



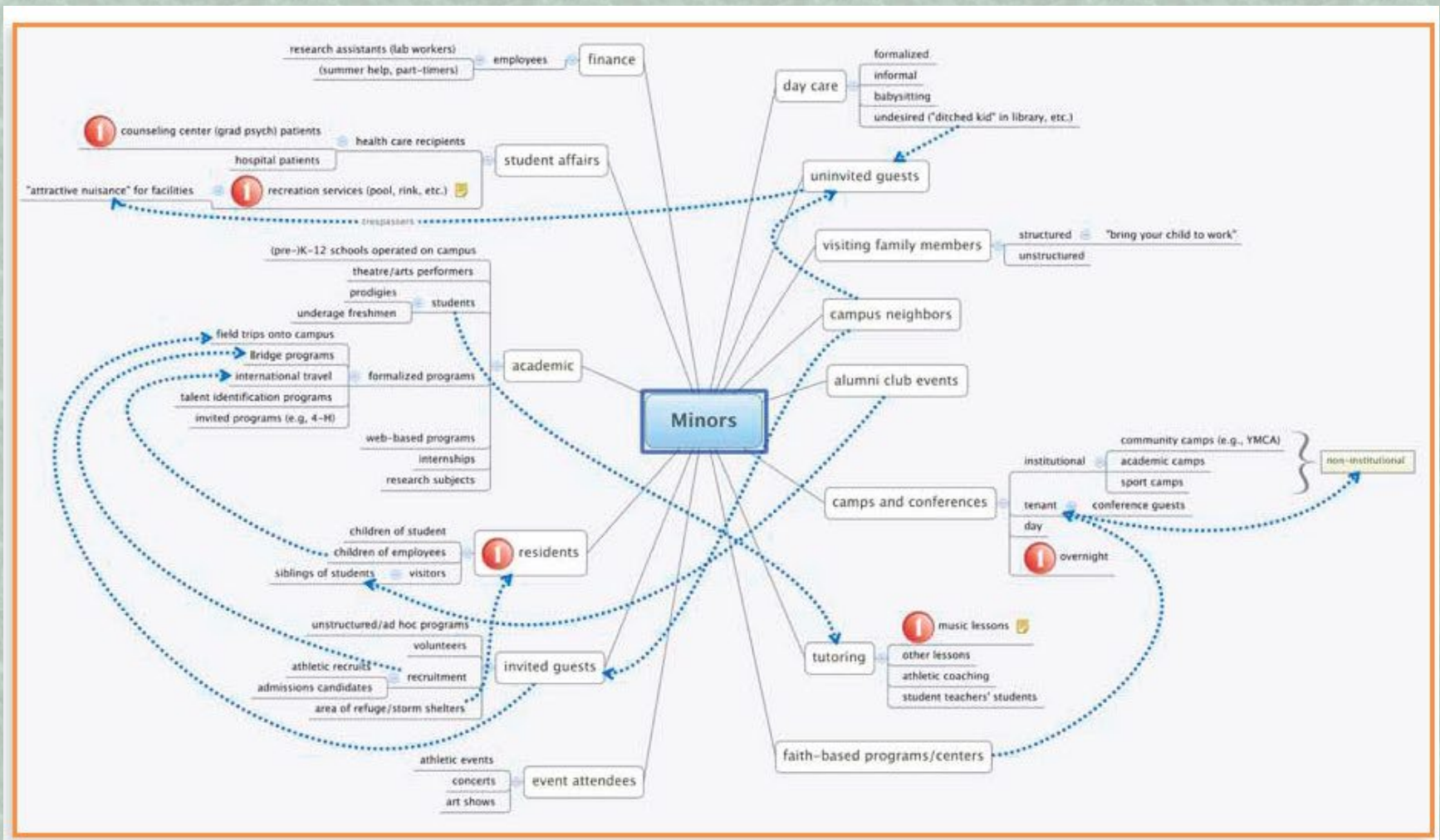
Protecting Minors On Campus

May, 2017

Attendees were shown the following video during the session.

Shine a Light - Know the warning signs of sexual abuse of minors.

Who are we worried about?



Who are we worried about?

- • We invite them
 - • Campus recruiting
 - • Summer camps and other short term programs (arts, academic, athletic)
 - • School field trips
 - • Research protocols, clinical trials
 - • Schools and daycare
 - • Community service

- • They come with or visit family
 - • Visitors bring kids to museums, libraries, health clubs, public events, exhibits, concerts
 - • Athletic events
 - • Employees bring kids to campus
 - • Families visit students

Who are we worried about?

- We rent our facilities to groups that invite them
 - • Residence halls
 - • Athletic facilities
 - • Arts facilities
 - • Weddings, parties, religious services
- We go to them
 - • Community service
 - • Student teaching
 - • Clinical placements
 - • Externships
- They invite themselves
 - • Skateboarding and skating
 - • Bikes
 - • Pools
 - • Student centers and recreation facilities
 - • Food service

Visiting Children and Minors

Employees bringing their children to work

Students bringing their children to class

- A parent or guardian must provide supervision at all times.
- Line of sight supervision of children by the parent or guardian is required at all times.
- Children should not be left unattended or with other employees.
- The parent or guardian must assure the minor or child is not disruptive to others and the situation should be brought to the attention of the parent or guardian.
- Children and Minors should not be allowed in high-risk areas such as:
 - Laboratories, shops, studios, mechanical rooms, power plants, garages, animal facilities, food preparation areas, high security areas;
 - Any areas, indoors or out, containing power tools or machinery with exposed moving parts;
 - In university boats, grounds equipment, motorized equipment; and vehicles except those assigned to the employee for commuting from home to campus or as part of a recognized university program;
 - Gymnasium, fitness center or other athletic or employment locker room, and
 - Any other high-risk areas (no playing in stairwells or doorways, no access to rooftops, construction zones, etc.).

Who should issue a report?

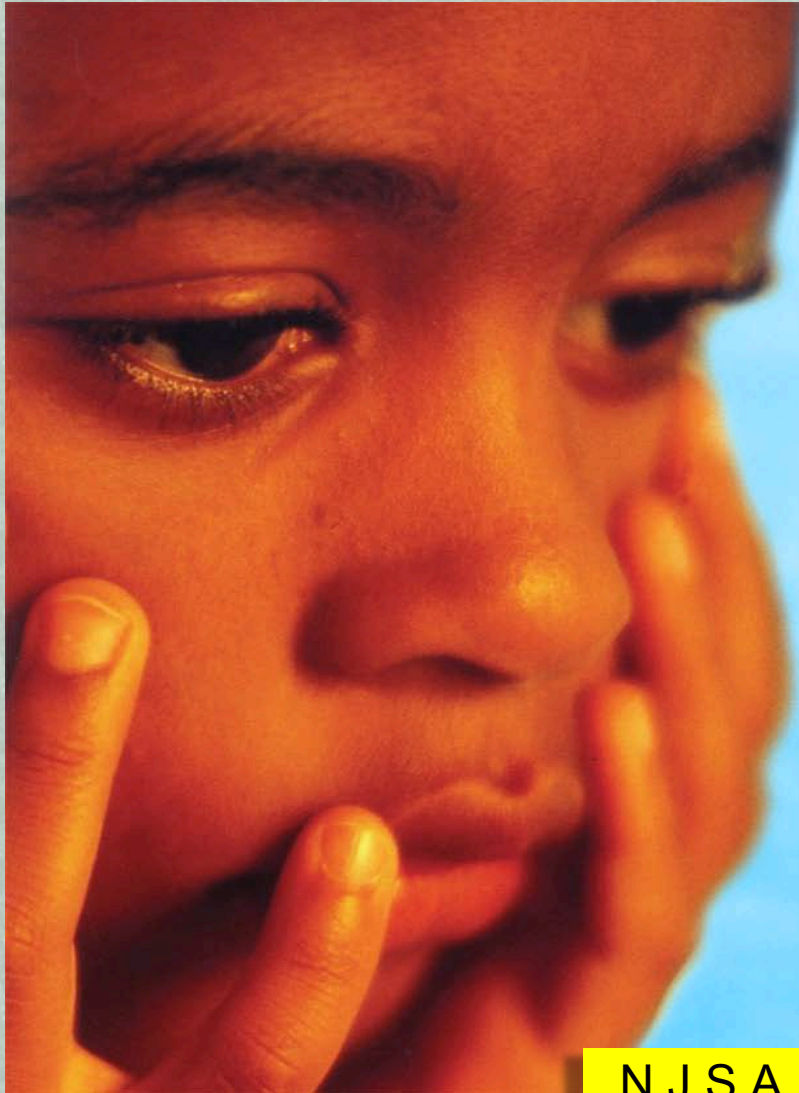
- **Absolutely Everyone**

(anyone with reasonable cause to believe a child is being abused)

Who should receive a report?

- New Jersey Child Abuse Hotline - 1-877 NJ ABUSE
(If the child is in immediate danger – also call 911)
- Fairleigh Dickinson University Public Safety
 - Florham Campus – 973 443 8888
 - Metropolitan Campus 201 692 2222

... in New Jersey



**Child abuse
doesn't
report itself.**

Make The Call, Help A Child

1-877 NJ ABUSE

1-877-652-2873

TTY 1-800-835-5510

N.J.S.A. 9:6-1 et seq.

Do callers have immunity from civil or criminal liability?

Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. All calls to the hotline can remain ANONYMOUS.

What happens if you fail to report?

- You could be exposing a child or youth to additional danger.
- Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person.
- The University may treat the failure to report as a work rule violation.

What information will I be asked to provide to the hotline screener?

- Whenever possible, a caller should provide all of the following information:
 - **Who:** The child and parent/caregiver's name, age and address and the name of the alleged abuser and that person's relationship to the child.
 - **What:** Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
 - **When:** When the alleged abuse/neglect occurred and when you learned of it.
 - **Where:** Where the incident occurred, where the child is now and whether the alleged abuser has access to the child.
 - **How:** How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.

What happens after I make the call?

When a report indicates that a child may be at risk, an investigator from the Division of Child Protection and Permanency (DCP&P) will promptly investigate the allegations of child abuse and neglect within 24 hours of receipt of the report.

If I report abuse, will DCP&P call me and tell me what happened?

Probably not as DCP&P investigations are confidential. But please be assured that all allegations of abuse and neglect will be promptly investigated.

What Is Child Abuse?

Four Categories

Physical

Deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation, confinement to a room or cot, or inappropriate giving drugs to control behaviour.

Sexual

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts; non contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional

The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person.

Neglect

The persistent failure to meet a child's physical, emotional and/or psychological needs, likely to cause significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to medical care or treatment, lack of stimulation or lack of supervision.

Who is the typical child molester?

- ☐ probably well known and liked by the parent and the child.
 - ☐ can be a man or a woman, married or single.
 - ☐ can be a child, adolescent or adult.
- ☐ can be of any race, hold any religious belief, and have any sexual preference.
 - ☐ can be a parent, stepparent, relative, family friend, teacher, clergyman, babysitter or anyone who comes in contact with children.
- ☐ likely a stable, employed, respected member of the community.
 - ☐ education and intelligence doesn't prevent them from molesting a child.

Summer Camps/Clinics with Minors

- Mentoring programs that involve private instruction (laboratory, music instruction, etc.) when there is only one adult present must not take place in a room or other space that is not in full view from outside the room when the door is closed. A window opening must exist and allow full view into the room.
- Two-deep adult participation is required at all times. Two University adult leaders or one University leader and a parent of a participating minor, one of whom must be 21 years of age or older, are required to be present at all times.
- When instructing a minor privately, the parent or legal guardian should be required to remain on the premises for the duration of the instruction.
- Minors are accompanied at all times and not permitted to work alone as there may be a need to escort the participant out of the facility in the event of an emergency.
- When traveling away from campus for a University program, a parent or legal guardian, or other adult counselor travels in the group.
- Children / minors that are not family NEVER stay in the same room overnight with an employee of the University unless the child's parent is also in the room as the child.
- Male and female children / minors never assigned to sleep in the same room overnight unless accompanied by and with permission of all parents involved.
- Adults, children and minors NEVER use the same bathing or restroom facilities simultaneously.
 - ❑ Separately assigned facilities for adults, male minors / children and female minors / children are made available. If separate facilities are not possible the University leader will publish a schedule that enables individual privacy.

Indicators Of Child Abuse / Neglect

Physical Abuse

- **Physical Indicators**

- Unexplained bruises and welts
- Unexplained burns
- Unexplained fractures
- Unexplained laceration or abrasions

- **Behavioral Indicators**

- Wary of adult contacts
- Apprehensive when other children cry
- Behavioral extremes:
 - Aggressiveness
 - Withdrawal
 - Frightened of parents
 - Afraid to go home
 - Reports injury by parents

Physical Neglect

- **Physical Indicators**

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or long periods
- Constant fatigue or listlessness
- Unattended physical problems or medical needs
- Abandonment

- **Behavioral Indicators**

(see next page)

Indicators Source - American Society for the Positive Care of Children
<http://americanspcc.org/indicators-child-abuse/>

Physical neglect (continued)

- **Behavioral Indicators**

- Begging, stealing food
- Extended stays at school (early arrival and late departure)
- Constantly falling asleep in class
- Alcohol or drug abuse
- Delinquency (e.g. thefts)
- States there is no caregiver

Emotional Maltreatment

- **Physical Indicators**

- Habit disorders (sucking, biting, rocking, etc.)
- Conduct disorders (antisocial, destructible, etc.)
- Neurotic traits (sleep disorders, speech disorders, inhibition of play)

- **Behavioral Indicators**

- **Behavior extremes:**

- Compliant, passive
- Aggressive, demanding

- **Overly adoptive behavior:**

- Inappropriately adult
- Inappropriately infant

Sexual Abuse

- **Physical Indicators**

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vaginal or anal areas
- Venereal disease, especially in pre-teen's
- Pregnancy

- **Behavioral Indicators**

- Unwilling to change for gym or participate in Physical Education
- Withdrawn, fantasy or infantile behavior
- Sophisticated or unusual sexual behavior or knowledge
- Poor peer relationships
- Delinquent or run away
- Reports sexual assault by caregiver