Implications...



- If you know what to look for, you can see the signs of neglect and abuse
- The signs are demonstrated by both children and adults
- If you suspect an individual may be experiencing maltreatment, you are legally and morally obligated to act

Risk Factors for Children With Disabilities



- Why are children with disabilities three to four times more likely to experience abuse than their nondisabled peers? (Bridenbaugh, 2010; Goldman, Salus, Wolcott, & Kennedy, 2003; Johnson, 2012)

Note: For more indepth information, see “The Risk and Prevention of Maltreatment of Children With Disabilities”

(<http://www.childwelfare.gov/pubs/prevenres/focus/focus.pdf>) and read the *ASHA Leader* article “Protecting the Most Vulnerable From Abuse” (<http://www.asha.org/publications/leader/2012/121120/protecting-the-most-vulnerable-from-abuse/>)



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Inbox | February 2013

Inbox: Reporting Child Abuse

The ASHA Leader, February 2013, Vol. 18, 3. doi:10.1044/leader.IN2.18022013.3

[SHARE](#)[TOOLS](#)

I appreciated the article on child abuse ("Protecting the Most Vulnerable From Abuse," Nov. 20, 2012). SLPs and audiologists are required by law in most states to report suspected abuse. Note that communication professionals have a unique role in making sure children (as well as vulnerable adults) with significant communication disabilities are understood and listened to when they attempt to report. In the field of victim services, it is often said that "the best victim is the one who can't tell."

Amy S. Goldman
Philadelphia, Pa.



FROM THIS ISSUE

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Volume 18, Issue 2

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Related Articles

Childhood Maltreatment and Communication Development

SIG 16 Perspectives on School-Based Issues, August 2012, Vol. 13, 43-53. doi:10.1044/sbi13.2.43

Child Maltreatment: A Global Issue

Language, Speech, and Hearing Services in Schools, April 2007, Vol. 38, 140-148.

doi:10.1044/0161-1461(2007/014)

...has a chronic illness, and/or physical, cognitive, emotional, and/or behavioral disabilities that may overwhelm his/her parents



...often does not understand what constitutes maltreatment and that he/she has the right to say "NO!"



...may have limited communication skills that inhibit his/her ability to tell others that he/she has been abused



...is frequently physically dependent upon others to meet his/her essential needs



...may be considered to be unresponsive, or over-responsive, to affection



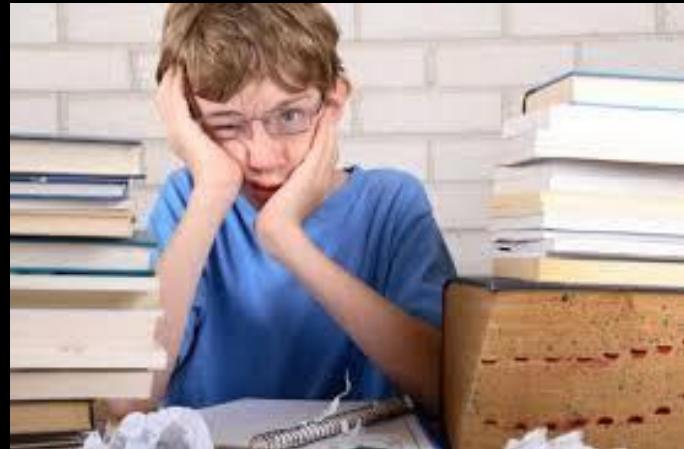
...may be separated from his/her caregivers for extensive periods of time



...is expected to interact with a significant number of adults in a variety of contexts



...may not understand his/her own sexuality



...may not know how to recognize or protect
him/herself in a “risky situation”



...is often socially isolated and frequently lonely



...is not recognized to be at higher risk for maltreatment



...may display physical marks and/or patterns of behavior that are difficult to attribute to abuse vs. his/her disability



...is in a situation that would often be difficult and time consuming to investigate due a lack of professional training, inconsistent definitions, and limited/different patterns of communication



...may prove to be an unconvincing witness in a court of law



...is likely to be difficult to place in a foster home



Implications...

- The risk factors apply to anyone with limited communication and/or mobility
- We must work to prevent as well as report suspected neglect and/or abuse of the individuals we work with

Prevention Strategies





AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Making effective communication,
a human right, accessible and achievable for all.

- *Schools, Hospitals, Residential Facilities :
 - Establish, convey, and implement clear, legal policies, procedures, and programs to...
 - ...carry out background checks on all employees and volunteers
 - ...report and respond to suspected instances of maltreatment in a person-centered manner

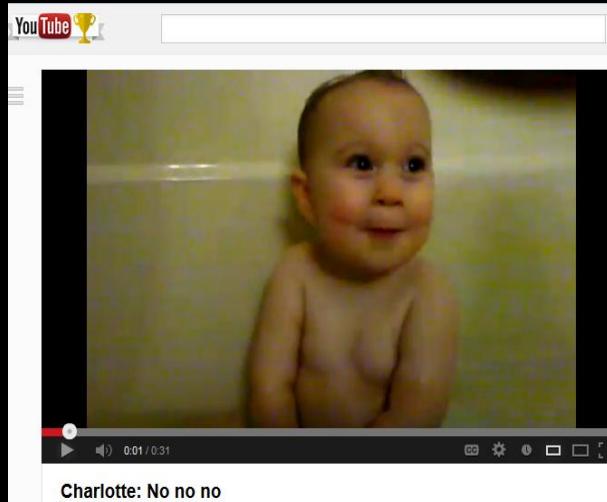
*The Role of Educators in Prevention and Responding to Child Abuse & Neglect

(<https://www.childwelfare.gov/pubs/usermanuals/educator/index.cfm>)

- ...provide ongoing professional development concerning the prevention, recognition, reporting, and response to suspected and confirmed instances of maltreatment
- ...incorporate safety objectives into the planning documents of all students, clients, or patients. E.g., turn risk factors into prevention strategies by providing individuals with opportunities to listen, speak, and learn about ...

...their evolving right, manner, and context to say “NO!”

<http://www.youtube.com/watch?v=7cSudpyEU9w>

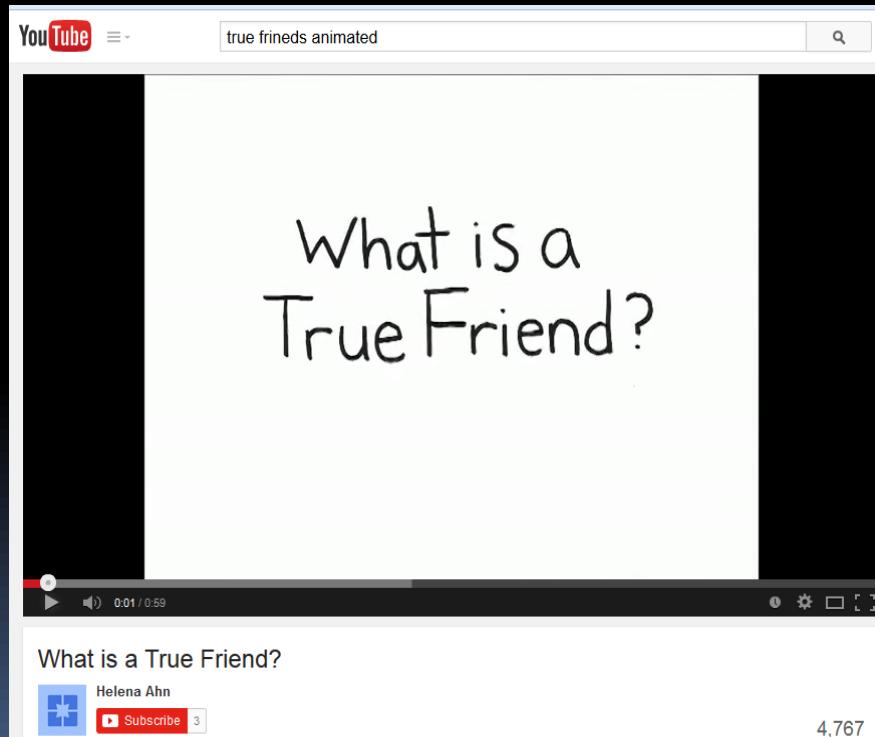


<http://www.youtube.com/watch?v=Uso4D-g2nZs>



...how to make and keep age-appropriate friends to reduce their loneliness and socially isolation

<https://www.youtube.com/watch?v=MXIsvy9felo>



...what constitutes maltreatment

<http://www.youtube.com/watch?v=suDv-6MoMCg>



<https://www.youtube.com/watch?v=-eaJXBj87to>



...how to avoid, recognize, and, when necessary, respond in unsafe situations at home, in the community, and at school

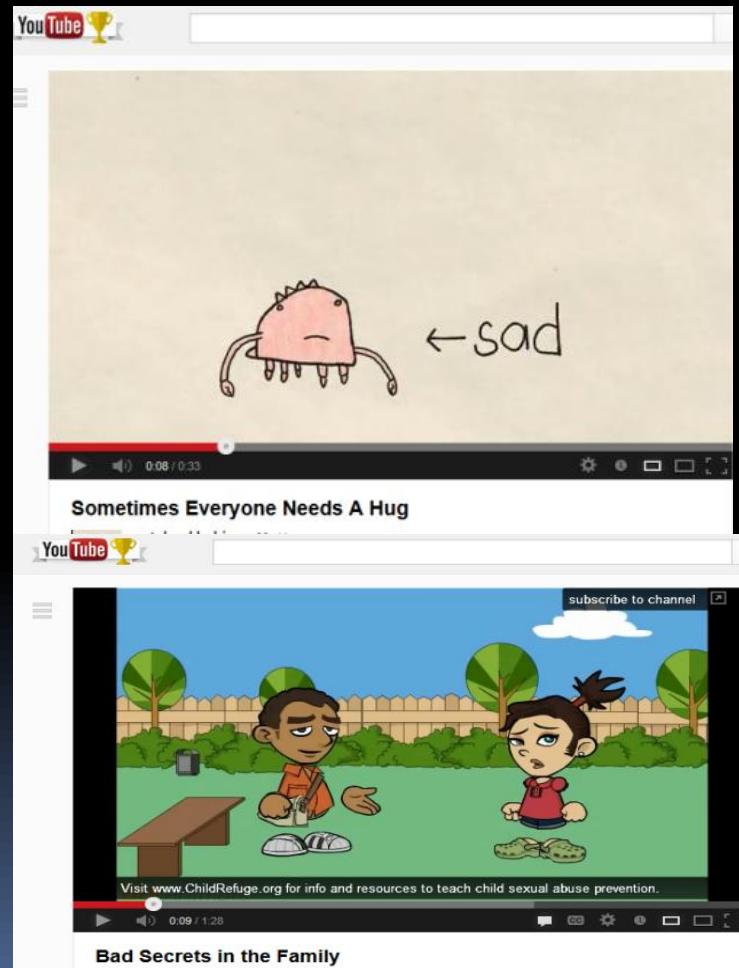
<https://www.youtube.com/watch?v=m2bDfgxlrPk>



...how to effectively communicate that they have been maltreated

<http://www.youtube.com/watch?v=jTEJMUDAtcl>

<http://www.youtube.com/watch?v=mhzZKPPxchA>



...their emerging/continuing sexuality

<http://www.youtube.com/watch?v=1nf3MbrEUjk>



http://www.youtube.com/watch?v=LiHo_2Xwzzg



...cyber safety

<https://www.youtube.com/watch?v=yrln8nyVBLU>



...dating violence

<https://www.youtube.com/watch?v=wPwckoEQkgs>



State by State Requirements for Responding & Reporting

- National Association of State Boards of Education (nasbe)
[\(http://nasbe.org/healthy_schools/hs/bytopics.php?topicid=4120&catExpand=acdnbm_catD\)](http://nasbe.org/healthy_schools/hs/bytopics.php?topicid=4120&catExpand=acdnbm_catD)
- Various categories
 - Bullying, harassment, and hazing
 - Substance abuse
 - Counseling and mental health services
 - Confidentiality of student health-related records

Compliance With State Codes of Conduct for SLPs

E.g., District of Columbia

- **Code of Ethics: Audiology*** - [D.C. Mun. Regs. tit. 17 §7813](#) [PDF]
- **Code of Ethics: Speech-Language Pathology*** - [D.C. Mun. Regs. tit. 17 §7913](#) [PDF]

- And Grounds for Discipline only

Arizona

- **Grounds for Discipline** - [Arizona Rev. Stat. §17-36-1934](#)

- <http://www.asha.org/Advocacy/state/State-Codes-of-Ethics/>

State Statutes

- To review a summary of reporting laws for each state, visit the state statutes section of Child Welfare Information Gateway's website at http://www.childwelfare.gov/systemwide/laws_policies/state/
- To assist citizens making oral reports of suspected child abuse and neglect, some states maintain a toll-free, 24-hour telephone hotline just for receiving reports of suspected maltreatment (see Appendix C—State Child Abuse Reporting Numbers - https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082.) Anyone may use hotlines to report an incident of suspected child abuse and neglect anywhere in his/her state.

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State Statutes Results

Pennsylvania

Child Abuse and Neglect

Mandatory Reporters of Child Abuse and Neglect

To better understand this issue and to view it across States, download the [PDF](#) (763 KB) of this publication.

Professionals Required to Report

Citation: [Cons. Stat. Tit. 23, § 6311](#)

Persons required to report include, but are not limited to:

- Licensed physicians, osteopaths, medical examiners, coroners, funeral directors, dentists, optometrists, chiropractors, podiatrists, interns, nurses, or hospital personnel
- Christian Science practitioners or members of the clergy
- School administrators, teachers, school nurses, social services workers, daycare center workers, or any other child care or foster care workers
- Mental health professionals
- Peace officers or law enforcement officials

Reporting by Other Persons

Citation: [Cons. Stat. Tit. 23, § 6312](#)

Any person who has reason to suspect that a child is abused or neglected may report.

Standards for Making a Report

Citation: [Cons. Stat. Tit. 23, § 6311](#)

A report is required when a person who comes into contact with children in the course of employment, occupation, or practice of a profession has reasonable cause to suspect, on the basis of medical, professional, or other training and experience, that a child is a victim of child abuse.

Privileged Communications

American Humane Association: Reporting Child Abuse and Neglect

- Info often requested during a report of suspected abuse
 - What is your relationship to the child?
 - What is the child's name, age, and address? (If you don't know the answers to this question, you can provide descriptive information that will enable investigators to locate the child.)
 - What is the suspected abuser's name, relationship to the child, and address or license plate number?
 - What are the names, address(es), and telephone number(s) of the child's parents?
 - Can you describe the type of abuse you suspect, when it occurred, and/or your reasons for suspecting abuse?
 - What is the current location of the child?
 - What is your assessment of the child's current level of safety?
 - What can you tell us about the child's siblings and any related safety concerns?
 - What are the names, addresses, and telephone numbers of other witnesses?
 - Are you aware of any previous situations of abuse or neglect and/or the family's involvement with the child welfare system?

“Do”s & “Don’t”s

- When a child discloses to you he/she is being neglected and/or abused:
 - Do:
 1. Respond in a calm manner
 2. Listen attentively to the child
 3. Express your concern for the child
 4. Let the child know that their feelings matter to you and that it is important to talk about their feelings
 5. Believe and thank the child for disclosing
 6. Ask if the child would rather talk with another adult

- Do:

- Report your suspicions to child protective services and contact school and community mental health personnel to see what support they can give the child and their family
- Be persistent in your efforts to ensure the safety of the student

Irene van der Zande, Kidpower, <http://www.kidpower.org/>

- Don't:
 1. Act as a detective who must investigate the report
 2. Interview the child to gather evidence for the report
 3. Ask leading questions, or suggest words that may alter the child's report
 4. Let the child feel that they are in trouble or responsible for the maltreatment they have experienced
 5. Demonstrate anger, shock, or dismay in what the child is telling you

<http://schools.nyc.gov/NR/rdonlyres/24F952FD-B94E-4852-A935-Do42E65F5B26/66452/OnetoOneResponsetoAKnownorSuspectedChildVictim9092.pdf>

Reporting of Suspicious Child Neglect and/or Abuse

- 59% personally know someone who has been a child abuse victim
- 21% admit that they were abused as a child
- 19% have a relative who has been a child abuse victim

(Penn, Schoen, & Berland Associates, 2008,
"Bystanders and Child Abuse Survey")

- When actually confronted with suspected child abuse, only 6% of Americans said they contacted authorities



- When asked what actions a person can take to help stop child abuse, 48% say they would not go to the authorities, contact the police, or contact child protection services



- More than one-in-four Americans (26%) say they have been in situations where they suspected a child has been a victim of child abuse but didn't know what to do



- One-third (33%) say people are reluctant to report suspected cases because they do not want to get involved



■ Reporting...Educational Professionals

- Most (58%) instances of child neglect and abuse are reported by professionals, with teachers representing the single largest (17%) category of professionals
- While protocols have been established to guide educators' reporting of child neglect and abuse (Crosson-Tower, 2003), most (87%) educators submit reports to school officials vs. Child Protective Services (CPS), with less than 30% of suspected cases subsequently shared with CPS

Reporting Barriers

1. Belief that child neglect and abuse is not a common or sufficiently important problem to warrant our attention



2. Insufficient knowledge re: the signs and symptoms of child neglect and abuse and uncertainties re: child neglect and abuse reporting procedures



(Alvarez, Kenny, Donohue, & Carpin, 2004; Bonner & Hensley, 1997; Kenny, 2001, 2004)

3. Perceived negative consequences of reporting child neglect and abuse , i.e., ...

- ...make things worse for the child
- ...fear of disapproval from parents, parental denial, lack of administrative support, and legal ramifications for false allegations



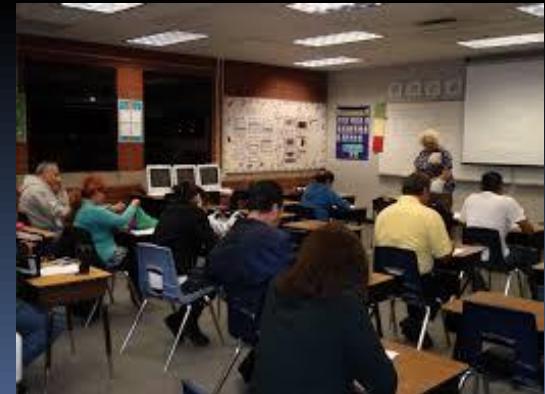
4. Lessons learned from past reporting, e.g., nothing happened.



5. Negative attitude toward Child Protective Services



6. Lack of training and ongoing support concerning recognizing, reporting, and responding to possible incidences of child abuse and neglect



7. The belief that someone else is dealing with this problem



Childhelp National Child Abuse Hotline 1-800-4-A-CHILD. This hotline is staffed 24/7 by degreed counselors.

[YouTube Video](#)



- When you suspect, but are not yet ready to call the police or child protective services, call 1-800-4-A-CHILD.

Confidential counselors at the hotline can help:

- **Victims:** children and teens who have been abused
- **Survivors** of child abuse
- **Abusers:** people who have abused a child or who are afraid that they may abuse a child
- **Witnesses** to child abuse
- Concerned people with questions

Critical Resources & Links

- U.S. Dept. of Health & Human Services:
 - The Role of Educators in Preventing and Responding to Child Abuse and Neglect
- Kidpower, Hands & Voices & Described & Campion Media
 - YouTube: "7 Kidpower Strategies for Keeping Your Child Safe"
- New York City, Dept. of Education: "One to One Response to a Known or Suspected Child Victim"

- [The O.U.R. Children Project: Advocating for IFSP and IEP Objectives to Include Safety Statements](#)
- [Silence is NOT an Option: Documents for the Safety & Success of OUR Children](#)
- [Checklist: Recognizing the Signs of Child Abuse](#)
- [Child Welfare Information Gateway](#)
 - [“The Risk and Prevention of Maltreatment of Children with Disabilities”](#)
 - [The Role of Educators in Prevention and Responding to Child Abuse & Neglect.](#)

- Cyber Safety:
 - NetSmartz: A Program of the National Center for Missing & Exploited Children
- What Internet safety rules do you recommend for disabled children? Helping you make safer choices online [videos, games, comics & bios]
 - "Tweens"
 - "Teens"
 - Educators
 - Online Safety Education Kits
 - Teaching Materials
 - Presentations
 - Promotional Items

Questions and Answers



To Ask a Question:

Live Web Access:	Type your question into the Q & A panel and send to “All Panelists.”
Live Telephone Access:	Press *1 on your telephone keypad to signal that you wish to ask a question.

Completion Form Instructions

To earn credit and receive a Certificate of Completion, submit your completion form online within five (5) days of viewing this webinar.

Individuals:

- Launch the course
- Fill in and submit the completion form

Groups:

- Use the auto-enroll link from your group leader (the person who purchased the course) to enroll
- Follow the steps above

