

Training Manual for Child Sexual Abuse Professionals in Lucas County

When a child is sexually abused, professionals from numerous systems (i.e., law enforcement, child protective services, the courts, mental health, medical service providers, and victim advocates) are called upon to work cooperatively to assist the child and family. We are fortunate in Lucas County to have a dedicated multi-disciplinary team of professionals who are committed to ensuring that children and families get the very best possible care at a time when their lives have been devastated by the trauma of sexual abuse. The goal of this training manual is to help professionals working in the area of child sexual abuse to increase their understanding of:

- child sexual abuse
- national and local statistics
- the system response in Lucas County
- ways to reduce secondary trauma
- ways to help children and families as they cope and begin the healing process
- community resources

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What is Sexual Abuse?

Sexual abuse occurs when a person forces a child to have any form of sexual conduct or makes a child perform sexual acts. This includes:

- Fondling
- Making a child touch the individual's sexual organs
- Penetration of the child's vagina or anus by an object that does not have a medical purpose
- Masturbating in front of a child
- Indecent exposure/exhibitionism
- Deliberately allowing a child to view the act of intercourse
- Engaging the child in prostitution
- Exposing the child to pornographic material
- Filming or photographing the child for pornographic reasons

Legal definition

Ohio Revised Code: 2907.01 Definitions

- (A) "**Sexual** conduct" means vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal cavity of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse. As used in [sections 2907.01](#) to [2907.37](#) of the Revised Code
- (B) "**Sexual** contact" means any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

Sex Laws

2907.02 Rape F-1

2907.04 (B)(4) Unlawful sexual Conduct with a minor (priors) F-2

2907.21 Compelling Prostitution (younger than 16 years of age) F-2

2919.23 Child Endangering F-2

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 2907.22 Promoting Prostitution F-4
 2907.321 (A)(1) & (A)(3) Pandering Obscenity Involving a Minor (greater than four year age difference) F-4
 2907.322 (A)(1) & (A)(3) Pandering Sexually Oriented Material Involving a Minor (greater than four year age difference) F-4
 2907.323 (A)(1) & (A)(2) Illegal Use of a Minor in Nudity Oriented Material/Performance (greater than four year age difference) F-4
 2919.22 (B)(5) Child endangering (sexual nature)
 2907.07 (C)(E) Importuning F-5
 2907.08 Voyeurism
 2907.04 (B)(2) Unlawful Sexual Conduct with a Minor (less than four years age difference) M-1
 2907.06 (A)(3) Sexual Imposition (priors) M-1
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 2907.08 Voyeurism M-1
 2907.09 Public indecency M-1
 2907.08 Voyeurism M-2
 2907.09 Public Indecency M-2
 2907.06 (A)(1) Sexual Imposition M-3
 2907.08 Voyeurism M-3
 2907.09 Public Indecency M-3
 2907.09 Public Indecency M-4
 2023.01 Attempted (the original complaint is lowered one degree)
 Complicity (same degree as original complaint)
 Conspiracy (the original complaint is lowered one degree)

Sexual Abuse Indicators

Physical Characteristics

- Pregnancy at a young age
- Positive test for sexually transmitted diseases at a young age
- Torn, stained and/or bloody underclothing
- Difficulty in walking or sitting
- Bruises, bleeding, and/or lacerations in vagina or anus regions
- Pain or itching in the genital area
- Vaginal Discharge
- Poor sphincter control in previously toilet trained child

Behavioral Characteristics

- Poor peer relationships
- Antisocial Behavior

- Sophisticated or unusual sexual knowledge and/or behavior
- Preoccupation with sexual organs of self, parent, and/or other children
- Seductive behavior
- Sexual promiscuity
- Withdrawal, fantasy and/or infantile behavior
- Recurrent nightmares or disturbed sleep patterns
- Fear of a particular person; an intense dislike of being left somewhere or with someone
- Changes in sleep patterns
- Clinging to parents
- Withdrawal from others
- Change in school performance
- Lying
- Change in appetite
- Anger and irritability
- Temper Outbursts/Destructiveness/Aggressive behavior
- Fears and phobias
- Excessive masturbation
- Sexually acting out with peers
- Developing tension headaches, stomachaches
- Fire setting
- Excessive bathing
- Suicide attempts/depression
- Getting into trouble with the legal system

Risk and Protective Factors

Risk Factors

- Lack of knowledge of appropriate and inappropriate sexual behavior
- High need for attention or affection
- Overly trusting
- Low self-esteem, self-confidence
- Isolated
- Emotionally neglected
- Passive, unassertive
- Taught to be obedient
- Poor decision-making or problem-solving skills

Protective Factors

- Knowledgeable about appropriate and inappropriate sexual behavior
- Assertive
- High self-esteem, self-competence
- Have support persons
- Good problem-solving, decision-making skills

Cost of child abuse to the community

http://preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf

<http://nccanch.acf.hhs.gov/pubs/prevenres/pays.cfm>

Resources

U.S. Dept. of Health & Human Services Administration for Children & Families:

<http://nccanch.acf.hhs.gov/>

National Clearinghouse on Child Abuse and Neglect Information:

<http://nccanch.acf.hhs.gov/index.cfm>

Shaken Baby Syndrome: <http://www.dontshake.com/>

Offenders

Myths

"Children are usually victimized by strangers."

FACT: Studies typically reveal that between 80-95% of children are victimized by someone they know. A recent study by CNN.com found that over 96% of all child abuse cases involved a perpetrator known to the victim.¹

"Only a pedophile would molest a child."

FACT: Child abuse does not always suggest pedophilia. There are two types of offenders, *preferential offenders*, more commonly referred to as pedophiles, and *situational offenders*, whose victims are chosen for a variety of reasons, including availability.²

"Almost all sex offenders are male."

FACT: Approximately 20% of child abuse is committed by women.³ This myth is perhaps perpetuated by the fact that female offenders are not prosecuted to the same extent as their male counterparts, and account for only a small percentage of convicted offenders.

"Children don't abuse other children."

FACT: Almost one-third of child abuse offenders are juveniles themselves.³

"All sex offenders fit a profile."

FACT: The characteristics of child sex abusers vary as widely as the type of abuse. Some acts are violent, malicious, and premeditated, whereas many involve abusers who have rationalized the offense so as to actually believe it was instigated by the victim.⁴ A study of offenders incarcerated for violent sexual assaults against children indicated that abusers come from all walks of life. The surprising majority, however, are white, married, were employed at the time of the offense, and were raised by both parents with no history of sexual abuse.⁵

"Taxpayers shouldn't bear the burden of treating sex offenders, we'd all be better off if they were in prison."

1 Study: *Child Sex Abuse 'Epidemic' in U.S.*, <http://www.cnn.com/2001/LAW/09/10/child.exploitation/index.html> (Sept. 11, 2001).

2 Keith V. Lanning, *Child Molesters: A Behavioral Analysis*, Federal Bureau of Investigation (Dec. 1992).

3 ATSA Executive Board of Directors, *Reducing Sexual Abuse Through Treatment and Intervention With Abusers* (November 6, 1996).

4 Nancy Howard and Rick Caslin, *Not a Laughing Matter*, ODRC (Feb. 2001).

5 Lawrence A. Greenfield, *Child Victimizers: Violent Offenders and Their Victims*, Bureau of Justice Statistics, jointly published with the Office of Juvenile Justice and Delinquency Prevention, <http://www.ojp.usdoj.gov/bjs/abstract/cvvoatv.htm> (Mar. 1996).

FACT: The average treatment cost of a sex offender is \$7,000 to \$17,000 less per year than the cost of incarceration, on top of which a treated sex offender is less likely to re-offend which makes the overall cost to society substantially less.⁶

"Once a sex offender, always a sex offender."

FACT: This is perhaps the biggest misconception of all. Because of the disparity in types of offenders and offenses, repeat offenders are generally categorized according to their treatment and profiles. Overall, the numbers indicate that re-offense occurs in less than 40% of cases.³

Statute of Limitations

The current statute of limitations⁷ for the following sexually-based offenses is 20 years:

1. Rape;
2. Sexual Battery;
3. Unlawful sexual conduct with a minor; and
4. Gross sexual imposition.⁸

The statute of limitations was amended to the 20-year limit in 1999, and is retroactive.

Currently, legislation is pending to modify both the statute of limitations,⁹ and the unlawful sexual conduct with a minor statute. ¹⁰ The legislation to modify the statute of limitations would start the clock on sexual assault of minors only after either (1) the child reaches adulthood, or (2) a public children services agency or a municipal or county peace officer that is not the parent or guardian of the child, has knowledge of or suspects abuse of the child. The unlawful sexual conduct with a minor statute would increase the upper age limit for victims from 16 to 18 years of age. In addition, the penalty for offenders who are at least 10 years older than their victims would increase from a second-degree felony to a first-degree felony.

⁶ Rob Freeman-Longo, *Myths and Facts About Sex Offenders*, Center for Sex Offender Management, <http://www.csom.org/pubs/mythsfacts.html> (Aug. 2000).

⁷Ohio Rev. Code Ann. § 2901.13(A)(3)(a) (West 1994 & Supp. 2004).

⁸Ohio Rev. Code Ann. §§ 2907.02 to 2907.05 (West 1994).

⁹2003 OH S.B. 100 (SN)

¹⁰2003 OH H.B. 251 (SN)

The Grooming Process

Steps the abuser takes to set up children

Offenders use many tactics to gain access to children. These include:

1. **Seeking out a child they know:** Abusers usually pick children who are easy to get to (relatives, friends, and neighbors). They may also seek children who have emotional needs for friendship and attention or who are developmentally delayed.
2. **Establishing relationship with the child:** Abusers often seek ways to build trust and friendship with children. They may spend time playing with them, volunteer for child care duty, become their “buddy,” or buy them candy or presents.
3. **Breaking down the child’s resistance to touch:** Abusers may find ways to touch children a lot. As a result, the children are often confused when the touch becomes sexual. The abusers may play games with a lot of physical contact, like wrestling, and they may tickle children and sneak sexual touches.
4. **Finding ways to isolate a child:** Abusers find excuses to be alone with children so they can molest them. For example, they may baby sit, invite them to sleep over, or take them camping.
5. **Blaming the child and keeping the secret:** Abusers try to make the children feel responsible so they won’t tell. They use statements like these:
 - “You know you like the way I touch you.”
 - “If you tell, people will think you are bad.”
 - “If you tell our ‘special secret,’ I will go to jail.”
 - “If you tell your mother, she won’t love you anymore.”

Resources:

Sex Offender Registry for Lucas county:

<http://www.lucascountysheriff.org/sheriff/disclaimer.asp>

Statistics

National

- Four Children die every day in this country due to child abuse and neglect
- Abuse and neglect are the leading causes of death in children under the age of four in the U.S. (U.S. Dept. of Justice and National Committee to Prevent Child Abuse)
- In 2000, three million reports of suspected neglect and child abuse were made to child protection service agencies (CPS) in the United States. Of these, two million were investigated and 879,000 were substantiated (US Department of Health and Human Services, 2002)
- As many as 1 out of 4 children have been victims of sexual abuse by age 18 (Daugherty, 1984).
- 92% of incest victims are females.
- The most common age at the time of the first encounter is 9 (Daugherty, 1984).
- 97% of reported child molesters are male.
- Most sex offenders (90-95%) are known to the children they molest. (U.S. Dept. of Justice and National Committee to Prevent Child Abuse)

Local

		2001	2002	2003	2004
Lucas County Children Services	<i>Confirmed Child Victims</i>	2,385	2,526	2,538	1776
	<i>Investigations</i>	4,742	4,689	4,634	4441
	<i>Neglect</i>	2,395	1,980	1,771	632
	<i>Physical abuse</i>	1,522	1,341	1,278	407
	<i>Sexual abuse</i>	784	796	696	410
	<i>Emotional maltreatment</i>	41	572	889	327
Toledo Police Department	<i>Sexual abuse cases investigated</i>	522	604	667	612
Lucas County Sheriff's Office		21	30	30	40
Children's Advocacy Center	<i>Children</i>	340	355	310	333
	<i>Non-Offending Caregivers</i>	Unknown	326	268	281
	<i>Investigative Interviews</i>	210	223	240	214
	<i>Medical Exams</i>	44	46	66	46
Lucas County Prosecutor's Office	<i>Cases Reviewed</i>	170	168	161	183
	<i>New Indictments</i>	84	100	90	95
	<i>Plea to Indictment</i>	20	36	29	18
	<i>Plea to Lesser</i>	63	44	44	54
	<i>Still Pending</i>	0	17	49	33
	<i>CAPIAS/Warrant</i>	0	20	23	33
	<i>Dismissals</i>	4	6	8	35
	<i>Dismissal w/info</i>	3	6	1	-
	<i>Trials</i>	7	4	3	8
	<i>Received Prison (years)</i>	43 (256)	47 (179)	32 (99)	46 (lifeX3, 148 yrs. + 8 mos.)
	<i>Received Community Control</i>	41	35	34	31
Lucas County Juvenile Court (Dependency and Neglect)		482	457	465	486
Mental Health Services		Statistics not kept	Statistics not kept	Statistics not kept	Statistics not kept
Children seen in area hospitals (numbers are incomplete)	<i>Sexual Abuse</i>	37	29	236	1032

	<i>Physical Abuse</i>	26	30	80	1339
	<i>Neglect</i>	43	28	116	2016
	<i>Failure to Thrive</i>	4	1	7	3
Juvenile Court Sex Offender Treatment Program	<i>Referrals for assessment</i>	55	46	47	44
	<i>Group Participants</i>	15	19	10	8
CASA/Guardian Ad Litem	<i>Total Children Served</i>	342	298	294	209
Cullen Center		N/A	76 * starting in August	174	158

For more information on [The Status of Children and Families in Lucas County](http://www.lucascountyfamilycouncil.org/familycouncil/Status_of_Children_&_Families.pdf)
http://www.lucascountyfamilycouncil.org/familycouncil/Status_of_Children_&_Families.pdf

How Lucas County Handles Child Abuse

[See Flow Chart Document](#)

LUCAS COUNTY CHILDREN'S ADVOCACY CENTER INTERAGENCY AGREEMENT

This is an agreement between the Family and Child Abuse Prevention Center, Connecting Point, Lucas County Children Services, Lucas County Juvenile Court, Lucas County Prosecutor's Office, Lucas County Sheriff's Office, Medical College of Ohio, Mercy Children's Hospital, Toledo Children's Hospital, and Toledo Police Department.

THE PARTNERS UNDERSTAND THAT THE MULTIDISCIPLINARY TEAM APPROACH TO CHILD ABUSE INVESTIGATIONS IS A SUPERIOR METHOD FOR EFFECTIVE PROSECUTION, TREATMENT, AND PREVENTION OF CHILD ABUSE. TO ASSURE THAT ALL AGENCIES IN LUCAS COUNTY INTERVENING IN CHILD ABUSE CASES WILL RESPOND TO PROVIDE QUALITY COORDINATED SERVICES TO CHILDREN AND THEIR FAMILIES, THE PARTIES HEREBY AGREE TO:

1. Support the concept, mission, goals, and policies of the Children's Advocacy Center (CAC), a neutral, child-friendly site promoting the multidisciplinary team approach to investigating child abuse cases.
2. Ensure all efforts will be made to coordinate each step of the investigative process to minimize the number and length of interviews to which a child is subjected, and that all efforts will be made to interview children and non-offending caregivers at the CAC.
3. Recognize and support the roles and responsibilities of member agencies for the interviewing, investigation, prosecution, and treatment, of child abuse cases as set forth in the Lucas County Children's Advocacy Center Protocol and the Lucas County Plan of Cooperation.
4. Provide trained professionals with skills in forensic interviewing, assessment, investigation, and treatment to handle cases of child sexual and serious physical abuse.
5. Designate a staff member to participate on the Lucas County Multidisciplinary Case Review Team.
6. Provide opportunities for staff serving child abuse victims and their families to participate in cross-agency training and training on cultural competency in order to foster communication and professional development.
7. Share pertinent case information on a timely basis to the extent allowed by law and professional, ethical responsibilities.

Each member agency agrees that no party shall withdraw from participation under this agreement without first giving the other parties written notice. This agreement will be reviewed annually by the Multidisciplinary Case Review Team and amended as appropriate.

Criminal Investigation Process

The Role of Law Enforcement

- Ensure the victim is safe
- Preserve the crime scene
- Interview all parties
- Present case to Prosecutor
- Collect evidence to assist in prosecuting the case

Lucas County Law Enforcement Jurisdictions:

- Toledo Police Department
- Lucas County Sheriff's Office
- Oregon Police Department
- Maumee Police Department
- City of Sylvania Police Department
- Sylvania Township Police Department
- Holland Police Department

Toledo Police Department- Special Victim's Unit

Toledo Police Department has a specialized unit, the Special Victim's Unit, to handle all alleged child sexual abuse cases. The advantage of the unit is that it ensures:

- Consistency/continuity of the investigation process
- Eliminates an "us vs. them" mentality
- Guarantees a team approach to the investigation and successful prosecution of offenders
- Promotes a better working relationship and communication with community partners

Contact: Sergeant George Kral 419/936-3828

Investigative Process

Sexual Abuse Reports

All sexual assault crimes reported to the Toledo Police Department are forwarded to the Special Victim's Unit. There, the Commander of the unit assigns a detective. If Lucas County Children Services has not been contacted, the case is cross-reported within 24 hours. When Lucas County Children Services receives a referral for alleged sexual abuse, they cross-report the allegation to law enforcement via fax within 24 hours of receiving the referral. When the cross report comes to the Special Victim's Unit, the referral is screened to determine if a detective will be assigned. If, after investigating the incident, it becomes apparent that criminal prosecution is possible, the assigned detective generates a Crime Report.

The Actual Investigation

In most instances, victims are interviewed first to get a clear understanding of what happened. The [preferred site for interviews is at the Children's Advocacy Center](#). When Lucas County Children Services is involved, both the detective and the caseworker are present for the interview, which may be conducted by either party while the other observes via closed circuit television. When the child is in imminent danger and it is not possible to conduct the interview at the Children's Advocacy Center, the child may be interviewed at home, at school, or a police district station.

After the child is interviewed, witnesses, and then the suspect are interviewed. Corroborating evidence is collected and processed. An investigative report is sent to the Prosecutor's Office. If the prosecutor takes the case and it goes to trial, the detective assists the prosecutor while the trial is in progress.

FAQ's

Q. If I think my child has been sexually abused, do I take him/her to an emergency room?

A. It depends. If your child is bleeding or there is active discharge take your child to the hospital. If there is **NO** bleeding or discharge, or the alleged incident is weeks/months old, **DO NOT** take the child to the ER. We have special doctors who do all of our pediatric sexual assault exams. A police officer or Lucas County Children Services caseworker will set up this appointment.

Q. Why don't the police arrest the suspect right away?

A. Sexual assault investigations are typically long, drawn out, and emotional. The last thing we want to do is rush into an arrest and miss a critical aspect of the case. The preferred method is to complete the investigation, then present the case to the Lucas County Prosecutor's Office.

Q. If there is an assault at night will a detective come see the family?

A. It depends. There are certain criteria that must be there before a detective will come out after hours. There should be a crime scene, the time span of the incident to reporting should not be excessive, and the suspect should be unknown. There are always exceptions to this however, each call-out is evaluated on its own merits.

Forensic Interviews

A forensic interview is a neutral, fact-finding, objective, information-gathering process that satisfies the needs of a court of law. Lucas County promotes investigative interviews that are legally sound, non-leading, developmentally appropriate, culturally competent and coordinated to avoid duplicative interviewing. The [Children's Advocacy Center](#) is the preferred site for forensic interviews.

Forensic Interviews vs. Clinical Interviews

Forensic Interviews and Clinical Interviews are very different. Psychotherapy interviews are client focused and deal with the subjective reality of the client or patient, rather than evidence gathering and fact-finding. In most psychotherapy interviews, the private world of the client remains private and confidential, whereas the forensic interview may be brought into the public world of the courtroom.

The Goal of the Forensic Interview

The goal of a forensic interview is to minimize stress and trauma to the child while maximizing the information obtained. Forensic interviews serve multiple purposes. A good forensic interview of a child may be used to assess risk, to protect, and to seek evidence for criminal prosecution.

Who conducts a Forensic Interview?

A Children's Advocacy Center staff member, Law Enforcement Officer, or Lucas County Children Services Caseworker, specially trained in Forensic Interviewing conducts the forensic interview of the child. Duplicative interviews are avoided by allowing Multi-disciplinary Team members to observe the interview through closed circuit television. Whenever possible, Forensic Interviews are videotaped.

Why do Forensic Interviewers need special skills to interview alleged victims of sexual abuse?

1. In roughly 80 to 90% of child sexual abuse cases, there is no physical evidence. The child's interview may be the primary evidence that a crime was committed.
2. Children find it hard to disclose sexual abuse. Reasons may include:
 - Embarrassment
 - Secrecy, shame, and stigma surrounding sexual abuse
 - Children are warned by the abuser not to tell
 - Children blame themselves for the abuse
 - Children are protective of the abuser and others affected by the abuse
 - The abuse is hard to describe (Sexual terminology)

Why is the Children's Advocacy Center the preferred site for Forensic Interviews?

- The Children's Advocacy Center is a neutral site, not the abuse site.

- The Children's Advocacy Center is a child friendly site. Because alleged perpetrators are not allowed on the premises, the child can tell their story without feeling threatened by the perpetrator.
- Interview rooms are free from distractions and private allowing children to focus on the interviewer's questions.
- Children are interviewed apart from their non-offending caregiver to decrease the influence they may have on their child.
- Children are not re-traumatized by being forced to tell their story multiple times to multiple interviewers. Equipment is available for Multidisciplinary Team members to observe the interview.
- Forensic Interviews can be taped for use in court.
- Children's Advocacy Center staff explains the interview process to the child and family and work to provide them with the support they need.
- Children and families who come to the Children's Advocacy Center for a Forensic Interview are more likely to feel comfortable enough to return for the crisis counseling and case management services they need to put the pieces of their lives back together.
- Children's Advocacy Center staff works with non-offending caregivers to cooperate with the investigation. Research shows that when the non-offending caregiver is supportive, children are less likely to recant, do better during court testimony, and recover better from sexual abuse.

Forensic Medical Evaluation

All alleged victims of sexual abuse should have a forensic medical exam. The forensic medical exam serves the following purposes:

- Possible documentation of findings that may serve as evidence
- Diagnosis of injury/disease requiring treatment
- Gives the victim a voice and allows a chance to address medically related questions and fears (e.g. “Am I pregnant?”)
- Allows reassurance of the child that their body is ok

Basics of the Forensic Medical Exam

While focused attention is given to the genitalia, the forensic medical exam generally vastly differs from the routine female “pap” or “pelvic” exam.

The actual components of the exam will depend on the time lapsed since the last alleged abuse. In cases in which the last alleged act occurred in the prior 72 hours, a sexual assault evidence kit (commonly called a “rape kit”) is usually collected during the medical exam. These acute cases are the minority of cases.

In the usual circumstance, the disclosure of abuse will be delayed. Hence, there is little likelihood of recovering forensic evidence such as semen, saliva or blood. In these cases, a “rape kit” is not indicated. The evaluation consists solely of the forensic medical exam.

Facts about the Forensic Medical Exam:

- The exam is generally not painful.
- A speculum is not inserted or used on children who have not had a period. Even in adolescents who have had a period, speculums are often not needed.
- Sedation is not warranted. The risks to the child outweigh the benefits. A child with an emergent need for exam (e.g. likely internal bleeding) should be examined in the operating room under general anesthesia. Usually, a calm and patient approach will suffice in gaining the cooperation of the apprehensive child.
- The exam is generally not physically or emotionally traumatic to the child.
- A colposcope is often employed in the examination. A colposcope is essentially a light with a lens that allows magnification of small structures. Most colposcopes have a 35-mm or digital camera attached which allows photographic evidence to be collected. The colposcope does not touch the child.

Basic Anatomy:

You are not expected to be an anatomy expert! However, knowing a few basic terms will likely be useful when reading medical reports. Definition of common terms:

- Labia Majora: “outer lips”
- Labia Minora: “inner lips”
- Hymen: A membrane located in front of the vagina. The hymen is behind the labia
- Posterior Fourchette: The junction of two labia minor at the inferior position
- Vagina: An internal canal extending from the cervix to the hymen
- Fossa Navicularis: The floor/bottom portion of the space between the posterior Fourchette and the hymen

Common Misconceptions about the Forensic Medical Exam:

- **Myth:** The hymen is “broken” upon penetration (whether consensual or not).
Fact: The normal hymen has a hole, or opening. Hymens are not a complete sheet of tissue that is broken with penetration. While penetration may cause injury to the hymen, injury is not always found on examination.
- **Myth:** The hymen can be damaged from activities such as horseback riding, accidents, and bicycling.
Fact: The hymen is generally damaged by some type of penetrating trauma.
- **Myth:** Any doctor or medical professional is qualified to perform forensic medical exams.
Fact: Performing and interpreting forensic medical exams requires special training. The victim should see a specialist, especially in non-acute cases in which assessment of chronic changes and hymenal evaluation are important. An increasingly growing area is the use of Sexual Assault Nurse Examiners (SANE nurses) and Pediatric Sexual Assault Nurses (P-SANES). Such nurses are usually employed in Emergency rooms. SANE nurses have special training that allows expert evidence collection in acute assault cases in the form of rape kits and documentation of acute injury.
- **Myth:** You can often tell by the exam whether the child was abused or not
Fact: Often, the examination will be normal, even when abuse occurred. The primary factor in diagnosing abuse is the child’s disclosure of what occurred.

Forensic Medical Exam Findings

Generally, there are three categories of findings that are documented. These categories include:

- “Normal” findings: In this case, the exam is normal and there are no physical findings diagnostic of sexual abuse. [Normal findings](#) will be found in the majority of cases. Normal findings in no way rule out abuse or mean that abuse did not happen.
- “Non-specific” findings: Sometimes, a finding is documented that is not wholly normal yet is also not diagnostic of abuse. Such findings may have varied causes, including trauma. While “non-specific” findings can be compatible with a given disclosure of abuse, they cannot serve as independent confirmation of abuse.
- “Specific” findings: These findings are diagnostic of sexual abuse. Examples include complete tears of the hymen and certain sexually transmitted diseases.

When children are examined, they will often have a normal examination. This is true even when the last assault has recently occurred. This section will detail why exams are often normal and discuss the value and implications for those involved in these cases.

Normal Findings

There are several reasons why physical examinations are normal in children evaluated for abuse:

- Many acts don’t cause injury in the first place. Abusive acts such as fondling or oral sex often do not cause injury.
- Acts described as more “intrusive” (such as penile-genital contact) may also not cause injury. Often, the penis is rubbed between the labia or buttocks, but does not enter an opening or actually “penetrate.” However, a young child with no history of sexual experience cannot easily distinguish the difference. Such a child may say that the penis went “in.” However, the degree of “in” can be difficult for children to describe. “In” doesn’t necessarily equate with full intercourse. Even when a penis or finger is inserted between and beyond the labia, there is still a space, or distance, before contacting the hymen.
- Perpetrators generally desire ongoing access to the child. Hence, acts are minimized to reduce physical pain. This also reduces the chance of significant tissue damage.
- Injury, when present, can heal quickly. The tissues are similar to the tissues in our mouths. Just like a cut in the cheek, injuries to the genitalia can completely heal in a short time.
- Research has shown that even more serious injuries can heal over the long term. After healing, the injured area may appear “non-specific” or even normal.

Sexually Transmitted Disease Testing (STD's)

Testing is not indicated for every child who is examined for alleged sexual abuse. The decision to test should be based on the individual characteristics of the case. Such factors include the types of acts alleged and the risk factors present in the alleged perpetrator.

The rates of STD's in prepubertal children evaluated for sexual abuse are low. The majority of abused children will not have STD's. The absence of a STD does not mean that abuse did not happen.

New methods of testing are developing. Traditionally, cultures (using swabs) are used. Recently, tests using DNA techniques have been developed. The DNA tests usually use swabs or urine samples. Such tests have not been adequately evaluated in prepubertal children to know what the rate of false positive results are. In other words, such tests may, at times, give positive results even in the absence of disease. Whereas, a culture is only positive when disease is present. Hence, until further notice, culture remains the only method to ensure that a child has gonorrhea or chlamydia. If other non-culture tests are used, positive results should be followed-up by culture to ensure that the child actually has a STD.

Use of the Emergency Room:

Emergency rooms are emotionally charged, chaotic and afford little privacy. Use of emergency rooms should be limited to those situations that truly require emergency care.

Which alleged victims should be directed to an emergency room? Emergency rooms serve two primary purposes.

- Forensic evidence or “rape” kit collection
- Evaluation and treatment for significant symptoms

Forensic evidence kits should be collected in cases of acute sexual assault where the assault is known to have happened in the last 72 hours. Given the commonplace delay in disclosure in child sexual abuse, these cases are usually the exception rather than the rule. If the last alleged assault occurred more than 72 hours ago, the alleged victim should not be referred to the emergency room for forensic evidence kit collection.

When the ER is needed, the goal should be to ensure as much comfort for the alleged victim. The child should be evaluated in a facility with pediatric focus. Currently, such facilities include Mercy Children's Hospital at St. Vincent's and Toledo Children's Hospital. Use of other facilities should be discouraged. Use of such facilities may create problems. For example, staff trained to perform forensic evidence kit collection on children or accurate examinations may not be present. This may lead to delays in evidence collection and transferring of children to a children's facility.

If there is no indication to collect a forensic evidence kit or need for evaluation for significant symptoms, the alleged victim should not be referred to the emergency room. A forensic medical examination can be scheduled as an outpatient.

If a child is examined in the emergency room, a follow-up examination is encouraged. Emergency room staff generally lack sufficient training to perform complete forensic examinations and interpretation of findings, especially when interpreting non-acute changes to the prepubertal female genitalia. At a minimum, the following children, if examined by the ER or primary care physician, should be referred for follow-up examination:

- Any child with suspicious or reported abnormal examination
- Any child with documented injuries
- Alleged prepubertal female victims
- Other cases on an individual basis

FAQ's

Q: Can't a doctor tell if a child was abused by doing a physical exam?

A: The vast majority of children who are sexually abused will have normal examinations. This is true even in cases where children describe penetration. The diagnosis of sexual abuse is made primarily by the history provided. The medical exam can, at times, provide confirmatory evidence. However, a normal exam should be put in context with the child's disclosure of abuse. It should always be kept in mind that a normal examination does not mean that abuse did not happen.

Q: Does the exam hurt?

A: When properly done, the medical exam does not hurt. The exam is vastly different from pap and pelvic exams that older teens or adults undergo. Usually, nothing is inserted into the child during a forensic medical exam for alleged sexual abuse.

Q: Can any doctor perform a forensic medical exam?

A: No. Most pediatricians, emergency rooms and family doctors lack the training, experience or equipment to do the examination. Generally, unless a true medical emergency exists, it is better to wait until seen by a specialist.

Resources:

- Medical Evaluation of the Sexually Abused Child.
- American Professional Society on the Abuse of Children (APSAC): The APSAC website www.apsac.org is rich with useful information on interviewing, medical information and social science
- www.cincinnatichildrens.org: The Cincinnati Children's Hospital website contains the home page for the Mayerson Center. This webpage contains expert sexual abuse information. Included is the Ohio AAP 2002 Forensic Evidence Kit Protocol in downloadable format.

Prosecution Process

Cases are typically referred to the Prosecutor's Office by law enforcement. However, there may be instances in which the Prosecutor first learns about a case at a [Multi-disciplinary Case Review Team](#) meeting. When a case is received, the Prosecutor determines if the case can be prosecuted. Issues that are considered include:

- Competency of the victim
Children under the age of 10 are presumed not to be competent by the court and must have a hearing with the judge to be shown to be competent.
Children under the age of 5 usually are not usually found to be competent.
- Credibility of witnesses
- Presence of corroborating evidence
- Divorce case pending

When a case cannot be prosecuted, the Prosecutor notifies the family. Under some circumstances, the prosecutor may instruct law enforcement to do additional investigation and may even wait to prosecute until the child becomes competent.

In preparation for prosecution of a case, the Prosecutor interviews the child, ascertains every person the victim has spoken to, interviews the parent or guardian, introduces the child to [victim assistance](#), shows the child the Grand Jury Room, explains the court process and the charge(s) filed to the child and family, and reviews the [Grand Jury](#) questions.

At [Grand Jury](#), the prosecutor presents its case to a group of jurors who decide if there is enough evidence for the case to go forward. Unlike a trial jury, they do not have to find "beyond a reasonable doubt" or be unanimous in their decision. There are two outcomes that can occur from the Grand Jury.

1. True Bill

The Grand Jury determines there is enough evidence to move forward with the case. When this occurs, an indictment is out the next day, a warrant is issued for the Defendant, and a judge is assigned the case

2. Case is No-Billed

The Grand Jury votes that there is not enough evidence. When this occurs, the family and detective is notified. The case can be re-presented if there is new evidence.

If the Grand Jury issues a True Bill, a warrant is issued for the defendant's arrest. When the defendant is picked up on a warrant, an arraignment is set. This is the first court appearance. If the defendant enters a plea of not guilty, bond and a "no contact order" with the victim is set. The Defendant may also:

- Plea to the indictment-all charges
- Plea bargain-to some of the charges or reduced charge

The Prosecutor may be willing to plea bargain for evidentiary reasons or to keep the child from testifying. If the case is going to be plead, the Prosecutor will contact the detective and family to explain the plea.

If the defendant does not plea, the case is set for trial. The Prosecutor then interviews all witnesses and prepares the child victim by:

- Showing the child the courtroom
- Going over the questions that will be asked
- Letting the child get comfortable in the courtroom
- Explaining dress code and court process with the victim and family

In Ohio, the child is required to testify in almost all cases. The Prosecutor maintains contact with the victim, the family, and all other personnel (i.e., Lucas County Children Services Caseworker, Social Workers, Children's Advocacy Center staff, Doctors) throughout the court process.

Child Protection

Lucas County Children Services (LCCS) is the county agency mandated by Ohio Law to investigate and provide protective services to children who have been, or are at risk of being abused or neglected.

What happens when a report of suspected child abuse or neglect is received?

See LCCS Flowchart

- The referral source is interviewed.
- LCCS contacts the appropriate law enforcement agency to cross report the case.
- The children are interviewed within the [mandated timeframe](#).
- All adults starting with the non-offending parent are interviewed
- Extended family members are interviewed.
- Collateral sources who may be able to provide first-hand objective information are interviewed. This may include physicians, educators, mental health, law enforcement, domestic violence staff, and service providers.
- Based on information gathered from these sources, LCCS makes a determination if the reported incident is [founded](#), [unfounded](#), or [indicated](#) and makes a case resolution using the Family Risk Assessment Matrix. If the [risk](#) is determined to be moderate to high, the case is opened for services and LCCS determines the need for court involvement. If the risk is determined to be low to moderate, the case will likely be closed with appropriate referrals, when needed.

Mandated Time Frame
<ul style="list-style-type: none">▪ Emergency responses require a face to face contact with the child within one hour▪ All others require a contact within 24 hours and a face to face with the child within 72 hours▪ LCCS has added a same day face to face response time that must occur within 12 hours of the concern being reported.▪ Response times are based on risk to the children.

Unfounded/Unsubstantiated

A finding in which there is no occurrence of child abuse or neglect. There is no evidence to support the allegations

Founded/Substantiated

- A finding that denotes an admission of the fact of child abuse or neglect by the person(s) responsible
- An adjudication of CA/N in court
- An admission of the act
- Medical evidence to support abuse/neglect

Indicated

A finding that circumstantial indicators of abuse or neglect exist, but lacking in confirmation at this time.

What factors are considered in determining risk?

Risk is determined by the type and degree of acts or conditions to which child has been exposed. This includes:

1. Extent of physical injury
2. Extent of emotional harm
3. Adequacy of medical care
4. Securement of basic needs (proper food, clothing, shelter)
5. Adequacy of supervision
6. Physical hazards in the home
7. Sexual abuse
8. Dangerous acts--acts that could cause injury but no injury reported (domestic violence exposure)
9. Frequency of acts (how often)

Child Characteristics

- Age
- Physical/Intellectual/Social development
- Behavioral problems
- Self protection (goes hand in hand with age and developmental ability)
- Child's role in the family (how treated)

Characteristics of Adults in the Household

- Victimization of other children
- History of assaultive behavior towards other adults
- History of abuse or neglect as a child
- Substance abuse (past or present)
- Intellectual, physical or psychological impairment
- Parenting skills and knowledge
- Protection of child

Adult/Child Relationship

- Adult's response to stress
- Response to child's behavior
- Attachment/Bonding/Nurturance

Social and Economic Factors

- Social connectedness
- Economic resources (income)
- Alleged perpetrator access to the child

When would LCCS petition the court for temporary custody of a child?

LCCS makes every effort to preserve family integrity without placing the child in danger. Therefore, LCCS will attempt to provide services for the family while the child remains at home. These services, which are available to children and families, include: substance abuse assessment and treatment, psychological evaluations, family counseling, parenting classes, and daycare. LCCS also develops a "safety plan" for each family, which is an agreement between the agency and the family on what must be done to make the home safe for the child.

It is only under the following conditions that a child would be removed from the home:

- There is no adult willing or able to care for and protect the child.
- The child is at imminent risk of abuse or neglect in the future.
- All reasonable efforts have been made to prevent removal of the child.

What are placement options are normally considered?

- Suitable Relative Home
- Suitable Non-Relative Home
- Foster Family Home
- Group Home
- Residential Treatment Center
- Psychiatric Facility
- Detention Facility

What are the possible outcomes of an LCCS investigation

- Case is Closed
- The child and family are referred to support services
- The case is opened for on-going services (non-custody) through the Family Services Department. A Case Plan, a working document that addresses the identified concerns is developed.
- The court is petitioned for removal of children

FAQ's

Q: What happens to a child who comes into the agency's care?

A: Our foremost concern-even above preserving families-is child safety. No child is left in his or her home if we feel they will be further harmed. If a child is removed from the home, we first look to a suitable relative to provide care. If a relative is not available, the child will enter foster care. *Some 900 children in Lucas County cannot live safely in their own homes. About half live with a relative and half are in foster care.*

Q: Can LCCS remove a child from his or her home?

A: No, Only law enforcement and the courts have the authority to remove a child from the home. When a child must be removed, LCCS will seek assistance from the police, County sheriff's department or juvenile court.

Q: When children are removed from their homes, do they ever go back?

A: Yes, whenever possible. We value families and believe the best place for a child is a safe, loving home with the birth family. We provide services to families-directly or indirectly- aimed at reunifying children with their parents. *Each year about 300 children are reunited with their families.*

Children's Advocacy Center

The mission of the Children's Advocacy Center (CAC) is to promote the emotional well being, protection, and empowerment of children by providing support and resources to child abuse victims, their families, and community professionals. The goals of CAC are to reduce the number of times a child is interviewed to ensure that children are not re-victimized by the very system designed to protect them and to help children and their families cope and heal emotionally. The CAC stresses coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases. Services include:

- **Forensic Interviews:** CAC is a child-friendly site where professionals conduct forensic interviews of child victims of abuse or other acts of violence.
- **Crisis Intervention and Case Management Services for Victims and Non-offending Family Members:** Available to children and families at all stages of the investigation and prosecution process. Helps children and families cope and heal emotionally. Provides practical information and support to the child and family about the investigation and court process. Links families with helpful community resources.
- **Safety Education:** Teaches children about safe and unsafe touches and ways to seek help from trusted adults.
- **Court Preparation:** Prepares children for competency questions and the court environment.
- **On-Site Medical Exams:** CAC has a complete medical examination room equipped with a colposcope.
- **Children Who Witness Violence Project:** In-home crisis intervention services for children and teens who live in households where there is domestic violence.
- **Community and Professional Education**
- **Resource Lending Library for Professionals**

Benefits to Children and Families:

- Reduction in emotional trauma
- Fewer interviews of child victims
- Increased potential for emotional recovery
- Child sensitive, caring staff and environment
- Enhanced communication between children, families, and professionals
- Improved community response to the needs of child victims and their families

Benefits to Professionals:

- Team work resulting in more effective interventions
- Neutral child-friendly site where professionals can interview the child and meet with families
- Access to professional training on child abuse.

Contact Information:

3873 Monroe Street
Toledo, Ohio 43606
(419) 292-2927
Fax: (419) 292-2929

Office Hours: The CAC is open Monday through Friday from 8:30 a.m. to 5:00 p.m. Evening hours are available through prior arrangement.

The CAC is a program of Family and Child Abuse Prevention Center
Main Office: One Stranahan Square, Suite 532
Toledo, Ohio 43604
419/244-3053

Forensic Interviews at the CAC: What Professionals should know.

The Lucas County Children's Advocacy Center (CAC) is a child-friendly site where professionals conduct forensic interviews of child victims of abuse or other acts of violence. Two interview rooms are available. One is furnished for young children and the other for older children and teens.

To reduce the number of times a child is interviewed and the number of people in the room, the rooms are equipped with two-way mirrors and a closed circuit television system. An intercom is available for communication between the interviewer and observer. Videotaping equipment is also available.

CAC staff are an integral part of the interview process. CAC staff explain the interview process and answer questions to help put the family at ease. This increases the chances of a successful interview. After the interview, a CAC staff member meets with investigators and the family to discuss the outcome of the interview, to recommend appropriate CAC services, and to link the family with community resources.

Call CAC at 419/292-2927. A referral from LCCS must be accompanied by a LCCS Contract Service Form and an Intake Form. Referrals made by law enforcement must be accompanied by a copy of the police report. This information should be faxed to 419/292-2929 and must be received prior to the interview. **Alleged perpetrators are prohibited on CAC premises.**

FAQ's

1. Q: Why is the Children's Advocacy Center the preferred site for Forensic Interviews?

A:

- The Children's Advocacy Center is a neutral site, not the abuse site.
- The Children's Advocacy Center is a child friendly site. Because alleged perpetrators are not allowed on the premises, the child can tell their story without feeling threatened by the perpetrator.
- Interview rooms are free from distractions and private allowing children to focus on the interviewer's questions.
- Children are interviewed apart from their non-offending caregiver to decrease the influence they may have on their child.
- Children are not re-traumatized by being forced to tell their story multiple times to multiple interviewers. Equipment is available for Multi-disciplinary Team members to observe the interview.
- Forensic Interviews can be taped for use in court.
- Children's Advocacy Center staff explains the interview process to the child and family and work to provide them with the support they need.
- Children and families who come to the Children's Advocacy Center for a Forensic Interview are more likely to feel comfortable enough to return for the crisis counseling and case management services they need to put the pieces of their lives back together.
- Children's Advocacy Center staff works with non-offending caregivers to cooperate with the investigation. Research shows that when the non-offending caregiver is supportive, children are less likely to recant, do better during court testimony, and recover better from sexual abuse.

2. Q: What should a parent act toward a child who has been abused?

A: Provide safety, love, and support. Let them know it is okay to cry or be mad. Make sure your child understands it is not his or her fault. Don't coach or pressure your child to talk about things.

Some things you can say that will really help your child:

- I believe you.
- I know it's not your fault.
- I'm glad I know about it.
- I'm sorry this happened to you.
- I will take care of you.
- I'm not sure what will happen next.

- Nothing about YOU made this happen. It has happened to other children, too.
- You don't need to take care of me.
- I am upset, but not with you.
- I'm angry with the person who did this.
- I'm sad. You may see me cry. That's all right. I will be able to take care of you. I'm not mad at you.
- I don't know why he/she did it. He/she has a problem.
- You can still love someone but hate what he/she did to you.

Some things you can do:

- Return to a normal routine as soon as possible.
- See that your child receives therapy as soon as possible. Trying to sweep the problem under the rug usually causes more problems because it will not go away.
- Find help for yourself. You don't have to do it all yourself. Contact the Children's Advocacy Center (CAC) for assistance.
- Teach your child the rules of personal safety. Tell them what to do if someone tries to touch them in an uncomfortable way.
- Be careful not to question your child about the abuse. If you do, you can jeopardize the case in court against your child's abuser. Specially trained professionals will come to the CAC to interview your child to obtain the necessary information without harming the case or further traumatizing him/her. If your child wants to talk about it, listen supportively, but do not probe.
- Keep your child away from the person suspected of the abuse. This is to protect you, the child, and the suspect.
- Avoid discussing the case with other victims or their families.
- Never coach or advise your child on how to act or what to say to professionals or investigators. This could seriously damage the case.
- Avoid the suspect.
- Your child may need an extra sense of physical security. Stay close and assure your child you will keep him/her safe.
- Remember to give attention to your other children.

Resources

National Children's Alliance www.nca-online.org

Ohio Network of Children's Advocacy Centers (www.oncac.org)

Multidisciplinary Case Review Team (MDT)

MDT is jointly facilitated by Children's Advocacy Center and Lucas County Children Services. The team is comprised of representatives from Toledo Police Department, Lucas County Sheriff's Department, Lucas County Prosecutor's Office, Lucas County Children Services, Children's Advocacy Center, Connecting Point, Toledo Children's Hospital, Mercy Children's Hospital, and Lucas County Juvenile Court. Meetings are held at Lucas County Children Services in the 7th Floor Conference Room from 12:00 to 1:30 on a bi-weekly basis. Cases may be brought to MDT for discussion and team input by anyone involved with the case.

Mission:

MDT works collaboratively to promote a thorough understanding of case issues and assure the most effective system response possible. MDT coordinates intervention so as to reduce potential trauma to children and families while preserving and respecting the rights and obligations of each agency to pursue their respective mandates.

Goals:

- To work together to ensure a comprehensive multi-disciplinary approach to the investigation, prosecution and follow-up treatment in child abuse, neglect cases and emotional maltreatment cases.
- To recommend, while guiding, the coordination of services to the victim and family in a way that minimizes trauma and promotes recovery
- To promote successful criminal prosecution
- To work with juvenile offenders to protect victims from repeat offenses and to reduce recidivism
- To identify system issues that need to be addressed
- To support team members in their difficult and challenging roles

Guidelines for Case Review

Age Criteria

- Victim is 18 years or younger, whether the abuse is interfamilial or not
- Extended to the age of 21, if the victim is physically or mentally handicapped

Sexual Abuse- One factor is sufficient

- Child discloses
- Physical evidence exists
- Witness exists
- An offender confesses

- Multiple victims/offenders
- Sex abuse cases that result in the filing of a crime report
- Rating of 3 or above on sexual abuse risk assessment element of the Family Risk Assessment Matrix Training (FRAM)

Physical Abuse

- Physical injury that seriously impairs the health and well-being of a child
- Extensive multiple injuries
- Bone fractures
- Child deaths- suspected abuse and neglect
- Shaken baby syndrome
- Munchausen's Syndrome by Proxy
- Burns- serious
- Internal injuries
- Poisoning
- Physical abuse cases that result in the filing of a crime report
- Rating of 4 or 5 on risk assessment element

Neglect

- Malnutrition
- Failure to thrive
- Educational neglect
- Serious medical neglect (i.e., diabetic child not receiving appropriate medical care)- life threatening resulting in filing a crime report- child endangering
- Rating of 4 or 5 on risk assessment matrix

Emotional Abuse

- Child locked up and not allowed out
- Prior history of DV (including undocumented acts)
- Threats of homicide- hostage situations
- Pet abuse or threats to maim or kill the pet
- Perpetrator's rage toward police/others
- Increase in the frequency/severity of DV
- Repeated verbal abuse resulting in psychological impairment

Note:

Cases complex in nature may be brought to the team for consultation. i.e.,

- Multiple agency involvement needed and collaboration not occurring
- Multiple issues and Worker of Record (WOR) needing assistance in locating resources

Impact of Child Abuse on Children

Child abuse and neglect can not only cause life endangering physical and medical injuries, but can also:

- Severely injure a child emotionally.
- Cause serious debilitating mental health problems.
- Cause a great deal of loneliness and conflict in a child's life because of the victim not knowing how to trust others and how to have good, healthy relationships.
- Cause failure in school because of problems with brain development and ability to go beyond a survival focus and concentrate on schoolwork.
- Puts a child at a much higher risk of abusing drugs and alcohol and getting involved in juvenile.

What do the Researchers have to say?

- Teenagers and young adults with a history of being abused or neglected are 3 times more likely to become depressed or suicidal. (Brown et. al., 1999)
- In a study of women in a Massachusetts prison, 69% had been abused as children. (Garcia, et. al., 1996)
- Persons who had a history of 4 or more adverse childhood events (ex: child abuse, neglect, witnessing DV, parental loss) were: 12 times more likely to have attempted suicide and 7 times more likely to have injected street drugs. (Anda & Felitti, 2003)
- In a 2004 study in Lucas County it was found that 90% of the most serious offenders who were in the juvenile court system were also identified by our local child protection agency to be victims of abuse or neglect. (Ray & Sparks, 2004).
- 95% of the most severely mentally ill adults and highest utilizers of mental health services in the state of Oregon reported a history of physical and/ or sexual abuse in their childhood. This small group of people (69) cost the state of Oregon \$1.3 million in mental health treatment in a three- year period. (Oregon Dept. of Mental Health, 1999.)
- In a study of 1575 adults, those who had been child abuse or neglect victims had a 20% higher rate of unemployment than the adults who had not been abused or neglected. (Widom, 2000) delinquent behaviors.

Treatment for Child Abuse Victims and their Families

Children who are exposed to abuse and other forms of chronic violence are at risk of developing symptoms of Post Traumatic Stress Disorder including symptoms of chronic hyper-vigilance and arousal. When in the state of hyper-vigilance or arousal a child can't concentrate on his/her schoolwork, a child may misinterpret many situations as being threatening, and can be more likely to act out impulsively or violently.

Mental Health Disorders

Victims of child abuse and neglect can be at risk of developing a number of debilitating mental health disorders including:

- Major Depression
- Bi-polar Disorder
- Post Traumatic Stress Disorder
- Dissociative Disorders
- Behavioral Disorders, including Conduct Disorder

Children with serious emotional disturbances have the highest rates of school failure, and if experiencing PTSD in their adulthood, have 150% elevated odds of current unemployment. (New Freedom Commission Report, 2003; Kessler, 2000)

Brain Development

Children who are exposed to chronic trauma (including child abuse, neglect, domestic violence, etc...) develop smaller brains, can have delayed or reduced cognitive development, can have lower IQ's, and greater risk of learning problems as compared to unexposed children. (Koenen et. al., 2003; DeBellis, 2001)

Treatment for Child Abuse Victims and Their Families

The best treatment is prevention. David Olds visiting nurse program and Healthy Families America Programs and similar early intervention programs provide support, developmental assessment, education and community referrals to new parents, and in some communities to new parents who are at high risk of abuse or neglect.

Esther Deblinger developed an evidence-based Cognitive Behavioral Therapy Model for Child Sexual abuse.

A growing body of scientific evidence is showing Trauma-Focused Cognitive Behavioral Therapy is very effective in treating child traumatic stress victims, including victims of child abuse and neglect. (As developed and researched by Judy Cohen, MD and Anthony Mannarino, Ph.D.)

Treatment for Child Abuse Victims and Their Families-Evidence Based Trauma Focused Treatment

Common Elements of Evidence Based Treatment for victims of child traumatic stress (including child abuse and neglect victims) include:

- Use of standardized testing to identify trauma related symptoms and assess the child's overall mental health and level of daily functioning.
- Providing education to the child and family on trauma, recovery, and effective treatment.
- Helping the child to develop stress coping, feelings identification, and relaxation skills.
- Correcting mistaken memories, or inaccurate thoughts. Often these incorrect cognitions cause great emotional distress to the child.
- Helping the child to cope with traumatic reminders.
- Helping the child express their story of the traumatic event(s) through writing, drawing, art, poetry, and many different ways.
- Helping the child share his/her story with their protective caretaker(s).
- Helping the caretaker(s) cope with their symptoms and reactions to the child's trauma.
- Helping the caretaker(s) to understand their child's needs and their role in their child's recovery process.
- Educating and supporting the caretaker(s) in their efforts to respond to the behavior problems or discipline needs of their child.

What helping professionals should know about secondary trauma?

Children and families are not only affected emotionally by the original traumatic event (i.e., the abuse, accident, loss etc...) by they can also be profoundly affected by the things that happen after the trauma like:

- Did people try to help them?
- Did the first responders or professionals take the time to explain things clearly?
- Was the family treated with concern, sensitivity and respect?
- Did people blame the child or family for the trauma or tragedy?
- Did people listen?

Important Points:

Your response to child abuse victims and other traumatized children can have a positive healing impact, or can cause further emotional injury.

People may not remember everything that you did or said, but they will always remember how you made them feel.

How professionals, families, friends, and other people who are concerned can help children who have experienced of child abuse, neglect, or other sources of trauma

- Really listen to the child (try not to interject or interrupt).
- Provide encouragement and support.
- Do not tell the child to forget about it.
- Do not tell the child how to feel or not feel about it.
- Do not displace your emotional needs and reactions on the child.
- Report and incidences of child abuse or neglect.
- When you support a child, remember you may also need support for yourself from other adults.
- Help the child to get counseling from therapists who are experienced with providing evidence-based trauma focused treatment to children.

Resources

Deblinger, Esther et. al. *Treating Sexually Abused Children and Their Non-Offending Parents.* (1996)

Garbarino, James. *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them.*

Greene, Ross. *The Explosive Child.* (2001)

Herman, Judith.. *Trauma and Recovery.* (1997)

Hindman, Jan. *Just Before the Dawn.* (1989)

Terr, Lenore. *Too Scared to Cry.* (1990)

Van der Kolk, Bessel et. al. *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.* (1996)

National Child Traumatic Stress Network- www.nctsnet.org

Child Welfare League of America- www.cwla.org

National Center for PTSD- www.ncptsd.org

American Academy of Child & Adolescent Psychiatry- www.aacap.org

International Society of Traumatic Stress Studies- www.istss.org

Child Trauma Academy- www.childtrauma.org

Out of Home Placement

Introduction

This is not intended as a detailed practice manual, nor is it intended to give you a comprehensive knowledge of relevant law. Rather it is designed to help you better understand the court processes for cases of children alleged to be dependent, neglected and/or abused.

Jurisdiction

The Juvenile Court has jurisdiction to hear cases of delinquency, juvenile traffic, unruly, parentage, custody, contributing to the delinquency or unruliness of a minor, abortion parental notification by-pass and dependency, neglect and abuse. For purposes of this manual, the focus is on the procedures for processing dependency, neglect and abuse cases filed by the child protection agency, Lucas County Children Services (LCCS). The court case is initiated with the filing of a Complaint that sets forth the essential facts which bring the case within the court's jurisdiction. The language of the complaint is to be ordinary and concise. The complaint will state the name of the child(ren), the name and address of the parent, guardian or custodian and it is made under oath.

Emergency Shelter Care Hearing

Most of the time LCCS files a motion for shelter care hearing at the same time the complaint is filed. It is at this hearing that the agency is requesting the court to remove the child(ren) from their home and for special orders. The caseworker is present, is available to give testimony and is represented by agency counsel. Generally, the court may order the removal of the child(ren) from their home if it finds that there is probable cause to believe that the child(ren) are in danger of immediate or threatened physical or emotional harm. A Guardian ad litem (GAL) must be appointed for the child(ren). A representative GAL is provided by the CASA office to cover this hearing and the actual GAL is appointed after the hearing. This is an informal hearing. Hearsay is admissible. Attorneys are present at the hearing and are appointed to represent indigent parties. Many shelter care issues are resolved by agreement. Parents may be referred to family drug court. Orders for visitation are made as are temporary protective orders as the child's interest and welfare may require. Examples of temporary protective orders are: supervised visitation, diagnostic assessments, substance abuse assessments, substance abuse testing, counseling, no contact orders between certain persons and the child(ren). Orders may also issue that a person vacate the child's residence pending further hearing.

The court is required to make a determination as to whether or not LCCS has made reasonable efforts to prevent the removal of the child(ren) from the home and identify those efforts. The court is also required to make a determination as to whether or not continued

residence of the child in the home is contrary to the child's best interest and welfare and state the facts upon which that determination is made.

Emergency custody is granted to a willing relative who is deemed to be appropriate, or custody is awarded to LCCS for foster home placement. If the child(ren) are not removed from the home, LCCS will be ordered to provide protective supervision until the next hearing. At the conclusion of the hearing, the parties are provided with a copy of the shelter care orders and a notice of the next hearing date (adjudication/disposition).

Service of Process

Parties present for the shelter care hearing are served with a copy of the file-stamped Complaint and summons to appear in court. Parties who are not present for the shelter care hearing are served with the complaint and summons at their residence or by certified mail or, if their whereabouts are unknown, by publication service. The court cannot proceed with the adjudication without all necessary parties having been served according to law.

The Adjudication

The adjudication hearing is a formal hearing. It should be held within 30 days of the filing of the complaint and if it is not held within 90 days of the filing of the complaint, the court must dismiss the case. It is at the adjudication hearing that a determination is made as to whether the child(ren) are dependent, neglected and/or abused based on facts either proven through the production of evidence and the testimony of witnesses or agreed to by the parties. The best interest of the children is not a consideration at this hearing. The agency must prove its case by clear and convincing evidence.

The case may be referred to mediation. If an agreement is reached as to the adjudication, either in mediation or otherwise, the parents must appear in court to be personally questioned by a magistrate or judge as to their agreement and waiver of rights including the right to have a hearing, the right to remain silent, the right to offer evidence and to cross-examine witnesses, and, if unrepresented, the right to counsel. The parties must also be informed of the possible consequences of the hearing.

The Disposition

The adjudication and the disposition hearings must be bifurcated but the disposition is oftentimes held immediately following the adjudication. It must be held within 90 days of the filing of the complaint. At the disposition hearing the prevailing consideration is the best interest of the child(ren). The Guardian ad litem report is filed prior to the hearing and contains a recommendation for dispositional orders. The case plan is filed by LCCS prior to the hearing to put all parties on notice of the agency's goal for the case and the case plan service requirements.

Dispositional alternatives available to the court are:

1. Place the child(ren) in protective supervision.
2. Commit the child to the temporary custody of the agency, a parent, or a relative.
3. Award legal custody of the child(ren) to either parent or any other person.
4. Place the child in the legal custody of the agency for purposes of a planned permanent living arrangement.

A relative or LCCS may be granted temporary custody while parents are engaged in case plan services with a goal of reunification. The child(ren) may be returned home under the protective supervision of LCCS with case plan services being provided in an effort to maintain the child(ren) in the home.

Other dispositional issues include child support orders, approval and/or amendment of the case plan, health care coverage orders, specific orders for services not included in the case plan, visitation orders. The court is also required to make a determination as to whether or not LCCS made reasonable efforts to prevent the need for placement and to finalize a permanency plan for the child(ren). The parties are notified of the next hearing dates for review of the case.

Reasonable Efforts Review

About 6 months into the case, the court is required to hold a reasonable efforts review hearing. This is an informal hearing at which the court will determine whether or not the agency is fulfilling its obligation to provide the services identified in the case plan that were to address the issues that caused the removal of the child(ren) from the home. The case plan, placement and custody arrangements will be reviewed. If appropriate the court may order that the agency develop a concurrent plan for the child(ren).

Annual Disposition Review

At one year into the case the court is required to have a review hearing to determine the case progress. If there is substantial compliance with case plan services and a reasonable expectation that a permanent arrangement for the child(ren) can be accomplished within the next six months and the extension is in the best interest of the child(ren) the temporary orders may be continued for six months. The court may extend the temporary orders for an additional six months based on the same considerations of the Annual Disposition Review. There may be no further extensions of temporary orders. In other words, the child(ren) may remain in out of home placement on a temporary basis for a maximum total of 24 months when appropriate.

At each review hearing the court will consider whether there is a need for continued placement of a child(ren); whether the agency is making reasonable efforts to rehabilitate the family and eliminate the need for placement; whether the case plan services need to be clarified or modified; whether the child is in an appropriate placement; whether any additional court orders need to be made to move the case toward successful completion. Visitation and child support are other examples of issues that may be reviewed at every dispositional review hearing.

Motion to Change Disposition

At any time during the course of the case, any party may file a motion to change the disposition. Usually the motion requests reunification with an award of custody to the parent(s) with or without an order of protective supervision to be provided by the agency. The motion could be for an award of legal custody to a relative. An award of legal custody to the agency for purposes of a planned permanent living arrangement may be appropriate for an older child whose placement has agreed that the child may remain in their home until the age of majority. Each of these dispositions is considered to be a permanent plan for the child(ren) and anticipates that the child will remain in this status until emancipation.

Permanent Custody

There are two routes by which the agency may request that permanent custody of the child(ren) be awarded to the agency so that adoption of the child(ren) may be pursued.

If , during the course of a case, progress in case plan services is not being made the agency may file a **Motion to change disposition for permanent custody**. In some instances the agency may file its original **Complaint for Permanent Custody**. As above, the hearing on the complaint would have to be bifurcated for adjudication and disposition. Both for the motion or for the disposition of the complaint, the agency must prove by clear and convincing evidence that the child(ren) cannot be placed with either parent within a reasonable time or that the child should not be placed with the parents and that it is in the best interest of the child to award permanent custody to the agency. If the agency prevails, parental rights would be terminated and the child(ren) would be eligible for adoption.

GLOSSARY¹¹

Adjudication hearing - in child welfare proceedings, the trial stage at which the court determines whether allegations of dependency, abuse or neglect concerning a child are sustained by the evidence and, if so, are legally sufficient to support state intervention on behalf of the child; provides the basis for state intervention into a family, as opposed to the disposition hearing which concerns the nature of such intervention; jurisdictional or fact finding hearing.

Case flow management - administrative and judicial processes designed to reduce delays in litigation; processes which assist the court in monitoring child welfare agencies to make sure dependency cases are moved diligently and decisively toward completion.

¹¹Resource Guidelines, National Council of Juvenile and Family Court Judges, Reno, Nevada, 1995

Child Custody - legal authority to determine the care, supervision , and discipline of a child; when assigned to an individual or couple, includes physical care and supervision.

Court Appointed Special Advocate (CASA) a specially screened and trained volunteer, appointed by the court, who conducts an independent investigation of child abuse, neglect, or other dependency matters, and submits a formal report proffering advisory recommendations as to the best interests of a child. In some jurisdictions, volunteers without formal legal training, such as CASAs, are appointed to represent abused and neglected children, serving in the capacity of a Guardian ad litem. See Guardian ad litem.

Disposition hearing - the stage of the juvenile court process in which, after finding that a child is within jurisdiction of the court, the court determines who shall have custody and control of a child; elicits judicial decision as to whether to continue out-of-home placement or to remove a child from home.

Foster Care - temporary residential care provided to a minor child placed pursuant to a neglect, abuse, or dependency hearing.

Guardian ad litem - 1. In certain dependency matters, a person with formal legal training appointed by a judge to represent the best interests of an allegedly abused or neglected child; differs from the legal advocate for the child who specifically represents the child's wishes before the court. 2. A recruited, screened and trained citizen volunteer without formal legal training, appointed by a judge to represent the best interests of an allegedly abused or neglected child. See Court Appointed Special Advocate (CASA)

Magistrate - a Judicial officer who serves in an appointive capacity at the pleasure of an appointing judge, and whose decisions are subject to review by that judge.

Mediation - process by which a neutral mediator assists all of the parties in voluntarily reaching a consensual agreement about issues at hand; a process of facilitated communication between parties designed to resolve issues and agree upon a plan of action.

Motion - an application to a court made in reference to a pending action, addressed to a matter with the discretion of a judge.

Putative father - the alleged or supposed male parent; the persona alleged to have fathered a child whose parentage is at issue.

Reasonable efforts - Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980 requires that "reasonable efforts" be made to prevent or eliminate the need for removal of a dependent, neglected, or abused child from the child's home and to reunify the family if the child is removed. The reasonable efforts requirement of the federal law is designed to ensure that families are provided with services to prevent their disruption and to respond to the problems of unnecessary disruption of families and foster care drift. To enforce this provision, the juvenile court must determine, in each case where federal reimbursement is sought, whether the agency has made the required reasonable efforts. (42 U.S.C. 671(a)(15), 672(a)(1).

Review hearing - court proceedings which take place after disposition in which the court comprehensively reviews the status of a case, examines progress made by the parties since the conclusion of the disposition hearing, provides for correction and revision of the case plan, and makes sure that cases progress and children spend as short a time as possible in temporary placement.

Stipulation - an agreement, admission, or concession made by parties in judicial proceedings or by their attorneys relating to business before the court.

Termination of parental rights hearing - a formal proceeding usually sought by a state agency at the conclusion of dependency proceedings, in which severance of all legal ties between child and parents is sought against the will of one or both parents, and in which the burden of proof must be by clear and convincing evidence; the most heavily litigated and appealed stage of dependency proceedings.

THE ROLE OF THE GUARDIAN AD LITEM

When children have been alleged abused, neglected, or dependent in the Juvenile Court they are appointed a Guardian ad Litem (GAL). The Lucas County Juvenile Court CASA (Court Appointed Special Advocate) Department has the responsibility for GAL training and the appointment of the GAL to each case. The law requires that a volunteer be appointed as the GAL to the child, and, in the absence of an available volunteer, that an attorney/GAL be appointed. CASA are appointed as the volunteer GAL in Lucas County.

Whether the GAL is a CASA/GAL or an attorney/GAL the responsibilities are the same, and each will have undergone special training to serve as the GAL. A GAL is appointed only to those cases that are brought to court by the child protection Agency, Lucas County Children Services (LCCS). LCCS (the Agency) receives thousands of phone calls each year alleging child abuse and neglect. The Agency works with most families without court involvement, but they bring approximately 400 cases to the Juvenile Court annually. Only the children who the Agency brings to court are appointed a GAL.

The Guardian ad Litem's role is to protect the child's needs and interests. The GAL assumes the role of an advocate for the child and follows the case until the child is permanently placed and the court is no longer involved with the family. As an appointed officer of the court, the GAL becomes an official part of the proceedings working alongside attorneys and social workers. The GAL speaks exclusively for the child's best interest. The GAL in no way represents the petitioner (usually the petitioner is Lucas County Children Services) or, the respondent (usually the respondent is the parent[s] or custodian[s]). The GAL, by statute, performs an independent investigation to discern the "best interest" of each child. Additionally the GAL submits a written report inclusive of the facts and findings supporting his or her recommendations for each child. The GAL's objective is to provide the court with a considered, thorough recommendation of what should be planned for the best interest of the child. In fulfilling this child-centered role, the GAL performs five separate functions:

1. An **INVESTIGATOR** of fact-finding whose task is to ferret out all relevant facts. The court order appointing the GAL, enables the GAL to access otherwise confidential information about the child from schools, hospitals, doctors, therapists, and others.
2. A **REPORTER** whose task is to insure that all relevant facts are before the court at all hearings. Written

reports are due at the initial adjudication/disposition hearing, at a permanent custody pretrial hearing, and at any other time requested by the court.

3. An **ADVOCATE** for the child whose task is to insure that at the disposition hearing, the court has before it all appropriate options, which are in the best interest of the child. Although the court will appoint legal counsel to indigent parents, often the child will have no attorney.

4. A **GUARDIAN** or protector whose task is to insure that the child's best interests are fully protected.

5. A **MONITOR** who helps ensure that court orders for the child are carried out, who helps ensure that services to the child and family are offered in a timely manner, and who brings to the court's attention new developments, changes or concerns. Although all five functions are equally important, the ability to act effectively as a reporter, advocate, guardian, and monitor depends primarily upon the GAL's ability as an investigator. The GAL remains on the case, monitoring case plan progress and making recommendations to the court, until a safe, permanent home is found for the child and the court is no longer involved.

Mandated Reporting

Anyone who suspects that a child is being abused or neglected should make a referral to Lucas County Children Services (LCCS). LCCS may be contacted by phone 24 hours a day, 7 days a week at 419/213-CARE. Some professionals are required by law to report abuse and neglect. The Ohio Revised Code (ORC) provides absolute immunity from civil or criminal liability of those who make a report, and also requires public children services agencies to keep confidential the identity of the referral source.

Who are mandated reporters?

- School Employees
- Medical Personnel
- Counselors and Social Workers
- Employees of Daycare Centers
- Attorneys
- Clergy
- Anyone who works professionally with children

What Does the Law say?

Ohio Revised Code 2151.42.1 Duty to report child abuse or neglect; investigation and follow up procedures.

(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to the entity or persons specified in this division. Except as provided in section 5120.173 of the Revised Code, the person making the report shall make it to the public children services agency or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred. In the circumstances described in section 5120.173 of the Revised Code, the person making the report shall make it to the entity specified in that section.

b) Division (A)(1)(a) of this section applies to any person who is an attorney; physician, including a hospital intern or resident; dentist; podiatrist; practitioner of a limited branch of medicine as specified in section 4731.15 of the Revised Code; registered nurse; licensed practical nurse; visiting nurse; other health care professional; licensed psychologist; licensed school psychologist; independent marriage and family therapist or marriage and family therapist; speech pathologist or audiologist; coroner; administrator or employee of a child daycare center; administrator or employee of a residential camp or child day camp; administrator or employee of a certified child care agency or other public or private children services agency; school teacher; school employee; school authority;

person engaged in social work or the practice of professional counseling; agent of a county humane society; or a person rendering spiritual treatment through prayer in accordance with the tenets of a well-recognized religion.

Why Should I Report?

- The primary reason you should report suspected child abuse and neglect is **to protect the child**. The intent of the law is not to hurt or to punish, but to ensure that children and families get the help they need. We all have a stake in the protection of children in Lucas County.
- You may save a life.
- IT'S THE LAW! Failure to report suspected child abuse or neglect is a crime.

What happens when I make a report?

- All information identifying you as the reporter is kept confidential
- All mandated reporters are immune from civil or criminal liability for making a report in good faith
- You will be asked:
 - Information about you (your name, relationship to the child/family, contact information)
 - Information on the child, such as (names, date of birth, address, behaviors, developmental ability, siblings)
 - Information on your concerns about the child
 - General Parental/Caretaker information
 - Other elements: parent/child relationship, alleged perpetrator access to child, professionals involved
- If the case goes to court, you may be asked to testify in court

What should I do if a child tells me he/she is being abused?

- If a child tells you about abuse:
- Stay calm and be reassuring
 - Find a quiet place to talk
 - Believe the child
 - Listen, but do not press for information
 - Say that you are glad that the child told you
 - If it will help the child to cope, say that the abuser has a problem
 - Say that you will do your best to protect and support the child
 - If necessary, seek medical help and contact the police or social services
 - Acknowledge that the child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault.
 - Call LCCS at 419/213-CARE

Local Community Resources

CONNECTING POINT: HOMEBASED THERAPY

Connecting Point is a mental health/social services agency that serves children and families. Our mission is: connection with children, youth and families, empowering them to meet life's challenges, enhancing their potential and fostering emotional and physical security. We treat abused children and their families through a wide range of services from residential, psychiatric, treatment, and support services.

FAMILY AND CHILD ABUSE PREVENTION CENTER (fcapc.org)

The mission of the Family and Child Abuse Prevention Center (FCAPC) is to intervene and educate to reduce family violence. Services include home-based and school-based child abuse prevention programs, a Children's Advocacy Center, court-based advocacy for victims of domestic violence, professional and community awareness training, and facilitation and support of local abuse prevention coalitions, such as the Domestic Violence task Force, Multi-Disciplinary Team, and DELTA Project..

FAMILY & CHILD ABUSE PREVENTION CENTER: CHILDREN'S ADVOCACY CENTER (fcapc.org)

The CAC is a child friendly site where professional conduct joint investigative interviews of child victims of abuse or other acts of violence. Child victims and their non-offending family members also receive abuse specific crisis intervention, supportive counseling services and court preparation. Other services available include on site non-emergency medical exams, professional and community training, and referrals to other community resources. The goals of CAC are to reduce the number of interviews of child victims and to help children and their families cope and heal emotionally.

HARBOR BEHAVIORAL HEALTHCARE: EARLY CHILDHOOD SERVICES

Harbor is a community mental health center serving all ages. We provide outpatient treatment, including individual, family and group therapy; community support services for severely and persistently mentally ill adults and severely emotionally disturbed youth; and med-somatic services. We provide early childhood services through Help Me Grow, Right from the Start, and the ODMH Early Childhood Mental Health Initiative. We provide treatment for victims of child abuse, individually and in groups. We provide groups for perpetrators of child sexual abuse.

LUCAS COUNTY BOARD OF MR/DD: EARLY INTERVENTION

We serve children with developmental delays/disabilities aged 0-3 years, and also children at risk for delay. At risk children include drug and alcohol exposed and abuse and neglect. A large portion of our referrals come from Lucas County Children Services. Many families are receiving services from LCCS and LC MR/DD.

LUCAS COUNTY CHILD ABUSE TASK FORCE

Formed in 1985, the mission of the Child Abuse Task Force is to promote a safe community where children are protected from neglect, physical, emotional and sexual abuse through prevention, intervention, research, support, and advocacy. The task force meets the first Friday of each month from noon- 1:30p.m. in the Community Services Building at One Stranahan Square. Call Family and Child Abuse Prevention Center at 419/244-3053 for more details.

LUCAS COUNTY CHILDREN SERVICES: CHILD PROTECTION

Lucas County Children Services leads the community in responding to issues of child abuse and neglect. We are mandated by law to investigate allegations of child abuse and neglect. We assess risk to children then provide protective services when necessary. We help parents resolve issues in the home that make it unsafe for children, and if necessary provide a safe, temporary home for children.

LUCAS COUNTY COURT OF COMMON PLEAS, DOMESTIC RELATIONS: COURT COUNSELING DEPT.

The court counseling department provides services that assist the divorcing, the divorced, or the violent family in their adjustment, and that assist the Court in its decision regarding custody and visitations of minor children. Family members experiencing a great deal of distress and counseling readiness are referred for ongoing services in the community. Allegations of abuse or neglect of children are referred to Children Services. The staff members are not attorneys, and are not able to function as an attorney.

LUCAS COUNTY FAMILY COUNCIL: HELP ME GROW

Help Me Grow provides family support, home visiting, service coordination and early intervention to families with young children. These efforts help with prevention of child abuse in the community.

LUCAS COUNTY JUVENILE COURT: LUCAS CTY. CASA (Court Appointed Special Advocates)

The Lucas County CASA department trains adult volunteers to investigate an abused or neglected child's circumstances, make written and oral recommendations to the court for what is in the child's "best interest," and advocate for the child in court and in the broader social service system. The CASA volunteer is sworn-in by the Juvenile Court Judge as an officer of the court and becomes a party to the case. No special educational background is necessary because CASA provides extensive volunteer training.

Lucas County CASA (Court Appointed Special Advocates)
Lucas County Juvenile Justice Center
1801 Spielbusch Avenue
Toledo, Ohio 43624
Director, Carol Martin
419-213-6753
casareport@co.lucas.oh.us

LUCAS COUNTY PROSECUTOR'S OFFICE

It is the responsibility of our prosecutor represented to prosecute adults on physical and sexual abuse of children. The Juvenile Division prosecutes juveniles and adults on contributing charges.

LUCAS COUNTY SHERIFF'S OFFICE: DETECTIVE BUREAU: CHILD ABUSE

The basic function is being directly responsible for conducting criminal case investigations and performing all duties necessary to conclude such case in favor of arrest or other positive resolutions. This relates to child abuse by assuring when a case of abuse is alleged, the victim, witness(es), and the offender will be questioned to substantiate or unsubstantiate the alleged allegations. This ensures that when a child alleges abuse, the law enforcement portion of the collaborative interventions is being met.

MERCY CHILDREN'S HOSPITAL: Child Protection Team

Mercy Children's Hospital, a cooperative venture between The Medical College of Ohio and St. Vincent's Mercy Medical Center, provides complete care to infants, children and adolescents. To meet the goals of excellent patient care, research, and professional education, MCH has a fully functioning Child Protection Team. The team provides expert evaluations for sexual abuse, physical abuse, shaken baby syndrome, neglect and Munchausen's by Proxy. Consultation for professionals and expert court testimony are also provided. Through hospital based initiatives and community involvement, the team aims to identify and prevent child abuse.

NORTHWEST OHIO SEX OFFENDER TREATMENT NETWORK

Works to prevent victimization by educating members and the community about sexual abuse and sexual offending and by developing treatment resources for survivors and offenders. For more information call President: Scott T. Howard, Wood County Adult Probation at 419/354-9084.

TOLEDO CHILDREN'S HOSPITAL

Toledo Children's Hospital is a comprehensive children's medical center serving infants, children, adolescents, and their families from Northwest Ohio and Southeastern Michigan. As part of the general pediatric, intensive care, and specialty services, Toledo Children's Hospital has an active Child Protection Team and many health care professionals experienced in providing medical and psychosocial services to abused and neglected youth. Several special programs, such as the Pediatric Trauma Team and The Cullen Center are available to aid the children and families involved in abuse and neglect.

TOLEDO CHILDREN'S HOSPITAL: CULLEN CENTER

The Cullen Center at Toledo Children's Hospital provides free counseling services to children and teens and their families who have experienced traumatic events, including: abuse victimization, car accidents, serious illness, loss of a loved one, etc. In addition to providing direct services, we wish to work with community partners to help protect children from abuse and to help develop a community that is responsive to the needs of traumatized children. Participation on the Task Force helps us achieve our mission. The

Task Force has also given our program very valuable guidance as we continue to develop our program and evaluate our effectiveness in meeting community needs.

TOLEDO CHILDREN'S HOSPITAL: TOLEDO HEALTHY TOMORROWS

Toledo Healthy Tomorrows provides support and education for parents prenatally until the child's third birthday. Most of our parents are age's 12-21 years. Services are provided through home visits and also connect clients with community resources needed for parents or children and include transporting clients when necessary. We also work in conjunction with Lucas County's Help Me Grow initiative. Our population is high risk for abuse and neglect, both parents and babies. The current editing and producing of "The Word On The Streets" Newsletter is done, voluntarily, through a member of this program.

TOLEDO POLICE DEPARTMENT: SPECIAL VICTIM'S UNIT

We investigate and help prosecute offenders.

UNISON BEHAVIORAL HEALTH GROUP: SEXUAL ABUSE AND DOMESTIC VIOLENCE SERVICES

Unison treats the mental health needs of individuals and families. We have individual, family and group services for the child and adult victims of physical, sexual and emotional abuse. We also provide services to adolescent and adult sexual offenders and adult batterers/perpetrators of physical and emotional abuse.

YWCA OF GREATER TOLEDO: YW CHILD CARE CONNECTIONS

YW Child Care Connections is a non-profit childcare resource and referral program. The purpose of the program is to assist parents in locating and evaluation affordable, quality childcare in Northwest Ohio. In addition, we serve as a resource to childcare providers, employers and policy makers. We are dedicated to promoting and supporting high-quality childcare in the community. Our agency advocates for safe, quality childcare on behalf of children and their families.