Resource Materials

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A CURRICULUM ON CHILD ABUSE AND NEGLECT

A Curriculum On The Identification, Reporting, Referral and Case Management Of Child Abuse and Neglect

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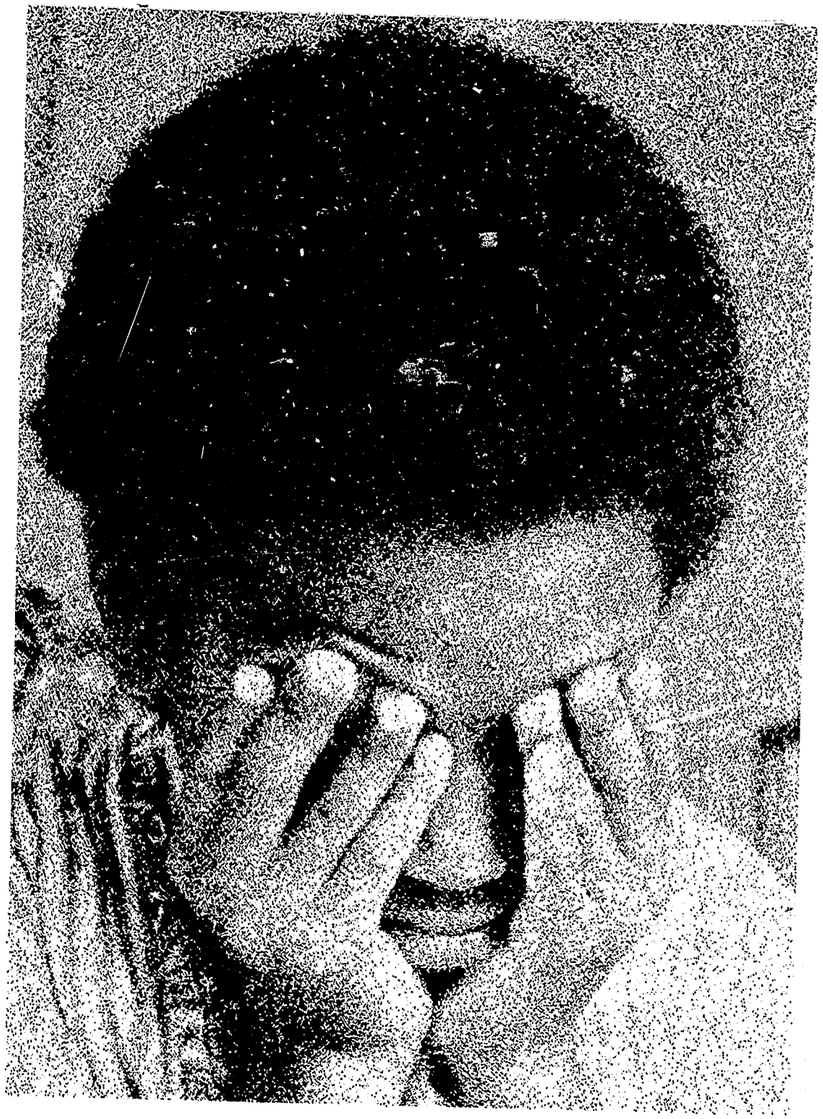

Unit 1: INTRODUCTION: UNDERSTANDING CHILD ABUSE AND NEGLECT

CHILD ABUSE AND NEGLECT: AN AMERICAN CONCERN

INTRODUCTION

It is frequently remarked that America is a youth-oriented culture. While this is true in many ways—from clothing styles to choice of foods—the fact remains that in another way Americans do not really care very much for children. One evidence of this is the size of the problem of child abuse and neglect in the United States.

Although children have always been abused and neglected, until recently the problem was considered only in terms of individual cases—people knew "that fellow down the block is pretty hard on his kids," without realizing "that fellow" had thousands of companions. Not until the definition of the "battered child syndrome" in 1962 was significant public and professional attention focused on the problem that ranks as one of the greatest risks to the health of our nation's children.

Since then, hundreds of thousands of cases have been opened to child protective intervention, and hundreds of studies on various aspects of the problem have been conducted. Nevertheless, child abuse and neglect remain issues difficult to define, to assess, and extremely challenging to deal with. The goal of this resource paper is to discuss the concepts which have shown validity in providing a framework for understanding child abuse and neglect. While by no means exhaustive, the information in this paper is valuable background for discussion of the topics in the filmstrip, *Child Abuse and Neglect: An American Concern,* among the participants in the training program.

THE NEEDS OF CHILDREN

As stated above, child abuse and neglect are very difficult to define; variables which contribute to this difficulty will be discussed below. It is possible at once, however, to list the fundamental things which children need in order to live and grow, both physically and emotionally.

First is the need for a healthy fetal environment. This means the absence of dangerous drugs and diseases and the presence of adequate nourishment in the mother's body. There are also some indications, as yet tentative, that how the mother feels about herself, her unborn child and her family may also contribute to the quality of the fetal environment. After birth, and throughout life, the child has basic physical needs for adequate food, shelter and rest. In addition to basic physical needs, the child, especially the newborn, has basic emotional needs, which include the needs to give and receive affection, and to be touched in a nurturing way. Touching is particularly important for the young child, who cannot communicate verbally and experiences his/her parent's love through holding, fondling, and caressing. While it is not necessary for nurturing to be provided solely by the mother, the child must be encouraged to develop an emotional attachment to some caring person. Affection and nurturance are as essential to the infant as food and shelter. If deprived of them completely, the infant moves rapidly towards death. If they are present, but inadequate or inappropriate, the infant will develop abnormally.

As children develop, they need to be stimulated, both sensorily and cognitively, and to have opportunities to gain mastery over both their own bodies and their immediate environments. In doing this, children begin to develop a sense of "self" as unique beings separate from (although still dependent on) their parents, and to develop problem-solving abilities which permit functioning in the world.

The ability to display mastery has an effect on children's developing self-esteem, which comprises not only children's respect for themselves, but also the ability to accept the respect and love of others. Children's self-esteem is affected by the quality of interactions with their families and significant others. Children whose needs to develop self-esteem have never been met have a good chance of becoming immature, irresponsible adults.

Children also have a need for moral guidance—specifically, for socialization into the types of behaviors appropriate within

their culture. A lack of moral guidance severely limits the quality of the human relationships of which children will be capable both as youngsters and in later life.

Finally, children have a need to feel safe and secure, to feel there is a measure of consistency in their lives which ensures that their basic needs will be met regularly and predictably. The concept of safety implies an absence of physical danger in a child's environment: no threat of attack, no dangerous animals, no hazardous conditions such as open fires or poisons. In addition, children need to feel secure in the love of their caretakers, and to feel in no danger of losing that love through accident or their own behavior.

Given these generally recognized needs of children, we are able to define "child maltreatment" as the omissions or commissions of parents or other caretakers which prevent these needs from being met and which prevent children from becoming productive, independent human beings with respect for themselves and for others. Specific definitions of child abuse and child neglect will be discussed below.

Obviously, the absence of basic physical requisites—food, shelter, rest—presents serious hazards to the physical health of children. The absence of basic emotional care can also be physically dangerous to children, as manifested in failure to thrive.

The absence of these elements of basic care can interfere with children's abilities to meet needs for cognitive and motor mastery, and self-esteem, since needs basic to physical survival always take precedence. In the same way, the need for safety, possibly expressed in a need not to be battered, takes precedence over other cognitive and emotional developmental needs.

DEFINITION OF CHILD ABUSE AND NEGLECT

While the needs of children can be largely agreed on, a specific definition of child abuse and neglect is harder to derive. Part of this difficulty comes from the fact that child abuse and neglect must be defined within the culture and value system of the community in which it takes place, and ideas about what is proper child-rearing practice vary widely. Many communities and social groups believe that a good parent is strict and makes liberal use of physical discipline, which will not harm children, and is, in fact, good for them. A person from such a community might consider vigorous beating of a child completely appropriate, and might even consider other parents who refrain from such behavior to be guilty of neglecting their children's moral development.

Even within one community, there may be problems in definition. Everyone might agree that physical discipline that results in broken bones is abuse, and failure to feed an infant is neglect, while discipline by reinforcement of positive behavior is characteristic of good parenting. Between these extremes, however, there exists a wide "gray" area in which it is less easy to classify parental behavior. It is within this gray area that definition is at once most necessary and most difficult.

In light of these considerations, one might propose a conceptual definition of child abuse and neglect as a form of parenting which lies towards the end of a continuum stretching from positive and socially acceptable parenting at one end, to negative and unacceptable parenting at the other. Everyone's value system contains such a continuum, and it is a function of one's cultural background, professional role and personal values where a particular action or pattern of interaction is placed. Thus a social worker who believes that all children should be given the opportunity to become self-actualizing might draw the line between acceptable and unacceptable parenting quite deeply into the gray area, while a judge who believes in minimal interference of the State into family life might require proof of considerable measurable harm to a child before he or she would be willing to say that the child was abused or neglected.

One final variable that enters into the definition is *time.* The definition may change depending on whether the deviant parenting is seen as episodic or chronic. In either case, it is important to remember that any assessment captures the caretaker at one point in time, and does not reflect the myriad of changes that may take place in the family in the space of a year, a month, or even a few days.

In terms of the actual behaviors defined under the heading of child abuse and neglect, *abuse,* be it physical, sexual, or emotional, is an *active* form of conduct whereby the child is injured by the actions—intentionally or not—of the caretaker; *neglect,* which might be physical, emotional, or the result of lack of supervision or abandonment, is a form of passive conduct whereby the child suffers due to the omissions of the

caretaker. Much of the discussion which follows makes the assumption that the basic dynamics of child abuse and child neglect are the same; it is the manifestations which differ.

Emotional abuse and neglect present a particularly difficult definitional problem. Some parenting practices performed in ignorance but in good faith may have emotionally abusive effects. Should the definition therefore be based on parental intent to injure the child, or on the observation of actual injury? It seems necessary to provide a two-level definition, the lower allowing identification and intervention with the offer of services, and the higher serving, if necessary, to force parents to accept help or face the termination of parental rights in cases of severe present or inevitable emotional damage to the child.

In spite of these problems, all States have enacted legislation defining child abuse and neglect and providing for intervention when it is discovered. While the definitions used in these State laws vary, often falling short of useful operational definitions, their significance is great. While various observed or inferred behaviors may be used as the basis for initiating contact with the alleged abusive or neglectful family, the legal definitions provide the mandate for enforcing society's standards of child care on parents and caretakers.

Most definitions of child abuse and neglect focus on children whose "physical or mental health or welfare is harmed or threatened with harm by the acts or omissions" of their parents or other persons responsible for their welfare. (Draft Model Child Protection Act)

INCIDENCE

Given the above-mentioned problems associated with defining child abuse and neglect, it is obvious that reports of incidence from different States will vary widely. Since States also differ in their reporting practices (e.g., lumping abuse and neglect together versus counting each separately) and many cases of child abuse and neglect are never reported, either because they never come to anyone's attention or because the professional who does become involved neglects to report the case to the mandated agency, attempts to compile these reports on a national basis necessarily yield estimates rather than hard data.

One of the most detailed of recent studies was conducted by the Children's Division of the American Humane Association, which analyzed a sample of 100,000 reports of abuse and neglect. Their findings showed, among other things, that boys are abused about as often as girls, that women were responsible for the maltreatment in 60 percent of the cases, and that although child abuse and neglect is known to exist in all racial and ethnic groups and all levels of society, lower income families, which are more visible to reporting agencies, are overrepresented in the reports. The AHA also found that while child abuse and neglect affects children of all ages, fully half of the reports concern children under age six. This is particularly significant since the physical consequences of abuse and neglect are more crucial for younger children: Nearly 60 percent of fatalities reported in the study were of children under age two.

Estimates of the total number of abused and neglected children in the United States per year vary widely. Published estimates have ranged from a low of 41,000 cases of abuse (plus six times that number of cases of neglect) to a high of 4.07 million. It should be noted that the low estimates tend to be based on reports, or substantiated reports; when one considers how many cases may go unreported for each one that comes to the attention of the authorities, it becomes clear that the minimum estimates are far below reality.

After careful study of a number of surveys, the National Center on Child Abuse and Neglect has concluded that the figures of 200,000 cases of physical abuse and 800,000 cases of neglect represent a conservative middle ground estimate. To this must be added an estimated 60,000 cases of sexual abuse and molestation, and an unestimated number of cases of emotional abuse and neglect. Also unestimated but of great concern is the number of children—boys and girls—whose youth, attractiveness, and innocence are exploited in the child pornography market, and the probably very large number who are economically exploited for commercial interests, in violation of child labor statutes and the best interests of children's physical and mental health. This totals more than a million maltreated children, of whom perhaps 2,000 or more will die each year as a result of their caretakers' abuse or neglect.

It should be noted that most of the surveys from which these figures were de-

rived were concerned with child abuse and neglect occurring in the home setting, and thus do not begin to consider the incidence of institutional abuse and neglect which is perpetrated against children who are cared for in residential settings, such as group homes and residential treatment centers.

THE PSYCHOSOCIAL ECOLOGY OF CHILD ABUSE AND NEGLECT

Understanding is the first step towards helping, so it is important for professionals and laypersons alike to have some idea of the reasons for the occurrence of child abuse and neglect in families. There are several points of view on why child abuse and neglect happens. These include: psychopathology of the parent, family system dysfunction, the idea that violence—in or out of the family—is "as American as apple pie," and the effects of such social problems as poverty, poor housing and racism. As might be expected, the first reason is generally espoused by psychiatrists, the second by family therapists, and the last two by people active in social policy analysis. One's point of view, past experience, and professional training tend to influence the type of data one collects, and thus the "cause" which one's research discovers.

What emerges from this multiplicity of views is the fact that child abuse and neglect are multi-dimensional behaviors and several factors impinge upon the disturbed parent-child situation. We can avail ourselves of a variety of intervention approaches, so as to refine help efforts to meet the unique needs of the individual family.

Recognizing the existence of multiple, interacting "causes", we will avoid the idea of causation altogether, since it is clear that many families have what might be termed "causes" leading to child abuse and neglect but are still strong and loving. It seems more appropriate to discuss the total psychosocial ecology of the family, i.e., the personal, immediate environmental, social, and cultural backgrounds which influence the interaction of family members with one another.

This approach rejects a narrow examination of one person's behavior—the caretaker's—in favor of a consideration of the interactions within the family system. Although abuse and neglect is sometimes perpetrated on infants even before interactions can begin, researchers in child development and family dynamics are recognizing more and more the reciprocal nature of the parent-child relationship; often children are not passive receivers, but also, by their behavior and attributes, influence the behavior of their caretakers.

The variety of factors which influence total family interaction might be divided into those internal to the family and its members and those acting on the family from outside. One of the most often (though not necessarily best) researched of the internal factors is the psychological profile of the abusive parent. While there is little evidence to suggest that abusive parents are psychotic (current estimates are that perhaps 10 percent may be) or are accurately described by traditional categories of behaviors, certain characteristics are common: emotional immaturity, low frustration tolerance leading to aggression, and rigid thought and behavior patterns.

Other characteristics of parents which might predispose them to abuse and neglect are poor physical health, low intelligence, and negative past family life histories. A majority of identified child abusers relate a history of emotional deprivation as children. This finding may be looked at in several ways. Psychodynamically, it is possible that their treatment as children left them with deep psychic scars and unconscious conflicts, which are acted out against their children, who take on unconscious symbolic significance. Behaviorally, these parents have had no experience with positive parenting enabling them to learn its performance. They may believe, in fact, that what others consider physical or emotional abuse or neglect is a good system of parenting. From the standpoint of need fulfillment, these parents rarely, if ever, experienced a time when they were loved and nurtured; in effect, they may have been robbed of their childhoods, and as adults may be demanding the unconditional love and acceptance from their children that they never received from their own parents. These perspectives should be seen as complementary, not conflicting.

Children are also recognized as active agents in the family. In spite of our cultural myths, no child is sweet, innocent and pleasant to be around all of the time, and some rarely are satisfying companions. Children with congenital or acquired physical or behavioral traits which make them different or especially difficult to care for are at risk. A child who rejects attempts to provide nurturance (e.g., in cases of physical problems like colic) may be assaulting a parent's already shaky self-concept. Such a parent in such a circumstance may retaliate with maltreatment.

It is also possible for the family to be perfectly healthy as individuals but to interact in a dysfunctional way. The dysfunction may be between parent and child, or between the adult partners, in which case the child may be injured accidentally or purposefully because of resemblance to or association with one of the partners. Increasing attention is being paid to this concept of the family as an interacting system in which all members have effects on each other.

In addition to the physical and mental attributes of the family members, each person's set of values, beliefs, and assumptions also influences his or her interactions with others. Beliefs about the value of children, the age at which certain behaviors can realistically be expected, and ideas about dealing with frustration can determine whether a given interaction ends in rational problem-solving or physical assault.

Environmental factors act on the family at two levels: first and most immediate, the family's specific life situation in terms of its financial status, housing, employment picture, social integration, family relationships, and general stress level; and second, the general community welfare, including both cultural values and assumptions and social institutions.

Financial pressure on the family can be a stress leading to child abuse and neglect, but since maltreatment appears at all income levels and is not ubiquitous among the poor, it would be inaccurate to state that poverty "causes" child abuse and/or neglect.

Unemployment also correlates highly with child abuse and neglect. There is also some indication that unemployment affects child abuse by eroding the self-concept, especially for men, whose social role is viewed by many as material provider for the family by working.

Abusive and neglecting families have also been found to be isolated from other families and from their own extended families. This isolation may be a function of lack of such resources as a car, a telephone, or of geographic isolation—simply living "way out in the country." However, the parents may find themselves isolated in the middle of a crowded urban neighborhood because of their own or their neighbor's personalities. They might even be shunned because of the way they treat their children.

A final aspect of the environment is the occurrence of significant changes in the family's life situation, such as death, getting or losing a job, or moving. The cumulative effect can be an erosion of the strength of the family by robbing family members of needed consistency and stability. Conflict, resulting in abuse and neglect, may follow.

In addition to the internal and immediate environmental influences on the family, the community's values and beliefs about children and parents have an effect on how parents see themselves and their children. In most cases these beliefs are so ingrained that they are never examined or questioned, merely accepted. Some of these assumptions that create hazardous conditions for children are those which state that parents own children as chattel and therefore may do anything they want with them, that adults should rule and children must instantly do what is expected of them (even if it is not stated overtly), and that children need physical punishment to develop "discipline" and respect for authority. Common expressions that exemplify these beliefs are: "You can't tell me how to raise my child"; "When I say 'jump', my kids say 'How high?' on the way up"; and "Spare the rod and spoil the child."

The community, especially the media, creates expectations of what children "should" be like. If children conform to these expectations, there may be no problem, but if not, they are at a risk as "bad kids." Some of these expectations and images are physical, such as the familiar baby in the babyfood advertisements who is always smiling and gurgling pleasantly, never squalling or spitting up, never dirty or disagreeable. Others are more behavioral, such as the belief that children exist to gratify their parents, should react appropriately to nurturance, and should develop in ways parents approve.

Children who fail to live up to these expectations—unrealistic or not—may be seen by their parents as "strange," "difficult," "problems," or simply as "rotten kids." This sort of judgment has the effect of not only straining relations between child and parent but of also providing a rationalization for abuse or neglect. For example, the parents might see the child as impossible to care for and therefore deserving severe neglect. Or a particularly rigid parent might see evidences of "evil" in the child

that seem to call for extreme levels of punishment, in the name of the child's own good.

Community values and expectations also fall on the parents. As mentioned above, the male who cannot provide for his family is often under stress from role failure, but a woman may also experience dissonance from her role as mother. Although "motherhood" is supposed to be noble, the prevalence of such statements as "She doesn't work," "She's only a housewife," and "She's tied to the kids all day" belie the community's view of a woman who spends all or most of her time caring for her own children. Her realization that what she does—perhaps all she knows how to do—commands so little respect from the community can certainly affect her valuation of herself and her children.

The mass media are particularly able to establish community norms and expectations. As mentioned above, media images of children are overwhelmingly positive and pleasant, which may be a stark contrast to the realities which face parents. Parental uneasiness may be increased by media representations of themselves—pleasant, all-knowing people who rarely, if ever, need to resort to raising their voices at their children, let alone striking them. When at-risk parents—or even normal parents—compare their own behavior to that of these one-dimensional stereotypes, they are almost certain to seem inferior and "bad parents," thus adding one more stress to those they already bear.

The media also play a great part in perpetuating our society's acceptance of violence. Violence is seen as a viable means for removing an obstacle or competitor and for ensuring that one gets one's way. Americans begin their immersion in violence at an early age, with exposure to television, films, and contact sports. The nightly news delivers a heavy dose of crimes against persons, of wars, and of atrocious killings in the name of various causes.

Violence towards children, however, is not a recent development blamable on television violence. Historical records make it clear that as long as adults have cared for children some have mistreated their offspring. Corporal punishment is a tradition, sanctioned by history, personal experience, and even religion: "Foolishness is bound up in the heart of a child; but the rod of correction shall drive it far from him" (Proverbs 22:15); "Withhold not correction from the child; for if thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod, and it shall deliver his soul from hell" (Proverbs 23:13–14).

The final influences on the family unit to be discussed here are social factors—resulting from major social movements or trends—and social institutions—formal, established systems that exist within society.

Three social trends in particular have changed the nature of American family life over the past few generations. These are a shift from rural to urban or suburban places of residence, a shift in family patterns from the extended multi-generation family to the two-generation nuclear family, and a shift in employment patterns from the husband being the sole material provider for the family to a situation with two spouses in paid employment, with children cared for mainly by non-family members.

These changes, in combination with others, have had the effect of isolating the family and depriving it of its past sources of support, as well as placing a new set of stresses on the parents. As opportunities to learn about parenting are severely restricted for many young Americans, they may enter into their own role as parents completely unprepared by their family experience.

The social institutions of a community exert an enormous force on families. A few of these institutions are: the business/commercial system, the religious system, the media, the medical care system (including both public and private caregivers and facilities), the education system, the social welfare system, the social control system (police and courts), and the local/State/Federal governmental triad. Although their effects vary depending on their purpose and on the individual, these systems have an impact on all segments of society.

In addition to the general social institutions which exist in the community and which affect all members of the community, there exists in most areas a set of problem-oriented institutions. These differ from the former in that they generally make contact only with people who are experiencing specific kinds of problems and cease to have direct effects on their lives once the problem has been resolved. Examples of these types of systems include mental health services, child protective services, employment assistance, drug and alcohol rehabilitation, special education, and various types of crisis intervention care.

The purpose of social institutions is to ensure the smooth functioning of the community. Unfortunately, they may have negative as well as positive effects on the functioning of families. Religious institutions, for example, usually serve to strengthen families by teaching values of love and tolerance and by providing support in times of personal and family crisis. An excessively rigid and literal religiosity which encourages the ideas expressed in Proverbs 22–23 (above), however, poses a threat to the safety of children in the family.

The medical care delivery system also has the potential for positive or negative effects. It has the ability to help families not only in terms of its modern techniques of medical intervention, but with the provision of concerned, caring and skillful emotional support. The medical community's tendency toward medical intervention, however, can lead to unnecessary interference, for example in otherwise normal childbirth, to the extent that the bonding process between parents and child—so important for the development of love and nurturing behavior—is sometimes severely disrupted. (The popularization of family-centered maternity care is, fortunately, making some changes in this situation.)

Problem-oriented institutions have a particularly high potential for both positive and negative effects on a family. One important reason for this is their frequent contact with the family when it is in crisis and highly vulnerable to outside effects. Three issues are relevant to this discussion.

First is the question of labelling, and its effect on both clients and the professionals working with them. The diagnosis of "abusive parent" or "psychopathic personality" carries with it not only useful information but also a great deal of emotional weight. To the parent, such a label may be the final, crushing blow to a self-concept which was never very strong and has had to deal with stresses of unemployment, marital strife, and the challenges of child-rearing. For the professional, it may set up a view of the client which is based on the professional's ideas, fears, and biases, not the reality of the person before him or her.

A second issue is the question of clients' self-worth and human dignity and whether or not these are respected by agency procedures and requirements. Can clients ask for help in a dignified, adult way, or are they made to feel inferior by endless retellings of their stories and uninviting or inaccessible physical facilities?

Finally, there is the issue of quality of services. The at-risk parent's hunger for love and nurturance must be dealt with by trained personnel in the proper way, or there is a risk of doing more harm than good.

A few aspects of problem-oriented institutions do cause problems of their own. Abuse and neglect of children by individual caretakers exist in schools, foster homes, residential care facilities, and day care centers. The dynamics are similar to those of the basic parent-child-situation configuration which exists in the family. This phenomenon is perhaps exacerbated by the lack of affectional ties between the caretaker and the child. An agency's policies on the nurturance, stimulation, and discipline of the children in its care, may also be implicated as abusive or neglectful.

PREVENTION

Once the scope of the problem of child abuse and neglect has been recognized, what is an appropriate community response? The obvious general goal is to prevent the maltreatment of children. Prevention may be approached at various levels, each with a specific target and specific methods.

At the most basic level, referred to as tertiary prevention, (or "treatment") the goal is to disrupt an ongoing pattern of abusive or neglectful behavior and to provide assistance or treatment so that it does not recur. The next level, secondary prevention, seeks to avert abuse and neglect within a family that has been defined as high-risk by behavioral or demographic indicators but in which there has not been any overt maltreatment. Primary prevention, the highest level, is geared towards making our society a more supportive place to raise children, and applies not merely to high-risk families but to all adults who care for children.

In terms of actual intervention, the approaches for secondary and tertiary prevention are often the same. As mentioned earlier, the specific approaches vary with the orientations of helping professionals' views of the dynamics of the problem.

One widely-used modality is individual psychotherapy for one or both parents. Less often, the child also receives remedial services. The working assumption is that the maltreatment is in part due to intrapsychic conflicts within the parent which are acted

out against the child, or which predispose the parent to resolve parent-child conflicts through violence.

Another approach assumes that the problem is a deficit in parenting skills and responses, and seeks to remedy this deficit through the use of behavior modification methods and educational techniques. Support for this method comes from observations that abusive and neglectful parents were often mistreated themselves as children and therefore have learned inappropriate parenting skills and never been exposed to models of appropriate nurturance. In addition to changing the dysfunctional behavior of the parent, behavioral intervention can also help the parent to learn alternative techniques for influencing the behavior of the child without resorting to violence.

A third treatment modality, family therapy, makes the assumption that the problems lie not within the parent or the child, but in mutual interaction within the family system. Working with the family as a group, the family therapist recognizes that the behavior of individual members of the family affects the functioning of the family as a whole. This is not a modality generally used with a family with small children.

Two other modes of intervention proceed from different bases. In the first, the role of the helping professional is to strengthen the family's ties to the community. These might be with problem-oriented institutions in the community—such as homemaker services, employment assistance, rehabilitation, welfare agencies—for concrete resources of their own. An excellent example of this, now no longer informal, is Parents Anonymous, whose members provide support for each other in times of stress. Or the linkage might be to comprehensive services from the community, which include medical care through hospitals or public health clinics, day care, crisis intervention services, and various kinds of supportive services within and outside the home.

A final modality of individual treatment works from the dual observations that abusive and neglecting parents often experienced significant emotional and/or physical maltreatment themselves as children and tend to be isolated and friendless as adults. The assumption is that deprivation of nurturance caused these parents to "miss" their own childhoods, leading them to expect their children to give them the unconditional affection they never received and rendering them incapable of creating friendships with other adults. The helping persons, often volunteers, play dual roles by serving as friends to the parents and "reparenting" and resocializing them into appropriate roles.

In most communities, the main responsibility for the coordination, if not the provision, of secondary and tertiary prevention services rests with the child protective service (CPS) agency. This is often a part of the State department of public welfare/social services/human resources. CPS has a legal mandate to accept referrals of suspected abuse or neglect, to initiate investigations, and to determine whether reports are founded. If a report is substantiated, depending on the circumstances discovered, CPS is also mandated to provide appropriate services or to initiate the court proceedings for removal, according to agency determination of the best interests for the health and safety of the child.

The aspect of CPS that distinguishes it from most other social services is its involuntary nature; that is, parents do not have the right to reject intervention. For many, this results in a perceived conflict between the rights of the parents and rights of the child. Our society has determined, however, that the right of the child to live in health and safety is important enough to justify legal intervention into the home. This does not mean, however, that the majority of parents must be coerced into accepting help; many, if not most, parents are so uncomfortable with the degree of discord within their families that they welcome the offer of assistance in order to change.

CPS is often in many ways more a coordinator than a provider of services. To begin with, the decision to remove a child against parental wishes can never be made by CPS, but only the court, with legal representation provided to both child and parents. The only exception to this is in emergency cases, and even then the court must review the case as soon as possible. Also, because of the crisis orientation of much of the work of CPS, the agency is in need of a variety of kinds of supports. CPS workers are generally best qualified to carry out the initial parts of the intervention—investigation, determination, and referral—and to supervise the change process, often as ordered by the Court. If therapy is indicated, it is often provided by other agencies, such as public

health services and private medical and psychological practitioners, community mental health centers, and other social service providers. In addition to these supports, CPS staff need a group that will advocate for them with local decision makers and share with them the tough decisions relating to the maintenance or dissolution of families. In many communities these functions are carried out by a child abuse and neglect advisory board or task force and a treatment team, or one group may take on both responsibilities.

Thus, secondary and tertiary prevention try to strengthen individuals and families by working with them directly. Primary prevention, on the other hand, has as its chief goal the reorienting and sometimes restructuring of society and its institutions to make it more supportive to families. One aspect of this is the eradication of poverty and racism. It is, of course, naive to expect that poverty and racism will be defeated in the near future. It is equally naive to expect that even if they were removed, child abuse and neglect would vanish, since we know that it exists at all income levels and among all ethnic groups, and that some individuals who are hit hardest by the effects of poverty are still excellent parents. In spite of this, efforts to reduce the effects of poverty and racism on individuals and families—perhaps through public assistance programs and civil rights legislation—have great potential for alleviating some of the major stresses on parents.

There is a need to explore and define the basic needs of families so as to encourage the adoption of appropriate social policies in the full range of social institutions. A tentative and by no means exhaustive list of these might include encouraging the business community to provide for full and satisfying employment, demanding the media present realistic expectations for children and parents, devoting more attention to education for parenthood, asking the medical establishment to move towards family-oriented and self-sufficient health care, especially during the perinatal and early childhood periods, and orienting the social welfare delivery system toward the adoption of policies which promote family unity and achievement, not dissolution and apathy.

There is a law requiring an environmental impact statement before major Federally funded building projects can begin. We have yet to implement a family impact statement before we enact policies that have a bearing on the welfare of families. The Environmental Protection Agency protects our trees; where is the Family Protection Agency to play a similar role for our children and their families?

RESOURCE ENHANCEMENT

Resource enhancement refers to activities designed to strengthen and support the efforts of organizations in serving families.

Activities to enhance resources for preventing and treating child abuse and neglect may take several forms. One of these is the creation and demonstration of new knowledge. Research is ongoing, but there is still much that we do not know, including what types of intervention techniques work best with particular types of clients and client problems. Thus demonstration projects are funded to apply new directions and techniques to specific clients.

A second step in this process is bringing the knowledge to the people who will use it. This is accomplished through training, technical assistance, publications, and consultation. It is often not enough, however, to provide a service agency with information; attitudes of the professionals in the agency or attitudes within the community may need to be dealt with before a change can be made.

Another aspect of resource enhancement is the creation of an atmosphere conducive to interdisciplinary and interagency cooperation. Although few would take issue with a view of child abuse and/or neglect as a multidimensional community problem, it is often necessary for an outside group to lend its specialized talents and techniques for the purposes of establishing coordination and cooperation.

One of the most important tasks in resource enhancement is creation and maintenance of a high level of public and professional awareness of the scope and severity of the problem. It is only through such awareness that professionals will devote their time and energies to dealing with the problem, and the community will underwrite such efforts.

Key targets for awareness efforts are social planners and legislators at both the local and national levels. Making them aware of the problem and the means needed to deal with it helps to ensure the allocation of resources to this area. This is the point

where awareness becomes advocacy. It is advocacy for an interest group, but one to which almost everyone belongs—the American family.

DEFINING CHILD ABUSE AND NEGLECT

WHY WE NEED A DEFINITION

The words "child abuse" and "child neglect" mean different things to different people. It is important that we have a widely accepted definition of these terms because they describe the situations in which society should and must intervene, possibly against parental wishes, to protect a child's health or welfare. But defining these terms raises the most controversial issues in child abuse and neglect work because they determine the conditions which constitute reportable circumstances and they establish when society, child protective service, and possibly the courts, can intervene into family life.

Definitions of child abuse and neglect seem to many to be both too broad and too narrow. It is difficult to draft legislation which is specific enough to prevent improper application and yet broad enough to cover situations of harm to a child necessitating societal intervention.

For example, while there is broad agreement that the following definition of child abuse and neglect by Professor David Gil describes the concerns most Americans would have for the welfare of children, most would also agree that it would be unacceptably broad and ambiguous for a reporting law, a juvenile court act, or for criminal prosecution purposes.

> [Child Abuse and Neglect is] any act of commission or ommission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction which deprives children of equal rights and liberty and/or interferes with their optimal development. (David Gil, *Violence Against Children,* Harvard University Press, 1973.)

As a result, there are many different approaches to defining "child abuse" and "child neglect." One approach is found in the Model Child Protection Services Act:

EXCERPT FROM THE DRAFT MODEL CHILD PROTECTIVE SERVICES ACT

Section 4. Definitions

When used in this Act and unless the specific context indicates otherwise:

(a) "Child" means a person under the age of 18.

(b) An "abused or neglected child" means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare.

(c) "Harm" to a child's health or welfare can occur when the parent or other person responsible for his welfare:

(i) Inflicts, or allows to be inflicted, upon the child, physical or mental injury, including injuries sustained as a result of excessive corporal punishment; or

(ii) Commits, or allows to be committed, against the child, a sexual offense, as defined by State law; or

(iii) Fails to supply the child with adequate food, clothing, shelter, education (as defined by State law), or health care, though financially able to do so or offered financial or other reasonable means to do so; for the purposes of this Act "adequate health care" includes any medical or non-medical health care permitted or authorized under State law; or

(iv) Abandons the child, as defined by State law; or

(v) Fails to provide the child with adequate care, supervision, or guardianship by specific acts or omissions of a similarly serious nature requiring the intervention of the child protective service or a court.

(d) "Threatened harm" means a substantial risk of harm.

(e) "A person responsible for a child's welfare" includes the child's parent; guardian; foster parent; an employee of a public or private residential home, in-

stitution or agency; or other person responsible for the child's welfare.

(f) "Physical injury" means death, disfigurement, or the impairment of any bodily organ.

(g) "Mental injury" means an injury tc the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his ability to function within a normal range of performance and behavior, with due regard to his culture.

THE VARIOUS DEFINITIONS OF CHILD ABUSE AND NEGLECT

In our State and community, there are many different definitions of child abuse and neglect; some are found in laws, some are found in procedures and some are found in the informal practices of those agencies assigned to implement laws concerning child abuse and neglect.

Criminal Law Definition:

In our State, those forms of child abuse and neglect that are criminally punishable are defined by the penal law as follows:

_____

_____

_____

_____

Juvenile Court Act:

In our State, the juvenile court is authorized to provide protective services and remove children from their parents under the following definition of child abuse and neglect:

_____

_____

_____

Reporting Law Definition:

In our State, we have a reporting law that requires some persons and permits others to report known and suspected child abuse and neglect. Such a report activates the child protective process which can result in either juvenile court or criminal court action. The definition of child abuse and neglect. found in our reporting law is:

_____

_____

_____

_____

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_____

If the above cited definitions are identical, the trainer should note this fact and emphasize the important responsibility placed on those involved in child protective decision-making, physicians, nurses, educators and especially police and child protective personnel, in making the kinds of informal decisions about which track—criminal, child protective or juvenile—that a case should take.

If the definitions differ, the trainer should note this fact and point out how they differ. Most likely, the criminal law definition will focus on specific acts of the parents in such a way as to isolate criminal intent as a reason for prosecution. Most likely, the juvenile court definition will focus on harm to the child as a justification for taking protective steps in relation to that child. Finally, the reporting act will probably describe apparent situations which give rise to sufficient cause for concern ("reasonable cause to believe") to require the investigation of the home situation and the danger to the child by some appropriate investigative agency (generally a child protective service agency of the local department of social services, or the juvenile division of the police department.)

_____

Agencies dealing with child abuse and neglect need definitions that assist them in performing their responsibilities. To guide these professional staff, definitions need to be functional rather than legalistic. Hospitals need definitions for purposes of referring certain types of cases to the "child abuse team" or to the hospital social services department. Medical definitions tend to stress serious injury, which physicians can detect during an examination of a child. Social work definitions focus on serious problems of family dysfunction. For example, they frequently identify physical abuse as any nonaccidental injury in order to intervene rapidly and prevent serious harm to the child. They believe that abuse, regardless of its degree of severity, is part of the parent-child relationship and should be attended to, the earlier the better. Because intervention by a social work agency is often voluntary (with the family's consent), a social work definition of abuse or neglect may not describe either an act of omission of a parent or harm to a child as specifically as a legal definition must.

The definition(s) of child abuse and neglect found in our agency's (or agencies') regulations is/are:

_____

_____

_____

Unit 2: IDENTIFYING THE PHYSICALLY ABUSED CHILD

PHYSICAL INDICATORS OF ABUSE

A. Bruises and welts that may be indicators of physical abuse:

1. Bruises on any infant, especially facial bruises.
2. Bruises on the posterior side of a child's body.
3. Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
4. Clustered bruises indicating repeated contact with a hand or instrument.
5. Bruises in various stages of healing.

B. Burns that may indicate abuse:

1. Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
2. Cigarette burns.
3. Rope burns that indicate confinement.
4. Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

C. Lacerations and abrasions that may indicate abuse:

1. Lacerations of the lip, eye, or any portion of an infant's face (e.g., tears in the gum tissue which may have been caused by force feeding).
2. Any laceration or abrasion to external genitalia.

D. Skeletal injuries that may indicate abuse:

1. Metaphyseal or corner fractures of long bones—a kind of splintering at the end of the bone (these are caused by twisting or pulling).
2. Epiphyseal separation—a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
3. Periosteal elevation—a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
4. Spiral fractures—fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

E. Head injuries:

1. Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
2. Subdural hematomas—hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
3. Retinal hemorrhages or detachments (due to shaking).
4. Jaw and nasal fractures.

F. Internal injuries:

1. Duodenal or jejunal hematomas—blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).
2. Rupture of the inferior vena cava—the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).
3. Peritonitus—inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

G. Injuries considered to be indicators of abuse should be considered in light of:

1. Inconsistent medical history.
2. The developmental abilities of a child to injure itself.
3. Other possible indicators of abuse.

H. Questions to ask in identifying indicators of abuse:

1. Are bruises bilateral or are they found on only one surface (plane) of the body?
2. Are bruises extensive—do they cover a large area of the body?
3. Are there bruises of different ages—did various injuries occur at different times?
4. Are there patterns caused by a particular instrument (e.g., a belt buckle, a wire, a straight edge, coat hanger, etc.)?
5. Are injuries inconsistent with the explanation offered?
6. Are injuries inconsistent with the child's age?
7. Are the patterns of the injuries consistent with abuse (e.g., the shattered egg-shell pattern of skull fractures commonly found in children who have been thrown against a wall)?
8. Are the patterns of the burns consistent with forced immersion in a hot liquid (e.g., is there a distinct boundary line where the burn stops—a "stocking burn," for example, or a "doughnut" pattern caused by forcibly holding a child's buttocks down in a tub of hot liquid)?
9. Are the patterns consistent with a spattering by hot liquids?
10. Are the patterns of the burns consistent with the explanation offered?
11. Are there distinct patterns caused by a particular kind of implement (e.g., an electric iron, the grate of an electric heater, etc.) or instrument (e.g., circular cigarette burns, etc.)?

BEHAVIORAL INDICATORS OF ABUSED CHILDREN

Children who are abused physically or emotionally display certain types of behavior. Many of these are common to all children at one time or another, but when they are present in sufficient number and strength to characterize a child's overall manner, they may indicate abuse. More than simple reactions to abuse itself, these behaviors reflect the child's response to the dynamics of the family and especially to disturbed parent-child interactions. They are mechanisms for survival in a world where children are either unable to fulfill certain basic needs at all, or can fulfill them only by denying, suppressing or exaggerating important parts of themselves. Frequently learned in infancy, these behaviors become a child's "mode of operation" used to cope with the world at large. The behaviors which characterize abused children fall into four categories:

1. **Overly complaint, passive, undemanding behaviors aimed at maintaining a low profile, avoiding any possible confrontation with a parent which could lead to abuse.** The child has adapted to the abusive situation by trying to avoid any behavior which the abusive parent notices at all.
2. **Extremely aggressive, demanding and rageful behaviors, sometimes hyperactive, caused by the child's repeated frustrations at getting basic needs met.** In effect, the child has also adapted, by seeking to provoke the needed attention with whatever behavior it takes to get that attention.
3. **Role-reversal behavior or extremely dependent behavior in response to parental emotional and even physical needs.** Abusive parents have been unable to satisfy certain of their own needs appropriately and so turn to their children for fulfillment. Their failure can produce two opposite sets of behavior in their children. If a *parent* needs parental attention, the child may be expected to assume this task, and become inappropriately adult and responsible. Other parents, with a need to keep their child dependent, will produce clinging, babyish behavior in the child long after a child in a healthy family would have become more self-reliant.
4. **Lags in development.** Children who are forced to siphon off energy normally channeled towards growth into protecting themselves from abusive parents may fall behind the norm for their age in toilet training, motor skills, socialization and language development. Developmental lags may also be the result of central nervous system *damage* caused by physical abuse, medical or nutritional neglect or inadequate stimulation. There may, of course, be organic or congenital causes for such lags in development.

Some abused children live in an uncertain environment where requirements for behavior are inconsistent and unclear. In some families, abuse is frequent and severe enough to be emotionally and physically harmful but insufficient to threaten physical survival. Frequently, discipline is meted out abitrarily in response to the parent's needs and feelings at the moment, rather than to punish a child for transgressing clear limits. Children may receive some love, affection and security from their parents but are also often frustrated in attempts to fulfill their needs. This inconsistency creates anger and frustration in the child which is frequently expressed indirectly with the parents, or by explosions with others outside the home.

Other abused children learned to do what the abusive parent wants or expects. At the other end of the spectrum from overly aggressive children, some adapt quickly to others' expectations. Unlike children who act out their frustration and rage, these children may have learned not to expect anything in the way of love or support. Their best efforts are directed at avoiding conflict which, in the context of the abusive family, can be triggered by expressing almost any kind of personal need, curiosity, anger or playfulness.

BEHAVIORS OF ABUSED CHILDREN IN SELECTED SETTINGS

Because the dynamics of abusive families vary, along with the individual personalities of the parents and children, an abused child's behavior is often sporadic and unpredictable, and a list of behavioral indicators is useful only as a general guide. Often, behavioral indicators draw attention because of drastic changes in patterns of behavior over time. The degree of an abused child's dependence on adults illustrates the point. Abused children have many needs, but because they have few expectations that these needs will be met, often they will not express them. In a safe environment, however, where the child perceives that it is acceptable to express needs, efforts to always "do the right thing" will soon disappear and be replaced by what can seem to be insatiable demands. The following settings and situations permit observations of some behaviors that could indicate past abuse.

Temporary Substitute Care

Depending on the severity of past abuse and the degree of openness permitted in a hospital or foster home, the behavior of abused children may vary. Some may whimper for their parents, while others will respond to the presence of adults who can give them more complete and loving care. If the rules are strict, the passive abused child is likely to be fiercely compliant; if the rules are more relaxed, the child may eventually begin to express the various needs which had been bottled up at home.

With Strangers

Abused children who display more aggressive behavior are likely to be indiscriminately friendly, attaching themselves to any stranger in a search to find someone to fulfill their needs. On the other hand, abused children who tend to be passive in their response, tend to be inhibited, withdrawn and wary of contact with strangers.

Eating

If eating is a specific area of conflict between a child and an abusive parent, any specific departures from the "normal" method of eating for a child that age can indicate abuse. An 18-month-old baby who is inappropriately neat in eating habits may be responding to an abusive situation in the family; the four-year-old who is totally compliant in eating behavior rather than very controlling of the environment may also be abused.

Playing

Many abused children simply do not know how to play and find no enjoyment in other children or toys. The way children behave in play offers insights about their inner state. A five-year-old who cleans up after every other child in kindergarten likely has some severe restraints on him at home, which could include abuse. Furthermore, many abused children, conditioned to be extraordinarily aware of their parents and the danger they present, will tend to be unaware of other children, engaging in little socialization. (Some are also insufficiently able to protect themselves from dangers in the environment, since their parents are the overwhelming subject of their preoccupation.) Abused children may pick frequent fights with playmates or disrupt other children, since that is the behavior their parents apply to them, and such displaced retaliation against their peers seems safe in contrast to the threat of further abuse if their anger were displayed around adults.

Going Home

Normal children will not want to stop play to go home; they may express some "crankiness" on the way home, but will, in general, be happy to see their parents. Abused children may not want to go home, but may almost instantaneously agree to go home without protest and may not show much enthusiasm on seeing their parents.

PARENTS' AND CHILDREN'S BEHAVIOR

Dr. Harold Martin of the University of Colorado Medical Center has pointed out, "It is not uncommon for abusive parents to reinforce 'bad' behavior that they verbally complain about. If part of the dynamics of the family is that the parents see the child as an extension of the bad part of themselves or that they need to have a scapegoat in the family, they will resist the child's acting 'normal' or 'good.' We've seen this in treatment and intervention programs where the parents sabotage attempts to help the child change his behavior quite unwittingly. Although a parent complains of behavior 'X,' one sees him reinforcing that behavior as if he needs to have the child acting badly for some reasons which, for the most part, are not conscious."

Ultimately, a list of specific behaviors to identify child abuse is useful only if the family dynamics which produce those behaviors are clearly understood. The behaviors, verbal and physical, indicate both the survival techniques the child has learned in order to exist in the family, and attempts—frequently inappropriate in kind or intensity—to get from others what the parents do not provide. The greater the abuse, the less the child will trust other people and the greater the child's difficulty in responding to love and care.

CHARACTERISTICS OF ABUSIVE FAMILIES

We all have the capacity to strike out in anger, fear, pain or frustration and this capability defines all of us as potential child abusers. Yet most of us are able to control these violent impulses. This profile concerns the broad categories of experience and dynamics that contribute to the abusive parent's inability to control these impulses. An increasingly comprehensive and authoritative body of literature defines seven general problem areas: 1) unfulfilled needs for nurturance and dependence, 2) fear of relationships, 3) lack of support systems, 4) marital problems, 5) life crises, 6) inability to care for or protect a child, and 7) lack of nurturing child-rearing practices. The following is not intended as a definitive profile of factors contributing to physical abuse. Rather, it is designed as an overview and reference guide to the special problems which can contribute to abusive behavior.

THE INFLUENCE OF PERSONAL FACTORS

Unfulfilled Needs for Nurturance and Dependence: Many abusive parents were significantly and consistently deprived of emotional support as children. They were unable to depend consistently on the adults in their lives for support, physical or emotional care, or love. The abusive parent's own needs to be parented were essentially unsatisfied. These unmet needs may carry over into adulthood and shape relations with family, friends and especially children. Fear, frustration and anger are associated with these unmet needs and abusive parents are more likely to act on impulses. The degree of fear, frustration and anger generally corresponds to the level of deprivation experienced in childhood.

Abusive parents often lack the skills and abilities necessary to provide emotionally for themselves. They have not learned to identify and obtain the emotional support they need from others nor have they learned how to cope with the anger, fear and frustration they feel, in relation to these unmet needs. As a result they experience a severe lack of self-esteem or sense of self-worth. Abusive parents feel unloved, unappreciated and unwanted. This negative self-image often leads to perceptions of themselves as insignificant, unattractive or stupid.

Low self-esteem can lead to low expectations. Abusive parents are likely to expect, even to invite rejection. A vicious cycle of negative self-image may lead to behavior which denies satisfying or fulfilling relationships with others. Some of this behavior is focused on avoiding most social interactions as a method of avoiding rejection and failure. Other, more aggressive or offensive behaviors may actually provoke rejection—abusive parents may actually make themselves difficult to like.

While they still desperately need the support and reinforcement denied during childhood, they are at a loss as to how to achieve it, and may, in fact, act in ways which serve to deny them the sense of belonging and worth they so strongly need.

In addition, many abusive parents were themselves physically or sexually abused as children. They tend to accept extreme forms of physical punishment as normal aspects of parent-child interactions.

Isolation: Abusive parents expect very little from others in the way of friendship or support. They avoid rejection and anger by breaking off close personal relationships. They avoid committing themselves to caring relationships with neighbors, friends, and even family. They are afraid to reach out to make contact. If both parents have a sense of personal isolation, the problem is compounded. The family will be cut off from all outside sources of support. This internal dependency exerts added pressures on the family unit which may further increase the likelihood of abuse.

Lack of Ability to Care for and Protect a Child: The abused child may fill one of many roles in the family and in a parent's life. She/he may represent an attempt on the parent's part to fulfill needs for love,

acceptance and dependence. This situation constitutes a type of role-reversal in which the child becomes the nurturer of the parent, the life-giver. When the child is unable to fulfill the parent's emotional needs, the resulting frustration and disappointment can lead to abuse.

The child may also be perceived by the parents as an extension of self. The parents' lack of self-esteem and negative self-image may be projected onto the child as well. The child becomes a scapegoat and is made to pay for the parents' sense of inadequacy and failure.

The special child—one who is mentally, physically or developmentally handicapped and may have special needs or require extra parental attention—may provoke feelings of resentment in the parent. In these cases, parent-child bonds may be too weak to protect the child from parental frustration and anger. In addition, these children may react to abusive dynamics in the family by developing personality or behavior traits that are unattractive. These traits may actually heighten the likelihood of abuse and place these children in constant danger.

Lack of Nurturing Child-Rearing Practices: Abuse may also be contingent on the child-rearing practices used by the family. Child-rearing skills are acquired by observing family, social and cultural role models. Abuse may result from child-rearing practices which, while considered unacceptable by community standards, are seen as normal within the family unit.

Various cultures and sub-cultures have a variety of child-rearing patterns and methods of punishment which are considered appropriate for unacceptable behavior. These methods may be passed from generation to generation even after they become unacceptable by community standards. In some cases, these punishment practices can result in injuries or conditions that are considered abusive by the community even though the family may consider them to be normal child-rearing.

In addition, parents may have unrealistic expectations of a child's developmental abilities. They may be unfamiliar with what a child can be expected to do at a certain age. Punishment is inevitable when a child fails to meet inappropriate expectations. In other cases, performance or developmental standards may reflect parental attempts to control the child. The parent may be acting out a need for dominance by demanding high levels of performance from a child. When the child fails to perform at these inflated levels, the parent's frustration results in abuse.

It is important, in looking at this kind of overview and reference guide for the special problems which can contribute to abusive behavior, to recognize that no one abuser suffers from all of the problems noted, nor does any one abuser have all of the characteristics cited. Some characteristics are even contradictory. Abusers do, however, tend to have a number of problems and characteristics in common and represented here.

THE INFLUENCE OF ENVIRONMENTAL FACTORS

Lack of Support Systems: Frequently, abusive parents are emotionally unable to establish or utilize outside support systems even when the opportunity is available. They have not learned how to ask for and receive the kind of help they need to provide for themselves and their children. This inability intensifies the danger in times of crisis. With outside lifelines cut off, the abusive parent has nowhere to turn during periods of heightened stress. Often, it is during these periods that the potential abuser becomes the actual abuser.

Marital Problems: The lack of support systems often extends to marital relationships. Abusive parents frequently find themselves locked into a nonnurturing, noncommunicative marriage in which neither spouse is able to support or adequately meet the other's needs. Children are involved in the process of the parents' acting-out of anger and frustration. The child may be ignored or abandoned because he constitutes a painful reminder of marital dissatisfaction. A child who reminds one parent of the other may become the target of displaced anger. The parents may use the child as a seesaw, tugging and pulling at both ends for attention. Mutual abuse of a child may represent the only common ground established between parents. Regardless of the dynamics, the child becomes a conduit for indirect, often angry communications between two frustrated adults. If physical violence is part of parental interaction, this violence is likely to extend to the child as well. A pattern is established in which frustrations are dealt

with physically and restraint of impulses to physically violent behavior is diminished by all family interactions.

Life Crises: External stress is frequently a contributing factor in abuse. Loss of employment or housing, lack of food or clothing, or indebtedness, any domestic crisis which precipitates fear or anxiety, can push the parent into abuse. Significant personal loss such as the death of a close relative or the relocation of a friend or neighbor can strip the parent of precious support mechanisms, heighten the sense of futility and create a feeling of inability to control one's own life. This loss of control can in turn lead to abuse and neglect.

On the other hand, external stress can be a way of life for some abusive families. Some families are crisis-ridden; it is a lifestyle posture. Everything is a crisis; the parents are unable to deal with daily pressures or control their environment. These parents actually seem to generate crises.

THE THOMAS CASE with Discussion Questions

THE REPORT

On August 17, 1976, at 12:10 p.m., the Child Protective Service office in Port City was contacted by Lorraine Shotwell of 3742 55th Street, Apt. 5, concerning possible child beating. Miss Shotwell said she had seen a man in Apartment 2 beating his four-year-old daughter with a wide belt and that the child had numerous bruises resulting from the beating. Miss Shotwell also stated that she had seen the man in Apartment 2 pick his three-year-old son up by the hair and lift him roughly over a fence.

THE INVESTIGATION

Ms. Louise Allen was assigned to make the Child Protective Service's investigation on this report. She arrived at the home of Mr. and Mrs. Peter Thomas, in Apartment 2 of 3748 55th Street, at 4:15 p.m. the same day. Mr. Thomas was informed that Ms. Allen was there to investigate possible child abuse. Mr. Thomas was concerned and cooperative. Ms. Allen asked if she could examine and talk to Mari, his four-year-old daughter.

Ms. Allen found fresh bruises from the middle of Mari's shoulder blades to the middle of her buttocks. The bruises were elongated, as if caused by a belt. Mari also had a horse shoe shaped bruise on her stomach which appeared to Ms. Allen as though it could have been caused by the buckle of the belt flicking around her waist and hitting her on the stomach. Though clearly in pain, Mari did not cry while Ms. Allen examined her back. The Thomases' three-year-old son, Peter, Jr., was also examined and there was a scratch and redness on his right cheek. There were no other visible signs of possible abuse on the boy. Peter was quite frightened as Ms. Allen examined his torso and went immediately to his mother for comfort when she had completed her examination. When Mr. Thomas was questioned about the bruises, he said Mari had gone to the corner where she knew she was not allowed to go. Mr. Thomas said his father had strapped him until it hurt to sit for days and it had not left any scars on him. Mr. Thomas stated that it was his business how he disciplined his children and not his nosey neighbors'.

Mrs. Thomas stated that her husband was even-tempered normally and that Mari deserved the strapping that she got.

Discussion Questions:

1. What are the physical indicators of child abuse?
   - Mari
   - Peter, Jr.
2. What are the behavioral indicators of child abuse?
   - Mari
   - Peter, Jr.
3. What are parental characteristics that suggest a possible child abuse problem?
4. What other kinds of information would you like to know about the Thomases?
5. If Mari's bruises had first been discovered by you, either in your professional role or as a neighbor, would you have called Child Protective Services? Why? Why not?

THE BACKGROUND

Mari is Peter and Noreen Thomas' first child. Mrs. Thomas states that Mari's birth and development have been normal. The mother further indicates that Mari has always been a happy, well-behaved child. She further said that Mari is not now and never has been in preschool because she is not completely toilet-trained.

Mr. Thomas readily admits that he strapped his daughter. He believes he should have.

There is no prior history with the Port City Child Protective Services unit or the Police Department indicating abusive behavior on the part of the Thomases.

At the time of the Child Protective Service investigation in this report, the Thomases became somewhat hostile and apparently felt that they were being singled out by the agency.

Interviews with the parents disclosed several facts about the parents, including a

belief that unacceptable behavior should result in "strict" corporal punishment, a lack of familiarity with appropriate child-rearing techniques and anxiety about chronic financial difficulties.

The Thomases' youngest child, Peter, is an epileptic. His condition is controlled with medication. Peter is also somewhat hyperkinetic. Mr. and Mrs. Thomas sometimes find it difficult to keep Peter under control.

PARENTS' HISTORY

Noreen Thomas was born in Ogdensburg, New York. She was raised in a small community north of Albany. Her parents divorced when she was an infant and she has had little contact with her father throughout her life. Mrs. Thomas is a high school graduate. She worked for an insurance company for four years.

Mr. Thomas was born in San Francisco, California. He is one of four brothers. While Mr. Thomas was growing up, his father pursued a career in both the Navy and the Coast Guard, necessitating the family's continual movement. His parents remained married until his father's death several years ago.

Mr. Thomas is a high school graduate. He is a career man in the Navy, enlisted for approximately ten years. He is an electrical specialist and his rank is E-6.

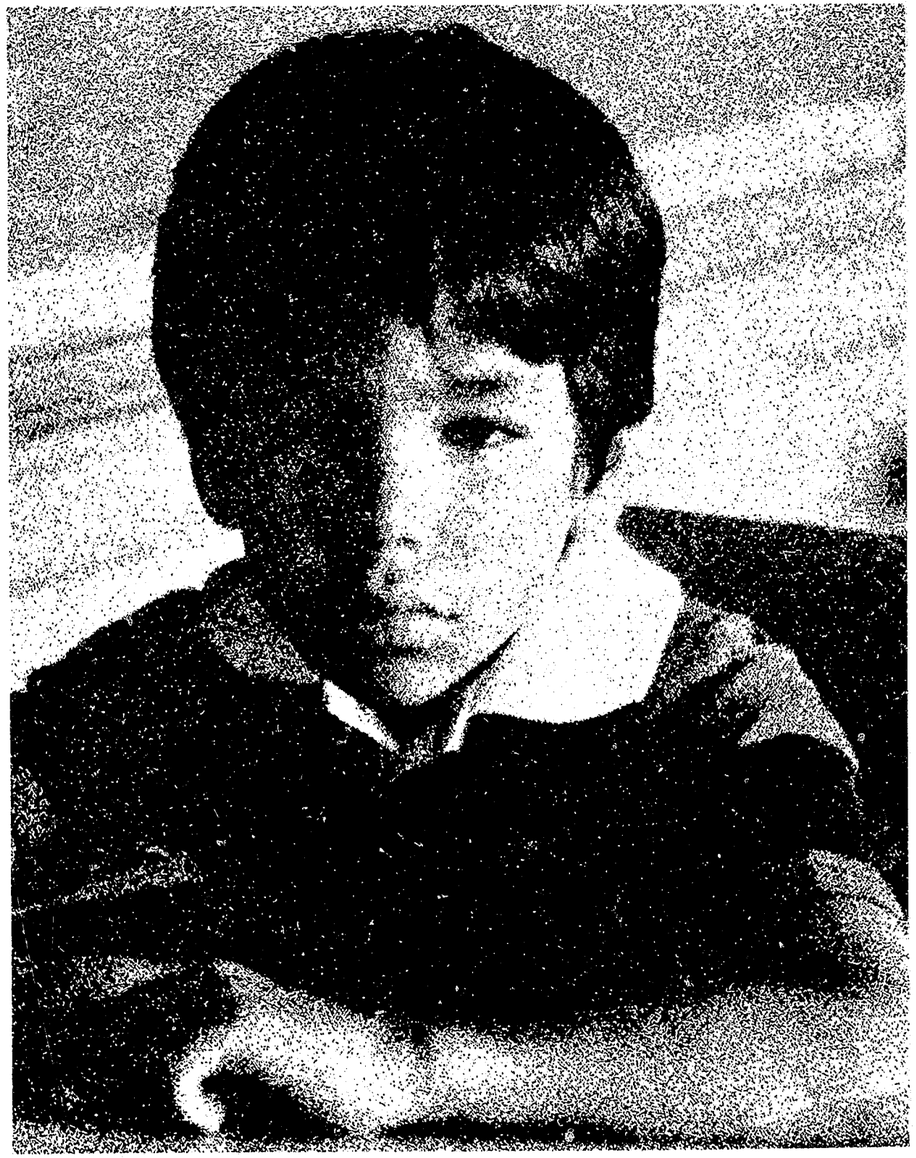
The Thomases have resided in Port City for eighteen months. They have a two-bedroom apartment in an apartment complex. The apartment is somewhat cluttered although adequate housekeeping standards are met. It appears that the Thomases have more possessions than their apartment can accommodate.

The Thomases are expecting a child in October. The baby was planned. Since the birth of their two children, Mr. and Mrs. Thomas have taken out insurance policies for the children's college educations. Mr. Thomas also stated that when he was in Vietnam, he earned a silver star. This award entitles his children to a free education at a military school and at certain nursing schools.

Discussion Questions:

1. What factors in Noreen's and Peter's individual histories are significant in determining whether they need help as parents?
2. What additional factors in the Thomases' present life circumstances are significant in determining whether they need help?
3. What kinds of help might be offered?
4. Should a child abuse petition (or case) be filed with juvenile court in order to have supervision over this family to attempt to insure the protection of the children or to remove the children temporarily for their own protection? Why? Why not?

Unit 3: IDENTIFYING CHILD NEGLECT



DEFINITIONS OF CHILD NEGLECT

Difficulties in Defining Child Neglect

Developing a precise definition of neglect is not an easy task. In contrast to physical abuse, which usually has specific medical indicators such as bruises or broken bones and which occurs at a specific time, neglect may not produce visible signs, and occurs over a period of time. Neglect is usually a *chronic* failure to provide necessary physical and emotional support for a child. It is determined by a pattern of inattentive and/or dangerous child-rearing practices. But what does "chronic" mean? How long does it take to establish a pattern? What are dangerous child-rearing practices? The answers to these questions inevitably involve some degree of subjective judgment.

Community Standards

We can begin to answer these difficult questions by examining the child-rearing standards of the community. It can be said that neglect is seen by society as a deviant form of child-rearing which is unacceptable and harmful to a child, in contrast to those forms which are deemed growth-promoting and acceptable. Adequate and neglectful child-rearing are both socially defined terms. The dividing line between them may differ from one community to another and may change with time. Community A may condone certain child-rearing practices which Community B does not, or Community A may condemn today behaviors it deemed acceptable five years ago. While these flexible standards contribute to the difficulty of creating a single, universal definition of neglect, they indicate a basis from which we may approach the problem.

Legal Definitions

Lawmakers have also been faced with the difficulties of developing comprehensive yet precise definitions of neglect. Every State has adopted some type of legislation governing neglected children in order both to protect them and provide a legal basis for intervention and treatment when children are endangered. Almost all States now make provisions in State laws for reporting suspected cases of child neglect.

Such laws contain definitions of child neglect similar to the one contained in the Draft Model Child Protection Act, developed by the National Center on Child Abuse and Neglect. Child neglect is defined there as an omission by a parent or other person responsible for a child's welfare which results in harm or threatened harm. Harm or threatened harm is further defined in the following terms:

- Fails to supply the child with adequate food, clothing, shelter, education (as defined by State law), or health care, though financially able to do so or offered financial or other reasonable means to do so; for the purposes of this Act, "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under State law; a parent or other person responsible for a child's care legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child shall not be considered neglectful for that reason alone; or
- Abandons the child, as defined by State law; or
- Fails to provide the child with adequate care, supervision or guardianship by specific acts or omissions of a similarly serious nature requiring intervention of the child protective service or court.

In many communities, neglect is also defined in the regulations of various agencies such as police, probation, or social welfare. Again, some of these definitions are very specific as to what constitutes neglect while others define the term broadly, encompassing a wide range of circumstances which are deemed neglectful with little emphasis on who is responsible for those circumstances or whether they come about intentionally.

In our State the law defines neglect as follows: _____

_____

_____

_____

Conclusion

We may never arrive at a precise definition of child neglect that protects the child, allows for differences among child-rearing practices, and provides the professional with cut-and-dried guidelines for identification and treatment. Having said that neglect is a condition of inadequate care causing immediate or long-range damage to the child, we are left with the task of translating this concept into workable and equitable laws. The laws and definitions discussed in this unit have attempted to define neglect by asking:

- Must it be manifested in physical and/or psychological harm to the child?
- Must it represent an intentional act or acts by parents and/or caretakers against the child?
- May parents alone, other caretakers or the entire community be held responsible for causing neglect?

INDICATORS OF CHILD NEGLECT

A. Abandonment
1. Children abandoned totally or for long periods of time.

B. Lack of supervision
1. Very young children left unattended.
2. Children left in the care of other children too young to protect them.
3. Children inadequately supervised for long periods of time or when engaged in dangerous activities.

C. Lack of adequate clothing and good hygiene
1. Children dressed inadequately for the weather or suffering from persisent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.
2. Severe diaper rash or other persistent skin disorders resulting from improper hygiene.
3. Children chronically dirty and unbathed.

D. Lack of medical or dental care
1. Children whose needs for medical or dental care or medication and health aids are unmet.

E. Lack of adequate education
1. Children who are chronically absent from school.

F. Lack of adequate nutrition
1. Children lacking sufficient quantity or quality of food.
2. Children consistently complaining of hunger or rummaging for food.
3. Children suffering severe developmental lags.

G. Lack of adequate shelter
1. Structurally unsafe housing or exposed wiring.
2. Inadequate heating.
3. Unsanitary housing conditions.

H. In identifying neglect, be sensitive to:
1. Issues of poverty vs. neglect.
2. Differing cultural expectations and values.
3. Differing child-rearing practices.

CASE HISTORY #1
AND DISCUSSION QUESTIONS
THE CARR FAMILY

THE PRESENTING PROBLEM

On November 25, 1974, Mrs. Thelma Carr brought her three daughters (Dolores, 7; Laura, 4; and Mindy, almost 2) to the police station. She told the officer on duty that neither she nor the children's father, Mr. Henry Carr, was capable of taking adequate care of their children, nor did they have any friends or relatives who were. That same day, the police assisted Mrs. Carr in placing the three children in the county Department of Social Services youth shelter. Shortly thereafter, Mr. Carr appeared with a babysitter he had just hired and asked to take the children home.

FAMILY HISTORY

Married in 1967, the Carrs have a history of separations, unemployment, and financial difficulties. When they separated in 1972 (before their youngest child was born), Mrs. Carr placed the two girls in the care of a babysitter during the hours she worked in an amusement park. One day Mr. Carr appeared at the babysitter's and took Laura away without his wife's knowledge. The uproar that ensued was resolved by placing the children in foster care, where they stayed for six months until the Carrs reconciled. The family later moved to their present address, the third city they have lived in since their marriage.

In February of 1974, when Mr. Carr lost his job as a taxi driver, the family applied for assistance from the Department of Public Welfare. During this period the children stayed with Mrs. Carr's parents in a nearby city. Before the assistance could be granted, however, Mr. Carr obtained another job, and the case was closed.

Two weeks before Mrs. Carr appeared with her children at the police station, she and her husband separated again; Mrs. Carr left the girls with her husband in the hope that he would find an adequate caretaker for them. Neighbors report that he did not make adequate provision for them, they were poorly fed and supervised, and were sometimes seen outside late at night, poorly clothed and in the rain. The neighbors were apparently convinced that the children were not developing normally (especially Laura and Mindy, the younger two), and a group of them told Mr. Carr that they would call the police unless he had his children checked by a doctor. This warning prompted Mr. Carr to take the girls to the hospital clinic, where the attending pediatrician noted that all three children were filthy. He also diagnosed Mindy, the two-year-old, as a failure-to-thrive child due to poor nutritional and hygienic care. He sent a referral form for Mindy to the probation department, which arrived after Mrs. Carr had already placed the children in the department's youth house.

The following information has been collected regarding family members:

Mr. Henry Carr. The eligibility worker on the Carr's assistance case noted that Mr. Carr is an apparently good worker and union member, who occasionally loses a job because of two- to three-day binges. He is also apparently able to get another job as a taxi driver fairly quickly. From other sources it was determined that he did not follow up on the hospital pediatrician's instructions given two weeks before the children were placed in the youth house.

Mrs. Thelma Carr. Herself an only adopted child, she seems to be the dominant member of the family, according to the eligibility worker, but leaves responsibility for child care to her husband when he is home. The Carr's landlord complained to the eligibility worker that while the two older girls seemed adequately cared for, Mindy was seldom changed or dressed properly. Both parents admit that their children had not received medical care for a period of two years prior to Mr. Carr's "enforced" visit to the hospital clinic.

Dolores Carr. Now seven years old, Dolores is developmentally normal. Her first grade teacher reports that she comes to school regularly, but is always very unkempt. Although her work habits are sloppy, she is one of the brightest children in the class. She has been largely responsible for the care of her two younger sisters.

Laura Carr. Laura is four. When she was born she had so much difficulty retaining food that she had to spend ten days in the newborn intensive care section of the hospital. During her first year she cried most of the time, and according to her parents did not walk until she was two and one-half years old. Mrs. Carr reports that she began to catch up in her development during the six months she spent in foster care in 1972. When she was returned to her parents she continued this growth, but not at such a rapid rate. Youth house officials saw her developmental difficulties primarily in her speech and motor coordination: she is enuretic (consistent bed-wetter), does not speak intelligibly, will not walk without assistance, and tends to drag her right leg. A psychologist who examined her found her likeable and cooperative, but fearful of new tasks and of guessing, and while she found her speech intelligible, she reported a definite need for speech therapy. She also stated that Laura's emotional attachment remains with her natural family, particularly with her mother.

Mindy Carr. Now almost two, Mindy is an extremely thin child with a large head. She weighed seven pounds at birth, would not cry and had to be given oxygen. The attending physician noted a distended stomach and felt a spinal tap was necessary. Mindy was kept in intensive care for 11 days before she was allowed to go home. Mrs. Carr states that Mindy did not receive follow-up medical care, but gained weight and ate well after coming home. At the youth house, Mindy is unable to sit up or to engage in play. A psychologist who tested her found that her responses are on a level of a 10- or 11-month-old child.

DISCUSSION QUESTIONS:

1. What are the indicators of neglect in this case?
2. How does this case fit (or not fit) your State's definition of child neglect?
3. What seems to be the Carr family's underlying problem?
4. Are there any contra-indicators in this case (factors which suggest an explanation other than neglect that would account for the conditions and behaviors of the family)?
5. What additional information, if any, do you need to decide what you would recommend be done to insure adequate care for the Carr children?

CASE HISTORY #2 AND DISCUSSION QUESTIONS: THE MILLER FAMILY

THE PRESENTING PROBLEM

On October 17, the Rescue Squad in Glenn Canyon answered a call from Mrs. Denise Miller, who reported that her ten-year-old son, Robert, had been bitten by their dog and needed medical attention. Arriving at the Miller ranch, the paramedics noticed a strong smell of dog waste and "other unidentifiable odors"; they could see a number of Doberman Pinschers barking from three windows in the house. One window had no glass and the other two had torn screens. After knocking at the door for approximately one minute, they were admitted by Mrs. Miller, who directed them to her son lying on a sofa. The paramedics examined the boy and found large lacerations on his right arm and leg. They told Mrs. Miller that her son needed medical attention and advised that they would take her with her son to the nearest hospital. Mrs. Miller left the room to get dressed.

Robert reported that it was "his own fault" that he had been bitten, since he and his 12-year-old sister, Susannah, had been using sticks to get the dog into the kennel, even though they knew the dog was afraid of sticks. He said that this was the same dog that had bitten Susannah last year, bites which had healed rapidly after his mother cleaned them with peroxide. When he was bitten, he and his sister started screaming. His mother came out of the house and shot at the dog, who remained loose somewhere on the property. She then took Robert inside to the sofa and called for help.

After the paramedics put Robert in the ambulance, the dog appeared and charged them. They quickly entered the ambulance cab. When ten minutes had passed, they shouted into the house that if Mrs. Miller didn't come out, they would leave for the hospital without her. She then came out, and went with her son in the ambulance to Deer Park Hospital, where Robert was treated in the emergency room and then admitted to the hospital for five days' further treatment. Hospital staff called the Child Protection Agency when they learned of the circumstances from the rescue squad paramedics. After being released, he was taken to an emergency foster home, where he joined his sister, who had been sent there while the case was being investigated.

FAMILY HISTORY

Mrs. Miller was married in 1961 to Thomas Miller, a career Navy man who is frequently at sea for long periods of time. They were divorced in 1967, and the father has not had contact with his family for the past 18 months, although he sends Mrs. Miller an allotment check each month. At the time of their divorce, Mrs. Miller attempted suicide and her children were sent to an emergency shelter until she recovered sufficiently to take them home.

Mrs. Miller has had trouble before because of her dogs. In fact, her move to Glenn Canyon was an attempt to avoid further trouble. Twelve months ago a neighbor in the suburban community where Mrs. Miller had lived lodged a complaint against her. The neighbor stated that Mrs. Miller kept 12 Doberman Pinschers (inside the house, much of the time); that aside from the noise they created, they befouled the inside and outside of the house; and, further, that Susannah and Robert had been known to go begging for food among the neighbors.

The Child Protection worker who investigated the complaint found the house indeed in a deplorable state, but the children appeared to be well-fed and healthy. Mrs. Miller reported that the dogs were kept in separate rooms in the house to keep the male dogs from fighting and killing each other, and from a female dog in heat. The Child Protection worker observed Mrs. Miller to be in a state of considerable anxiety, apparently a reaction to her neighbors' hostility towards the number of dogs in her home. Mrs. Miller claimed that because her neighbors deliberately provoked the dogs, she had to spend a great deal of time controlling the dogs; and that she had to spend as much as three hours a day feeding the dogs, since they had to be fed in pairs in order to avoid bloodshed. In short, the Child Protection worker found that most of the family's attention was directed toward caring for the dogs.

Although Mrs. Miller recognized that she had no time left over after caring for her dogs, she was unable to find alternatives. She refused to give up the dogs and, while she said she wanted to buy a kennel, find work and make the time to attend to everyday activities, she claimed she didn't have time to act on these desires. Ultimately, the case based on the neighbor's complaint was closed because the charge that the children begged for food could not be substantiated; their health and development was normal; and Mrs. Miller's housekeeping, while substandard, presented no apparent health hazard to the children.

Although she did purchase her present Glenn Canyon ranch as a more suitable place for keeping large numbers of dogs, 18 Dobermans still live inside the house. In addition, she still owns her suburban house, where she keeps several dogs. Nor has she yet obtained a kennel license, and has so far been granted two extensions to permit her to keep dogs.

Additional information on Mrs. Miller and her two children includes the following:

Mrs. Denise Miller. She has been unemployed since June of the previous year, when she was fired from a four-year job as a probation officer with the county probation department. Her only present income is $150 per month child support. She received AFDC for five months until she was given her lump-sum retirement benefits from the county. She lived on that money until it ran out and has survived since then on borrowed money from relatives. She displayed a high degree of resistance to outside interference at the time of the neighbor's complaint a year ago.

Robert Miller. He states that the dogs are "like part of the family." According to his fifth-grade teacher, he is doing satisfactory work, is very dependable, hard working, and seems to enjoy his school and his classmates.

Susannah Miller. Susannah is in the sixth grade, where her teacher reports she is rather introverted, but a good solid student, hard worker, and a pleasure to have in class. The teacher did observe a tendency of Susannah's to cry frequently, and says that she usually comes to school in dirty, tattered clothes. The school nurse at their suburban school said that Susannah and Robert were often teased by the other children because they came to school smelling of dog urine and "other unidentifiable odors."

Susannah told the paramedics who took Robert to the hospital that, while she knew their home was dirty, it was hard to keep it clean with so many dogs around. She also said that her mother treats Robert and her "real good," and that they want to stay with their mother and the dogs.

Discussion Questions:

1. What are the indicators of neglect in this case?
2. How does this case fit (or not fit) your State law's definition of child neglect?
3. What seems to be the Miller family's underlying problem?
4. Are there any contra-indicators (factors which suggest an explanation other than neglect that would account for the conditions and behaviors of the family)?
5. What additional information, if any, do you need to decide what you would recommend be done to insure adequate care for the Miller children?

CASE HISTORY #3 AND DISCUSSION QUESTIONS: THE HELLER FAMILY

THE PRESENTING PROBLEM

On March 21, neighbors reported Mrs. Victoria Heller and her seven-year-old son, Terry, to the Child Protection Agency. The investigating officer found Mrs. Heller incoherent, apparently unable to take care of her own needs, and afraid to stay in her apartment. He learned that she was extremely depressed over her brother's recent death from an overdose of heroin, and his wife's subsequent suicide. Believing that both Mrs. Heller and her son were in danger, he took her to the county hospital and had Terry placed in an emergency foster home for the duration of his mother's recovery.

FAMILY HISTORY

The family had first come to the attention of the Child Protection Agency a year earlier, when Terry's teacher notified the agency that Terry had not come to school for two days. Ordinarily a two-day absence would not have given the teacher concern, but she had been worried about his erratic behavior over the past month. The investigating worker learned from neighbors that Mrs. Heller did not reside at the address the school had reported, but rather next door in a duplex belonging to her boyfriend, David. Upon admittance there by Mrs. Heller, the worker found Terry with bruises all over his body. These bruises, Terry reported, were the result of a beating with a belt given by his mother two days before. Left alone in David's duplex while David and his mother had gone to New York, he had built a fire on the kitchen floor, because he was lonely and wanted something to do. When his mother and David returned, the fire had burned out, but his mother had become very upset and had beaten him. Terry told the officer that his mother and her boyfriend often left him alone when they went out of town.

In subsequent investigations, the Child Protection Agency worker determined that this beating was an isolated incident, that Mrs. Heller appeared very remorseful, and was willing to cooperate in any way with the investigation. She had apparently not realized the serious consequences of leaving a seven-year-old boy unattended, and agreed to arrange for one of her brothers to take care of Terry whenever she went out.

In December (eight months after the beating incident and four months before she was found incoherent in her apartment), Mrs. Heller had attempted suicide by slashing her wrists, and was hospitalized for three days. Terry stayed with his uncle during this period, and Mrs. Heller began therapy with a psychiatrist at the county hospital. The doctor prescribed medication and attempted to get her into group therapy, which she refused. One month later, Mrs. Heller was beaten up by her boyfriend, David. Apparently a common occurrence, this time it caused Mrs. Heller to move out of his duplex and into her present apartment.

The investigation has produced the following information about Mrs. Heller and her son Terry:

Mrs. Heller. One of 11 children, Mrs. Heller comes from a very low-income and dysfunctional family. Her parents were divorced after her father was convicted of having an incestuous relationship with one of her sisters. At a later time she and her brothers and sisters were removed from their mother's home and spent many years in foster homes.

Mrs. Heller married at 16, but was abandoned by her husband after a few months and re-referred to the probation department as incorrigible. She remained a ward of the court in foster homes until she was 18. She soon became pregnant with Terry, considered giving him up for adoption, but ultimately decided against it, since she was planning to divorce her first husband and marry again. Neither the divorce nor the marriage ever took place, but she kept the baby since she "really and truly" loved his father. She gave birth again in 1967 and 1968, but relinquished both babies at birth.

Between 1968 and 1970 she and Terry went back to live with her previous foster parents. In response to her request for training, the welfare department enrolled her in

two different programs. She was dropped from the first because of poor attendance, and quit the second when she became emotionally unstable and made her first attempt at suicide. During this time Terry received adequate care from Mrs. Heller's foster parents.

In 1972 she terminated a fourth pregnancy by abortion.

Terry Heller. Mrs. Heller reports a normal pregnancy with Terry, and a normal delivery. He has been a healthy child, and his development is normal. At school, however, he does not do well. He reportedly is slow in English and spelling, and average or below average in his other subjects. However, he is well liked by his teachers and by his school counselor, who has visited him regularly. According to the investigator's report, Terry is confused and unhappy as a result of his mother's emotional breakdown, and this state has adversely affected his school performance.

According to the department's consulting psychologist who examined him, there is a "strong, healthy, loving attachment" between Terry and his mother, and it would be emotionally detrimental to separate them.

Discussion Questions:

1. What are the indicators of neglect in this case?
2. How does this case fit (or not fit) your State laws definition of child neglect?
3. What seems to be the Heller family's underlying problem?
4. Are there any contra-indicators in this case (factors which suggest an explanation other than neglect that would account for the conditions and behaviors of the family)?
5. What additional information, if any, do you need to decide what you would recommend be done to insure adequate care for Terry?

CASE HISTORY #4 AND DISCUSSION QUESTIONS: THE MARKHAM FAMILY

THE PRESENTING PROBLEM

On March 5, Maureen Markham came to the probation department in Santa Barbara, California, requesting assistance in connection with her 14-year-old sister, Michelle, and her 12-year-old brother, Craig. Maureen is 20 years old, and a pre-med student at the University of California at Santa Barbara, where she lives in a two-bedroom apartment with Michelle. Craig attends a private school in southern California. Their mother lives in a half-way house owned by a community mental health organization in Washington. Maureen is concerned that when her mother is soon released from the half-way house, she will want Michelle and Craig to live with her in Elton Falls. Maureen states that her mother is a schizophrenic and incapable of caring for Michelle.

FAMILY HISTORY

The Markhams were married in 1948. Mr. Markham was a biologist who died of a heart attack ten years ago. The family now consists of Mrs. Markham and five children, of whom Maureen is the next-to-oldest. The family is of the Quaker faith, and has been active in church affairs for many years. Mr. and Mrs. Markham were involved in progressive education, liberal movements and intellectual pursuits. Maureen states that while her father was alive he took the children camping and the family did many things together. Since his death, however, Mrs. Markham has suffered bouts of depression and hospitalization during which she has failed to provide effective supervision for the children. The family is not without means. The family home in Elton Falls is rented, and all matters pertaining to it are handled by a trust. A conservator has been appointed for the mother's estate. Each child now receives $106 per month in social security benefits; in the past they also received some veterans' benefits, which Mrs. Markham's conservator is now trying to re-instigate. All other funds from the estate are being used to defray the costs of Mrs. Markham's stay at the half-way house. Over the last ten years, well-to-do relatives have helped the family out.

Mrs. Markham. Born in the Philippines of Swiss parents, Mrs. Markham suffered extreme physical deprivation as a teenager in a Japanese internment camp and as a result has always had emotional and physical problems. Frequent prescriptions of Seconal and Dexadrine resulted in a high drug dependency. She has received psychiatric therapy since before the death of her husband, and has been hospitalized several times for emotional problems. She has been diagnosed as schizophrenic, schizo-affective type. According to her daughters, she is a very intelligent woman, but after the death of her husband retired to her bed and allowed her children to take care of her. She continues to reside at the half-way house until she can find employment. Although she has been trained as a nurse's aide, she prefers work as a companion. Mrs. Markham does not feel that her behavior has been detrimental to her children, and wants Michelle and Craig, her two youngest, to live with her when she is released. She expects to find employment shortly, and to take an apartment for herself and her children then.

Frank Markham. At 22, Frank is the eldest of the five children. He resides in Elton Falls where he works as a commercial fisherman; at the moment he is at sea off the coast of South America. Frank helps the family financially when he can. He pays for Craig's tuition at a Quaker boarding school, and has provided Maureen with a car.

Marni Markham Craig. Marni, 18, resides in San Francisco with her husband and infant daughter. She has little active involvement with the family at the moment, although both Craig and Michelle have visited her during school holidays. Marni was arrested for possession of marijuana in 1969, but the case was dismissed.

Maureen Markham. When Michelle came to live with her last year, Maureen rented a two-bedroom married student apartment on campus. When Craig visits he takes one bedroom and the two sisters share the other. Until recently Maureen had a part-time job but she gave it up to spend more time with Michelle. According to the investigating social worker, Maureen provides a stable, wholesome environment for her brother and sister. She discusses things openly with them and seems able to provide normal care and guidance. She informed the probation officer that in 1969 she gave birth to a baby which she relinquished for adoption. She also admitted that in the past she has used marijuana and other drugs, although she denies that she is now a user.

Michelle Markham. The probation officer describes Michelle, 14, as a vivacious, attractive, and articulate girl. In July of 1971 she asked to move out of her mother's house and live in a foster home because of her mother's emotional instability and abuse of drugs. She lived in a foster home until the end of the year, when she went to Santa Barbara to live with Maureen. Maureen stated that there were some problems when Michelle first came to her because she hadn't been used to much supervision. She also said Michelle had trouble establishing relationships with adults, and with accepting them as authority figures—and indeed was unable to form a positive relationship with her foster mother. Maureen has obtained counseling for Michelle (paid for by her older brother Frank) and Michelle is now behaving responsibly. Her junior high school teachers report no attendance problems, and say she appears to be of above average intelligence. Michelle has stated that she does not wish to live with her mother when she is released from the half-way house.

Craig Markham. The headmaster of Craig's private school is an old friend of the Markham family. He reports that Craig, 12, has made an excellent adjustment to the school since his enrollment last year at the time of his mother's most recent hospitalization. According to Maureen, her mother had been very dependent upon Craig, who was a very immature child and had very few friends his own age. Craig does not want to live with his mother when she is released from the half-way house. He would prefer to continue at his school—visiting Maureen and, occasionally, Marni on school holidays.

Discussion Questions:

1. What are the indicators of neglect in this case?
2. How does this case fit (or not fit) your State laws definition of child neglect?
3. What seems to be the Markham family's underlying problem?
4. Are there any contra-indicators (factors which suggest an explanation other than neglect that would account for the conditions and behaviors of the family)?
5. What additional information, if any, do you need to decide what you would recommend be done to insure adequate care for Michelle and Craig?

Unit 4: EMOTIONAL MALTREATMENT OF CHILDREN

INDICATORS OF EMOTIONAL MALTREATMENT OF CHILDREN*

CHILD BEHAVIOR		PARENT BEHAVIOR
TOO LITTLE	TOO MUCH	ABUSIVE IF CONSISTENT GROSS FAILURES TO PROVIDE
1. Psycho-social dwarfism, poor self-esteem, self-destructive behavior, apathy, depression, withdrawn	Passive, sheltered, naive, "over-self-esteem"	**1.** Love (empathy) (Praise, acceptance, self-worth)
2. Academic failure, pseudo-mental retardation, developmental delays, withdrawn	Hyperactivity, driven	**2.** Stimulation (emotional/cognitive) (talking-feeling-touching)
3. Symbiotic, stranger and separation anxiety	Pseudo-maturity	**3.** Individuation
4. Lack of integrative ability, disorganization, lack of trust	Rigid-compulsive	**4.** Stability/permanence/continuity of care
5. Feelings of inadequacy, passive-dependent, poor self-esteem	Pseudo-maturity, role reversal	**5.** Opportunities and rewards for learning and mastering
6. Autistic, delusional, excessive fantasy, primary process, private (unshared) reality, paranoia	Lack of fantasy, play	**6.** Adequate standard of reality
7. Tantrums, impulsivity, testing behavior, defiance, antisocial behavior, conduct disorder	Fearful, hyperalert, passive, lack of creativity and exploration	**7.** Limits, (moral) guidance, consequences for behavior (socialization)
8. Impulsivity, inappropriate aggressive behavior, defiance, sadomasochistic behavior	Passive-aggressive, lack of awareness of anger in self/others	**8.** Control for/of aggression
9. Interpersonal difficulty (peer/adults), developmental lags, stranger anxiety	Lack of familial attachment, excessive peer dependence	**9.** Opportunity for extrafamilial experience
10. Poor peer relations, role diffusion, (deviant behavior, depending on behavior modeled)	Stereotyping rigidity, lack of creativity	**10.** Appropriate (behavior) model
11. Gender confusion, poor peer relations, poor self-esteem	Rigid, stereotyping	**11.** Gender (sexual) identity model
12. Night terrors, anxiety, excessive fears	Oblivious to hazards and risks, naive	**12.** (Sense of) (Provision of) security/safety

ABUSIVE IF PRESENT TO A SEVERE DEGREE

1.	Poor self-esteem, depression	**1.** Scape-goating, ridicule, denigration
2. Rigidity	Lack of purpose, determination, disorganization	**2.** Ambivalence
3. Poor self-esteem, passivity	Pseudomaturity	**3.** Inappropriate expectation for behavior/performance
4. (Depends on behavior while intoxicated)		**4.** Substance abuse
5. (Depends on behavior/type frequency)		**5.** Psychosis
6.	Night terrors, anxiety excessive fears	**6.** Threats to safety/health
7.	Sadomasochistic behavior, low self-esteem, anxiety, passivity, anti-social behavior, self-destructive dangerous behavior	**7** Physical abuse
8.	Anxiety, excessive fear, dependency	**8.** Threatened withdrawal of love

Not applicable

*Ira S. Laurie, M.D. and Lorraine Tafano, "On Defining Emotional Abuse: Results of an NIMH/NCCAN Workshop,"

EMOTIONAL MALTREATMENT OF CHILDREN

LEGAL DEFINITIONS

The concept of emotional maltreatment of children—or emotional neglect, or mental injury—is a relatively new one. In the past, it was covered in law by such general phrases as "acts or omissions injurious to the child's health or welfare." There has been a recent trend to include emotional maltreatment in the State reporting laws on child abuse and neglect. More than 45 States with such reporting laws refer to emotional maltreatment, using different terms for this form of child abuse or neglect. Among these terms are:

- Mental injury,
- Gross neglect which would affect mental or emotional well-being,
- Emotional abuse, and
- Protracted impairment of emotional health.

In our State, the concept of emotional maltreatment is handled as follows:

_____

_____

_____

_____

The Draft Model Child Protective Services Act, in an attempt fo further explicate the meaning of emotional maltreatment, combines the concepts of parental acts or omissions with consequent harm or threatened harm to the child. It refers to "mental injury" and defines it as "injury to the intellectual or psychological capacity of the child as evidenced by an observable and substantial impairment in his ability to function within a normal range of performance and behavior, with due regard to his culture."

FROM DEFINITION TO IDENTIFICATION

The definition from the Draft Model Child Protection Act implies four criteria that can help to identify possible cases of emotionally maltreated children. These criteria can guide decisions about whether or not action is justified to protect children from emotional maltreatment and to link children who have suffered from it with appropriate remedial services. They can also help to differentiate emotional maltreatment as a category of child abuse and neglect from ineffective or even occasionally harmful parental behaviors toward children.

These four criteria for identification are:

1. **Emotional maltreatment is a parental (or caretaker) pattern of behavior that has an EFFECT on the child.** It causes an emotional or mental *injury.* This criterion may seem obvious, but it should serve as a brake on any intrusive labelling of family interactions which deviate from one's own preferred ways of behaving but do not appear to have harmful effects on the children.
2. **The effect of emotional maltreatment can be OBSERVED in the child's abnormal performance and behavior.** Though emotional maltreatment may be suffered silently and stored away by some children for a behavioral explosion many years later, identification of "symptomless" maltreatment is not legitimate, except in cases of observed, clearly harmful emotional assault. Observation of what one *believes* to be emotionally harmful parental behaviors should properly lead one to offer help to a parent who may be personally in need of it; if the child of that parent happens to be happy, productive and well-adjusted, grounds for child protective action are lacking.
3. **The effect of emotional maltreatment is LONG-LASTING.** It affects the child's intellectual and psychological *capacity*—which is much more serious in its consequences than the kind of temporary or episodic unhappiness, angry acting-out or even regressive infantile responses which parental actions quite often trigger in children. By implication, it is reasonable to add that maltreatment which brings about erosion of a child's capacity to think and to feel is probably a chronic pattern of parental behavior rather than a single or even an occasional lapse on a parent's part.
4. **The effect of emotional maltreatment constitutes a HANDICAP to the child.** It causes *substantial impairment* of the child's ability to function as a normal human being—to think, to learn, to enter into relationships with others and to find satisfaction in one's endeavors.

These criteria for the identification of emotional maltreatment of children serve as guidelines, not as points that must be proved before action is taken on a child's behalf. There is sufficient *reason to believe* that a child who fits these four criteria is suffering from emotional injury.

The common word among these criteria is *effect.* As with other forms of child abuse and neglect, recognition usually starts with *indicators* that something is wrong. Thus, recognition starts with the effects or symptoms of effects. To those who have little opportunity to observe parent-child interactions over an extended period, the indicators of emotional maltreatment are exhibited by the child. These indicators are almost always more ambiguous than indicators in cases of physical maltreatment. Parental behaviors are *not* the cause of all of children's behavior problems or intellectual impairments. Medical science has made important advances in isolating physical causes and in pharmaceutical treatments for many emotional disorders and "mental injuries" which earlier observers would have blamed on parental neglect or severity in relating to those children. On the other hand, children's behavior can indicate cruel or negligent treatment unaccompanied by bruises, welts, broken bones or signs of malnutrition. That a child is in emotional trouble is no clear indication of *why* a child is in trouble.

Before a suspicion of emotional maltreatment can be properly formulated, an additional step—beyond noting the as yet unexplained symptoms in the child's behavior—is appropriate. That step is to talk with the parent(s) about the child's behavioral or performance problems, and, if possible, to observe the way the parent(s) and child interact.

Some parents will readily agree that help is needed and offer to follow up on referrals for special services, such as medical examination, remedial education, psychiatric treatment, family therapy or parent education programs. They should be supported in making the necessary contacts. No report of suspected emotional maltreatment is indicated in such instances—*unless* they fail to follow through on their agreement to get help.

Some parents may agree to seek help for their child but fail, despite repeated reminders and concerned inquiries, to follow through on that agreement. Whatever their reasons for such passive resistance, a report will be necessary to insure that the child receives the needed help.

Some parents will express sincere concern about their child's problem but may not offer cooperation in seeking help—out of fear or a sense of their own inadequacy or an inability to pay for the recommended services. If such parents cannot be persuaded to get the needed services, a report to the Child Protection Agency is appropriate, to allow an agency with legal sanction to intervene on the child's behalf and, through appropriate use of its authority, to persuade parents or even get a court's mandate to insure that attention is given to the child's problem.

Still other parents may completely refuse to cooperate, even to discuss the child's need for skilled attention to an emotional or behavioral problem. Their response will probably be some version of "mind your own business." For the concerned observer to report to the Child Protection Agency, with full information about any attempts to confer with the parents, is clearly appropriate in such circumstances. A child protective investigation may find a frustrated, fearful parent with a child suffering from some kind of somatogenic emotional disturbance or, more probably, with a child whose own emotional instability or learning problem is a reflection of trauma to the entire family such as marital separation, unemployment and financial insecurity or a death in the family. But, in many instances, the investigation will bring to light a situation in which the child (and perhaps the child's siblings) has become the target of spiteful scapegoating, constant belittling, deliberate and enforced isolation or continuous withholding of the security, affection and "developmental space" that children need in order to develop normally.*

*The concept of "developmental space" comes from workshop material presented by Ira S. Lourie, M.D.

CHILD PROTECTION IN CASES OF EMOTIONAL MALTREATMENT

The child protective investigation of a suspected emotional maltreatment report involves the difficult task of determining any linkages between the child's abnormal behavior and parental acts or omissions. The investigating worker will also discuss with the parent(s) the child's need for help and offer to assist them in getting that help. The added ingredient in this interview with parents is authority—the legally sanctioned power of the worker to take action on the child's behalf against parental wishes. If help is rejected and if there is evidence of *parental behaviors* that are causing substantial impairment to the child's intellectual and emotional capacity, the worker can seek court action that at least will allow for a more in-depth assessment by a mental health professional. If the linkage is clear enough and can be affirmed by expert testimony based on observation and psychiatric assessments, court action may extend to a finding of child maltreatment and orders mandating treatment services or even placement of the child in a substitute home.

As in the case of physical abuse, neglect and sexual abuse, concern about emotional maltreatment of children is primarily aimed at protecting children, not at blaming parents. In the first instance, identification of children with "substantial impairment in . . . ability to function within a normal range of performance and behavior" provides an opportunity to offer help—help to better understand the child's problem and to discover the underlying factors that may be causing it. The child protective process must be called into action, through an official report of suspected child abuse or neglect, when that opportunity is rejected by the adults responsible for the child's welfare.

In summary then, identification of emotional maltreatment is indicated when:

1. A child is showing substantial impairment of emotional or intellectual capacity and
2. The parents/caretakers appear to show an inability or unwillingness to get help for the child when such help is offered.*

*This formulation is paraphrased from workshop material developed by Michael A. Nunno and James Cameron.

Unit 5:

CHILD SEXUAL ABUSE

SEXUAL ABUSE OF CHILDREN

By Kee MacFarlane

Growing interest and social action on behalf of battered children over the past 10 years have highlighted an even more distasteful form of child victimization. Long believed to be extremely rare, or a problem occurring only in primative cultures or lower classes, sexual abuse of children is now recognized as far more prevalent than once imagined. Hard data on the subject are scarce, but many signs, including increased public awareness and reporting, indicate that it is a problem which is more widespread, more serious, and more difficult to discuss than many other similarly sensitive social issues. While many social problems are as complex as child sexual abuse, few are as distressing.

Disturbing as the actual experience of sexual victimization may be for a child, the long-term effects of that victimization may hold the greatest significance for the child and for society as a whole. It is an experience that, even by the most conservative estimates, probably shapes the lives of thousands of women each year. For the victims of child sexual abuse, like those of rape, spouse battering, commercial sexual exploitation, and a number of other forms of victimization, are overwhelmingly female. The feminine pronoun is used throughout this chapter because child sexual abuse is, in fact, primarily the victimization of young girls.

Child sexual abuse can also be recognized as a fundamental betrayal of childhood trust and an affirmation of the powerlessness of being young and female in a society where victimization is often not recognized and protection is not guaranteed. Most child victims of sexual abuse are not attacked by sick strangers who appear from the shadows when a child is out alone. They are abused, for the most part, by men whom they know and trust. Their exploitation is usually at the hands of their own fathers, family members, or other familiar adults. Moreover, they are generally not physically harmed because their fear, their trust, and their deference to male authority preclude the need for violence. Most children are unprepared and unable to protect themselves against what is perceived as adult prerogative. As a result, many of them internalize their roles as victims within the sexual relationship and in the broader context of their own worlds.

It is instilling of this "victim mentality" in the mind and the developing personality of a young girl that is, perhaps, the most insidious aspect of her sexual exploitation. It is not only pervasive in the many areas of her life in which it may be reenacted, it is an extremely difficult self-concept to change and can be a devastating source of continued self-depreciation.

Almost every society contains cultural taboos against incest and sexual abuse of its children, yet the problem of child sexual abuse has always existed. It is a problem with "a long past but a short history," one surrounded by myth and misconception, by ideas we must dispel in favor of a more disturbing reality if we are to move toward protection of the thousands of children who are its victims.

The universal revulsion felt toward acts of child sexual assault and the strong emotional reaction of most people toward the adult who sexually abuses a child are rarely coupled with an understanding of the problem, its causes, or its effects. This lack of knowledge, shared by professionals and lay persons alike, appears to result from at least three major factors: the scarcity of published research, clinical data, or case material on the subject; the accepted sanctity of matters that happen within, or directly affect the family; and the aura of secrecy that has traditionally surrounded this subject and sexuality in general. In addition, traditionally held beliefs and cultural taboos have fostered fears and reactions toward child sexual abuse that are largely unfounded and misdirected, and that contribute to the inappropriate responses often accompanying its discovery.

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The existing research and literature dealing with the subject of child sexual abuse is so limited, and the number of cases studied so small, that they must be regarded as presenting a largely nonrepresentative picture of the problem. Therefore, although this chapter has drawn on material from existing literature, the reader is cautioned against the temptation to generalize from it to all situations of sexual abuse.

The first step in confronting any social problem involves developing an understanding of the situation, those involved, and the dynamics that support it. Needed is knowledge of all the forces that influence those involved—the ones that motivate people as well as those that keep them from acting.

Sexual abuse reaches deeply into the lives of women as child victims, as mothers who see their daughters victimized, as adolescents whose development is shaped by the experience, and as adults whose sense of identity may be irrevocably marred by their inability to shed the memory of their early exploitation. The victims of childhood sexual abuse represent a population whose long-term vulnerability should not be minimized. They have experienced a betrayal of the most fundamental tenet of an adult-child relationship, and while many have successfully overcome the experience, for others the costs are immeasurable. Those who seek to help such children and their families must consider well the impact of their own actions. They must arm themselves against overreaction and insure that remedial action is always in the best interest of the child.

CHILD SEXUAL ABUSE-DEFINITIONS

One of the difficulties encountered in any discussion of child sexual abuse involves the definition of terms. The term "sexual assault" brings to the minds of many people an image of sexual violence and physical attack. While such incidents do occur and periodically capture our attention in sensational newspaper headlines, they actually represent only a small proportion of the reported incidence of child sexual abuse. The fact is that sexual abuse of children takes many forms, involves varying degrees of violence and emotional traumatization, and is defined in a variety of ways, depending upon the source, context, and purpose of the definition.

Our laws provide little insight into the definitional issues of sexual abuse since there is little uniformity in states' legal definitions. State laws prohibiting incest vary considerably in definition and detail. The penalties for incest range in severity from simple fines to fifty years in prison. Some laws developed out of an initial concern for the production of biologically defective offspring; such laws recognize incest only as sexual intercourse among consanguineous, or blood, relations. Other states, however, reflect the current sociological and psychological trend which recognizes that sexual relations between children and close family members create an atmosphere deleterious to the healthy personality development of the child and interfere with normal family functioning (Tormes, 1967). In these States, incest is recognized as occurring between a variety of family members related by blood and/or law, including adoptive or step-parents, siblings, stepsiblings (in certain cases), and grandparents.

Statutes relating to the sexual assault of children are found in both the criminal codes and the civil codes of most states. The former generally represent a judicial focus on the behavior, conviction, and punishment of the perpetrator, while the latter usually reflect an orientation toward child protection and therapeutic intervention. Whether a sexual abuse case is brought before the civil or criminal court is highly dependent upon who is making that decision, and is the object of considerable debate. The decision to try a sexual abuse case in a criminal or a civil court often depends as much upon such questions as the extent of evidence available or the immaturity of the witness as upon the nature or degree of what was actually done to the child.

Since passage of the Federal Child Abuse Prevention and Treatment Act of 1974, more and more states are specifically requiring the reporting of sexual abuse and a degree of uniformity is being established with regard to who is legally responsible for reporting the different types of child abuse. Yet the definition of what constitutes the physical, emotional, and sexual abuse of children still remains largely a matter of jurisdictional and individual interpretation. Furthermore, since most reporting laws address themselves to child abuse by parents or persons legally responsible for a child's welfare, an act of sexual abuse committed by a person outside the family may be defined and handled quite differently from the same act committed by someone legally responsible for the child.

As an example of the different terminology used, in the State of California, the definition of abuse includes: compelling illicit relation by menance, abduction to force defilement, incest, sodomy, sexual contact, assignation or procuring female by force or false inducement, oral sex perversion, seduction, exciting the lust of a child, and so on. To complicate matters even further, the sexual abuse of children is often defined not only in terms of what is done to the child, but the victim's age and the relationship of the abuser of the child are also taken into account. New York state law defines degrees in the crime of sexual abuse with different penalties for each crime. For example, an act of sexual abuse is treated differently: if the victim is less than 11 years old, if the victim is under 14 years old, if sexual contact is without the subject's consent, or if the offender is less than five years older than the subject. Sexual abuse has been imprecisely defined as: "A person is guilty of sexual abuse when he subjects another person to sexual contact." Many state laws provide little guidance as to the meaning of the words "sexual abuse," preferring to leave the matter of interpretation to the courts (McKerrow, 1973:40).

While practitioners and law enforcement officers may bemoan the lack of a specific definition for child sexual abuse, the problem is obviously too complex to lend itself to a simple operational definition. This chapter, therefore, will take a rather generic approach to the issue of child sexual assault. For purposes of this discussion, the terms "sexual abuse" and "child sexual assault" will be used to mean those sexual contacts or interactions between a child and an adult who is attempting to gratify his or her sexual needs or desires.

SCOPE OF THE PROBLEM

The sexual abuse of children is not a new problem; references to its occurrence date back to Old Testament times. Moreover, it is not as rare a phenomenon as many people would like to believe. But child sexual abuse, like rape, is one of the most underreported crimes in our society. Although estimates of its frequency vary, those cases of sexual abuse that are officially reported to appropriate authorities clearly represent only a fraction of the cases that actually occur.

Statistics from the American Humane Association's study of official reports indicate that, in 1975, approximately 12% of all reported cases of child abuse and neglect involved some form of sexual abuse. It is believed by many to be more widespread than the physical abuse of children, which is currently estimated to affect over 200,000 children a year in the United States. Statistics maintained over a 10-year period in Hennipen County, Minnesota (Jaffee et al., 1975), revealed 660 reports of physical abuse, and 2400 reports of child sexual abuse. Assuming that Hennipen is not atypical of other parts of the country, a picture of the possible proportions of the problem emerges. The American Humane Association has estimated that in every major U.S. city, as many as 4,000 cases of sexual abuse may occur each year (DeFrancis, 1965). Other studies indicate that some form of childhood sexual abuse may be experienced by as much as one third of the population. (Landis, 1956).

The reported incidence of sexual abuse is appropriately referred to as "the tip of the iceberg" in an area characterized by fear, denial, and reluctance on the part of family members and professionals alike to bring the problem out in the open. In recent years, the public has become increasingly aware of the plight of women victims of rape and sexual assault; it is not as well known that a large number of recipients of sexual assault are children. Although there is a higher number of reported cases among lower socioeconomic classes, as is also true with the physical abuse and neglect of children, it is not known whether this reflects the greater visibility of this group to the public social service and law enforcement systems, or whether the true incidence is actually higher among some groups. Reported incidences do show that child sexual abuse is not limited by racial, ethnic, or economic boundaries.

The most prevalent myth about child sexual abuse is the commonly held belief that its perpetrators are shadowy, raincoated strangers who haunt our parks and playgrounds in search of young victims. While it is certainly wise to warn children not to take candy or accept rides from strangers, in doing so we are alerting them to what appears to be only a small percentage of the population that actually poses a sexual threat to children. The familiar images of "perverts," "molesters," and "dirty old men" are not accurate portraits of the majority of persons responsible for the sexual abuse of children. Warnings to children might take on

quite a different tone if it were more widely known that the great majority of sexual offenses against children are committed by their friends, acquaintances, and relatives. Major studies have shown that in as many as 80% of all cases, children are sexually abused by people they know and trust; parents, relatives, and parent figures are found to be responsible for up to 50% of reported cases (DeFrancis, 1969; Sgroi, 1975). These figures are especially alarming in light of the fact that intrafamily sexual abuse is even less likely to be reported than sexual assault by a stranger (Schulz, 1972).

TYPES OF SEXUAL ABUSE

Because the circumstances, reactions, and dynamics of child sexual abuse appear to differ depending on whether the perpetrator is a stranger or someone with whom the child is closely acquainted, it is useful to examine the two situations separately. In cases of assault by a stranger, the behavior of the perpetrator is more likely to be an expression of deviant or abnormal sexual preference than is that found within the family constellation, where normal or appropriate sexual preference may have become thwarted, disoriented, or inappropriately directed toward a child. Even so, most persons who sexually abuse children, whether they are strangers or known to the child, do not fit the usual nightmarish stereotype of the "child molester." Many have extremely poor self-concepts and dysfunctional personal relationships, but the majority are not considered to be "sick" as society has traditionally held (Peters, 1976; Weiner, 1964).

While aggressive sexual offenses, such as rape and sadism, do occur, they are the exception rather than the rule. The majority of cases do not involve penetration, contraction of venereal disease, or infliction of serious injury. Exhibitionism and fondling by strangers, often compulsive and habitual forms of behavior, are rarely violent and may have minimal impact on their victims, depending upon how the situation is subsequently handled. Pedophiles, those who receive their primary sexual gratification from minor children, are only a small percentage of sexual abusers. Although some pedophiles are homosexuals, the correlation in many people's minds between homosexuality and child molesters is a fallacious one that is unsubstantiated by fact. The vast majority of known child sexual abusers are heterosexual in their sexual orientation.

Sexual abuse by strangers is usually a single episode, occurs most frequently during the warm weather months, and usually takes place out of doors, in an automobile, or in a public building. In contrast, sexual abuse by family members or acquaintances is more likely to occur in the home of the victim or the perpetrator, accompanied by a host of other interpersonal and family problems, and occur repeatedly over a period of time (DeFrancis, 1969; Peters, 1976).

While there are cases of sexual abuse by adult women, the overwhelming majority of perpetrators are men. Girls are victimized or at least reported at a much higher rate than boys (the estimated ratio is 10:1), and although victims have been found to be as young as four months old, the average age is 11 years old (DeFrancis, 1969). Thus, in speaking of sexual abuse, we are primarily talking about sexual encounters between young girls and adult men with whom, more often than not, they are personally acquainted.

Since the offender is usually known and trusted by the child, incidents of sexual abuse are seldom accompanied by physical violence or extreme force. Children are accessible targets for a number of reasons. They have been conditioned to comply with authority; they are in subordinate positions and are fearful of threats; they are intensely curious; they are susceptible to bribes and the promise of reward. In addition, children are often naive with regard to social norms and values, and they are sensual beings who may respond willingly to intimate and gentle contact which they may associate with feelings of being loved, cherished, and cared for. Thus, the use of physical violence is rare because it isn't necessary: children by their very nature make ideal victims of sexual exploitation.

DYNAMICS OF THE PROBLEM

The sanctity of the home is such an established aspect of our society, traditionally and legally, that it is not difficult for a family to isolate itself from public view and public censure. Moreover, despite increased public awareness of the issue of children's rights and protection, children are still largely regarded as the property of their parents, whose right and privilege is to raise their children as they see fit. It is, therefore, extremely difficult for agents of society outside the family structure to act to deter or

prevent the occurrence of intrafamily sexual abuse.

Incestuous behavior, the definition of which includes, for purposes of discussion, a wide range of child-focused sexual behavior by parent figures as well as parents and other close relatives, rarely exists as a single event. A sexual relationship between father or father-figure and child may begin innocently enough and progress from touching and caressing to fondling and overt sexual stimulation. Although most children recognize at a very early age that what is happening is "wrong," it does not always begin as an unpleasant experience for children. For some, it represents the first time they experience what they perceive to be recognition or special attention from the parent or parent figure. As is the case with some battered children, even negative, painful, or distasteful attention is better than none at all.

Despite the facade of contentment that might be maintained outside the home, incestuous families are often characterized by a high degree of family disruption and poor personal relationships. In cases of father-daughter incest it is often the relationship between the adults in the home, not the parent-child relationship, that is the key factor. The sexual relationship between the adults is often strained or nonexistent, and a great deal of underlying hostility may be present on both sides (Giarretto, 1976a). In some cases, the mother has essentially abdicated her role as wife and mother, while the daughter, in a classic role reversal situation, has increasingly taken on the adult role and responsibilities in the family. The mother, who may have experienced a cold and rejecting relationship with her own mother, may be able to avoid recapitulating this role with her daughter. There are indications that a number of these mothers were themselves sexually abused as children (Raphling et al., 1967). Thus, intrafamily sexual abuse, like the physical abuse and neglect of children, is likely to become part of a troubling cycle of dysfunctional family interactions that play themselves out in each successive generation.

The notion that incestuous fathers or stepfathers are highly sexed and aggressive men is generally false. Many are weak, resentful, and ineffectual individuals both within and outside the family; their negative self-concepts and low personal esteem make them prime targets for the adoption of behavior that is destructive to themselves and to others (Giarretto, 1976b).

Motivations for intrafamily sexual abuse and incest are often as diverse and complex as the families themselves. Although sexual gratification for the participating adults is the most obvious motive, the factors contributing to the breaking of such a strong cultural taboo as incest are rarely that simple. As previously mentioned, an unhealthy marital relationship is a prime factor in the development of resentment between husband and wife and the channeling of attention in other directions. Likewise, a daughter who sees her mother as rejecting, unjust, or dependent, may consciously or unconsciously use her father as a means of revenge. The justifications used by some men include the notion of furthering their daughter's sex education, protecting the child's physical health by preventing the contraction of venereal disease from other men, or the explanation that this is the way love and affection are expressed in their family. Incestuous fathers are often extremely conservative in their sexual beliefs and practices, and generally, do not engage in a variety of sexual practices or extramarital relationships. As one outraged father indignantly exclaimed as he was being brought to the police station. "I am a decent man. I provide for my family, I don't run around on my wife, and I've never slept with anyone except my wife and my daughters."

Family isolation, both physical and emotional, overcrowding, and alcoholism, which tends to lower impulse control, are frequently cited as antecedents to sexual abuse. Contrary to some commonly held assumptions and unlike the usual battered child syndrome, it is not uncommon for more than one child in a family to receive sexual abuse. The sexual relationship may begin with the oldest child and eventually include younger siblings as well. It is not uncommon for a girl finally to report an incestuous family situation, having discovered, after silently enduring the relationship for years to protect the siblings, that her father had been engaging the other children in the same behavior all along. Her request for protection of younger sisters often comes only after she herself has run away or grown old enough to leave home. Some girls report that their greatest sense of disillusionment came not from their father's physical behavior toward them, but from the betrayal of this type of "silent pact" to protect their siblings.

In cases of intrafamily sexual abuse, it is important to understand the role of the moth-

er, though her role may vary greatly depending upon the individual situation. Although many women are caught in a drama that they neither see nor understand until it is publicly brought to light, this is not always the case. In some family situations, the mother's knowledge and subsequent denial of the incestuous behavior is often a key to its continuation. Sexual relationships of any kind that occur over a period of time have visible and emotional antecedents, and, in many cases, it is unlikely that a spouse could remain totally unaware of the changed personal dynamics that occur when sexual abuse or incest is present. Full sexual contact between an adult and a child within a family is invariably preceded by a long series of verbal and nonverbal expressions of growing sexual interest. The mother, in such situations, has been described as "an active nonparticipant" (Weich, 1968); her conscious attempt not to see what is happening is often motivated by her own feelings of powerlessness and horror. Whether her collusion in the incestuous relationship is conscious or unconscious, the mother's strong denial of the situation may act to provide tacit permission for the relationship to continue.

Poznanski and Bloz (1975), in their study of incest, have explained that in some families, the nonparticipating members go to great lengths to avoid acknowledgement of the presence of sexual behavior between an adult and a child. It is not uncommon, for example, to learn that a child has gone to her mother or other family member to report what is actually transpiring between her and her father, stepfather, uncle or grandfather, only to find that she is either not believed, accused of being nasty or wicked, or has caused the mother such emotional upset and anxiety that the child ends up regretting the revelation even more than the behavior itself. Many mothers in families where incest is discovered initially express outrage and denial of what has occurred, but may later admit to having known of the incest and experience a great deal of shame.

To understand the role of the mother who is aware that some form of sexual abuse is occurring in her family, it is important to recognize that her behavior is rarely motivated by the conscious desire to hurt her daughter or intentionally subject her to the sexual advances of the father or father figure. More often than not, the mother herself is a victim of her circumstances and her own poor self-image, so immobilized by a situation in which she feels powerless and ineffectual that she can take no action to protect her child. Public recognition of the sexual abuse in her family may serve to expose her inadequacies as a wife and mother. She fears the disintegration of her family and marriage, perhaps the loss of her only sources of economic and emotional support. A number of these mothers are themselves the objects of physical violence and battering at the hands of the men with whom they live. Trapped within the boundaries of their own violent relationships and often aware of the precarious and temporary nature of the protection that society is able to offer them, they are afraid to intervene actively on behalf of their children. In the dejected words of a battered mother of a sexually abused 15-year-old runaway, "I tried to give her the only things I had to offer: some money and the strength to get the hell out of here."

Fear of exposure, humilation, or personal harm all act to increase the mother's already strong dependency on the family member who is both the source of her subjugation and her protection from the outside world. Too often, in such situations, the protection of the child is sacrificed in the process of the mother's victimization.

Mothers who have been truly unaware of the sexual involvement within their families endure their own private victimization once the incest is discovered. Their initial shock may soon turn to feelings of extreme guilt over what has happened to their children. Many are plagued by self-recrimination over their inability to protect their daughters, and demean themselves for not suspecting what was going on. The realization that the victimization of a child is at least partially possible as a result of her mother's trust in the abuser is a painful one. The aftermath of such a discovery for many women involves not only their feelings of guilt, but a fundamental sense of betrayal.

In the case of child sexual assault by a stranger or person outside the family, the responsibility of the parents for the child's protection and supervision is sometimes in question. Similarly in intrafamily abuse, the role of the mother and degree of active participation by the child may vary greatly depending upon the individual situation. Nonetheless, the discussion of these various dynamics should not be interpreted to mean that it is difficult to assign ultimate responsi-

bility when sexual intimacy occurs between an adult and a child. Although an accurate and inclusive psychological profile of the child sexual offender does not exist, the matter of accountability is not at issue. Regardless of a child's specific behavior or apparent needs, and despite any of the interpersonal dynamics which may be operating in the home, it is the adult who must exercise control (DeVine, 1977). The assignment of blame is generally not a productive approach to the problem, but the acceptance of full responsibility for his actions is usually an important aspect in the treatment of the offender. Understanding the roles of involved persons, including the victim, is important to our efforts to prevent and treat the problem, but when the violation of an adult-child relationship takes the form of sexual exploitation, the responsibility clearly rests with the adult perpetrator.

EFFECTS ON THE VICTIM

It is impossible to make a general statement about the effects of sexual abuse on children. Aside from the fact that there has been little research on the effects of sexual abuse, children react differently to different situations depending on a number of variables that may be operating at the time of the occurrence. While it is not possible to generalize across the population of abused children, this section attempts to describe some of the most serious repercussions that have been observed, and to identify a number of important variables that operate in determining a child's reaction to a sexual abuse situation.

Children who are sexually abused are not special children with special characteristics: they are not of one age, one sex, one race, or one social class. They are not victims of one particular offense, nor do they sustain identical injuries. Their role in the abusive situation, their disclosure of the incident, their relationship to the perpetrators, and their reactions, both long- and short-term, all differ (DeVine, 1977). Nonetheless, a number of key factors are commonly believed to be of critical importance in determining the ways in which a child reacts to the experience. These factors include the child's age and developmental status, the relationship of the abuser to the child, the amount of force or violence used by the abuser, the degree of shame or guilt evoked in the child for her participation, and, perhaps most importantly, the reactions of the child's parents and those professionals who become involved in the case.

It is not difficult to understand why some incidents of sexual abuse by a stranger may be far less traumatic to a child than those committed by someone close to her. In most such instances, the parents will rally to the aid of the child, and, while they may overreact to the situation, their anger and feelings of retribution are generally directed toward the perpetrator. There is less likely to be any question about possible provocation on the part of the child, who is usually the recipient of expressions of concern, protection, and support from family and friends. The degree of violence or physical coercion used by the offender is, of course, another important factor in cases of sexual assault. If a child has been raped or otherwise physically hurt by an outsider, both the short- and long-term effects can be expected to be far more serious than if, as is usually the case, the assault has been nonviolent. Many, if not most, cases of nonviolent sexual assault by a stranger can be treated with short-term crisis intervention techniques that emphasize putting the incident in perspective and returning the family to its former state of equilibrium.

Intrafamily sexual abuse, including that initiated by persons whom the child or other family members hold in high esteem, usually has far more complicated temporary and long-term repercussions. It is believed that the closer the emotional ties between the child and the perpetrator the more emotionally traumatic the situation is likely to be for the child (Sgroi, 1975); nonetheless, the degree of emotional impact will vary greatly depending on the nature of the individual relationship.

The child's role or the manner in which she perceives her role—in the sexual relationship can have a strong influence on the way she reacts to the situation once it has been disclosed. Very young children often have difficulty separating fact from fantasy and may have a very different and less distressing image of what occurred than others in the family have. Their view of the world may provide a layer of unconscious self-protection that enables them to react only to what it is they imagine has happened to them. However, this type of initial reaction may be quickly colored by the more violent reactions of the adults around them.

If the sexual behavior between adult and child has occurred over a long period of

time, if it has involved a series of progressively intimate incidents, or if the child is old enough to understand the meaning and cultural taboo of what has occurred, then the effects may be more profound. Extreme feelings of guilt are a common consequence of intrafamily sexual abuse and cause many victims a great deal of anguish. Guilt feelings may be intensified by a number of factors, including the degree to which the child actively participated in or encouraged the sexual contact, and whether she herself experienced pleasure when it happened. Regardless of whether her pleasure stemmed from the accompanying feelings of acceptance and adult approval or from a normal physical reaction to sexual stimulation, the acknowledgement of some level of enjoyment is a painful source of shame for many children. With children for whom the experience was totally repugnant and upsetting, guilt may stem from the fact that they allowed the situation to continue because they felt too fearful and powerless to take any action to stop it. Such guilt is particularly poignant if a child believes that her passive acceptance of the situation resulted in the subsequent abuse of her siblings.

The reactions of a child's family can do much to either lessen or enhance her guilt feelings following disclosure of the abuse. DeFrancis (1969) has described initial parental reactions as either child-oriented, self-oriented, or offender-oriented. The object of a family's blame or support in such situations is dependent upon a number of variables. The degree of public humiliation experienced by family members and their concern for what other people will think may undermine any support for the child's position. As with many personally traumatic experiences, the need to blame somebody for what has happened is sometimes a strong one. The mother may put complete blame on the offender, or she may blame herself for failing to protect the child adequately. While both reactions may be normal ones under the circumstances, unless they are accompanied by a focus and concern for what the child is undergoing, they may not be constructive reactions.

As mentioned earlier, the benefits of supporting the child may be outweighed by the very concrete losses that the family might experience if the father or family provider is put in jail or ordered to keep away from the home. In such cases, the family's anger and frustration may be focused on the victim who may find herself being blamed for initiating and perpetrating the sexual relationship or for breaking up the family by revealing the situation, or both. This form of "blaming the victim" can have a devastating impact on a child who is usually already guilt-ridden from the blame she has imposed on herself.

Even if a child has not experienced extreme guilt or confusion as a result of the sexual contact itself, she is often likely to discover it once she comes into contact with the so-called "helping system." Due to the seriousness of the crime of sexual assault, such accusations are often viewed with a great deal of suspicion. Again, as has been the experience of many rape victims, the child victim may find that it is her own credibility which is in doubt, and her strongest emotional reactions may occur as a result of this recrimination. Even when a very young child has incurred physical damage as a result of sexual assault, her reliability may be questioned, as in a case cited by Walters (1975) of a four-year-old girl who was hospitalized with massive internal injuries, and was asked by an emergency room nurse, "Were you playing with yourself?"

In cases where the sexual contact itself was not immediately traumatizing to a child, the ensuing separation of a child from her family may be the event that carries the most severe or lasting emotional impact of all. Feelings of grief mixed with guilt over the loss of a special person or relationship, regardless of the pathology involved, may be the effect felt most strongly by the victim.

Behavioral indicators of the effects of either the abuse or its disclosure can take many different forms. Some children manifest their reactions by regressing to earlier types of behavior such as thumb sucking, bed wetting, or becoming afraid of the dark or certain locations which have negative associations for them. Others develop a variety of behavioral disorders such as sleepwalking or difficulty in eating and sleeping. Such physical symptoms may constitute the child's way of acting out those disturbing feelings and reactions that she is unable to verbalize.

Even less is known about the long-term effects of sexual abuse than about the short-term reactions. Sexual abuse has been referred to as a "psychological time bomb" because of the dormant nature of some of its aftereffects, many of which may not be realized until the child is old enough to establish

adult sexual relationships of her own. It is then that she may discover her inability to disassociate the sexual aspects of that relationship from her negative experiences as a child. It is believed by some that the low self-esteem and self-interest of many victims leads them to engage in a variety of self-destructive behaviors. Girls who react by turning their self-hate inward may be likely to become involved in drug or alcohol abuse. In studies of female drug abusers, as many as 44% of them had been sexually abused as children. (Benward and Densen-Gerber, 1976). Similarly, some girls display their internalized feelings through outward displays of self-abuse as adolescent promiscuity or prostitution. James (1971); in her study of prostitutes, found that approximately 30% of them had been sexually exploited during childhood. For some, the exploitation of their own sexuality may become the only way they know to relate to others.

A number of girls appear to jump into early marriages as a means of escaping their family situations, or dealing with their feelings of aloneness. Many experience a sense of isolation when they realize that they do not have any peers who could understand what they are going through. Depression and confusion about their own identities are not uncommon reactions of many victims. Some report feeling "marked" or stigmatized for life and may have suicidal tendencies. Others, with support and understanding, may be able to comprehend their roles as child victims within the perspective of adult responsibility for what occurred, and thus may not suffer lasting consequences of the abuse.

No two children or families will react in exactly the same way to the presence of child sexual abuse. Also, because they are under a great deal of stress, their reactions and behavioral signs, whether conscious or unconscious, are subject to misinterpretation. Generalizations about the effects of any kind of interpersonal crisis often do a disservice to all the individuals involved. Children, no less than adults, need interpreters in society who can hear the unique story that each has to tell.

VICTIMS OF THE SYSTEM

Although society reacts with predictable horror at what is done to children by sex offenders, it apparently does not share a similar concern for what often happens to them subsequently at the hands of our law enforcement and child protection systems. Whether a child has been sexually assaulted by a stranger, an acquaintance, or a member of her own family, when the incident is brought to light the family is usually found to be undergoing a state of crisis as it works through feelings of anger, fear, shock, and confusion. In the midst of such vulnerability, the criminal justice, health, and social service systems may descend upon a child and family with such a devastating impact that its recipients are left with the feeling that the "cure" is far worse than the symptoms. Many authorities agree that the emotional damage resulting from the intervention of "helping agents" in our society may equal or far exceed the harm caused by the abusive incident itself. (DeFrancis, 1969; Giarretto, 1976b; Miner, 1966; McKerrow, 1973; Sgroi, forthcoming).

More parents and professionals might be willing to report suspected cases of sexual abuse if they could be confident that the effect of their actions would not be to appreciably add to the trauma the children already were experiencing. It is an assurance that few communities are able to make. Once a case of known or suspected sexual abuse is reported, a series of investigative, protective, and prosecutorial procedures spring into action. Although the specific steps vary, depending upon state law and procedures, whether the report is made to the police or to the department of social services, and whether the case is handled under civil or criminal statutes, it can be a complicated and overwhelming process for those involved.

The child, who is usually under a great deal of emotional stress already, may be required to recount the details of the case over and over at various stages in the legal process. If the situation is reported to the police, as is required by law in several states, she may have to tell her story first to a patrol officer during the preliminary investigation, and later to a police detective neither of whom may have had any specialized training dealing with a child witness. When child protective services are involved, a separate investigation may be initiated, which involves an interview with at least one social worker.

During the process of investigation, the child may be taken to a hospital or private physician for a medical examination. Here, again, the child is usually expected to recount the incident or incidents leading to the report. Concerned physicians, such as

Sgroi, have pointed out that a thorough and gentle examination can serve to calm and reassure a child that she is physically all right (Sgroi, forthcoming). However, as many women and most rape victims attest, a gynecological exam, even when performed under the best of circumstances, can be an upsetting experience. This may be true especially if the girl is very young, if it is the first time she has undergone such an examination, if the physician is a male and a stranger to her, or if physical restraints or strong words of admonition are used to calm her. The situation can be exacerbated if the medical personnel are not trained or sensitive or willing to spend the time and patience required to handle these disturbing cases.

If the case is to be handled under criminal statutes, it will most likely be referred to the Prosecuting or District Attorney's office, where the girl will again be interviewed, sometimes more than once, in order to evaluate the force of the evidence, the victim's credibility as a witness, and the strength of the case in general. Even if there is a decision not to press criminal charges, the case may go to civil or juvenile court to determine such matters as child custody and supervision. In this case, the child may be interviewed still another time by the court attorney, city solicitor, or guardian ad litum appointed by the court to represent the best interests of the child. In the end, it is not unusual for a child to have to repeat her story six or seven times or more, even if the case never goes to court.

Although many children are spared the agonizing ordeal of a full trial since such cases are often resolved by plea bargaining and dropped charges, a criminal case may quickly develop into an adversary proceeding between child and adult. In cases where preliminary hearings are held to determine whether the accused should be bound over for trial in Superior Court, the child must confront her assailant (possibly for the first time since the assualt or since the report was made, even if the assailant is her father) in a courtroom situation. Once again, she must recount the exact details of the abusive situation, and her testimony is subject to cross-examination.

The differential and complex way in which our society treats children who come into the criminal justice system is a subject of considerable relevance for the victims of sexual abuse. Although the United States was the first society in the world to establish a separate justice system for its juveniles, that system was not signed to protect *all* children who must undergo criminal proceedings, only those accused of committing criminal offenses. Our juvenile courts were established on the belief that the special needs, vulnerabilities, and limited experience of children make them significantly different from adults; thus they warrant a court system that is sensitive to those differences. Presumably, a young child who is either a victim or a witness to a crime committed by an adult is in need of at least as much special consideration as a juvenile offender. Unfortunately, in the criminal court there may be little allowance made for the child victim's limited ability to comprehend and compete with her adult counterparts (Stevens and Berlinger, 1976).

Testifying at an open trial is a stressful experience for even the most secure adult, and is often the most difficult encounter of all for the child victim of sexual abuse. The child may have to sit alone on the witness stand answering a series of complex questions and pointing out the accused in a courtroom filled with spectators. This author will never forget the look on the face of a 9-year-old incest victim when her father was brought into the courtroom with chains and handcuffs around his hands and waist. With support and reassurance from concerned professionals and family members, she had, up until that point, coped remarkably well with the rigors of the judicial process. Her only comment before she withdrew into a spasmodic, twitching episode (which recessed the trial for the day) was, "I did that to my Daddy."

Regardless of a child's age, she is usually not protected from the Defense Attorney's attempts to attack her credibility on the witness stand. As have many adult rape victims, children who have been sexually abused, some of them as young as 7 or 8 years old, may quickly find that their own personal lives and behavior appear to be on trial. Often judges and prosecutors are reluctant to intervene for fear of appearing too protective or of swaying the jury. The child is often expected to provide information on dates, times, and sequences, plus a detailed description of the abusive situation and events that preceded and followed it. Her story is often regarded with a great deal of suspicion, and a number of concrete external proofs of abuse, such as witnesses, physical injury to the child, presence of

semen or penetration, must usually be present. It often seems that society's primary interest in the child is in the testimony she can give for the conviction of her abuser. The entire process has the effect of abandoning the child to a set of abstract principles of justice (Stevens and Berlinger, 1976).

Even when a child is not directly involved in a criminal court proceeding, the only methods available in most communities for dealing with intrafamily sexual abuse involve the forcible, or sometimes voluntary, separation of perpetrator and victim. Giarretto (1976a) has pointed out that, with rare exceptions, the repertoire of law enforcement, judicial, and social service personnel handling child sexual abuse cases is limited to two devices—separation and punishment. In cases where the burden of reporting or testifying lies primarily with the mother, she is put in the position of having to decide who will go, her husband or her child. Either way, there are often serious repercussions for the child. If charges are pressed, and the father or father figure goes to jail, the girl will often see herself as responsible for breaking up the family. If she is taken out of the home to be placed in a foster home, she may internalize her removal as evidence of her own innate badness and guilt. This perceived assignment of legal guilt not only serves to allow other family members to maintain a destructive denial of their own responsibility, but, as is so often the case, the girl may, in her foster home, act out her feelings of shame, guilt, and confusion to the point where she has to be placed in another home. This drama may be re-enacted in a series of foster homes and institutional placements until the child has convinced herself, if not those around her as well, that she is a thoroughly unlovable and destructive individual.

Although society has traditionally looked to the machinery of the criminal justice and protective service systems to provide the best available assistance to victims of sexual abuse and their families, the process has often meant additional traumatization for *all* persons concerned. There are pitifully few treatment programs available to the perpetrators of sexual abuse, prison sentences are usually not of long duration, and offenders, if they do go to jail, receive few if any rehabilitative services. Convicted sexual offenders find when they reach prison that, even in a society of criminals, they occupy a pariah status and are in physical and sexual danger from the other inmates (McCaghy, 1971). They quickly become the victims of another kind of system, where they find themselves holding the most despised status on the reordered social scale.

In situations where there is already a high degree of family disruption, the threat of forced family dismemberment may take on much greater significance to family members than anything that has previously happened to the child. The legal process may act to entangle the entire family in a web of retribution. There are few sights more disturbing than watching a mother transfer her support and allegiance from her young daughter to her husband or lover as they progress through the justice system. The child may be left with no functioning adult ally in the household once her sacrifice is seen as a way of salvaging the adult relationship; she is left alone in the role of accuser. Such cases should not be taken to criminal court unless a conviction is assured. There are indications that, in the absence of any continued protection from the mother or other adult family members, a child who is put on the witness stand to publicly accuse her father of incestuous behavior may be in grave physical danger if he is subsequently aquitted and allowed to return home.

Perhaps the most telling indictment of our present system of child protection is contained in an interesting theory regarding one way to determine the difference between a report of actual intrafamily sexual abuse and one fantasized by the child. It is believed by some that, in the case of true sexual involvement between a child and another family member, the child will often be back in a week or two to deny all of her charges and retract the report. This happens, it is hypothesized, because the societal intervention that has occurred during the ensuing days or weeks has proven to be even less tolerable and more upsetting to the girl than the previously existing situation. The abused child came seeking protection and an end to the abuse, not an end to her family. The girl who falsely accuses a family member, on the other hand, may be more likely to stick by her story because society has given her exactly what she wanted: retaliation and total family disruption.

Although more and more communities are developing specialized child-centered services for the victims of sexual abuse, we have a long way to go. It is not surprising that perhaps the most frequently chosen solution

is for the child, as soon as she is old enough, to rebel and leave home. It is, unfortunately, the case that, for many children and their families, society, no matter how well intentioned, is the cruelest assailant of all.

PRESCRIPTIONS FOR CHANGE

Perhaps the most important thing to keep in mind, for those who seek to help children and families who are the victims of sexual abuse, is contained in an ancient expression familiar to the medical profession: *primum non nocere;* first, do not harm. We are often helpless to prevent or undo the negative interactions that occur between adults and children: we *can* do something about what happens to a child following disclosure of the incident. It is important to remember that sexual abuse in its various forms does not *automatically* leave permanent emotional scars on its victims. This is said with no intent to minimize the negative effects of sexual exploitation, but with the belief that children need the adult world to respond appropriately to their individual needs and circumstances. By reacting out of our own needs for retribution or immediate resolution of a repugnant situation, we can, and repeatedly do, make life worse for the children involved.

The first step toward insuring that we don't compound an already stressful situation is to consider the effects on the children involved of every ameliorative action contemplated. While any major disruption in a child's life is bound to cause anxiety and fear, especially if it threatens his or her basic family structure, constant maintenance of a child-centered orientation at each step of the process can go a long way toward reducing the stress. A child's world revolves around the family, and no matter how dysfunctional that family may be, it is usually the only one she has ever known. Most maltreated children want the abuse to end, not their families to end. It is difficult for most children to accept the fact that it could be their parents, not they, who are wrong or who have behaved badly. Understandably enough, this is especially true if the child is taken out of the family. In their young minds, parents are parents, and it is children who are bad and get punished. The author once worked in an institution largely populated by children who had experienced the most extreme forms of physical, sexual, and emotional abuse at the hands of their parents. These children had very diverse backgrounds and had coped with their experiences with varying levels of emotional adjustment; but they all had one thing in common—they all wanted to go back home to their families. They would insistently promise that, if allowed to return home, they would be careful not to provoke their parents to hurt them, abandon them, or sexually misuse them again.

It is important to keep the perceptions of children constantly in front of us, not because it is always possible to keep from compounding their private pain, but so that we always strive to provide "the least detrimental alternative to the child" (Goldstein, Freud and Solnit, 1973). We cannot always avoid splitting up families or placing a child in a foster home when there is no other way to protect her from further abuse, but such action should be a resource of last resort, not an attempt to appease our initial feelings of horror. Although society is not, for a variety of reasons, presently able to tolerate the possibility of recurrence of intrafamily sexual abuse, the time has come to question whether the immediate removal of a child from her own home, or her participation in the arduous process of a court trial, is ultimately in her best interests. There have been cases of long-standing sexual involvement in the home where children have been forcibly removed by the police within an hour following disclosure of the situation. A child may find that, in the space of one afternoon, she is living with strangers, prohibited from seeing her parents, and in a new school district away from friends as well.

It should also be remembered that many children have a distorted sense of time; a few days can seem an eternity to a young child. When we speak of temporary foster care, we would do well to bear that in mind. Many "temporary" foster and institutional placements of children stretch on into years of separation, until the child has virtually no family as she knew it to return to. Children have the right to a home in which they can be assured of permanence; if we judge their own to be inadequate and are unsuccessful in an intensive attempt to rehabilitate it, then we at least owe them permanence in another setting.

In most cases of sexual abuse, as with many other family problems that threaten the well—being of children, if we really want to help the child we will first do our best to help save the family. Again, it is not always

possible, but far more could be done than is presently being attempted. There are few sexual abuse treatment programs associated with the prisons in this country. There are even fewer programs that attempt to involve the whole family in treatment. The Santa Clara County Child Sexual Abuse Treatment Program in San Jose, California, is the only program in the country specifically developed to treat incestuous families.

Treatment programs are obviously only one aspect of our system for dealing with child sexual abuse which needs improvement. Attention must be focused on the needs of children and families from the time that a situation is discovered. Special units or teams of professionals in hospitals, police departments, and social service agencies should be trained to deal with sexual abuse and to become sensitive in their interactions with children. Whenever possible, cases should be handled by social workers or at least plainclothes policewomen, since children are often frightened by police officers in uniform.

In our desire to protect children from distressing situations, we cannot ignore the reality of many existing legal and medical procedures. Criminal laws that involve the child witness will not be disposed of simply because they make therapeutic intervention difficult. They must be changed where they are destructive or insensitive to their effects on children, and, where families are involved, they must be humanistically refocused on rebuilding rather than destroying family units. Children should undergo a minimum of interviews about what happened; if ten professionals must hear the story, let it be recorded on tape the first time around. Medical examinations of young girls should be conducted only when necessary and by female physicians or a family doctor known to the child. They should be performed with the utmost sensitivity and care. Every attempt should be made to handle court cases in pretrial conferences, judges chambers, or special settings adapted to use by children and not open to the public. Child victims should, at a minimum, be entitled to the same considerations and special provisions as child offenders. In addition, they require careful treatment and follow-up to determine what long-term effects the abuse may have. It is not enough to remove a child or other family member to another setting and call it treatment, though our present system often functions as if it were. Whether children are abused by strangers or by someone they know well, they need to be treated with compassion and understanding; we must stop treating them merely as evidence. The procedures and requirements of our judicial and protective systems make it difficult not to add to the trauma child victims experience. But we should at least be able to promise that the "help" we provide will not leave them preferring the previous sexual abuse to the abuse imposed by an insensitive system.

CONCLUSION

Our knowledge about the sexual abuse of children appears to be evolving in a pattern similar to that of knowledge about the problems of battered women, battered children, and rape victims. This pattern begins with the disturbing discovery that the prevalence of the problem and the number of extreme situations are much greater than previously imagined. Then a concerted effort to gather more information typically reveals an insidious, secondary level of abuse; i.e., the way victims are treated by society and its institutions following disclosure of the abuse. It is not until the scope and ramifications of the problem are fully realized that we see improvement in the lot of victims and the restructuring of social institutions.

Another important aspect of child sexual abuse has to do with prevention and how we raise our children. Little girls learn at a very early age how to be provocative and coy. They are surreptitiously encouraged by the myriad of material things that surround them—their toys, the television, and what they read. Parents and friends knowingly and unknowingly encourage them to grow up fast, to use their wiles to their advantage. Their sexiness may be reinforced before they are old enough to understand what it means. When sexuality in young children is encouraged, they become confused as to its appropriate purpose and function. The very behavior and dress they use to get adult attention and approval may make them vulnerable to kinds of sexual exploitation they are not emotionally or developmentally able to manage.

Similarly, young boys are often raised with inappropriate expectations about sexuality and women in general. The notion that sexual pleasure may be taken, either by physical force or coercion, or that women and children "ask for" sexual exploitation by

their behavior or vulnerable status, is one which is all too often subtly reinforced in our society. As long as prevailing societal attitudes reflect a view of women as sexual objects, and as long as the rights of children receive such casual regard, female children may remain an especially vulnerable target for sexual abuse. True confrontation of a problem as insidious yet as pervasive as child sexual abuse ultimately requires the type of primary prevention which seeks to change the contributing attitudes and behaviors found in our society. Thus, one aspect of preventing child sexual abuse involves the projection of images and values onto children. Children must not grow up with the kind of expectations and attitudes which will allow them to objectify others to the point of exploitation; at the same time, they must have help in insuring that they do not covertly appear to be eliciting sexual behavior with which they cannot cope. Another aspect of prevention is to adequately prepare and protect children from inadvertently becoming trapped in the role of victim. One way to do that is to provide them with more education about the nature and indicators of sexual abuse and what to do if they experience it. The fear, of course, is that in so doing we will make our children paranoid or unduly distrustful of the people they know and of any intimate or affectionate behavior. The fear is a legitimate one, but is most likely outweighed by the potential of such an educative process, if sensitively handled, in providing a child with the kind of psychological armor he or she might need to successfully prevent exploitation. We may tell our children not to talk to strangers, but we often neglect to tell them why, so that if and when they are subjected to sexual abuse they are unsure of what is happening and what to do about it. If they can be taught the differences between appropriate and inappropriate adult-child physical interaction (regardless of who the adult may be) they are in a better position to prevent or at least seek help for their own victimization. As one former sexually abused child so pointedly put it, "They told me never to accept rides or candy from strangers, so I never did. They never told me to watch out for my own father or why."

Our challenge is to prepare children for any eventuality of sexual exploitation without scaring them to death. We must counterbalance their natural passivity and deference to authority by providing them with a strong sense of what other people should and should not be permitted to do to them under any circumstances. They must know that they will be supported in their efforts to act and speak out against being victimized. If, for whatever reason, they are not being protected within their own homes, they need to know that there are other supportive avenues of help available. In that regard, school personnel and other adults who have contact with children must be alert to the visual signs and halting messages of children in trouble. Child victims of sexual abuse can only be as strong and effective in acting on their own behalf as the protective system and the adults who are standing behind them.

Sexual abuse of children has existed for centuries, though it has only recently come into the light of public attention. Even when the problem is recognized, it is often compounded by our clumsy and ineffectual attempts at immediate solutions. Except in a minority of cases, the problem can not be effectively dealt with simply by invoking the retribution of our criminal justice system. Our desire for retaliation may provide a consoling outlet for our initial feelings of outrage, but it rarely solves the underlying issues. Children need education about sexual abuse and sexuality in general. They need a sense of themselves that will help to insulate and protect them against victimization and victim mentality. Parents need to be helped to handle their own sexual feelings appropriately, and protect their children from the exploitation of others. Professionals need training to help them recognize the symptoms of sexual abuse, and the criminal and protective service systems need to be changed so that they deal fairly and humanely with the problem.

A cause for optimism lies in the fact that the process of identification, assessment, and resource development has begun in other problem areas similar to that of child sexual abuse. In rape cases, the past five years have seen the incidence of reporting rise, judicial impediments modified, and public attitudes slowly change. Certainly much remains to be done for the victims who learn daily that what society offers is insufficient to meet the need. All victims of our society's cult of violence and self-gratification deserve our compassion, our energies, and our voices for change, but none more than our children, who have no voices of their own.

NOTE

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GUIDELINES FOR INTERVIEWING CHILDREN

DO:

- Make sure the interviewer is someone the child trusts.
- Conduct the interview in private.
- Sit next to the child, not across a table or desk.
- Ask the child to clarify words/terms which are not understood.
- Tell the child if any future action will be required.

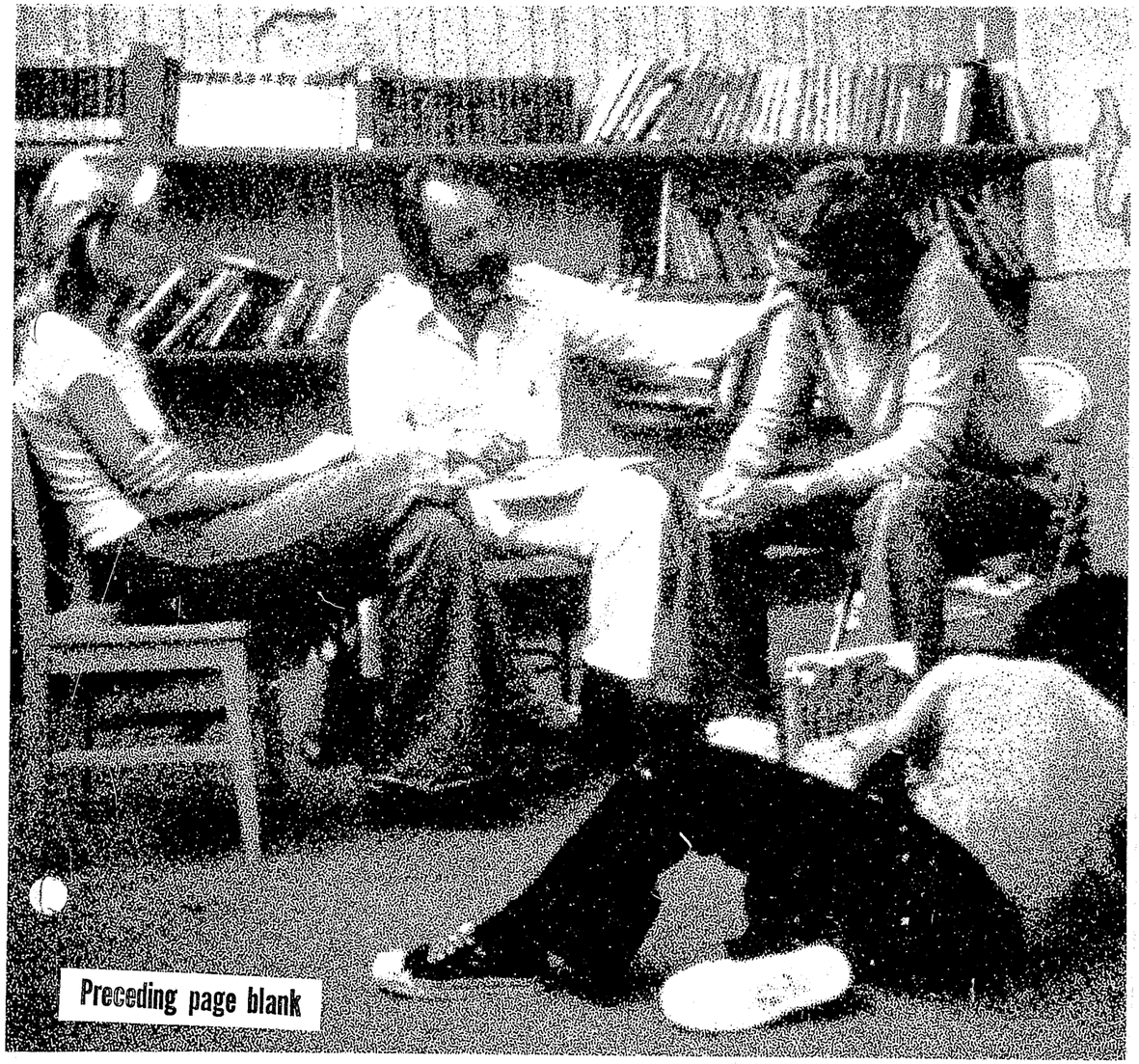
_____

_____

DON'T:

- Allow the child to feel "in trouble" or "at fault."
- Disparage or criticize the child's choice of words or language.
- Suggest answers to the child.
- Probe or press for answers the child is unwilling to give.
- Display shock or disapproval of parents, child, or the situation.
- Force the child to remove clothing.
- Conduct the interview with a group of interviewers.
- Leave the child alone with a stranger (e.g., a CPS worker).

Unit 6: CHILD PROTECTIVE INTERVENTION



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STATE CHILD ABUSE AND NEGLECT REPORTING LAWS AND PROCEDURES

CHILD ABUSE AND NEGLECT REPORTING STATUTES

Reporting statutes are laws that require specified categories of people (usually professionals who work with children) to notify public authorities of instances of suspected child abuse, and sometimes of neglect. All 50 States now have reporting statutes, but they differ with respect to:

- Types of instances which must be reported.
- Persons who must report.
- Time limits for reporting.
- Manner of reporting (written, oral, or both).
- Agencies to which reports must be made.
- The degree of immunity conferred on those who report.

Several purposes are served by these laws: protection of children from further injury, provision of social services to families and increased identification and investigation of suspected cases of abuse and neglect.

TRENDS IN REPORTING LAWS

The first reporting law for child abuse and neglect was passed in 1963; by 1967 all 50 States had adopted reporting laws. The original laws were directed primarily toward physicians and hospitals, who were failing to report cases in which the child's injuries appeared to be caused by physical abuse. Proponents of these early laws felt that the medical profession was best qualified to identify such injuries and in the best position to discover them. Now, however, most States have expanded their laws to require other professionals who work with children (including educational personnel, social workers, and police) to report suspected abuse and neglect.

Many States are amending their reporting laws at the present time. Generally, the trend of these amendments is toward

- Expanding what is reportable to include sexual abuse and neglect, as well as physical abuse.
- Reporting only to child protective services rather than also to law enforcement agencies.
- Improving the operations of State-wide central registers for child abuse and neglect.
- Establishing clear requirements for child protective investigations.

In our State, the following amendments to the reporting laws are pending:

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IMPACT OF THE FEDERAL GOVERNMENT ON STATE CHILD ABUSE AND NEGLECT LAWS

U.S. Public Law 93–247, known as the Child Abuse Prevention and Treatment Act, was passed in January 1974 and has had a strong impact on the States It created the National Center on Child Abuse and Neglect (NCCAN) within the United States Children's Bureau (Department of Health, Education and Welfare); funded demonstration projects and programs throughout the country; and provided grants to states for child abuse and neglect prevention and treatment programs. To qualify for such grants, States must satisfy certain Federal requirements. In the area of reporting laws, these include:

- Provision for the reporting of known and suspected instances of child abuse and neglect, including abuse and neglect of children in residential institutions.
- Enactment of a law giving immunity from prosecution to persons reporting child abuse and neglect.
- Provision that, upon receipt of a report, an investigation will be made promptly,

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and immediate steps taken to protect the child and any other child under the same care who may be in danger from abuse or neglect.
- An effective State service delivery system to implement the state child abuse and neglect laws.
- Protection of the confidentiality of all child abuse and neglect records.
- Provision for cooperation among law enforcement agencies, courts, and human service agencies in the area of child abuse and neglect.

The National Center on Child Abuse and Neglect has also developed a Model Child Protection Act, which provides States with a suggested legislative approach to mandatory reporting as well as a comprehensive state plan for the investigation and referral of child abuse and neglect cases. Copies can be obtained by writing the National Center on Child Abuse and Neglect, U.S. Children's Bureau, Department of Health, Education and Welfare, P.O. Box 1182, Washington, D.C. 20013.

MAJOR POINTS IN OUR STATE'S REPORTING LAW

Who Must Report? Each State law designates certain individuals who must report cases of suspected child abuse and neglect. These individuals usually include: health professionals, social service personnel, law enforcement officers and educators. Some States require any person having reason to suspect child abuse and neglect to report. Whether or not required to by law, anyone who suspects child abuse or neglect should voluntarily report. In our State the following individuals are legally required to report:

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What Types of Abuse and Neglect Must Be Reported? All State reporting laws specify what types of abuse and neglect must be reported. Usually, these include physical abuse, neglect, sexual abuse, and emotional maltreatment. In our State, the law specifies that the following types of abuse must be reported:

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It is important to remember that the reporter need not be certain that abuse or neglect is occurring. Every State requires "suspected" cases to be reported. In most States, the requirement is for reports to be made when the reporter has *reason to believe or reasonable cause to suspect* that abuse or neglect may be occurring. In our State, a person must report when:

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To Whom Are Reports Made? The law specifies which agencies are designated to receive reports of suspected cases of child abuse and neglect. Generally, these agencies include any or all of the following: state or county department of social services, law enforcement agency, juvenile court or juvenile probation department, or county health department. In our State, the designated agencies to receive reports are:

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When Are Reports To Be Made? In most States, reports are to be made immediately after forming the suspicion that abuse or neglect exists. In some States, it is necessary to submit a written report soon after the initial oral report. In our State, written reports are (are not) required, within _____hours of the initial oral report.

What Information Is To Be Reported? Some State laws specify what information is to be given when making a report. In other States, the receiving agencies determine what information is required. This information usually includes: name, age and address of the child, present location of the child, type of injury suffered, and name and address of the parent(s) or caretaker(s), if known. In our State, the law (or local agencies who receive reports) require the following information:

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What Immunity Does a Reporter Have? Some potential reporters, such as health professionals, are reluctant to report suspected child abuse and neglect because they fear retaliatory lawsuits if the abuse or neglect is not confirmed after investigation. However, every State's reporting law contains a provision for immunity to the reporter for all reports of suspected child abuse and neglect *made in good faith.* While reporting laws cannot prevent the filing of lawsuits against a reporter, they make successful litigation of such suits impossible, provided the report was in good faith.

What Are the Criminal Penalties for Failing to Report? State reporting laws usually contain provisions making it a crime to knowingly fail to report suspected child abuse and neglect. In our State, the law specifies the following penalties for failure to report:

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Although criminal prosecution rarely, if ever, occurs for failure to report, some professionals find it easier to report if they are able to explain to the child's family that it is a crime for them not to report.

What Is the Civil Liability for Failing to Report? Under the law of civil negligence, violation of a statutory duty, such as mandatory reporting of suspected child abuse and neglect, is negligence *per se,* "in itself." That means that if it can be proven that a person willfully or negligently failed to report known or suspected child abuse or neglect, he or she can be sued for the injuries that occurred after the time when a report should have been made. This principle has recently been applied to child abuse and neglect cases in situations in which reports of suspected abuse or neglect were not made. Two California cases in which a child suffered serious injuries from abuse subsequent to a hospital's failure to report its suspicions of possible child abuse have received considerable attention.

TWO RECENT CASES

Robison v. Wical, MD, et al. (Civil No. 37607, California Superior Court, San Luis Obispo, filed September 4, 1970). Eventually settled out of court for $600,000, this case involved a mother and a boyfriend who brought her young son to a hospital twice in a 12-hour period with severe injuries. Neither time did the hospital report abuse. A day later they brought the child to a second hospital with what turned out to be permanent brain damage. The boy's father sued the first hospital and others for negligence based on the hospital's failure to report the case.

Landeros v. Flood, 17 C.3d–399, _____ Cal Rptr _____, _____ P.2d _____ (1976). In the first State Supreme Court decision of its kind in the United States, the California Supreme Court ruled that a doctor and a hospital may be liable for malpractice for failing to report a suspected case of child abuse. In that case the following facts were alleged: An 11-month-old girl had

been brought to the hospital by her mother suffering from a spiral fracture of the right tibia and fibula, which gave the appearance of having been caused by a twisting force. The child's mother had no explanation for this injury. The girl also had bruises over her entire back, superficial abrasions on other parts of her body and a linear fracture of the skull, which was in the process of healing. Without taking full body skeletal x rays, the hospital released the child to her mother and the mother's common-law husband. The hospital made no report of suspected abuse, as is required by California law. Within 11 weeks, the child was brought to a second hospital, having now sustained traumatic blows to her right eye and back, puncture wounds over her left lower leg and across her back, severe bites on her face, and second and third degree burns on her left hand. At this time, the battered child syndrome was immediately diagnosed and reported to the appropriate agencies.

The court's decision discussed the application of several rules of negligence and of the State reporting laws to lawsuits claiming malpractice for failure to report. The court stated that, as a matter of law, the hospital and the doctor could be liable for damages if it could be proven that 1) the doctor was negligent in not properly diagnosing and treating the battered child syndrome, or 2) that the doctor had knowingly failed to report a case in which he actually suspected that the girl's injuries were the result of abuse, or 3) that an ordinarily prudent physician who had correctly diagnosed the battered child syndrome would have foreseen the likelihood of further serious injuries to the girl if she were returned directly to the custody of her caretakers.

Conceivably, a teacher's or social worker's failure to report suspected child abuse or neglect might also be the basis for a lawsuit for damages if the child later suffers injuries as a result of further abuse.

CONFIDENTIALITY AND THE DOCTOR/PATIENT, SOCIAL WORK/CLIENT PRIVILEGE

In every State in which physicians and social workers are required to report suspected child abuse or neglect, they must do so whether or not they have learned of the case as a result of confidential communications with their patient or client. Physicians and social workers are also required by law to testify in child abuse and neglect cases when subpoenaed.

CENTRAL REGISTER

State reporting laws often contain provisions for the establishment and operation of a statewide central register for child abuse and neglect. In some states, such registers are governed by laws other than the reporting laws or by regulations of the state agency which operates the register.

In making or receiving a report of suspected child abuse, the reporter may have access to departmental or other registries containing information about prior abuse or neglect reports. Statewide child abuse and neglect registers are useful in evaluating a suspected case of child abuse and neglect, in that such registers provide information about prior verified reports of child abuse and neglect from every county in the State. Thus, families with prior histories of abuse or neglect can be identified even if they have moved from one county to another. In our State and county, the following registers are available to potential reporters:

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The procedures for using these registers are as follows:

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THE INVESTIGATION PROCESS

HOW INVESTIGATION RELATES TO THE OVERALL PROCESS OF IDENTIFYING, REPORTING, AND REFERRING CHILD ABUSE AND NEGLECT CASES

Investigation is one part of the overall process of dealing with child abuse and neglect. Reporting child abuse and neglect is the first official involvement of professionals in the lives of a family which may *or may not* have an abuse and neglect problem. The investigation process is the second step of involvement and is the direct consequence of the filing of a report. In order to determine the validity of a report, an investigation, no matter how brief, must be conducted. Investigation is a key part of the overall process because the information obtained during the investigation to a large extent determines the subsequent actions or lack of actions taken in a case, including eventually the treatment or services which the family will be provided or referred to.

DEFINITION AND PURPOSE OF INVESTIGATION IN SUSPECTED CASES OF CHILD ABUSE AND NEGLECT

Investigation is a fact-finding process of interviewing, observing and evidence-gathering by which a report of a suspected cases of child abuse or neglect is verified. There are four purposes of an investigation:

1. To determine if abuse or neglect is occurring.
2. To determine whether the child is at risk in the home.
3. To determine whether the risk is serious enough to warrant immediate intervention to guarantee the child's safety.
4. To determine the need for treatment or family supportive services.

Underlying these specific purposes is a general concern for the functioning of the entire family. Investigation of child abuse and neglect involves an authoritative intervention into the normally private relationship between parent and child. To be effective, that intervention must be sensitive to the causes of the child abuse and neglect problem and supportive of the family's right to obtain treatment for those problems.

AGENCIES MANDATED TO INVESTIGATE REPORTS

Reporting statutes of all States specify the agencies that will receive and investigate a report of suspected child abuse or neglect. The agencies most commonly mandated to investigate reports of abuse or neglect include:

- Social service departments (often a child protective service).
- Police departments (often a juvenile division).
- Juvenile probation departments.

Agency Approaches to Investigation:

The approach to the investigation is determined both by the reporting law and by the overall purpose of the agency performing the investigation. In most instances the investigation of reports of abuse and neglect is not the primary function the mandated agency performs and the investigation approach and process have to conform to general agency practices as well as State law requirements. For example, the Department of Social Services has an overall purpose of providing services to families and individuals in need. Accordingly, a social worker conducting an investigation evaluates whether or not abuse or neglect exists in terms of the problems in the home and tries to determine if the agency (or others in the community) can help resolve those problems. Police departments, on the other hand, have an overall purpose to determine whether or not a crime has been committed. During an investigation of suspected child abuse or neglect, a police officer will investigate whether or not abuse or neglect has occurred by finding out who rather than what is responsible for the problem and determining if legal sanctions are required to resolve the problem.

Juvenile probation departments become involved in cases to determine if court

involvement is required to obtain adequate parental care for a child. During an investigation of suspected child abuse or neglect, juvenile probation officers will place priority on determining whether or not there is evidence for the court to become involved in the case. It is important to emphasize that the overall purposes of investigation intersect regardless of what agency is conducting the investigation. However, the approach to investigation is to a large extent determined by the internal mandate of the individual agency.

STEPS IN THE INVESTIGATION

Regardless of the approach of the investigation, there are basic steps that every investigation should include. Those steps are:

Step 1. Obtaining Information from the Reporter:

When someone reports a suspected case of abuse or neglect, it is important to obtain as much of the information as possible which will be needed in subsequent steps of the process. The investigator concentrates on getting information critical to locating the family, providing any needed emergency assistance, and identifying additional sources of information on the family. At a minimum this information should include:

- Name, age, address of child.
- Name, address of parents.
- Where parents can be reached (e.g., at home or their place of employment).
- Incident that precipitated the report.
- Present condition of the child.
- Siblings who are in the home.
- Other individuals and agencies that know the family.

Step 2. Checking the Records:

Prior to actually investigating the report, many agencies institute a routine records check on the family which may include such internal agency records as past reports or closed service records; records from agencies such as Juvenile Court, the Police Department, or the Department of Social Services (income maintenance or service cases). Some areas have central registers which keep all reports of suspected abuse and neglect cases—often on a statewide basis. Information that a records check can turn up includes the reliability of the reporter (as evidenced by previous reports he or she has filed), and also the most appropriate agency to assume responsibility (as, for example, if a family is already "active" with another agency, such as Juvenile Probation, because of a previous incident of abuse or neglect).

Records checks can be made for two purposes: 1) to obtain information about whether or not a family is known to an agency or reporting system, such as whether a family is listed in a central register or if the child has been seen at more than one medical facility, and 2) to obtain information about the content of the contact the family has had with that agency or reporting system, such as whether or not a medical clinic suspects abuse or neglect or whether or not the juvenile probation file indicates presence of abuse or neglect.

Step 3. Obtaining Critical Information

a. Safety of the child: The first purpose of an investigation, for obvious reasons, is to make an initial determination concerning the safety of the child. If the child (or the child's sibling) is in immediate danger of further injury, the investigator must take whatever steps are necessary to insure the child's safety before the rest of the investigation can proceed. These steps can involve a number of interventions from obtaining help from neighbors or relatives to care for the child temporarily until the parent is located, to bringing in a homemaker who will care for the entire family in the home, to removal of the child into another environment until the investigation is completed. Deciding that a child should be temporarily removed from the home can be difficult, in view of the disruptions that such removal will cause, but the reality of some cases is that without removal the child could die or be seriously harmed during the investigation itself. Such a decision should involve consultation, at a minimum, with an investigator's supervisor and, if possible, with appropriate medical authorities (in the case of physical abuse). The ideal resource would be a team of professionals skilled in assessing risk to a child.

General situations that could mean a child is in danger and should be removed from the home include, first, the following:

- The maltreatment in the home, present or potential, is such that a child could suffer permanent damage to body or mind if left there.

- Although a child is in immediate need of medical and/or psychiatric care, the parents refuse to obtain it.
- A child's physical and/or emotional damage is such that he/she needs an extremely supportive environment in which to recuperate.
- A child's sex, race, age, physical or mental condition renders him/her incapable of self-protection—or for some reason constitutes a characteristic the parents find completely intolerable.
- Evidence suggests that the parents are torturing the child, or systematically resorting to physical force which bears no relation to reasonable discipline.
- The physical environment of the home poses an immediate threat to the child.

The following findings may signal the need for immediate intervention if they accompany indications of physical injury or physical effects of neglect:

- Parental anger and discomfort with the investigation will be directed towards the child in the form of severe retaliation against him or her. Such information could be gained through a review of past parental behavior, statements and behaviors during an investigative interview, or from reports by others who know the family.
- Evidence suggests that the parent or parents are so out of touch with reality that they cannot provide for the child's basic needs.
- The family has a history of hiding the child from outsiders.
- The family has a history of prior incidents or allegations of abuse or neglect.
- The parents are completely unwilling to cooperate in the investigation or to maintain contact with any social agency.

If the investigation concludes that emergency placement of the child is needed, the investigator should first inform the parent of the reasons for removal. Frequently, the parents will cooperate in placing the child with a relative or friend. If this is not an option, the parents should be urged to cooperate in having the child placed in a temporary foster home or youth shelter. Only when the investigator has made all reasonable efforts to secure the family's cooperation should involuntary removal of the child, by means of some legal action, be implemented.

b. Information concerning the allegations in the report: If the report indicates that a child sustained injuries, the investigator obtains information about those injuries such as the parents' explanation (if any) concerning how the injuries occurred; the child's explanations (if appropriate); and statements from people who observed the incident(s) or examined the child. Parents can also be queried as to what steps they took to protect the child (if they claim the injuries were accidental), what medical care, if any, they gave the child following the injuries, and what medical care—if any—the child has received from other sources. The investigator should also ascertain if the child has been injured before and, if so, should obtain similar information for previous injuries.

If the report indicates that a child has been neglected, the investigator explores the specific allegations with the parents and, if possible, makes direct observations of the child's home environment—especially if the parent contradicts the charges in the report. If, for example, the report states that the child is malnourished and/or without adequate clothing—and the parents deny these charges—the investigator should ask to see the child, and observe the child's clothing and the presence or absence of food in the home. When such observation is inconclusive, the investigator can (with the parents' cooperation, if possible), seek a third opinion—as, for example, from an examination of the child by a doctor or other health professional.

c. Assessment of the family's emotional and functional capacities: Child abuse and neglect do not occur in a vacuum; they are, rather, part of a set of inter- and intrapersonal behavior patterns which can be caused or exacerbated by external stress on the family. While obtaining an extensive history of these behaviors is not the purpose of the investigation, some knowledge of these behaviors is helpful in investigating a report of abuse or neglect (especially if other corroborating information is not self-evident or clear-cut) to determine whether or not they are present. They do not, by themselves, "prove" the existence of abuse or neglect but, in concert with more tangible evidence, they do strongly suggest a family situation conducive to the maltreatment of children. Types of substan-

tiating information to seek include the following:

- How the family provides for a child's basic needs of food, clothing, shelter, supervision, medical care, and schooling.
- Husband-wife conflicts which are "taken out" on the children.
- Personal problems of either spouse which prevent effective parenting, such as mental disturbance or retardation.
- Crises such as loss of job, death of an important family member, or birth of a new baby which could be overwhelming the family.
- The existence of unreasonable expectations concerning a child's behavior (as, for example, requiring a two-year-old child always to be neat).
- Parental demands on children for emotional sustenance beyond what a child can appropriately provide.
- Parental use of physical violence as the primary means of controlling the child.
- Destructive relationships among siblings, or between a parent and another child, that could contribute to the abuse or neglect of the child cited in the report.

d. Involving the child in the investigation:
Although the child is the focus of the investigation, his or her involvement in the investigation itself must be handled carefully. Clearly the abused or neglected child, along with any other children in the home, are proper subjects for observation by the investigator at the time of the interview. Deciding whether the child is interviewed should depend on two factors: 1) the impact of the interview on the child (an interview with an investigator could increase the trauma of an already disturbing life experience); and 2) the effect on the child's relationship with his/her parents (interviewing a child could exacerbate an explosive parent-child relationship, causing the parent to become suspicious and/or jealous of the child—or making the child feel guilty for divulging information about the parent). In some cases, the interviewer will have no choice in the matter. The parent may insist that the child be present during the interview—if this is the case, the investigator should take this opportunity to observe the child and parent-child interactions.

There are also times when the investigator must interview the child. In cases of sexual abuse, an interview with the child is generally a required part of the investigation to assess the reliability of the child's story. When a parent states that the child is wild and out of control, the investigator may need to interview the child to evaluate the parent's claims. An investigator may also want to interview a child who is to be removed from the home, or who exhibits anxiety about the investigation. It is not unusual for a child, particularly a teenager, to report abuse or neglect; in these cases the child will be the interviewer's initial contact with the family.

Methods Used to Obtain Information Needed for an Investigation

There are three methods that can be used to obtain critical information: interviewing and observing (which frequently occur together), and collecting documentary evidence (such as written records of interviews and observations, medical records, photographs, etc.).

a. Interviewing:

Interviewing is a contact, generally face-to-face, although it can be conducted by telephone, between the investigator and people involved in the report. The investigator can choose to interview any of the following people: the parents, the child, siblings, relatives, neighbors, friends, other concerned individuals, and professionals already involved with the family. The most important interview is with the family, both in terms of getting the most immediate information and in including the family in any other investigative steps.

Interviewing can be used to gain background information about a family, to clarify what has been observed by an investigator and by other observers, and as a means of establishing rapport with a family. The timing, focus and content of the questioning process varies depending on the nature of the case and the agencies and individuals involved. Interviewing can involve a permissive, openended dialogue in which little "hard" information is either sought or obtained, or it can take the form of a blunt interrogation. To some extent, the style and emphasis of questioning is a function of the mandate of the investigator's agency. Police investigators must be concerned with learning the objective facts of a case in order to determine if grounds exist for criminal prosecution. This may lead to a questioning technique which is more direct and precise in its intent. A child protective services worker may be more concerned with determining the overall family situation and may take a more generalized approach to questioning in order to gain confidence and trust of the interviewee, particularly when talking to those directly involved with the suspected abuse or neglect. In some cases, the desired questioning approach will fall somewhere between the extremes of interrogation and dialogue in order to obtain needed factual information *and* establish contact with the family.

b. Observing:

While observation is a critical part of the investigative process, it is also the most subjective. The investigator is literally *looking* for any information which will be useful in the evaluation of the report. But the judgments concerning what to look for and how to assess what is seen are matters both of the investigator's individual skill and discretion. As a result, it is important (whenever possible) to substantiate all observations with objective data and evidence.

WHAT TO OBSERVE:

There are two types of observable data—physical and emotional. Physical information includes the physical setting of the home, such as eating and cooking facilities, cleanliness of bathrooms and kitchens, basic amenities such as beds, lighting, and space. Included also is the degree to which the house is safe and healthy for a child—are there unprotected open windows, exposed wiring, vermin, human or animal waste material, etc.? Is the household in sufficient order to prepare food, allow for sleep and basic daily functioning?

Although information about emotional factors in the family is generally obtained through interviews, observation can often be an important tool in assessing the accuracy of the parents' statements about the emotional factors. For example, if a mother describes her relationship with her husband as supportive and positive, and the investigator observes the husband respond to his wife's distress by leaving the room or verbally attacking her, there is reason to doubt the accuracy of what the mother says about her relationship with her husband.

Other nonverbal messages that can be observed include eye contact between family members; facial expressions of love, support, anger, distrust, and rejection; tones of voice that communicate various emotions; the presence or absence of communication; the willingness to listen, to express feelings, to conceptualize feelings, to engage in physical closeness.

Observations of the parent's behavior can be used to confirm an investigator's assessment of the parent's emotional functioning. For example, an investigator can question in an interview whether a parent has a drinking problem. Often such problems are denied; and observations by the investigator of the parent's speech patterns, coordination, and general physical appearance can be used to deal with that denial if in the investigator's opinion a drinking problem does exist.

It must be stressed that observations are very subjective and by themselves prove very little. Many families, for example, are not very verbal; this "lack of communication" may appear to a highly verbal, middle-class investigator as destructive, when in fact it may indicate nothing more than a different style of relating from the investigator's.

When investigating how parents raise their children, the investigator must always be conscious of how cultural differences and/or differences in life-style may be construed as contributing to abuse or neglect, as well as how any differences in culture or life-style may affect his/her response to the family.

c. Gathering Documentary Evidence:

The third method of obtaining critical information is through gathering documentary evidence, information prepared in such a way as to corroborate or dismiss a report. Included are written records of interviews and observations, and in severe cases collecting physical evidence or reports to substantiate a legal presentation. This method provides a built-in mechanism for balancing the subjective aspects of interviewing and observing, and is crucial if and when a case is referred to the courts. The evidence thus collected gives credibility to an investigator's observations, conclusions, and recommendations, and helps to resolve disagreements over interpretations of a case.

Information of this sort includes primary and secondary evidence. Primary evidence refers to the records and physical material personally collected by the investigator. Secondary evidence refers to evidence gathered

from others: medical records, police photographs, records from other agencies involved with the family.

d. Assessment and Case Decision:

The final step in the investigation process is assessing the critical information and making a case decision. The assessment process includes:

- A review of the allegations contained in the report.
- A statement of all the facts obtained in the investigation.
- A statement of all the evidence obtained in the investigation that can substantiate the facts.
- An assessment of whether the facts obtained in the investigation substantiate or refute the allegations of the report.
- An assessment of the child's long-term needs for protection based upon the facts and evidence and the investigator's evaluation of the parents' needs which will affect their ability to provide that protection.

The case decision includes the options available to the investigator as determined by the law, agency mandates, and available resources. The final decision should be based upon the facts and evidence in the investigation, the child's immediate and long-term needs for protection, and the investigator's assessment of the parents' ability to meet those needs.

INTRODUCTION TO CASE PLANNING AND REFERRAL

Case planning is a systematic process using assessment, treatment planning, and case monitoring to provide treatment to families with child abuse and neglect problems.

Treatment actually begins with the first contact a family has with a professional or agency as an abusive or neglectful family, which usually occurs at the time a family is reported. Every contact the family has with professionals/agencies thereafter has an effect on the treatment process, either positively or negatively, and can be considered part of treatment. The family will either be helped to confront their problems and difficulties or they will be motivated to resist and avoid the overtures of professionals.

After initial identification, the first decisions confronting the professional or paraprofessional concern any emergency measures necessary to protect the child and/or provide medical services. A report is then made to the appropriate agency and an investigation is undertaken to confirm the existence of abuse or neglect and to begin to identify the problems and needs of the family which create child abuse and neglect dynamics. Investigation and case planning are a continuous process which have been arbitrarily separated in this curriculum to provide an opportunity to study both in depth.

ASSESSMENT

The information collected by investigators is used in the first phase of case planning: assessment. The purpose of the assessment phase is to evaluate social, psychological and medical information to determine the *specific problems* the family is having, possible causes of those problems, and the *needs and strengths* of each family member and the family as a unit. Assessment is a complex, systematic and dynamic process designed to define treatment needs. The family's problems, needs and strengths are continually assessed throughout the treatment process to assure that the help being provided is the help which is needed.

TREATMENT PLANNING

Treatment planning is the second phase of case planning. Treatment planning is the process by which problems and needs of each family member are matched with specific treatment resources or services that can respond to those problems and needs. In this context, treatment covers a broad range of services designed to meet individual needs and solve individual problems of the parents and the child, as well as the problems of parent-child interactions. As presented in the identification units, the parents' inability to care properly for their children is usually related to their inability to satisfy needs of their own. Treatment strives to help parents develop personal resources to meet their own needs, to recognize and meet their children's needs, and to establish satisfactory patterns of interaction between them and their children.

Treatment planning has three components: (1) goal setting, (2) identifying treatment alternatives, and (3) identifying specific resources. The treatment planner sets treatment goals to guide the process of choosing treatment alternatives and specific treatment resources, and to give direction to the treatment professionals as they render their services to the family. Treatment goals are actually behavioral goals for the family to achieve by the end of treatment. They help focus professionals and paraprofessionals on what the family can be expected to accomplish in treatment, and what particular behaviors indicate that treatment has been successful. For example, a treatment goal for parents experiencing marital conflict which is contributing to the abuse or neglect of their three-year-old son might be for the parents to resolve their marital conflict and provide each other with support in child rearing. When these goals have been reached, the treatment has been effective. "Treatment alternatives" is the generic name for the variety of modalities and methods of providing treatment. The treatment alternatives considered in planning treatment for child abuse and neglect cases should reflect the special needs of each

family very specifically. For example, abusive families are frequently socially isolated, dependent, and have strong needs for friends and outside support. To meet these needs, treatment alternatives such as parent or family aides or group therapy with other abusive or neglectful parents are most effective because they provide support, nurturance, and peer interaction, as well as the opportunity to confront problems in a therapeutic setting. These treatment forms meet a number of needs in addition to providing an opportunity to solve problems. Defining treatment alternatives is a demanding task because it necessitates looking very specifically at several complex issues at the same time: the problems of the family, the possible causes of those problems, the overall needs and strengths of the family, and the treatment goals. The treatment planner must, therefore, know and understand the social, cultural, and psychological factors that consistently contribute to abuse and neglect. In addition, the process of defining possible treatment alternatives must focus on finding the level and style of treatment most appropriate for each family member and to the family as a whole.

Choosing treatment resources, the last component of treatment planning, should also be a creative and dynamic process. Potential resources should be evaluated to determine what specific services they offer (e.g., family therapy, parent aides, parent's groups, etc.); their philosophy of service; and the style of treatment delivery (e.g., home visits, weekly office visits, etc.) to determine if, in fact, they can accomplish the specified treatment goals and if they use appropriate treatment alternatives. The treatment resources/services should be continually evaluated and re-evaluated as to the effectiveness of the treatment they are providing, just as the assessment of problems, causes, needs and strengths must be continually assessed to ascertain if the right problems and needs are being treated.

Choosing treatment resources is a process of reconciling the ideal with the real. The treatment planner should approach the task of defining treatment alternatives with the assumption that all potential treatment resources are available in the community. Then he/she must evaluate the actual treatment alternatives available in the community to create the closest approximation of "ideal" treatment at his or her disposal. Sometimes, one resource will meet only part of a treatment goal or provide only part of the services possible with the "ideal" treatment alternative. In this case, the resource must be supplemented by other resources to achieve an optimum treatment package; this is the essence of choosing a treatment resource. For example, a treatment goal might be for a mother to gain socialization skills in order to develop personal support systems. The chosen treatment alternative is a parents' group for abusive and neglectful parents in which she could make some friends at the same time that she is learning to understand her own needs for support as well as the needs of others. The treatment planner learns that no such group exists in the community, but a search uncovers a mother's group sponsored by the County Health Department. Such groups are organized at the neighborhood level and are designed to provide support for young mothers and to teach child development. They provide a viable alternative to the treatment planner's first choice, with some additional support from another source to help the mother with learning to trust others and developing healthy give-and-take relationships.

CASE MONITORING

Case monitoring (or case management) is the third phase of case planning. Case monitoring ensures that case planning is effective. The case monitor/manager is responsible for seeing that the case plan is successfully carried out and that treatment is effective. The case monitor may be an individual or an agency who is mandated or who volunteers to follow the progress of a case. The case monitor has continuing contact with the family, the treatment agencies, and the individuals working with each family member and the family as a whole. His or her role is: (1) to act as a mediator when problems arise between a family member and worker, (2) to reinstitute the treatment planning phase when treatment proves ineffective, and (3) to provide support for the workers in maintaining treatment relationships and preventing professional "burn-out"—a serious problem among professionals and paraprofessionals involved in child abuse and neglect cases. "Burn out" occurs because of the strenuous personal demands made on the treatment professional in working with abusive families. Abusive families often have severe and complex problems

which require time and extreme patience to overcome. The treatment professional may not be prepared for repeated frustrations and disappointments as treatment proceeds; and the extreme demands of time and emotional investment can become exhausting. The case monitor should be prepared to support the worker and to intervene before the point of personal and professional over-extension is reached.

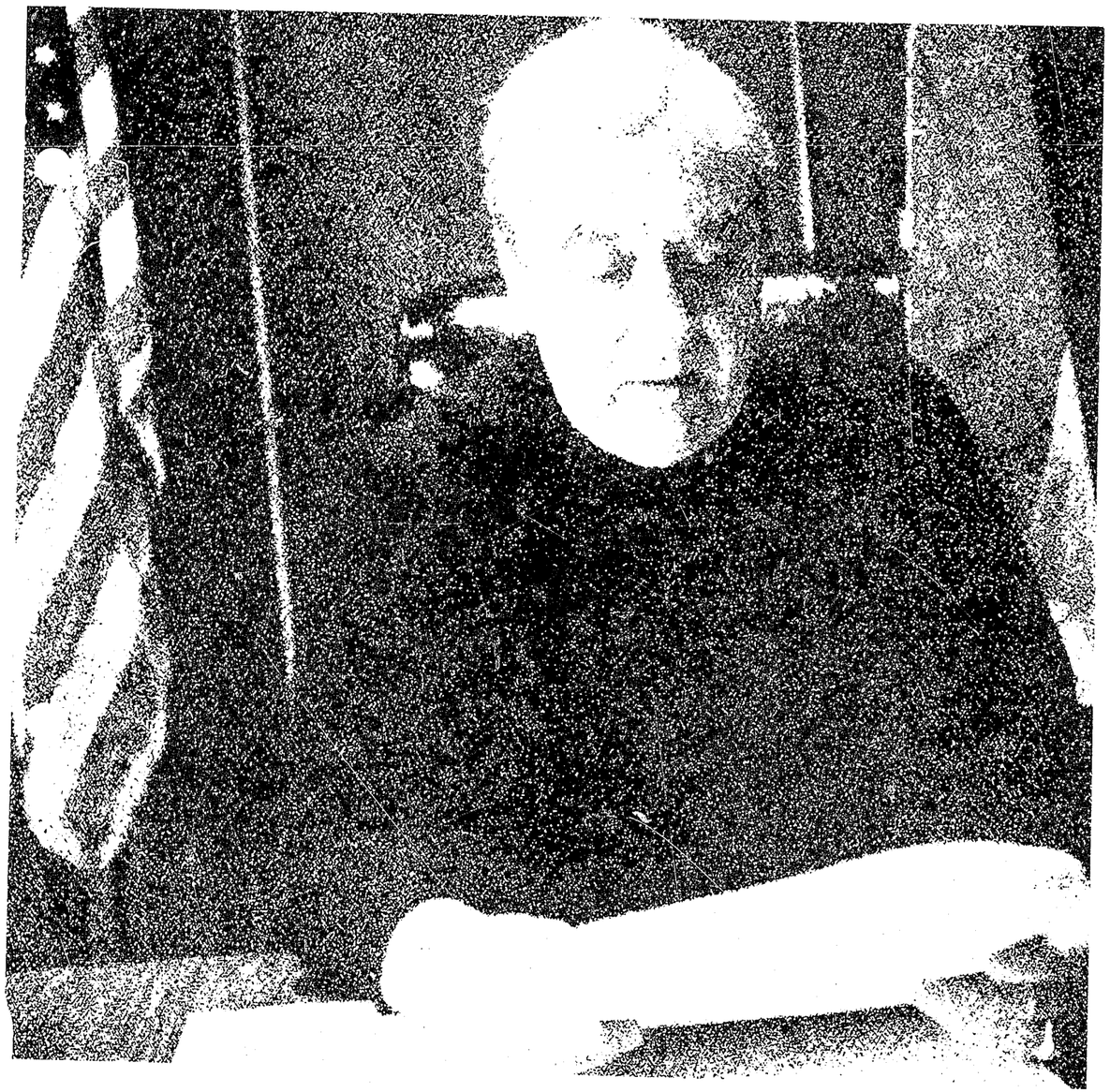
If treatment proves to be ineffective, the problems and treatment needs of the family must be reassessed and a new treatment plan developed. Many things can cause treatment to be ineffective. For example, a treatment modality may be unacceptable to the family, or a treatment agency may not be culturally suited to a family's needs. When problems arise in the treatment, the case monitor must return the case to the treatment planners or assume the role of the planner him/herself. It is important to recheck the original assessment to either confirm or revise the evaluation of problems, needs and strengths of the family, and possible causes of abusive dynamics. Treatment goals, alternatives, and resources also need to be re-evaluated and perhaps a different direction plotted for treatment. A miscalculation in the assessment or treatment plan could be the cause of ineffective treatment as well as unforeseen problems with service delivery as discussed above. The case monitor/manager's role calls for exceptional sensitivity and the ability to balance the continuing needs of both the family and the professionals involved in a case.

Many professionals may be involved in case planning and referral. The professionals who usually have major responsibility for treatment planning are Child Protective Services workers.

In addition, hospital personnel are frequently involved in treatment planning when a report of suspected child abuse or neglect originates in a hospital. In these cases, the hospital may take on primary responsibility for case conferencing, involving all hospital personnel and representatives from community agencies who have been involved with the family. Some communities have developed multidisciplinary child abuse and neglect councils to act as the primary body for case planning and referral.

Those professionals and agencies not mandated or directly involved in case planning and referral are still important to the process. Teachers, police, probation officers, day care workers, public health or community health nurses and others may all have valuable information about the family or individual family members. Their input is essential in developing a comprehensive profile of the psychological, emotional, social, and cultural factors affecting each family member. Many of these professionals and paraprofessionals have had extensive experience with the family or especially significant experiences have given them special understanding of the family's dynamics which can be very helpful in assessment and treatment planning. They may also offer valuable services as treatment alternatives for family members.

Each phase of the case planning and referral process must continually respond to individual and family problems and needs until treatment has been successfully terminated. It is important for each individual involved with an abusive or neglectful family to understand the case planning and referral process in order to effectively contribute to the treatment of families in crisis.



Unit 7: THE ROLE OF THE COURTS IN CHILD ABUSE AND NEGLECT

OVERVIEW OF THE ROLE OF THE COURTS IN CHILD ABUSE AND NEGLECT

This paper provides a summary description of the criminal and juvenile court laws governing child abuse and neglect and examines in some detail the purpose, jurisdiction and procedure of criminal and juvenile courts with respect to child abuse and neglect cases.

CRIMINAL LAWS

Laws which make it a crime to abuse or neglect a child. Some States have criminal laws specifically dealing with child abuse and neglect. In other States, prosecutions for child abuse and neglect are brought under general criminal statutes such as assault, battery or rape.

JUVENILE COURT LAWS

Laws which set forth the authority of juvenile courts to act in cases involving minors. These cases are of three types: delinquency, status offenses (children in need of supervision, runaways), and child abuse and neglect (dependency). Provisions of the juvenile court laws set forth the procedures to be followed in child abuse and neglect cases. In addition, they usually contain definitions of child abuse and neglect for purposes of juvenile court jurisdiction.

Child abuse and neglect cases are often called dependency cases because of the juvenile court's power to declare abused and neglected children "dependent" on the court for proper care and protection. Most cases of child abuse and neglect are referred to the juvenile court rather than to the criminal court.

THE ROLE OF THE CRIMINAL COURTS IN CHILD ABUSE AND NEGLECT

Functions

1. To determine the guilt or innocence of the accused.
2. If the accused is found guilty, to determine appropriate sentencing.
3. To mandate social or other services (as terms of probation).
4. To protect the constitutional rights of parents.

Authority

1. Criminal courts have jurisdiction over the defendant, that is, the adult accused of abuse or neglect. The court in a criminal proceeding has no authority to make orders concerning the child victim.
2. The court may fine or imprison a defendant convicted of abuse or neglect. The court may also place the defendant on probation, allowing the individual to go free, but under the supervision of a probation officer. Often, probation is granted only on the condition that the defendant does certain things such as seek employment or obtain counseling and refrains from the original abuse.

Procedures

1. Criminal prosecutions are initiated by the police, who may arrest the defendant and refer the case to the county prosecutor. In most cases, the prosecutor's office makes a separate, discretionary decision as to whether the case will be prosecuted. In some instances, the case will be presented by the prosecutor to the grand jury, and it will decide whether to indict (file criminal charges against) the defendant. It may reject the case and/or refer it to the juvenile court. In some instances, criminal prosecution of the alleged abuser may proceed at the same time as a juvenile court action on behalf of the child victim.
2. Criminal prosecutions of child abuse and neglect cases are handled in the same manner as other criminal prosecutions. The defendant is entitled to an attorney and to a jury trial if requested.

THE ROLE OF THE JUVENILE COURTS IN CHILD ABUSE AND NEGLECT

Philosophy of Juvenile Court

The juvenile court approach to cases of child abuse and neglect focuses on the child's need for protection from physical or psychological harm caused by abusive or neglectful parents and the parents' need for social and other services to improve their ability to care for the child. This focus requires the court to work closely with social service professionals in determining the appropriate court response to cases in which abuse or neglect has been proven. Law enforcement officers must understand that the juvenile court will attempt to handle child abuse and neglect cases in a social services fashion, if possible, and will try to avoid placing the child outside the home on a permanent basis or terminating the parental rights of the natural mother and/or father. More often, the court disposes of proven cases of abuse and neglect by either sending the child home under the supervision of the social services agency or probation department or by ordering the child placed out of the home on a temporary basis until the parent(s) are better able to provide care. Only when the parent(s)' unwillingness or inability to care for the child continues over a long period will the juvenile court take necessary steps to terminate the parental rights and place the child for adoption.

Functions of Juvenile Court

The juvenile court performs a variety of functions in connection with child abuse and neglect cases brought before it. The most important of these are:

1. To mandate services for the family in which abuse or neglect has occurred. Rather than punish, the juvenile court will work closely with social service agencies to effect a treatment plan designed to protect the child and, at the same time, improve the family situation so that the family is preserved.
2. To protect a child from further injury as a result of abuse or neglect.
3. To provide a fair and impartial review of social service agency decisions.
4. To protect the constitutional rights of parents and children.

Authority of the Juvenile Court

The juvenile court has jurisdiction over minors. The court is primarily involved in three types of cases—delinquency, status offenses and child abuse and neglect. If the court takes jurisdiction over an abused or neglected child, it has authority to make several types of orders concerning the physical custody of the child:

- Order the child placed in his/her home, under the supervision of the juvenile court probation department, or the child protection agency.
- As above, with the further order that the parent(s) obtain counseling, or other social services.
- Order the child placed with relatives, if there are relatives able and willing to care for the child.
- Order the child placed in a foster home, group home, or institutional home.
- In some States, the juvenile court has the authority to terminate parental rights. Such an order completely and permanently cuts off all rights of the natural parent to the child and is a prerequisite to adoption of the child. Usually, such an order follows serious, often repeated incidents of physical or sexual abuse, or the abandonment of a child by the parent(s). In some States a termination proceeding must be brought in another division of the district or county court.

Juvenile Court Procedures: Overview of Hearing Process

It is the responsibility of the juvenile court to insure that the legal rights of parents and child are protected. It must assure that no government intervention into the life of the family occurs without due process of law and without the opportunity for both parents and child to have a fair and impartial hearing in a court of law. This function has led to increasing formality and stricter adherence to rules of evidence and procedure in the juvenile court. It has also led to the increased role of attorneys in abuse and neglect cases.

1. **The petition.** A juvenile court child abuse and neglect case can be initiated by the filing of a petition (written complaint) in the juvenile court alleging that a certain child (or children) has been abused or neglected. According to State law and local court procedures, the petition may be written and filed by the county attorney, the juvenile probation officer and/or a child protective service worker. In a few States, *anyone* can file a petition alleging that a child is abused or neglected.
2. **Custody hearing.** In emergency situations where there is imminent danger to the child if the child were to remain with the parent(s), the child may be removed from the custody of the parent(s) and placed in protective custody pending the outcome of a juvenile court proceeding. This decision may be made by the police, juvenile probation, the juvenile court, child protective services and/or a physician, depending on State laws. Whenever a child is placed in protective custody, a petition must be filed in the juvenile court, usually within 24 to 48 hours, and a hearing must be held soon thereafter (usually within 48 to 72 hours, depending on State law) to allow a judge or commissioner to review the decision to place the child in protective custody. The judge may decide to continue the order for custody pending the adjudicatory hearing or may decide to terminate it.
3. **Adjudicatory (adjudication) hearing.** This is the evidentiary trial in which the State must prove to a judge that the child is abused or neglected. Unless the parent(s) admits that he/she has neglected or abused the child, it will be necessary to call witnesses to substantiate the allegations of abuse or neglect.

   The adjudicatory hearing usually occurs from two to six weeks after the initial petition is filed. Because a dependency hearing is *civil* rather than *criminal* the State need not prove abuse or neglect beyond a reasonable doubt, but only by a preponderance of the evidence, a somewhat lower standard of proof.
4. **Dispositional hearing.** Child abuse and neglect proceedings in the juvenile court are "bifurcated proceedings," meaning the decision as to what should be done with the abused or neglected child occurs in a separate hearing from that which determines whether the child is, in fact, abused or neglected. A dispositional hearing may occur on the same day as the adjudicatory hearing or may be held on a separate day, sometimes weeks later. The evidence presented at the dispositional hearing focuses on the ability of the family to care for the child and on the recommendation of the court social worker as to the appropriate placement for the child. Hearsay and opinion evidence which might not be admitted at the adjudicatory hearing will usually be admitted during the dispositional hearing.
5. **Periodic reviews.** In some States, no review hearings will be held. In others, they will be an integral part of the hearing process. If a child has been declared dependent, the juvenile court retains jurisdiction over that child until the dependency status is ended by the juvenile court or until the child reaches adulthood. In order to measure the progress of the case and determine any need to modify its previous order, the juvenile court will schedule a review hearing on the case some months after the dispositional hearing. At that time, the child might be returned home and the case dismissed; the court may retain jurisdiction of the case for still another year, or the child might be placed for adoption after parental rights have been terminated. Additionally, the petitioner or the parents may request modification hearings at any time.

Participants in the Juvenile Court Process

1. **Juvenile Court Intake Unit**
   a. Intake units screen and refer complaints that are referred to the juvenile court from all sources.
   b. Child Protective Services may "bypass" the intake unit to file a petition directly.
   c. Referrals by the intake unit can include the referral of complaints to community agencies when it is obvious that there is insufficient evidence to file a petition.
   d. The Intake Unit may authorize the filing of a petition (with the cooperation of the prosecutor's office).
   e. The Intake unit may dismiss complaints in situations over which the court has no jurisdiction (e.g., the "child" is beyond the age jurisdiction of juvenile court).
2. **Judge**
   a. Many child abuse and neglect cases in juvenile court are heard by judges assigned on a rotating basis to a term in the juvenile court.
   b. Some judges with special interest in juvenile court stay in that court for longer periods than their as-

signed term, thereby gaining experience and expertise in the child abuse and neglect area.

c. In some counties, juvenile court commissioners, masters, or referees are used in place of judges. They are usually attorneys appointed full- or part-time to hear cases only in juvenile court.
d. There is no Federal constitutional right to a jury in a child abuse and neglect case in juvenile court. Based on their State constitution, some States allow a jury trial in child abuse and neglect cases, but as of the mid-1970's, juries are very seldom used in child abuse and neglect cases in juvenile court.
e. The judge is responsible for assuring that fair and proper court procedures are observed at all times.
f. The judge must also decide, *based on the evidence presented during the hearing,* whether the child is abused or neglected.
g. The judge is also responsible for determining the appropriate placement for the child and for modifying the placement order as necessary.

3. **County Attorney** (District Attorney, Corporation Counsel, City Attorney County Counsel, Attorney General, etc.)
   a. In most juvenile courts, there will be a county attorney whose job is to present the child abuse or neglect case to the court. Some child welfare agencies have their own attorney to represent them in court. In most counties, however, this job is performed by an attorney in one of the county law agencies. In some counties, social workers or probation officers present the case in court without the assistance of an attorney (The National Center on Child Abuse and Neglect strongly recommends that an attorney be required to present child abuse and neglect cases in the juvenile court).
   b. The county attorney presents evidence which will prove that the child is abused or neglected. He/she carries the burden of proving abuse or neglect by a preponderance of the evidence (or, in some states, by clear and convincing evidence).

4. **Attorney for the Parents**
   a. In every state, parents have the right to be represented by their own attorney in a child abuse and neglect case in juvenile court. Not every state, however, will appoint an attorney for the parents if the parents are indigent. The National Center on Child Abuse and Neglect strongly recommends that parents be represented by counsel because of the seriousness of such cases. In some cases, legal aid attorneys or public defenders are filling this role.
   b. The attorney for the parents represents the interests of the parents, which often involves an attempt to defend against the allegations of abuse or neglect at the adjudicatory hearing.
   c. At the dispositional hearing the attorney for the parents will represent the interests of the parents particularly in connection with issues involving placement of the child.

5. **Attorney for the Child**
   a. In some cases of child abuse and neglect, an attorney is appointed for the child. When this occurs, there are usually at least three attorneys involved in a child abuse and neglect hearing—the attorney for the State, the parents' attorney, and the child's attorney.
   b. The child's attorney tries to represent the best interests of the child. If the child is old enough to communicate intelligently with the attorney, the attorney for the child is responsible for making sure the child's views are heard.
   c. The attorney for the child may present separate evidence and argument at the adjudicatory hearing and may assist either the petitioner's attorney or the the parents' attorney, according to the wishes or best interests of the child.
   d. The child's attorney may play a key role at the dispositional hearing in presenting a plan for the child's future placement.
   e. The Federal Child Abuse Prevention and Treatment Act of 1974 requires that a State appoint a guardian *ad litem* ("in a lawsuit") for a child in a child abuse and neglect proceeding if that State is to be eligible for Federal funds for child abuse and neglect programs. The act does not specify that the guardian must be an attorney. (See Glossary of Selected Legal Terms)

6. **The Witnesses**
   These may include the petitioner, child protective services, probation officers, police, social workers, physicians, teachers, nurses, relatives, the child, the parents and any other individuals having relevant information. In many child abuse and neglect cases, subpoenas will be issued to compel the attendance of witnesses at the adjudicatory hearing. The attendance of witnesses at the dispositional hearing is less common and is usually limited to the court probation officer or a child protective service worker, the parents, the child, the family's social worker if there is one, and in some cases, relatives of the family.

CONTINUED

1 OF 2

GLOSSARY OF SELECTED LEGAL TERMS IN CHILD ABUSE AND NEGLECT CASES

Abandonment The intentional failure of a parent to provide care for or maintain contacts with his/her child over a sustained period of time, as determined by state law. See TERMINATION OF PARENTAL RIGHTS.

Adjudicatory Hearing The juvenile or family court hearing in which it is decided whether or not the allegations of the petition (the complaint setting forth the specific acts of abuse and neglect against the parent) are true. The adjudicatory hearing is also known in some courts as the "jurisdictional hearing." The judge's decision about whether or not to place an abused or neglected child out of the home, or to make alternative treatment orders, is made in a separate hearing known as a dispositional hearing. A dispositional hearing is usually held at a later date.

Admissible Evidence which, under the technical rules applying in various kinds of law cases, may properly be presented to the judge or jury.

Adoption A legal proceeding in which an adult takes, as his or her lawful child, a minor who is not the adoptive parent's natural offspring. The adopted minor loses all legal connection to the previous parent(s), and the adoptive parent undertakes permanently the responsibility of providing for the child. Compare GUARDIANSHIP.

Affidavit A written statement, signed in the presence of a notary public who "swears in" the signer. The contents of the affidavit are stated under penalty of perjury. Affidavits are frequently used in the initiation of juvenile court cases, and at times are presented to the court as part of the evidence at a hearing.

Allegation A charge or a claim of fact in a petition or complaint, which must be proven if the petition or complaint is to be found true. In a child abuse or neglect case, the petition will contain allegations of the specific acts of abuse or neglect which the petitioner intends to prove at a trial.

Appeal Resort to a higher court, in the attempt to have the decision of a trial court changed. Usually appeals are made and decided upon questions of law only; issues of fact (e.g., did the minor suffer an accident, or was he intentionally injured?) are left to the trial judge, and seldom can be redecided in an appeal. Appeals in child abuse and neglect cases are rare.

Battered Child Syndrome The combination of physical and other signs which indicate to medical professionals that a child has received injuries by other than accidental means. Variations of the term are also used in the field, including "Parent-Infant Trauma Syndrome" (PITS), or "Maltreatment Syndrome." In some States, the battered child syndrome has been judicially recognized as an accepted medical diagnosis, admissible as evidence.

Best Interest of Child In many States, this is the standard for the judge to use in deciding an abuse or neglect case. Although vague and difficult to apply, it seeks to contrast decisions based on the interests of the child.

Burden of Proof The duty which falls on a party, usually upon the petitioner, of proving the allegations against a child or parent in a court trial. It is the petitioner's responsibility to prove the case; neither the child nor the parents have the duty to explain unproven allegations. See also STANDARD OF PROOF; and *RES IPSA LOQUITUR.*

Central Register Records of child abuse and neglect reports compiled under State law or voluntary agreement among public agencies. New reports of suspected abuse are checked to determine whether prior reports have been received concerning the same child or parents. The purposes of central registers are:

(1) To alert authorities of prior incidents of abuse or neglect among families who resort to different doctors or hospitals each time a child is injured.
(2) To assist agencies in planning for abusive families.
(3) To provide data for statistical analysis of child abuse.

Although access to register records is usually restricted, critics warn of increasing loss of confidentiality. Many registers do not provide means for verification of reports or expunction.

Circumstantial Evidence See EVIDENCE

Civil Proceeding Also called a "civil action," includes all lawsuits other than criminal prosecutions. Juvenile and family court cases are civil proceedings. See STANDARD OF PROOF.

Commissioner See HEARING OFFICER

Complaint
(1) An oral statement, made usually to police, charging criminal, abusive or neglectful conduct.
(2) A District Attorney's document which starts a criminal prosecution (also known in many states as an "information."
(3) A petitioner's document which starts a civil proceeding (in juvenile or family court, the complaint is usually called a "petition").

Conciliation Court See COURTS

Confidentiality Told in confidence, intended to be kept secret. Many communications from parent to doctor or social worker are "confidential," made so by statute, but may later be used in abuse or neglect hearings. State reporting laws specifically suspend rights of confidentiality by requiring physicians and social workers to report suspected cases of child abuse or neglect. See also PRIVILEGED COMMUNICATIONS.

Courts There is a variety of courts involved with child abuse and neglect cases, partly because different States divide responsibility for certain proceedings among different courts, and also because tradition has established a variety of names for courts which perform similar functions. Child abuse reports can result in proceedings in all the following courts:
(1) *Criminal Court,* usually divided into circuit or district court (which handles felony cases) and police or justice court (which handles misdemeanors and the beginning stages of most felony cases).
(2) Domestic Relations Court, a civil court in which divorces and divorce custody hearings are held.
(3) *Family Court,* a civil court in some States which combines the functions of domestic relations, juvenile court, and probate court.
(4) *Court of Conciliation,* a branch of domestic relations courts in some States, usually staffed by counselors and social workers rather than by lawyers or judges, designed to explore and promote the reconciliation of divorcing parents.
(5) *Juvenile Court,* which has jurisdiction (legal power) over minors only, usually handling cases of suspected delinquency, status offenses, (e.g., runaways, children in need of supervision), and cases of suspected abuse or neglect. In many States, terminations of parental rights occur in juvenile court proceedings, while in other States such cases must be brought before another branch of the civil courts.
(6) *Probate Court,* which handles cases of guardianship and adoption and estates of deceased persons.

Criminal Prosecution The filing of allegations which constitutes a charge of crime, followed by the arraignment and trial of the defendant (unless PLEA BARGAINING resolves the case sooner). Criminal prosecutions may result in imprisonment, fines and/or probation.

Prosecuting attorneys have the power to decide which cases are actually prosecuted. Criminal defendants who cannot afford private counsel are usually entitled to be represented by attorneys in the Public Defender's Office.

Criminal defendants are entitled to acquittal unless charges are proven against them *beyond a reasonable doubt.* Criminal defendants are entitled to jury trials; in many civil proceedings concerning children there is no right to a jury trial.

Custody Hearing A court hearing held to determine whether a minor should be kept

away from his parents until a full trial of neglect, abuse or delinquency allegations can be conducted. Custody hearings must usually be held within 24 hours of the filing of the abuse or neglect petition in any case in which the child previously has been placed in protective custody. See PROTECTIVE CUSTODY.

Delinquency Denotes behavior in a minor which, if committed by an adult, would be criminal conduct. Also includes, in some states, status offenses, that is juvenile misbehavior not amounting to criminal conduct (e.g., children in need of supervision, "runaways").

Dependency Denotes the lack in a minor's life of proper parental care or supervision; distinguishes some juvenile court cases from others in which the minor is charged with delinquent conduct. Often a synonym for "neglect" or "wardship."

Detention See PROTECTIVE CUSTODY

Detention Hearing See CUSTODY HEARING

Disposition The order of a juvenile or family court which determines a treatment plan for a child, already proven to be abused or neglected. The main issue is usually whether the child should continue in or return to the parental home (and under what kind of supervision), or whether the minor should be placed out-of-home (and in what kind of setting: a relative's home, foster home, or an institution).

Dispositional Hearing The juvenile or family court hearing during which evidence is presented and arguments are made concerning the decision as to what should be done with a child already found to be abused or neglected. The dispositional hearing is usually held separately from the adjudicatory hearing.

District Attorney A government prosecutor of "suspected" crimes. See CRIMINAL PROSECUTION.

Domestic Relations Court See COURTS.

Due Process The rights of persons involved in court proceedings to be treated with fundamental fairness. These rights include the right to adequate notice in advance of hearings, the right to notice of allegations of misconduct, the right to assistance of a lawyer, the rights to confront and cross-examine witnesses, and the right to refuse to give self-incriminating testimony (but see IMMUNITY).

Evidence Any sort of proof submitted to a court for the purpose of influencing the court's decision. Some special kinds of evidence are:

(1) *Circumstantial Evidence:* proof of circumstances which may imply another fact. For instance, proof that a parent kept a broken appliance cord may connect the parent to infliction of unique marks on a child's body. A neighbor's testimony that he saw the parent strike the child with an appliance cord would be DIRECT EVIDENCE tending to prove the infliction. See also RES IPSA LOQUITUR.

(2) *Hearsay Evidence:* Testimony about an out-of-court statement made by someone other than the person testifying, and introduced into evidence in order to prove the truth of the matter asserted by that other person. For example, "I heard him say that the child had been left alone for ten hours." Such a statement would not normally be permissible to prove the fact that the child had been left alone for ten hours. Instead, it would be necessary for the person who actually made the statement to testify personally in the case so, at least, the opposing attorney would be able to cross-examine and "test" the truth or accuracy of that statement. There are numerous exceptions to the Hearsay Rule, however. For example, admissions or confessions made by a parent in a child abuse and neglect case may be testified to by a witness who heard the statement.

(3) *Opinion Evidence:* Although witnesses are ordinarily not permitted to testify to their beliefs or opinions (being restricted, instead, to reporting what they actually saw or heard), when a witness can be qualified as an expert on a given subject, he or she can report his or her conclusions (e.g., "Based upon these marks, it is my opinion as a doctor that the child was struck with a flexible instrument very much like this appliance cord.") Lawyers are also allowed to ask qualified experts "hypothetical questions", in which the witness is asked to assume the truth of certain facts, and express an opinion based on those "facts".

(4) *Physical evidence, or real evidence:* any tangible piece of proof, such as a document, x-ray print, photograph of scars or bruises, appliance cord, or pistol.

Exhibit See EVIDENCE: Physical Evidence.

Expert Testimony See EVIDENCE: Opinion Evidence. Witnesses with various types of expertise may testify in a child abuse or neglect case. Experts are usually questioned in court *first* about their education or experience which qualifies them to give opinions about certain matters. Only after the hearing officer decides that the witness is sufficiently expert in the subject matter may the witness proceed to state his or her opinions. Physicians, psychologists, psychiatrists and social workers are the most common expert witnesses in abuse cases.

Family Court See COURTS

Felony A serious crime, for which the authorized punishment is imprisonment for longer than a year, and/or a fine greater than $1,000. Distinguished from misdemeanor or infraction, both of which have lesser penalties.

Fifth Amendment The Fifth Amendment to the United States Constitution, guaranteeing several rights to criminal defendants. When a witness "takes the Fifth," he refuses to answer a question on the basis that his answer might tend to incriminate him—and the Fifth Amendment prohibits government from compelling self-incriminating testimony from any person (but see IMMUNITY; see also DUE PROCESS).

Guardian An adult appointed by a Probate or other Court to serve as custodian of a minor when the minor's parent is shown to be inadequate until the parent proves renewed ability to provide proper care to the child. A guardian has almost all the rights and powers of a natural parent, but the relationship is subject to termination or change (compare ADOPTION).

Guardian Ad Litem In civil cases generally, an adult, often a member of the minor's family, who is appointed by a court to act in the minor's behalf *ad litem* (in a lawsuit), because minors lack the legal capacity to sue or defend against suit. Guardians *ad litem* are sometimes known as NEXT FRIENDS. In child protection cases, usually an attorney, probation officer, or child protection worker assigned to protect a child's interests in court. (Under the Federal Child Abuse Prevention and Treatment Act of 1974, States cannot qualify for Federal grants unless they enact statutes providing guardians *ad litem* for all children involved in judicial proceedings arising from child abuse or neglect).

Hearing Officer The individual who presides at a judicial proceeding. The role of judge is performed in some juvenile court hearings by referees, commissioners or masters, whose orders are made in the name of the supervising judge. The orders of a referee or commissioner may be rescinded by the supervising judge after he/she has conducted a rehearing in the case.

Immunity Legal protection from liability.

(1) Reporting statutes require certain persons to report suspected child abuse; the same statutes often confer immunity upon the persons required to report, giving them an absolute defense against libel, slander, invasion of privacy, false arrest and other lawsuits which disgruntled parents might file. Even when the report turns out to have been false, reporters have immunity from liability so long as they acted "in good faith" when they reported.

(2) In criminal prosecutions, immunity from *criminal* liability is sometimes conferred upon a witness in order to secure from him vital testimony against others. Thereafter, the witness cannot himself be prosecuted with the use of information he disclosed in his testimony. Sometimes the witness is granted total immunity, called "transactional immunity." He can be compelled to testify in this way, despite the Fifth Amendment's protection against self-incrimination. If an immunized witness refuses to testify, he can be imprisoned for contempt of court.

Jurisdiction The power of a court to hear particular types of cases. Three general

areas are relevant in determining whether a court has jurisdiction in a particular case:
(1) The subject matter of the case (e.g., criminal prosecution, divorce, child protection).
(2) The territorial limitations of the court (e.g., where the parties and/or defendants reside, where the property whose title is in dispute is located, where the criminal acts occurred.
(3) The procedures used to notify the defendants that a case has been filed (e.g., was service of summons properly made).

Generally speaking, juvenile courts have subject matter jurisdiction over cases including minors. They have geographic jurisdiction over an entire county, and they have jurisdiction over minors or their parents only if they have been given proper legal notice of the proceedings.

Jury A group of adults, selected by lawyers or the judge from a panel, to judge the truth of allegations made in a legal proceeding. Trial by jury is available in all criminal cases, including cases of suspected child abuse. But very few states convene juries in juvenile court, probate court or divorce court cases; those cases are, instead, "court cases" in which the truth of allegations is determined by the judge who presides.

Juvenile Courts See COURTS.

Juvenile Judge See HEARING OFFICER. In many juvenile courts, there is one presiding judge, and several other hearing officers of lesser rank, usually called referees, commissioners or masters.

Malice The intentional doing of a wrongful act without justification, with the intent to inflict an "injury" or "harm." Sometimes malice is inferred from the doing of an act which the actor should reasonably have known would produce injury or harm.

Master See HEARING OFFICER.

Miranda Rule In a famous U.S. Supreme Court case, it was decided that confessions would be inadmissible in court trials if the suspect had not been forewarned by the police of certain constitutional rights. The so-called "Miranda rights" include:

(1) The right to remain silent, to say nothing to the police.
(2) The right to know that anything the suspect says can be used against him/her in a court of law.
(3) The right to consult with an attorney and to have an attorney present during questioning.
(4) If he cannot afford a lawyer, the right to have one appointed prior to any questioning, if so desired.

This rule clearly applies to police investigations of criminal child abuse or neglect. As a matter of good police practice, the Miranda warnings are also given by law enforcement officers in cases which may involve only the juvenile court. The U.S. Supreme Court has not yet ruled on the issue of whether child protective service workers must also give Miranda warnings when investigating suspected child abuse or neglect. As a general practice, such warnings are not now given by child protective service workers in most States, because the purpose of the child protective investigation is not primarily to obtain evidence for criminal prosecution, but the possibility exists that such warnings may someday be required by the courts.

Misdemeanor A category of crime, for which the authorized punishment is *no more* than one year imprisonment (usually in a county jail rather than state prison) and/or a fine of $1,000. Distinguished from a felony, which has more serious penalties, and from an infraction, which has less serious penalties.

Negligence Any act or failure to act which a "reasonably prudent person" would not have done or failed to do. Lawsuits claiming damages for negligence are civil proceedings. Negligence suits arising from failure to report suspected child abuse are being filed with increasing frequency. Where reporting statutes exist, any failure to obey the statutes in itself is considered negligence, supplying a major element in a subsequent suit.

Next Friend See GUARDIAN AD LITEM

Parens Patriae "The power of the State." The State's power to act "for" or "on behalf of" persons under legal disability, such as minors, incompetents or insane persons.

Perjury Any intentionally false testimony.

Petition The document filed in juvenile or family court at the beginning of a neglect, abuse or delinquency case. A copy of the petition must be delivered to specified members of the family involved. The petition sets forth the allegations which, if true, form the basis for court intervention. (See ALLEGATIONS.)

Petitioner In juvenile or family court practice, the agency or individual who files the petition. Depending upon State law or county practice, most child abuse and neglect petitions are filed by child protective services, the county prosecutor and/or the juvenile court probation department.

P.I.T.S. (Parent Infant Trauma Syndrome) See BATTERED CHILD SYNDROME.

Placement The removal of a child from his or her natural home, and placing him or her in a different custodial setting. Placement may be in a shelter home, foster home, group home, relative's home, or an institution. Juvenile or family courts sometimes place minors through their own staffs, but usually commit delinquents or dependent children to other agencies for placement services.

Plea Bargaining Settlement of a criminal prosecution, usually by the reduction of the charge and/or the penalty, in return for a plea of guilty.

Police Hold See PROTECTIVE CUSTODY.

Prima Facie "On its face." A prima facie case is one which has been proven sufficiently to sustain the charges, unless the defendant or parent can produce evidence in rebuttal.

Privileged Communications Some confidential communications are protected by statutes, so that they need not nor cannot be disclosed in court over the objection of the holder of the privilege. Lawyers are almost always able to refuse to disclose what a client told them in confidence. Doctors and psychotherapists have generally lesser privileges, and their testimony can be compelled in cases involving child abuse or neglect. Priests are similarly covered by other statutes. Some social workers are covered by such statutes. But the law and practice vary widely from State to State (see CONFIDENTIALITY).

Probate Court See COURTS.

Probation In criminal or delinquency cases, a disposition which allows the convicted criminal defendant or the juvenile found to be delinquent to remain at liberty, under a suspended sentence of imprisonment, generally under the supervision of a probation officer, and usually under certain conditions. In child protective cases, a disposition which provides legal authority for the agency to supervise the conditions of the home. Violation of a condition is ground for revocation of the probation and it is by this power of the court to condition the release of a child, and to revoke the release later, that juvenile courts obtain practical power over adults. The court may require parents to make certain promises as a condition of returning the child to the parental home, and can enforce the promises with the threat of revocation.

Protective Custody In child abuse and neglect cases, refers to the emergency removal of a child from the custody of the parent(s) or caretaker(s). Protective custody is allowed only when a child is in imminent danger if he/she remains in the custody of parent(s) or caretaker(s). Abused or neglected children placed in protective custody are usually taken to hospitals, shelter homes, foster homes or juvenile halls pending the juvenile court hearings on the abuse or neglect petition.

Public Defender See CRIMINAL PROSECUTION.

Referee See HEARING OFFICER.

Rehearing After a juvenile court referee or master has heard a case and made an order, some States permit the dissatisfied party to request another hearing before the supervising judge of juvenile court. This second hearing is called a rehearing. If the original hearing was not recorded by a court reporter, the rehearing may have to be granted. If a transcript exists, the judge may read it and either grant or deny the rehearing.

Reporting Statutes Laws which require specified categories of persons (usually professionals involved with children) to notify public authorities of instances of suspected child abuse, and sometimes neglect. All 50 States now have reporting statutes, but they differ widely with respect to:
(1) Types of instances which must be reported,
(2) Persons who must report,
(3) Time limits for reporting,
(4) Manner of reporting (written, oral or both),
(5) Agencies to which reports must be made, and
(6) The degree of immunity conferred upon reporters.

Res Ipsa Loquitur Literally, "The thing speaks for itself." A legal doctrine of evidence which changes the ordinary rules affecting the burden of proof (see BURDEN OF PROOF). It is used mainly in certain types of cases involving personal injury or property damage and has been applied by some courts to child abuse and neglect cases. When an injury occurs under circumstances which ordinarily indicate that someone must have been negligent or otherwise responsible for the injury, it becomes the legal duty of that person to prove that he or she was not, in fact, negligent. When a small child or infant suffers certain types of injuries which do not ordinarily occur if the parent or caretaker who has responsibility and control of the child is protective and nonabusive, application of the doctrine requires the parent or caretaker to adequately explain how the injuries occurred other than by abuse or neglect. The doctrine is used in some abuse and neglect cases where the child victim is too young to testify and there are no eye-witnesses to the injurious conduct other than the parent or caretaker.

Review Hearing Many States require juvenile and family courts to make periodic, sometimes annual, reviews of dependency cases to determine whether continued court supervision is necessary, and to provide some judicial supervision of probation or casework services.

Sentencing The stage of the criminal prosecution in which a convicted defendant is ordered imprisoned, fined, or granted probation.

Social Study The document prepared by a probation officer or social worker for the juvenile or family court hearing officer's consideration at the time of disposition of a case. This report addresses the minor's history and environment. These reports often contain material which would clearly be inadmissible in most judicial proceedings, either because of hearsay or lack of verification or reliability.

Standard of Proof (quantum of proof) In different judicial proceedings there varying requirements of proof. For example, in criminal prosecutions it is necessary for the State to prove the guilt of the accused "beyond a reasonable doubt." In child abuse and neglect cases in the juvenile or family courts, as in other civil proceedings, the petitioner (plaintiff) must prove the existence of abuse or neglect "by a preponderance of the evidence," a significantly lesser standard. The "preponderance of evidence" standard is often interpreted to mean that the judge or jury must believe that "it is more likely than not" that abuse or neglect exists. In some States, the standard of proof applicable in abuse and neglect proceedings is "clear and convincing evidence," a somewhat higher standard than "preponderance of evidence."

Stipulation An agreement (sometimes oral, sometimes written) between the attorneys in a case which allows a certain fact to be established in evidence without the necessity of further proof. For example, the lawyers in a child abuse case may "stipulate" that the x rays showed a fractured arm so that the radiologist would not have to be subpoenaed and testify.

Subpoena A document issued by a court clerk, usually handed by a process server, a child protective service worker, or a law enforcement officer to the person subpoenaed, requiring that person to appear at a certain court at a certain day and time, to give testimony in a specified case. Failure to obey a subpoena is punishable as a contempt of court.

Subpoena Duces Tecum A subpoena requiring the person subpoenaed to bring to court with him or her specified records if they are within that person's control.

Summons A document issued by a court clerk, usually handed in person to the person summoned, notifying that person of the filing of a lawsuit against him or her, and notifying that person of the deadline for answering the suit. Compare SUBPOENA.

Termination of Parental Rights A legal proceeding to free a child from his or her parents' claims, so that the child can be adopted by others without the parents' written consent. The legal bases for termination differ from State to State, but most statutes include as a ground the failure of the parent to support or communicate with the child for a specified period of time; thus such suits are also often called "abandonment" cases.

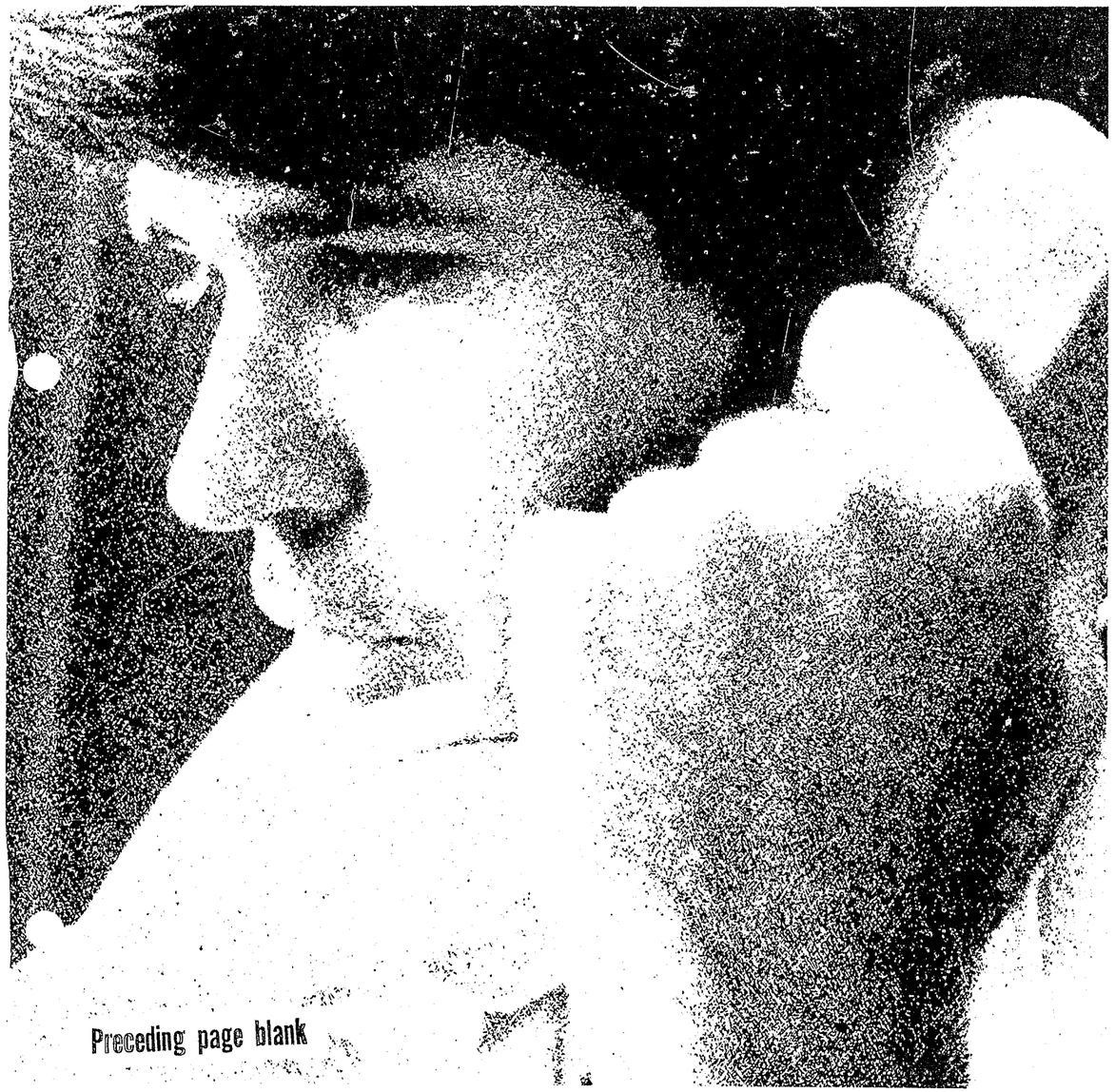
Voir Dire "To speak the truth." The procedure during which lawyers question prospective jurors, to determine their biases, if any. Also the procedure in which lawyers examine expert witnesses regarding their qualifications, *before* the experts are permitted to give opinion testimony.

Warrant A document issued by a judge, authorizing the arrest or detention of a person, or the search of a place and seizure of specified items in that place.

Willful Done with understanding of the act, and the intention that the act and its natural consequences should occur.

Witness
(1) A person who has seen or heard something.
(2) A person called upon to testify in a court proceeding.

Unit 8: COMMUNITY PLANNING AND COORDINATION TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT



Questionnaire For Local Planning

The following questions have been designed to help you organize your thinking if you are interested either in establishing a multidisciplinary council or in increasing the effectiveness of an existing multidisciplinary council or team. In considering each question, try to be as specific as possible.

If there is no multidisciplinary interagency council in your community:

1. Is there a need for one? Why? What do you feel would be the advantages of having one?
2. What primary functions would you have the council address?
3. What agencies do you feel should be involved at a minimum? Ideally?

Mark a (1) for those that have to be involved. Mark a (2) next to those that it would be good—but not essential—to have involved. Mark a (3) next to those agencies that would need to be involved only in referrals or other peripheral roles.

_____ Department of social services
_____ Police or sheriff's department
_____ Juvenile probation
_____ Department of Public Health
_____ Public (city or county) or private hospitals
_____ School district
_____ Private social agencies
_____ County Medical Society
_____ Head Start and other preschool agencies
_____ Foster care social Workers
_____ Community mental health agency

3. Do you know and have a social or professional relationship with any staff or administrator at any of these agencies—particularly those marked by a (1)?
4. Have they ever expressed concern about how a particular child abuse and neglect case was handled, or about the general procedures for dealing with such cases in the community?
5. Which agencies do you feel might be amenable to discussing a multidisciplinary approach? Which do you feel might be resistant? Why?
6. What about your own agency? Would it be amenable to the idea or resistant?
7. What other resources would help you pull people together to discuss and perhaps form a multidisciplinary council for your community?
   - literature on how to organize a multidisciplinary council?
   - use of the movie, "Working Together," to show to other staff in your agency or other agencies in your community?
   - consultation with members of an existing multidisciplinary team from another community?
   - a training conference similar to this one for other staff in your agency or in other community agencies?

If there is an existing multidisciplinary council, but it is ineffective:

1. Is there a need for it? Why?
2. Are the functions it performs suitable? Should it perform other functions?
3. Are there agencies that should be involved who are not?

_____ Department of social services
_____ Police or sheriff's department
_____ Juvenile probation
_____ Department of Public Health
_____ Public (city or county) or private hospitals
_____ School district
_____ Private social agencies
_____ County Medical Society
_____ Head Start and other day care agencies
_____ Foster care social workers
_____ Community mental health agency

4. What would have to change for the council to become more effective?
   - The council's structure
   - The operating procedures
   - The commitment of agencies
   - Agency policies
   - The commitment of individuals
   - The staff or staffing pattern

- The budget
- Other (specify)

_____

_____

5. Are there other members who feel the way you do? Can you work with them on improving the council?

Function	Performs Now		Should Perform	
	Yes	No	Yes	No
Joint Investigation				
Case Consultation				
Case Management				
Joint Treatment				
Joint Case Preparation (Court)				
Development of Guidelines and Standards				
Community Education				
Advocacy				
Legislation				
Other (specify)_____				

Part II

CHILD ABUSE AND NEGLECT: BUILDING SKILLS IN DEALING WITH FAMILIES

"On Being Self-Aware"

There is no doubt in the minds of those who deal with abused and neglected children that the experiences encountered in this work provoke more intense feelings than other interactions, professional or personal. For that reason, being self-aware has become an important focus in training.

The feeling-provoking aspects of child abuse and neglect are based on:

1. The nature of the problem.
2. The compelling identification with the injured child.
3. The need to identify with and understand abusive or neglectful parents.
4. The use of our childhood experiences as a tool for evaluation.
5. The possibility of making mistakes and the potential price of a mistake.
6. Unconscious sensual responses.
7. Having to confront parents with suspicions of child abuse or neglect.

1. The nature of the problem.

Parents are expected to love and protect their children. When they are destructive, instead of nurturing, their behavior, particularly the observable results of their behavior, provokes anger, disgust, immobilization, denial, fright, and—the summation of these emotions—horror, in the witnesses to their deed.

2. The compelling identification with the injured child.

When we as professionals inevitably identify with the hurt child, our own childhood fears are awakened. We dimly, or not so dimly, recall the helplessness and vulnerability of being a child.

3. The need to identify with and understand abusive or neglectful parents.

Acknowledging parental ambivalence which is *so* visible in child abuse and neglect can make us more acutely aware of the negatives in our own parenting experiences. Such experience includes our relationship to our parents and our children. We may more often recall parental lacks or unfriendliness. If we have children, we are forced to look more closely at our own parenting deficiencies.

4. The use of our childhood experiences as a tool for evaluation.

Use of our own upbringing as a gauge of "good" or "bad," acceptable or unacceptable child care is inevitable, and requires our being aware of what belongs to our personal lives alone, and what has general validity. Having to decide when a lifestyle that is unlike our own is destructive to a child can be a challenge. There are no ready answers that preclude our having to use personal judgment, which requires continual self-evaluation.

5. The possibility of making mistakes and the potential price of a mistake.

Parents often deny responsibility for their child's predicament and evidence is frequently not as clear-cut as we would wish it to be. In severe situations, a child's life may be at stake if we decide to report when the parents are uncooperative and evidence is insufficient to do what is necessary to protect the child against their wishes. It may be equally true that if we don't report, the child's life may be in jeopardy. Our sense of responsibility can be overwhelming at times.

6. Unconscious sensual responses.

More difficult to define, more subtle in its presence, and usually unadmitted or unperceived is our attraction to violence, the vicarious "enjoyment" of the forbidden, the "turn on" of behavior, sexual behavior, that impresses us as revolting.

7. Having to confront parents with suspicions of child abuse or neglect.

a. The social taboo against intervening between parent and child has roots that are deep in the development of our culture.
b. Except in the extreme, the criteria are not clear-cut for what is proper child care. We often feel uncertain about our right to make decisions concerning

whose child care is adequate and whose is not.

c. Parents usually react to accusations of child abuse or neglect with anger which they may or may not show. Whether they show their anger or not, we are well aware of it and feel the implicit threat.
d. Parents may have ways that are foreign to us, unacceptable, in fact even repulsive to us—but we are in a situation where we are forced to deal with them in an unhostile, helpful way.

Once we recognize our reactions and the feelings associated with them, we can begin to put them in perspective.

1. Self-awareness should help us to use ourselves more constructively with parents so that we don't clobber them with our anger or attempt to overlook our anger by over-identifying with the parent.
2. Self-awareness should prevent imposing our own value system on people who are too helpless to ward off what is useless to them.
3. Self-awareness should halt or at least slow down exhausting ourselves, and open us to methods of help available to us in our field.

"When Wonder Becomes Suspicion"

Several processes must occur as an observer shifts from wondering about the circumstances surrounding a child's injury or neglect to suspicion that the injuries were inflicted rather than accidental. First, he or she must come to grips with his/her own often subconscious resistance to dealing with the reality in order to consider abuse and neglet as possible explanations. Information needs to be gathered—on behavior and interactions of the parents and the child; on the history of the child's present injuries or neglect situation; on the child's past health history; on the history of the family; and on the child's medical condition. Obviously, the type of information will vary according to the training and experience of the observer. The process of gathering this information effectively presupposes knowledge of appropriate issues to raise and the ability to ask questions in a nonthreatening manner. Next, the collected information must be weighed, and the observer must decide whether there is reason to suspect that the injuries were inflicted.

The following are *indicators* coinciding with the processes described above, which should alert the observer to the possibility of nonaccidental injury. One or more of these factors *may* be present, but the existence of *several* should shift wondering about child abuse and neglect to suspecting it.

APPEARANCE/BEHAVIOR OF CHILD

- Child under three years of age (and especially under six months of age) with "accidental" injuries or ingestion.
- Poor overall hygiene or nutrition.
- Lack of proper clothing (torn, filthy, inappropriate, considering weather; e.g., long sleeves or high necklines in hot weather).
- Injuries present on multiple body surfaces (could be accidental only as result of tumbling falls or automobile accidents).
- Extreme or inappropriate behavior for age of child.
- Crying excessively or very little.
- Showing great fear or none at all of adults.
- Wary of physical contact with an adult; fright when adult approaches; "frozen watchfulness."
- Sudden change in conduct when hospitalized or placed in foster care (e.g., regressive behavior, disruptiveness, shyness).
- Dramatic improvement in development and social relationships when removed from household.
- Plays role of parent, attempting to cater to needs of adults.
- Habitual truancy or lateness for school.
- Early arrival at school with late departure for home.
- Refusal to undress for gym class.
- Evidence of learning disabilities/developmental delays (especially language and fine motor skills that cannot be attributed to specific physical/psychological problems).
- Difficult to manage for physical/behavioral reasons (repeated illnesses, difficult to satisfy, makes heavy demands upon parents).

APPEARANCE/BEHAVIOR OF PARENTS/CARETAKERS

- Defensiveness or hostility when questioned regarding injuries.
- Immaturity.
- Extreme dependency.
- Poor impulse control.
- Low tolerance for frustration.
- Indications of drug or alcohol abuse.
- Apparent psychotic or psychopathic behavior.
- Signs of violent behavior.

NOTES ON ADOLESCENTS

Adolescents present different problems, mainly because they are seen by adults as being more like adults and therefore more reasonable, but at the same time, they are regarded as still children and therefore to be treated as such. Adolescents often present themselves in the same confused fasion. Often adult-sized, they are frequently uncomfortable in their new bodies; given adult privileges like driving automobiles, they frequently accept the responsibility and at the same time act like irresponsible children and use their privileges in a fashion that is the despair of their parents and teachers.

Even the well-adjusted adolescent presents paradoxes of mood swings, of looking one day like a mature adult, the next like a kindergartener. Children who have been abused and neglected have very negative self-concepts, very low self-esteem, are very unsure of themselves and particularly, they are unsure of their acceptability as people. The defensive shields which they erect to protect this painful inner self varies from straightforward hostility to silent withdrawal and everything in-between, including placating politeness.

In talking with the adolescent about what has happened to him, it is important to be careful to be nonjudgmental, both toward the child and toward the child's parents. Most children both love and feel strong loyalty toward their parents, even parents who appear to us to be cruel or harsh. It is important with the adolescent to remember that behind the sometimes brash exterior is a frightened child, and therefore, never ask the adolescent who may appear with bruises or other signs of abuse: "Well, what did you do this time?" It is of equal importance not to ask "What did your parents do to you this time?"

Word your questions in a nonjudgmental, open-ended way. Avoid questions which can be answered yes or no. Some examples of productive questions or comments include: "Can you tell me what happened?" or "I know that when kids get hurt, there is usually something upsetting going on at home," or "I can see that you are upset and I am interested in hearing about it."

In telling the adolescent of your concern and the requirement that you report his injuries to the proper authorities, try to be as open about it as possible. Explain that you are concerned that family problems seem to be ending in the child getting hurt—being careful not to assign blame. Explain further that when this happens, you would want the family to get some help with the problems, and that the law requires that this be reported to Protective Services. Explain as much as you know about what will happen, but if you don't know, say so. It is upsetting to be expecting one thing and have something else happen. If the adolescent responds with hostility, such as, "You stick your nose in everyone's business," or "You have no right to do that!" or some other angry response, you need to stay focused on your concern for him. It may also be useful to recognize the fear that often underlies this kind of anger. You might then respond in one of the following ways: "You seem upset by what I said," or "You may wonder what will happen next," or "Many people (or kids) feel apprehensive in this situation."

Do not "read minds" or "second-guess" the adolescent. It is more useful to universalize the idea than to attribute it to the child. If you say, "I can see this scares you," or words to that effect, the child may feel overwhelmed and panicked that you could so clearly read his feelings, and may well respond with a hostile "Not me!" or "You're wrong!" By saying that "Many people in this situation feel upset, frightened, angry, etc.," you are universalizing the experience and the person is left free to say either "Maybe *they* are, but *I'm* not," or "Yeah, me too!" In either case, he does not feel you are intruding upon him, getting closer than he can at that moment tolerate.

We are going to practice some of these exchanges now in small role-playing groups.

NOTES ON INTERVIEWING IN CHILD PROTECTIVE MATTERS

The child protective interview differs in many respects from those conducted in other settings. First, the initial interview, and many of those held subsequently, result from the initiative of the agency under the mandate of State law rather than of the client. Second, from the client's perspective, the service is imposed and may in fact have damaging consequences, i.e., petition for removal, prosecution for abuse. Third, the interviewer has several different functions which may be unclear and confusing to the client. He or she is visiting to *investigate* a complaint; make a *judgment* about its validity; *assess* the family's willingness to receive help voluntarily; and to *offer* that help where appropriate, or recommend court action.

From the client's perspective, the interviewer's investigative function is most important while the helping roles are usually not understood during the initial phases of the relationship. Hence, though the basic principles of interviewing are applicable to the protective function, many elements must be considered when assessing the responses of interviewees.

Whether you are a child protection worker or other professional, there are three basic rules of interviewing: (a) give the client your full attention; (b) don't jump to any conclusions about what the client believes is happening to him or about what the client has done; and (c) when you do not understand something, ask questions for clarification. While these rules apply to voluntary interviews where the client seeks out the service, they are equally applicable in situations where the service seeks out the client.

In "involuntary" interviews, the interviewer must allow for the client's tension and suspicion about the nature of the interview and permit this to be expressed. However, with sensitive questioning, many people, when given the opportunity to talk about themselves, will respond. Consequently, the first interactions often should be addressed to helping the client express concern about the interviewer and the agency; and to help the interviewer understand whether or not the client perceives a problem in family relationships or in child-rearing practices. Where the client does not perceive any problem initially—except for the interviewer's intrusion and the lack of understanding of those who are making the report, the goal of the helping process itself becomes focused on working with the family to accept the existence of a problem where one exists. Often, families will express their own concerns in the course of the interview, indicating not only that they experience problems, but also that they are prepared to allow the interviewer to help.

Obviously, this help cannot be accomplished in one interview. Angry or hostile clients, or individuals who are anxious and severely threatened, are likely to be unable to correctly interpret the interviewer's statements or intentions. Hence, these may bear repetition over several visits if the interviewer is in a position to offer family help, until the anger or anxiety has decreased and the client is more relaxed. It should be apparent that the expression of anger or the existence of anxiety are not, in themselves, indicators of abuse or neglect. Many families may react dramatically to the intrusion of an official agency into their private lives.

Despite the difficulty of making contact and establishing rapport with protective clients, the first step for the interviewer is to attempt to establish an understanding with the client about the focus of the relationship. For a child protective worker, this is often described as establishing a contract. It is a necessary precondition to any helping relationship. The interviewer can assist the individual to enter into a relationship by being supportive, reassuring and indicating sympathy for the client's problems and respect for the client as an individual. While there is no need to apologize for a protective involvement, the interviewer should always be sensitive to the client's perception of the meaning of the interview. Since many protective clients have had negative experiences with public agencies, and feel themselves powerless before large organizations, it is to be expected that they will often react either passively or with anger to child protective

workers and to anyone who is reporting them. Understanding the feelings of powerlessness of many protective clients is an important step in building a working relationship. When a client is able to ask for help and discuss family problems, it is usually an indication that the interviewer has successfully conveyed a sense of concern and respect for the client, and has been able to earn the client's trust. This is a difficult task when the client willingly seeks srvice; it is even more problematic when the service is initiated by official agencies.

MAINTAINING CONTACTS IN THE COMMUNITY

The average person is surprised to discover the number of community agencies which deal with some aspect or another of child abuse and neglect. It is of prime importance to become familiar with the activities and philosophy of those professionals who do become involved. It is especially vital to maintain contacts *before* a crisis arises in order that those in trouble can be handled with the care and nurturing they will need in the event of a crisis. This would at least reduce the probability of further trauma to the individual and aid in the sensitivity with which the situation is handled. It is essential for adequate provision of help to families to be knowledgeable about community resources. The chain of services to those parents who may be abusing or neglecting is very important in terms of prevention as well as crisis intervention.

It is becoming more apparent to those who are in the human services field that we must become more familiar with each other's roles in dealing with people. It is only through an understanding and acceptance of the various roles that we can band together to form linkages necessary to prevent the breakdown of services provided, in order to complement one another's roles and to close the gaps in the line of service.

The following professionals may become involved with child abuse and neglect situations:

- Police officers or sheriffs
- Mental health professionals
- Child protective services workers
- Doctors, nurses, emergency hospital staff
- School counselors, social workers, psychologists
- Family court personnel
- Lawyers
- Day care center staff
- Neighborhood center workers
- Clergy
- Drug and alcohol center counselors
- Private social agency staff
- Juvenile probation officers
- Self-help groups
- Nontraditional services

Some of the steps in maintaining community contacts are:

I. Being alert to agencies *already* involved in the well-being of the child.
   a. When you know a particular agency is involved with a child, keep in touch by phone.
   b. Ask for joint meetings between your professional people and those in the other agency for on-going help to the child and family.

II. Meeting the *people* who work in those agencies on neutral ground so that when a crisis arises, there has already been some mutual trust development.

III. Utilizing community resources in your immediate neighborhoods on a common needs basis:
   - Crisis availability
   - Summer recreation
   - Socialization skills
   - Adult education
   - Community awareness
   - Health care services

IV. Bringing together groups of community people who have the same cases in common. For example, interdisciplinary teams, traditional case conferences, interagency staffings.

V. Having an *Agency Day* either in the schools or neighborhood center where each agency unit and the public can become familiar with the services, and get to know one another as people.

VI. Inviting parents to come together around the topic of child development and child-rearing practice.

VII. Schools and neighborhood centers working together on recreational pursuits for both children and adults.

CRISIS INTERVENTION AS A TREATMENT STRATEGY IN CHILD ABUSE AND NEGLECT PROGRAMS

Professional workers dealing with the early phases of child abuse and neglect cases are confronted consistently with families in a crisis state. There appears to be a continuum of families, ranging from those who are numbed by the course of events to those who respond with overt hostility and anger. Professional workers also have their own crisis states to deal with in terms of their reactions to the abuse and/or neglect incident and the parental behaviors exhibited. In fact, the high turnover of professional workers in child abuse and neglect programs is often related to "burn-out"—as a result of the pressures of working with families in crisis.[1]

Professionals interested in engaging abusive or neglectful families in the helping process need to understand the dynamics of the crisis period as it has impact upon parents and children as well as upon themselves. When an understanding has been gained, specific crisis intervention skills need to be incorporated. It is also important to consider the structure of providing services in order that effective crisis intervention approaches can be facilitated.

Applying Crisis Theory to Child Abuse and Neglect Cases

In an attempt to differentiate among various types of crises, Reuben Hill developed three major categories: dismemberment (death, separation, etc.), accession (unwanted pregnancy, adoption, etc.), and demoralization (delinquency, infidelity, arrest, etc.). In pointing out crises that involved demoralization, with dismemberment, or accession, he included imprisonment and institutionalization for mental illness.[2] The processes of mandated reporting and investigations of child abuse and neglect, with their potential sanctions of arrest under criminal statutes and/or removal of children under civil statutes, can coalesce to present the families with a crisis that has both demoralization and dismemberment aspects. This suggests that most families are undergoing a serious situational crisis at the initiation of intervention.

Incidents of physical abuse or severe neglect are in themselves crisis events. For purposes of this discussion, however, they will be considered precipitating events, leading to contact with the family and the actual investigation crisis. Since one of the characteristics of crisis intervention treatment is to focus on the presenting problem, the emphasis will be placed on the situational crisis that develops as a result of the report and investigation and its precipitating event(s).

The abusive or neglectful family, in experiencing a situational crisis, undergoes a predictable series of reactions: (next page) Families differ in the kind of response they have to such situational crises as abuse or neglect and its subsequent investigation. Specifically, the nature of the disorganization and the time needed for recovery to a new state of equilibrium may vary. The state of reorganization may be at a more or less satisfactory level compared with the prior level of functioning, depending on how successfully the family handles and responds to the crisis.

In a state of crisis, the psychological equilibrium of the family is disturbed. During this period of upset, the family is more susceptible to influence by others than at times of relative psychological equilibrium. Some suggest that psychological defenses are lowered for a short time. Crisis theorists maintain that deploying helpful services to families in crisis requires a small amount of effort and yields a maximum amount of response.[4] In short, abusive or neglectful families are potentially most prone to accepting help while in this state of disequilibrium.

Engaging abusive or neglectful families in treatment needs to be an immediate response for a number of reasons:

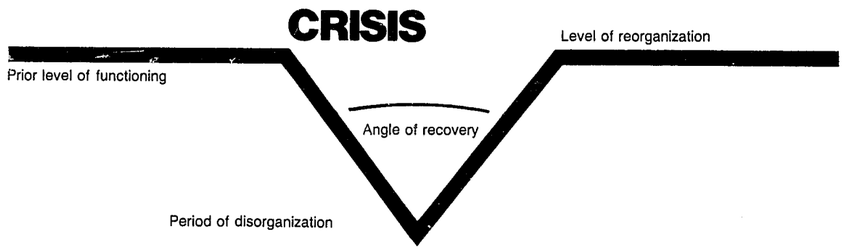
(1) Dynamics associated (with the abuse or neglect situation) are more easily accessible if they are recent.
(2) Only active conflicts are amenable to therapeutic intervention.
(3) Disequilibriated states are more easily resolved before they are crystallized. (Lukton, 1974, p. 392)[5]

Theory suggests that the beneficial effects of the crisis diminish with time. However, this emphasis on early intervention does not detract from the need for on-going treatment, which is a part of the range of services of child protective programs. Their short-term and long-term goals can be enhanced by skillful and timely handling of the crisis aspects of the initial intervention.

Initial contact should occur within twenty-four hours of the report. Where possible, the professional making initial contact should be able to continue with the family through subsequent stages. The handling of the immediate crisis event is but the first step in helping the family work through the crisis and the disequilibrium that results. Failure to follow through may defeat the initial opening up of the helping process.

Recognizing the need for continuity of care, some programs have all direct services staff rotating through intake to pick up and continue with new cases. This allows staff to experience some resolution of problems as well as confronting difficult problems that dominate earlier contacts. Some programs, recognizing the special demands placed on crisis intervention staff, deliberately use half-time professionals. In other instances, workers are restricted to one new child abuse or child neglect case per week. Those child protective programs in which workers are constantly confronted with the crisis management that accompanies intake usually have serious problems of worker burn-out and difficulty in achieving positive results.

Whatever the way the service program is organized, there are important supports that workers must have in order to handle the crisis aspects of child abuse and neglect cases effectively. An important ingredient is the support given workers by effective supervision. Workers must feel free with their supervisors and colleagues to ventilate and deal with the intense feelings created by working with abusive and neglectful families. If these feelings are not expressed, important sensitivities essential to the helping process can be dulled. The hurt and pain that dominate the lives of abusive or neglectful families cannot help but have an impact on the involved professionals. In the process of investigating cases, there is often a strong



(Hill, 1965, p. 45)[3]

[1] Ann Cohn, "Summary of Findings to Date: Evaluation of the Joint OCD/SRS Demonstration Program in Child Abuse and Neglect" (Berkeley, CA: Berkeley Planning Associates, November, 1976), mimeo, p. 22–23.

[2] Reuben Hill, "Generic Features of Families Under Stress," in Howard Parad (ed.), *Crisis Intervention: Selected Readings* (N.Y.: Family Service Association, 1975).

[3] *Ibid.*, p. 45.

[4] Erich Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry*, Vol. 101 (September 1944); Gerald Caplan, *Prevention of Mental Disorders in Children* (New York: Basic Books, 1961), p. 13; Lydia Rapoport. "The State of Crisis: Some Theoretical Considerations," *The Social Service Review*, Vol. 36 (1962).

[5] Rosemary C. Lukton, "Crisis Theory: Review and Critique," *Social Service Review*, Vol. 49 (September 1974), p. 392.

reaction to the harm done to the child. Workers need to anticipate these reactions and important agency supports need to be operative. These natural human reactions emerge from the same source within the personality that enables the worker to respond sensitively to clients, whether children or parents. Repression or denial reactions may take a serious toll in terms of treatment effectiveness.

An important aspect of professional/client interaction is the approach taken to the inherent conflict that is part of initial contacts. "The crisis has a chaotic effect, family coping mechanisms are severely taxed and a sense of helplessness ensues . . . ."[6] Often, this response to loss of control over critical events affecting the family will elicit angry, hostile feelings toward the professional. What has to be remembered is that the child protective services worker or other helping professional is not without resources. Some writers in the field (Justice and Justice;[7] Helfer and Kempe[8]) recommend a separation between authority and the treatment process. In the crisis intervention stage, however, the phenomenon of power (or authority) can have a stabilizing impact on those who are experiencing a sudden arbitrary and unanticipated crisis. Families in these situations often want an objective, skillful, benign authority who can successfully negotiate, indicate, or arbitrate a constructive outcome to the crisis.[9]

The issue tends to be not how to eliminate or prevent conflict, but rather "how to make it productive, or at least, to prevent it from becoming destructive" (Deutsch, 1971, p. 42)[10]. Some workers tend to thrive on crisis-oriented work and feel challenged (rather than threatened) by the hostile, angry client. At a minimum, professional staff need to feel comfortable in dealing with client hostility. If conflict is inevitable, it also needs to be seen as presenting opportunities for working with abusive and neglectful families. Conflict management skills can convert an attack into a focusing of important energies on the problems which precipitated the crisis.

Differentiating Family Responses to Crisis

Although there is a predictable crisis in most child abuse and neglect cases, individual families may respond quite differently. The family's attitudes toward the incident and the subsequent investigation are important, as is the extent to which families perceive the intervention as a crisis. Abusive and neglectful families, typically, are isolated from their social environment. In response to the crisis, some families will withdraw from all activities "until the shame is over," becoming more than ever a closed system.[11] It is important for the worker to identify the usual symptoms of a family's crisis state. They include the following:

- Parent(s) denying child maltreatment, despite strong evidence to the contrary.
- Parent(s) projecting responsibility for the incident onto the child, a bad environment, or the other parent.
- Parent(s) seeing the investigation and possible legal action as an unwarranted intrusion into their lives.[12]

In short, some families meet a crisis with strength and resourcefulness; others meet it with ineffective, self-defeating coping efforts.[13]

In some cases, parents appear to perceive the reality of the child's condition, show capacity to discuss their own responsibility, and express willingness to participate in a constructive action plan to prevent future abuse or neglect. In these instances, the family's coping mechanisms are functioning. Parents who demonstrate this type of adaptive behavior may have minimal negative reactions to the crisis. It is important, therefore, to distinguish between those abusive or neglectful families for whom the situation results in a crisis state and those for whom it does not.

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[6] Morton Bard, *Family Crisis Intervention: From Concept to Implementation* (Washington, D.C.: LEAA-National Institute of Law Enforcement and Criminal Justice, December 1973), p. 3.

[7] Blair Justice and Rita Justice, *The Abusing Family* (N.Y.: Human Sciences Press, 1976).

[8] Ray E. Helfer and C. Henry Kempe (eds.), *Child Abuse and Neglect: The Family and the Community* (Cambridge, Massachusetts: Ballinger Publishing Co., 1976).

[9] Morton Bard, *op.cit.* p. 3.

[10] Martin Deutsch, "Toward an Understanding of Conflict," *International Journal of Group Tensions*, Vol. 1 (1971), p. 42.

[11] Reuben Hill, *op.cit.*, p. 45,

[12] Adapted from crisis intervention techniques used with parents of delinquent youth (including status offenders). See Jacob I. Hurwitz, David M. Kaplan, and Elizabeth Kaiser, "Designing an Instrument to Assess Parental Coping Mechanisms," in Howard Parad (ed.), *Crisis Intervention* (N.Y.: Family Service Association of America, 1965), p. 343.

[13] H. Frederick Brown, Vera Barad Burditt, and Charles Liddell, "The Crisis of Relocation," in Howard Parad (ed.), *op.cit.*, p. 259.

Model for Crisis Intervention

The crisis literature has consistently identified specific areas for focusing the professional intervention. Lydia Rapoport's model of crisis intervention[14] has been adapted for use in child abuse and neglect cases:

1. Keep an explicit focus on the crisis.
   - Help the family gain a conscious grasp of the crisis in order to enhance problem-solving.
   - Clarify the precipitating abuse or neglect event and its relation to personal stress.
2. Help parent(s) with the feelings surrounding the situation.
3. If temporary placement of the child is required, help parents and child to deal with separation-anxiety.
4. Provide factual information about the process that will be followed, including the ways in which the worker will be of assistance and what other agencies will be involved.
5. Create a bridge to community resources and specific services that can be provided to stabilize the family situation.

These steps provide general guidelines for worker activities with the individual family. These five kinds of concerns are not sequential, but need to occur at various intervals and will need to be reinforced again and again.

The Worker as Handrail

A child abuse or neglect case often involves a variety of agencies, professionals, and procedures that can be baffling to any family, but particularly difficult for those involved in child abuse and neglect. As pointed out earlier, these families' coping mechanisms are often not functioning well. The professional who becomes the primary helper with a given family needs to be supportive as the family moves through the various legal and agency procedures. Care must be taken to explain the various steps required and what resources are available. Equally important is assisting the family with such concrete tasks as arranging transportation and advocating with other agencies for such concrete services as emergency food or shelter.

The primary helper needs to have the capability of providing the appropriate emergency in-home services to help stabilize the home situation. Following the Comprehensive Emergency Services program demonstrated in Nashville, Tennessee,[15] several states are adopting statutes that provide for emergency caretakers who can be placed in the home for brief periods. Creative use of homemakers or parental stress volunteers is another important way to begin relieving some of the environmental stresses.

The professional who is the primary helper serves as a "handrail" for these families as they move through the various procedures.[16] The families begin to perceive this professional as a helping person, one they can trust as they begin to sort out their problems. Although the professional may be the primary helper, he/she should also be aware that "a person or family in crisis becomes more susceptible to the influence of significant others in the environment." (Tyhurst, 1958, p. 25)[17] The worker needs to identify others in the environment who can be encouraged to provide support. Again, social isolation of abusive or neglectful families occurs almost without exception. This crisis period is a time when that isolation can be lessened by providing links to supportive services and relationships with others. " . . . The helping person needs to view himself as intervening in a social system—as a part of a network of relationships—and not as a single resource."[18] The worker needs to be aware that he/she doesn't have to do everything.

In the early stages of working with abusive and neglectful families, the primary helper has an excellent opportunity to view adaptive and defensive structures that may not be apparent after the crisis. By focusing on the presenting situation, and the fact that the situation has come to the attention of an agency, the healing process can be enhanced. The worker who is able to deal effectively with initial anger and hostility can be a critical factor in seeing that the parent accepts help and that the children are given the protection they need.

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[14] Lydia Rapoport, *op.cit.*, p. 329. Also see Gerald Caplan, "Pattern of Parental Response to Crisis of Premature Birth," *Psychiatry*, Vol. 23 (1960), pp. 365–374.

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[15] Marvin Burt and Louis H. Blair, *Options for Improving the Care of Neglected and Abused Children* (Washington, D.C.: The Urban Institute, 1971).

[16] Brown, Burdett, and Liddell, *op.cit.*, p. 251.

[17] James S. Tyhurst, as quoted by Lydia Rapoport, *op.cit.*, p. 30.

[18] Lydia Rapoport, *op.cit.*, p. 30.

END