

# *Child Service Systems*



## ***Child Physical and Sexual Abuse***

### **What Is The Legal Definition?**

Certain acts are crimes of child abuse. Those crimes are categorized by degree depending on the severity of the act. Where physical injury sustained by a minor as a result of cruel or inhumane treatment, or as a result of a malicious act under circumstances that indicate that the minor's health or welfare is harmed or threatened by the treatment, the act is child abuse. First degree is an act which results in severe physical injury or death. Second degree is physical injury without the severity or death element.

Sex abuse of a minor is when a family or household member sexually molests or exploits a minor, whether physical injuries are sustained or not. Sex abuse includes rape, incest, sodomy, and sex offenses in any degree.

Regardless of whether the abusive act can be prosecuted criminally, certain acts are considered "child abuse" under Maryland law and local Departments of Social Services have the power to act and protect the child.

Children can also be victims of sexual assault, just as adults; however, some acts may or may not be crimes depending on the age of the victim. For example, consensual sexual intercourse between a girl and an older man may be a crime, commonly known as "statutory rape." For more detailed information on sexual assault in general, [please refer to page 25 in the Adult Service Systems section.](#)

## Child Abuse & Neglect: Know Your Responsibility

Child abuse and neglect is a serious problem which requires the involvement of all citizens and professionals to prevent, identify, and treat it.

A report of suspected child abuse or neglect is not an accusation; rather it is the only link to services for families who would not voluntarily seek the help they may desperately need.

Sometimes potential reporters of abuse or neglect are convinced that nothing will be done if they report. Aside from legal and ethical considerations, such reasoning is questionable. When an incident of suspected child abuse and/or neglect is reported, Maryland laws and policies mandate that action be taken. On the other hand, if the incident is not reported, nothing will be done and the child may remain in an unsafe situation.

In Maryland, child abuse and neglect law requires anyone who *suspects* a child has been or is being mistreated report the matter to the Department of Social Services, whether the child lives in Maryland or not. (In cases of alleged child abuse, a report may be made to Social Services or the police.)

Health practitioners, police officers, educators, and human service workers acting in a professional capacity who have reason to believe a child has been subjected to abuse or neglect, shall notify the local department or the appropriate law enforcement agency. These individuals are considered mandated reporters, and are *required* to report — orally and in writing — any suspected child abuse or neglect.

An oral report can be made by telephone or in person as soon as possible to the local department. The written report should be sent to the local department no later than 48 hours after the contact, examination, attention, or treatment that caused the person to believe the child had been abused or neglected. A copy is also sent to the local State's Attorney if the mandated reporter has reason to believe the child has been abused. Any person who, in good faith, reports abuse or neglect is *immune* from civil liability or criminal penalty.

Below are some physical and behavioral indications of alleged child abuse, neglect, or mental injury. Please note that the presence of any of these does not necessarily mean a child is being abused, neglected, or is a victim of mental injury. They may, however, lead you to suspect abuse, neglect, or mental injury and therefore, report it.

This list is not all-inclusive. Some abused, neglected, or mentally injured children may not show any of these symptoms.

*Physical Abuse*

*Indications of physical abuse can include:*

- **Bruises** on any infant; injuries to the eyes or both sides of the head or body (accidental injuries typically only affect one side of the body); frequently appearing injuries such as bruises, cuts and/or burns, especially if the child is unable to provide an adequate explanation of the cause. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of instruments.
- **Burns** caused by immersion in hot liquid; cigarette burns, usually on palms of hands (leaving “crater” shaped burns); caused by a hot implement, such as an electric curling iron (leaving burn marks in the shape of the implement), or caused by ropes that indicate confinement.
- **Welts, cuts, abrasions, fractures, and internal injuries** may also indicate abuse. Since these injuries may occur through normal childhood experiences, they should only cause concern when coupled with some other physical or behavioral indicators. You should also be concerned if the injury does not seem likely to have resulted from normal activity, given the child’s age and physical development.

*Behavioral indications can include:*

- **Child** is overly compliant, shy, or aggressive; avoids parents or caregivers; inhibited crying; hyperactive; avoids physical contact; has a low tolerance for frustration, or distrustful.
- **Parent or Caregiver** holds unrealistic expectations for the child’s physical or emotional development; “immature”; dependent; aggressive; low sense of self-esteem; sees the child as “bad,” “different,” or “evil”; low tolerance for frustration; inappropriate coping skills; passive, or withdrawn or emotionless behavior.

*Neglect**Physical indicators can include:*

- **Child** is extremely dirty and unkempt; clothes inadequate for the weather; serious medical problems left untreated; inadequately supervised; obvious malnourishment; listlessness or fatigue; stealing or begging for food, or inappropriately left unattended.

*Behavioral indicators can include:*

- **Child** is withdrawn; shy; passive; always tired, or developmentally slow.
- **Parent or Caregiver** is apathetic; shows little concern or awareness of the child's needs; shows anger when questioned about child's care; impulsive decision making; inconsistent discipline, or overwhelming personal needs.

*Sexual Abuse**Physical indicators can include:*

- **Child** has difficulty and/or pain sitting or walking; symptoms of sexually transmitted diseases; injury to genital area; sexually suggestive; inappropriate or promiscuous behavior or verbalization; expressing age-inappropriate knowledge of sexual relations, or sexual victimization of other children.

*Behavioral indicators can include:*

- **Child** has unusual sexual behavior or knowledge; nightmares; poor peer relationships; few social skills; extremely isolated, or repeated "runaways".
- **Parent or Caregiver** is extremely overprotective; overly interested in child's social and sexual life, or sees child as highly sexualized or jealous.

*Mental Injury*

*Behavioral indicators can include:*

- **Child** has any observable, substantial impairment of mental or psychological ability to function that is a direct result of an act or omission by a parent or caretaker. The child may have severe problems in areas such as family and/or social relationships; sleeping and eating; academics and overall development, and may need specific psychiatric, psychological, or social work intervention.
- **Parent** frequently threatens to harm or kill the child; threatens to harm or kill the child's pet; constantly denigrates the child or subjects the child to extensive emotional or physical isolation or confinement.

*Courtesy of: Maryland Department of Human Resources*

**Reporting Child Abuse & Neglect: What the Law Requires**

Maryland law requires every health practitioner, human service worker, and other mandated reporters to report suspected child abuse and neglect. It does *not require proof* that abuse or neglect has occurred before reporting. Incidents are to be reported as soon as they are suspected.

Waiting for proof may involve grave risk to the child and impede services to the family. Proof may be long in coming — witnesses to child abuse and neglect are rare, and the child’s testimony may be disbelieved or inadmissible.

Parents may be informed that a report has been made. They may be told the nature of the report, why it is being made, and what will happen as a consequence. The parents should be told about the report in such a way as to help them recognize the health care provider’s concern for them and the child.

Health practitioners and social workers, among others, who knowingly fail to report suspected child abuse may be subject to professional sanctions by their licensing boards. For those who do report, the law provides protection; persons who make good faith reports are immune from civil liability and criminal penalty.

If an adult reports that he or she was abused as a child, the case will be reviewed to determine whether there should be an official investigation. However, steps will be taken to ensure children currently in the alleged abuser’s care are protected.





## ***Suicide and Self Injury***

### **Definitions, Warning Signs, & Treatment Options**

Suicidal and self-injurious behavior is frequently a way for someone to communicate that they are feeling hopeless, helpless, and alone. It is, quite profoundly, a cry for help.

#### **Suicide**

Suicidal risk may be attributable to mental illness or multiple stressors in someone's life that may include a relationship change, parental separation/divorce, social isolation, physical disability, or a recent developmental crisis such as loss of income or a job.

#### **Categories of Suicidal Behavior**

- Suicidal ideation: thoughts about suicide without physical action.
- Suicidal threat: verbal references made or physical actions taken that indicate harm to oneself but that do not indicate conscious intent.
- Suicidal gesture: Actions taken by a person to indicate that they are planning to attempt suicide, or an action that in itself cannot cause death. This is usually a form of communication rather than a conscious intent to kill oneself.
- Suicide attempt: physical action taken by a person with the conscious intent of suicide that does not result in their death.
- Suicide completion: death from a suicide attempt by a person whose conscious intent was suicide.

**Warning Signs of Suicidal Crisis**

*(Not all may apply)*

- Changes in sleeping, eating, energy, and concentration.
- Changes in drug or alcohol use.
- Refusal or reluctance to attend school or work.
- Withdrawal or isolation from family or friends.
- Aggressive behaviors, either physical or verbal.
- Chronic physical complaints.
- Self neglect or lack of attention to personal appearance.
- Impulsive behavior.
- Purchasing of weapons, illegal substances or saving medication.
- Experiencing a humiliating or seriously depressing event/ life stressor.

***How To Help Suicidal People***

- Listen and take their concerns seriously.
- Don't be afraid to ask directly about suicidal thoughts.
- Ask if they have the means to hurt or kill themselves.
- Continue communication and stay with person.
- Seek out assistance from professional resources such as a guidance counselor, mental health professional, or the hospital emergency room.

Professional intervention may range from inpatient hospitalization, day treatment, or outpatient treatment. The choice of option depends on additional comprehensive evaluation and the treatment plan.

## **Self Injury and Self Mutilation**

Self injury, or self mutilation, has increased as a mental health concern in the past ten years. It often takes the form of “cutting” behavior with razors, sharp plastic, nails, fingernail files, and other means of superficial wounding.

**Self injury is different from suicidal intent; victims are typically not thinking about or trying to kill themselves.** Quite the contrary, self injurers are trying to gain relief for emotional difficulties that seem insurmountable — sometimes referred to as “an act of self help.” Like suicidal gesturing, however, self injurers may be seeking attention for their emotional pain and need help.

### **Profile of Self Injury and Self Mutilation**

- Traumatic losses, illnesses, or instability in family life.
- Abuse or neglect — physical, sexual, emotional.
- Family life characterized by a rigid, dogmatic code of values or religious beliefs applied inconsistently or hypocritically.
- Breakdown of family roles in ways that make children take on adult responsibilities prematurely and inappropriately.
- Treatment needs are similar to those for anorexia, bulimia, or drug/alcohol dependence.
- Clinically different from suicidal intention.

### **Treatment Options**

- Referral for “cutting” should be made immediately to a mental health professional.
- Treatment is typically outpatient with providers such as a licensed psychiatrist, social worker or psychologist.
- Hospitalization may occur for diagnosing and insuring safety during a crisis.
- Self mutilation is typically a different diagnostic category from suicidal ideation and behavior.
- Limits, support, consistency of treatment and family involvement should be provided.

***Where To Go For Help***

- **For 24-hour emergency evaluation** — Carroll Hospital Center Emergency Room: 410-871-6971.
- **Partial hospitalization** — Carroll Hospital Center’s day program: 410-871-6971.
- **For students with suicidal and self injury symptoms during school hours** — Carroll County Youth Service Bureau: 410-848-2500.

*Referrals are made exclusively by guidance, administrative, and pupil services staff.*

- *Additional resources:*
  - Carroll County Core Service Agency: 410-876-4440.  
This is the county’s public mental health agency.
  - “Not My Kid” Crisis Hotline: 866-367-0968.
  - Maryland Youth Crisis Hotline: 800-422-0009.





## ***Bullying***

Intimidation, spreading rumors, name calling, fighting, switching seats, pushing, tripping, and exclusion are just a few examples of bullying. Unfortunately, bullying is not always obvious to parents and teachers, whether a child is being bullied or is bullying others. It is just beginning to be recognized and addressed by school systems and parents alike.

Bullying can be verbal or physical and harms not only the individual being bullied, but the victim's entire school and social environment. It can occur on the way to school, in school, on the playground, on the way home from school, and in youth groups to name a few places. Bullying results in students feeling less safe and satisfied in school, increased absenteeism, and can possibly lead to other delinquent behavior.

The amount of bullying that takes place depends on the role that parents and other committed adults play in their schools, families, and community as a whole. Bullying does not have to be an unavoidable part of growing up.

*Source: SAMHSA  
"Make Time to Listen, Take Time to Talk about Bullying"*

### **What Is Bullying?**

In general, bullying involves repeated acts of physical, emotional, or social behavior that are intentional, controlling, and hurtful to the victim. Bullying is about power, who has it and who doesn't. Bullies can work alone or in groups, and have a clear intent to harm. It is a learned behavior that is usually repeated over time, and can be exhibited as early as 2 years of age.

Bullying can be either direct or indirect.

- Direct bullying is usually easily seen and felt readily. It includes physical acts of violence and verbal aggression.
- Indirect bullying is harder to identify, often more difficult to remedy, and should be clearly seen as different from direct bullying. It includes behavior such as deliberate exclusion, name calling, and intimidation.

*(Source: SAMHSA'S National Mental Health Information Center,  
Center for Mental Health Services, Take Action against Bullying,  
National Dropout Prevention Center  
Network Newsletter Col 13, No.2, Spring 2001)*

### What Are The Effects?

Bullying affects the physical and psychological well being of those involved and influences the learning and social environment where it takes place.

Children who are bullied by their peers may suffer from depression and low self-esteem. They are more likely than their non-bullied peers to be absent from school, report feeling unwell, and talk about suicide. For some, the emotional scars of their childhood bullying are still visible in adulthood.

Children who witness bullying may feel guilty, afraid, and powerless to stop the behavior. Over time, these children may experience diminished empathy for victims. Left unchecked by adults and students, bullying can interfere with student learning and contribute to a school climate of fear and disrespect that can affect everyone at a school.

Sometimes, bullying is a sign that children are also engaged in other antisocial behaviors such as truancy, drug use or theft. In one study, 60% of boys identified as ‘bullies’ in middle school had at least one criminal conviction by age 24—three times the rate of nonbullies.

Children tell us they frequently remain silent about the victimization, likely out of fear, shame, and/or a feeling of helplessness. Moreover, many children report that their teachers don’t intervene as often as they might.

*From National Dropout Prevention Center/  
Network Newsletter Col 13, No.2 , Spring 2001*

## **What Are Signs Of Bullying?**

It may not be easy to find out if a child is being bullied because not all children display signs or symptoms.

### ***Warning signs include:***

- Being quiet, sensitive, or shy in school.
- Appearing anxious and insecure.
- Appearing unhappy, depressed, and tearful.
- Having few, if any friends at school or home.
- Being alone or excluded from his/her peer group during recess or school breaks.
- Having difficulty speaking up in class.
- Showing deterioration of school work.
- Having cuts, bruises, or scratches that aren't easily explained.
- Seeming reluctant or afraid to go to school.
- Not sleeping well, having bad dreams.

Discovering and acknowledging that a child is a bully can be just as difficult as finding out they are a victim.

### ***Warning signs of a child bullying others include:***

- Teasing, intimidating, threatening, or ridiculing other children.
- Being hot-tempered and impulsive.
- Having a hard time following rules.
- Being oppositional, defiant, or aggressive towards adults.
- Appearing tough or hardened, showing little or no empathy toward children who are being bullied.
- Having been involved in other antisocial activities such as vandalism.

**Bullying And Gender**

Boys are more likely to bully than girls. Girls are more indirect with their bullying by using gossip and exclusion, while boys are more likely to push, hit or intimidate. In middle school, girls are most likely bullied by boys, but by high school are more likely to be bullied by girls. By the time both genders reach the older grades of high school, bullying occurs less and less.

*Source: Carroll County Character Education Discipline Committee Report School Year 2002-03, Bullying and Gender: Is There a Connection?*

*Nancy Mullin-Rindler, Bullying is Not a Fact of Life, SAMHSA*

**What To Do About Bullying**

Parents and students have a right to expect schools to take bullying seriously and further investigate incidences of bullying to find a positive solution. As a teacher, parent, friend, or loved one you can:

- Make sure the child being bullied knows it is not their fault.
- Let the child know they do not have to face the bully alone.
- Make sure the bullying victim gets appropriate protection.
- Talk about ways to respond to being bullied.
- Teach the child not to react, but to walk away and get help if pursued.
- Tell the child to report bullying immediately to a trusted adult.
- Contact the school/teacher if necessary.

At the same time, some of the more traditional responses to bullying are not always the best solutions. As a parent, friend, or loved one of a victim of bullying *do not*:

- Ask children to solve bullying problems between themselves.
- Tell the bullied child to fight the bully.
- Personally mediate the bullying situation; it may further victimize the child.
- Place blame.

*To prevent a child from becoming a victim of bullying:*

Help instill a sense of self-confidence, establish and promote good social skills, and teach him or her to seek help from caring adults if they are harassed.

*To prevent a child from becoming a bully:*

Present yourself as a model of good behavior. Establish and promote the concept that violence is not acceptable behavior, assist them in finding non-violent strategies for problem solving, and seek help from mental health professionals or school counselors, if needed.

*(Source: SAMHSA National Mental Health Information Center,  
Center for Mental Health Services)*



## *Juvenile Violence*

Juvenile violence does not occur in a vacuum. Such actions are often symptoms of larger problems, particularly since violence is a learned behavior. Young people may “act out” because issues such as substance abuse, mental health problems, or family conflict are impacting their ability to effectively cope with life’s stresses.

However, if agencies such as the Carroll County Youth Services Bureau and Department of Juvenile Services identify problems early, such behavior can be reduced by addressing any underlying causes. These agencies seek to work with the child in the context of his or her whole life experience rather than focusing solely on the incident that brought the child into the system. After assessing the situation, services are offered to help the child succeed in life, and the family become healthy together.

Whenever possible, these services are offered in the community so the child can remain with his or her family. However, if the young person is deemed a danger to self or others, he or she may be required to spend time in a residential program. Such programs range from foster care to secure institutional facilities. In all cases, steps are taken to make certain that time served is as productive as possible, and that the needs of the youth are balanced with the paramount interest of community safety.

### **What To Do About Your Ungovernable Child**

Troubled parents are often seeking solutions to their child’s out of control behavior, and sometimes the answer is not what they wish to hear.

The Department of Juvenile Services is willing to work with parents to assist in regaining control over their child, but the struggle to re-establish parental effectiveness will not be easy. There are no short cuts — they need to examine their roles, be willing to roll up their sleeves and do some hard work to bring about change in their relationships with their partner and their children.

Some parents have reached what they believe to be the end of their tether. They’ve tried a variety of measures, including counseling, with no significant improvement. They say angrily, “What are our rights as parents? We can’t take it anymore! You need to put our child in a detention facility!”

Their frustration is evident and their resistance to collaborative problem solving is often difficult to overcome. This is the challenge that juvenile counselors

face on a daily basis as they try to diffuse crises and provide intervention that will engage both parent and child in the difficult work they both must do to improve their relationship.

One strategy is to give parents a game plan and help them regain their role as authority figures in the house. Counselors try to clearly identify the child's disruptive behaviors and establish appropriate sanctions. They encourage counseling as a forum for both parents and children to express their feelings and sort out all aspects of family discord.

Counseling is no quick fix, it may take a year or longer, and both parent and youth should find a therapist that will establish an atmosphere of trust for all involved. This means that families may have to "shop around" for a clinician that all parties can live with.

Another strategy is to try to use other resources such as parent-teen mediation and recreational programming. Interagency coalitions in the county are identifying community assets for our youth and are developing new early intervention programs (such as mentoring) where gaps exist.

All parents should become actively involved in every aspect of their child's life – not as their buddy or friend, but as caregiver and parent. Know who their friends are and speak with those children's parents on a regular basis. Establish clearly defined house rules and curfews, and stick with them. Both parents need to be on the same sheet of music and not become "divided."

Be a role model with regard to developing good communication skills and problem solving strategies. If you wish to discourage drug and alcohol use, you need to be vigilant as to your child's activities, knowledgeable about your community's serious drug and alcohol issues, and a role model as a parent. If you condone your child drinking an occasional beer or if you smoke marijuana yourself, you are opening the door to obvious problems.

Pay close attention to all your children. Even if the younger ones are not currently acting out, they are closely observing the attention-seeking behaviors of their ungovernable sibling and your preoccupation with that child. Frequently, they will try to replicate those negative behaviors.

## **What Is Considered Violent Behavior?**

### **Carroll County Public School Definitions**

- **Serious Threat:** A verbal or non-verbal threat toward another student, group of students, or any school personnel that could seriously jeopardize the safety of the victim(s). This could include threats to hurt, punch, kill, stab, burn or shoot them. Non-verbal threats include written statements, gestures or drawings; school personnel includes principals, teachers, nurses, custodians, and bus drivers.
- **Violent Act:** Any physically aggressive action taken toward another person which may or may not have resulted in serious injury.

### **Warning Signs/Risk Factors for Future Violence**

- **Treatment History:** Has the child received mental health treatment in the past, or currently?
- **Academic Impairment:** Have there been any recent changes, or overall impairment in his or her academics?
- **Behavior Problems:** Have there been behavior problems at home, in school, or in the community?
- **Peer Conflict:** Is there conflict with peers at school and in the community?
- **Social Skills:** Is the child able to interact with other young people and adults on a developmentally appropriate level?
- **Social Isolation:** Is the child isolated from family and/or friends?
- **Perception of Victimization:** Does the child believe he or she is being victimized at home, in school, and in the community?
- **Substance Use:** Is there any past or present substance use? Are any family members or friends using substances?
- **Intent to Cause Harm:** Is there any intention to cause harm in making the serious threat of violence or engaging in the violent act?

- **Access to Weapons:** Does the child have access to weapons, as well as personal experience in their use?
- **Homicide Ideation:** Has the child thought about committing homicide, past or present?
- **Suicide Ideation:** Has the child thought about committing suicide, past and present?
- **Physical Aggression:** Is the child physically aggressive toward others and property?
- **Rage:** What is the child's level of rage measured by frequency and intensity of anger expressed?
- **Tolerance for Violence:** What is the child's tolerance for violence, demonstrated by attitudes and beliefs related to violent behavior and skills of empathy and remorse?
- **Exposure to Non-Media Violence:** Is the child exposed to violence in the home, in school, and in the community?
- **Exposure to Violent Media:** Is the child exposed to violence-related media such as television, computer, video games, music, and literature?

## **What Happens If A Child Behaves Violently In School?**

Young people who commit serious threats or acts of violence are referred to the Carroll County Youth Services Bureau.

### ***Who can refer to these programs?***

- **Serious Threats of Violence Program:** Carroll County Public Schools
- **Violent Acts Program:** Carroll County Public Schools, Department of Juvenile Justice, and the Family Law Administration of the Circuit Court of Carroll County.

### ***Treatment Considerations***

As a part of the violence assessment, several treatment options may be recommended. These options include, but are not limited to:

- Brief Strategic Family Therapy
- Individual Counseling
- Psychiatric Evaluations
- Family Preservation Program
- Mediation

Issues that may be addressed during the course of treatment include self-esteem, social skills, family relationships, exposure to violence, physical safety, academic support/concerns, behavior management, parenting skills, and legal involvement.