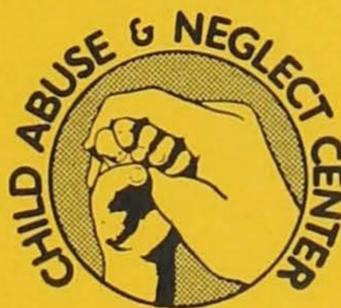


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CHILD ABUSE AND NEGLECT:
THE ROLE OF PROTECTIVE SERVICES

by

Charles Abel, A.C.S.W.



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INTRODUCTION

The purpose of this monograph is to acquaint social work students and beginning practitioners with the problems of child abuse and neglect and how social workers can respond to these serious conditions. To achieve these goals the following major questions will be posed and discussed:

Unit I THE ROLE OF THE FAMILY IN SOCIETY

What is the role of the family in our society?

What are the rights and responsibilities of parents, the rights of children, and the rights and responsibilities of society?

Unit II CHILD ABUSE AND NEGLECT AS SOCIAL PROBLEMS

What is meant by "child abuse" and "child neglect?"

How are these terms defined by professionals and state laws?

How extensive and significant are these conditions?

What are the historical aspects of child abuse and neglect?

Unit III LEGAL ASPECTS

What are the major areas delineated in state child abuse and neglect laws?

How do these vary from state to state?

Unit IV PROTECTIVE SERVICE: PURPOSE

What are the major goals of protective services?

Unit V PROTECTIVE SERVICE: INTAKE

What is the role of the social worker in the reporting process?

What information is needed and how can it be obtained?

INTRODUCTION

The purpose of this report is to provide a comprehensive overview of the current state of research on the effects of child abuse and neglect on mental health. This report will discuss the various forms of child abuse and neglect, the psychological and physical consequences for children, and the role of mental health professionals in the assessment and treatment of these children.

Background

Definition of Child Abuse and Neglect

Child abuse and neglect are defined as any act or failure to act that results in harm, potential for harm, or threat of harm to a child. This includes physical abuse, sexual abuse, emotional abuse, and neglect. The effects of child abuse and neglect can be severe and long-lasting, affecting a child's physical health, mental health, and social relationships.

Prevalence

Child Abuse and Neglect in the United States

Child abuse and neglect are widespread in the United States. According to the National Child Abuse and Neglect Report Card, approximately 10 million children are abused or neglected each year. The most common form of child abuse is neglect, followed by physical abuse, sexual abuse, and emotional abuse. The effects of child abuse and neglect can be severe and long-lasting, affecting a child's physical health, mental health, and social relationships.

Diagnosis

Child Abuse and Neglect

Child abuse and neglect are diagnosed through a combination of clinical interviews, physical examinations, and psychological testing. Mental health professionals should be alert to the signs and symptoms of child abuse and neglect, and should be prepared to provide a thorough assessment and treatment plan for these children.

Treatment

Psychological Services

Psychological services for children who have been abused or neglected include individual therapy, family therapy, and group therapy. These services are designed to help children process their trauma, develop coping skills, and improve their relationships with family and friends.

Conclusion

Psychological Services

Child abuse and neglect are serious public health problems that require a coordinated response from all sectors of society. Mental health professionals play a critical role in the assessment and treatment of these children, and it is essential that we continue to research and improve our understanding of the effects of child abuse and neglect on mental health.

Unit VI PROTECTIVE SERVICE: ASSESSMENT

What is the role of the social worker in investigating the report?

How can the worker approach the reported child and the family in the most effective way?

What is known about the manifestations and dynamics of child abuse and neglect?

Unit VII PROTECTIVE SERVICE: TREATMENT (FAMILY)

What therapeutic interventive strategies and resources can the social worker employ to assist the family?

When should a child be temporarily removed from the home?

When is the home sufficiently safe so that the child can be returned?

When is termination of parental rights appropriate?

Unit VIII PROTECTIVE SERVICE: TREATMENT (COURT)

What is the purpose and role of the court in child abuse and neglect?

What is the role of the social worker in court and how can this role be performed effectively?

Unit IX PREVENTION OF ABUSE AND NEGLECT

How can the social worker prevent child abuse and neglect?

Unit X ADDITIONAL SOURCES OF INFORMATION

A reference list for child protection workers.

Unit I

THE ROLE OF THE FAMILY IN SOCIETY

Social scientists agree that the "family" is the oldest and most enduring institution in our society.¹ Throughout America's history the family has been charged with major responsibility for the material support, nurture, protection and guidance of its children.² The family also performs significant educational, religious and socialization functions for its members.³ However, due to social and economic change many of these functions are currently shared with such institutions as the school, church, health care services and others. In these instances the parents are expected to use these institutions to meet the needs of their children.

This sharing of family functions has given rise to a discussion regarding parental rights and responsibilities, and the rights of children. The Child Welfare League of America has offered a capsule statement regarding parental rights and responsibilities:⁴

In our society, both parents and children have natural and legal rights which are accompanied by corresponding responsibilities enforceable by law. Parents are responsible for giving their children the love, care and protection which they need; and for providing, within their ability and resources available to them, all of the following, until their children can care for themselves:

- adequate food, shelter, clothing,
- medical care,
- education,
- supervision and protection,
- moral and social guidance.

Parents have the right to determine what happens to their children so long as they discharge their obligations as parents. In making most decisions, parents are free to follow their own judgment.

While parental rights and duties are relatively clear, the rights of children are another matter. For example, numerous statements about children's needs and rights have been proclaimed by White House Conferences, the United Nations and a number of state and national organizations. As long ago as 1949 the New York State Youth Commission offered the Children's Bill of Rights. Unfortunately the statements in this "Bill of Rights" are in fact a list of philosophical and moral rights not found in constitutional mandates, legal precedents or institutional practices that enforce these pronouncements.⁵

The Children's Bill of Rights are as follows:⁶

"For each child, regardless of race, color or creed -

- "The right to the affection and intelligent guidance of understanding parents
- "The right to be raised in a decent home in which he or she is adequately fed, clothed and sheltered
- "The right to the benefits of religious guidance and training
- "The right to a school program which, in addition to sound academic training, offers maximum opportunity for individual development and preparation for living
- "The right to receive constructive discipline for the proper development of good character, conduct and habits
- "The right to be secure in his or her community against all influences detrimental to proper and wholesome development
- "The right to the individual selection of free and wholesome recreation

- "The right to live in a community in which adults practice the belief that the welfare of their children is of primary importance
- "The right to receive good adult example
- "The right to a job commensurate with his or her ability, training and experience, and protection against physical or moral employment hazards which adversely affect wholesome development
- "The right to early diagnosis and treatment of physical handicaps and mental and social maladjustments, at public expense whenever necessary"

Despite the legal ambiguity surrounding the concept of children's rights, laws have emerged throughout history which attempt to safeguard the American child's welfare. Today for example, "when the child's welfare requires it, the state (society), as the ultimate authority responsible for children, assumes the right to intervene in regard to parental rights."⁷ By law the state should exercise its mandate when parents will not or are unable to meet the child's basic needs. "Under these circumstances the rights of parents or child can be limited, in their own or society's interests, only in accordance with due process of law, and only to the extent and for the period of time that is necessary to insure the child's and the public's best interest."⁸

Summary

In summary, the family is the oldest and most universal human institution. Over time, societal change has influenced the functions once performed solely by the family. Numerous social institutions are now utilized by the family to meet jointly the needs of its members. Out of the interdependent relationships between the family constellation and society a number of issues

have emerged. Some of these include the rights and responsibilities of parents, the rights of children and the role of society in maintaining the family and society's best interest. These issues will now be explored in the context of child abuse and neglect.

Unit II

CHILD ABUSE AND NEGLECT AS SOCIAL PROBLEMS

Child abuse and neglect have been with us for centuries. However, in America during the late 1800's a campaign against child labor practices was launched as well as a spirited public concern for the maltreatment of children. The latter erupted according to Fontanna⁹ when the first case of child abuse was documented in New York in 1874. The child's name was Mary Ellen. She was being beaten regularly by her adoptive parents and suffered serious malnutrition. When concerned church workers became aware of Mary Ellen's plight, they were unsuccessful in persuading local authorities that legal action should be taken against the parents. Unfortunately, at that point in history, the right of the parents to chastise their children was considered sacred and there existed no law which authorized any social agency to intervene and protect a child in this situation. In desperation the church workers appealed to the Society for the Prevention of Cruelty to Animals (SPCA), which quickly acted. Mary Ellen was removed from her parents on the grounds that she was a member of the animal kingdom and that therefore her case could be included under the laws against animal cruelty.¹⁰

Mary Ellen's case caused a public uproar and prompted, one year later, the creation of the Society for the Prevention of Cruelty to Children. Similar societies were formed in different cities. From this account one can see that there existed at the beginning of the twentieth century very

few laws or organizations advocating the rights of children.

The current concern regarding child abuse began about thirty years ago with a physician named John Caffey. Caffey wrote a paper regarding the presence of a subdural hematoma, which is a collection of blood underneath the bones of the skull, that was present in babies and often associated with fractures of long bones elsewhere in the body. He could not account for this, but he did mention in his article that the fractures appeared to be of a traumatic nature.¹¹ In 1961 Henry Kempe, the pediatrician who is perhaps more responsible than anyone else for initiating the effort to combat child abuse and neglect, stated in an article that the "Battered - Child Syndrome" was a reality - and present to a considerable degree in the United States.¹² This created a lot of controversy.

By the mid 1970's, scholars and professionals began to "define" child abuse and neglect; all 50 states passed child abuse laws (and many are now including child neglect); and public pressure led to the passage in 1974 of the Child Abuse Prevention Act, Public Law 93-247. Although these are only three of many responses to these social problems, each deserves further attention.

Many attempts by scholars and professionals have been made to define child abuse and neglect. Five such definitions illustrate the complexities of these phenomena. Kempe's definition of child abuse is quite broad and follows:

Child abuse is a situation . . . in which a child is suffering from serious physical injury inflicted upon him by other than accidental means; is suffering harm by reason of neglect, malnutrition; or sexual abuse; is going without necessary and basic physical care; or is growing up under conditions which threaten his physical and emotional survival.¹³

In contrast David Gil used these rather narrow terms to frame child abuse in his national study:

Physical abuse of children is the intentional non-accidental use of physical force, or intentional, non-accidental acts of omission on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring or destroying that child.¹⁴

Variation is also found in definitions of child neglect. For example, Norman Polansky et al state:

Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.¹⁵

Conversely, the Child Welfare League of America appears more explicit:

It is presumed that neglect exists when the condition or situation of a child is regarded as hazardous to his physical and emotional health, well-being and development; and his parents, or other persons expected to be responsible for his care and protection, are not able or not acting to prevent or remedy the condition or situation or to make use of available resources in order to do so.¹⁶

While attempts were undertaken to define these social problems, practically all the states passed a law regarding child abuse by the mid 1960's. As scholars and professionals continue their search for a common definition of these social ills, contemporary child abuse and neglect laws still reflect differences from state to state.

Despite these variations, the Child Abuse Prevention and Treatment Act, Public Law 93-247, offers a broad definition of child abuse and neglect.

This is the definition on which the federal government bases its criteria for the granting of financial support to others for programs for the

prevention, diagnosis and treatment of child abuse and neglect. If the state law does not include all aspects of the Child Abuse and Neglect Treatment Act, the state is not in compliance and no funds are allocated. The "model definition" of this act is as follows:

"The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby."¹⁷

In the above definition child abuse and neglect can take many forms. Generally speaking however, "abuse" refers to acts such as beatings or excessive punishment while "neglect" refers to a lack of action such as failure to provide food or emotional care.¹⁸ (Some states do not include neglect in their child abuse law.)

Recently, Gil (1975) has proposed a wider, more socially oriented definition, according to which abuse consists of inflicted gaps or deficits between circumstances of living which would facilitate the optimal development of children to which they should be entitled, and their actual circumstances, irrespective of the sources or agents of the deficits.¹⁹ Thus, Gil includes in his definition abuse or neglect by caretakers, by institutions which inhibit maximum child development, and by society whose policies sanction or fail to overcome these deficits. These categories of child abuse are delineated as follows:

INDIVIDUAL ABUSE is that category of abuse and/or neglect with which we in social work are most likely to be involved. It is the most familiar as it occurs between the individual child and the parent or caretaker, usually within the family's own home.²⁰ This type of abuse is usually due to acts

such as a blow which produces an injury, or it can be the lack of action such as the denial of necessary medical help which can interfere with the child's normal growth and development. Only individual abuse is consistently defined in state laws.²¹

INSTITUTIONAL ABUSE refers to acts or the lack of action occurring in institutional settings which fail to provide children with the material and emotional support needed for their development. "Such acts or (lack of action) may originate with an individual employee of an institution, e.g., a teacher, a child care worker, a judge . . . or a social worker. . . ." . . . these acts may also be part of the standard practice of an agency or institution.²² Examples might include an inadequate understanding of a child's emotional needs at a particular age in a children's institution, or inappropriate disciplinary measures which are used in a classroom.²³

SOCIETAL ABUSE originates in acts or inactions of our society as a whole which may be detrimental to the growth of the children. Examples might include the minimal assistance provided to millions of poverty children who are "inadequately nourished, clothed, housed and educated."²⁴ Other examples would include racism, sexism or governmental inaction which does not insure that the health and welfare of children are protected.²⁵

The category of individual abuse previously mentioned contains three types of abuse: (1) PHYSICAL ABUSE, (2) SEXUAL ABUSE and (3) EMOTIONAL ABUSE. Not all states include sexual abuse and/or emotional abuse in their laws.

PHYSICAL ABUSE is the most commonly recognized form of abuse. It refers to the act, or failure to act, by a parent or caretaker that causes some physical injury or some impairment of future growth and development of the child. Many state laws also use the term "any non-accidental physical injury" in this context.²⁶

SEXUAL ABUSE is a type of physical abuse and ranges from molestation which includes fondling, exposure and masturbation, to intercourse which includes incest and rape.^{27,28}

EMOTIONAL ABUSE is the most difficult type of individual abuse to identify and define. This form of maltreatment includes "the parent's lack of love and proper direction, inability to accept a child with his potentialities as well as his limitations, . . . (and) failure to encourage the child's normal development by assurance of love and acceptance."²⁹ For example, a parent who constantly verbally downgrades a child may be guilty of emotional abuse. The parent who consistently ignores a child might be guilty of emotional neglect.³⁰

As indicated earlier, child neglect is usually defined as a failure to act on the part of the parents or caretakers which impairs the growth of the child. Essentially there are two types of neglect: PHYSICAL and EMOTIONAL.

PHYSICAL NEGLECT refers to the failure to provide adequate food, clothing, medical attention, shelter, care and supervision and protection.³¹ Not pro-

viding an opportunity for mandatory education as defined by state law could also be included.

EMOTIONAL NEGLECT is difficult to differentiate from emotional abuse at times. The terms emotional abuse and emotional neglect are, therefore, often used interchangeably.³²

As is evident there are many different approaches to defining "child abuse" and "child neglect." For this reason the prevalence of these conditions can only be estimated since definitions accepted by all the states would be necessary for an accurate national accounting of neglect and abuse cases. Despite variations in classification, the maltreated child, the neglected child, the abused or exploited child is a child at risk. The significance of this fact is evident when one realizes:

- 2,000 children died as a result of child abuse in 1974.³³
- 25% of all children under the age of three treated for physical trauma in hospital emergency units may be physically abused.³⁴
- Millions of children - based on measures of minimal needs as published by the U.S. Bureau of Labor Statistics - experience "conditions of existence under which physical, social, emotional and intellectual development are likely to be severely handicapped."³⁵

Because of the above facts few can disagree that child abuse and neglect constitute significant social problems. That social intervention is therefore needed to address these conditions is both obvious and necessary.

Summary

The maltreatment of children has occurred throughout history. Current

recognition of these problems in America has prompted a flurry of activity. Professionals and social scientists are attempting to define "child abuse" and "child neglect." All fifty states have passed child abuse laws which include - in many states - child neglect. In 1974 the Child Abuse Prevention and Treatment Act (Public Law 93-247) was passed and offers a model definition of child abuse and neglect which many states are currently incorporating in their child abuse and neglect laws.

Without all states sharing a universal definition of child abuse and neglect, the national prevalence of these problems can only be estimated. However, it is a fact that literally hundreds of thousands of children are at risk for continued abuse, neglect and/or exploitation unless a massive program of social intervention - at all levels of society - can be launched.

How society approaches these serious conditions is partially determined by each state's legal mandates. The common themes found in state child abuse and neglect laws will be discussed.

Unit III

LEGAL ASPECTS

It is imperative that you know and understand your state's child abuse and neglect law in order to be fully aware of what has to be done and what your own attitude is toward the law. The whole idea of an effective program for child abuse and neglect depends on the attitude of the people who are trying to comply with that law. Failure to comply with the law's mandate could place a child at risk of being injured or killed. Under such conditions you can be fined, incarcerated and/or found liable in a civil suit should one be initiated.

While it is impossible in the space permitted to discuss all the states' child abuse and neglect laws, an attempt will be made to delineate the major common themes found in these laws.

The most significant part of child abuse and neglect laws deal with reporting suspected cases. There is such variation in the reporting laws between each state with respect to (1) abuse and neglect conditions which are to be reported, and (2) those persons who are required to report suspected cases.

Purpose and Policy

The purpose and policy of these laws are to encourage reporting, and therefore:

- To protect the child,
- To initiate prompt investigation,
- To provide rehabilitative services,

- To keep the family intact.

The first and primary thrust of any law should be the PROTECTION OF THE CHILD. The second is the ENCOURAGEMENT OF REPORTING. We believe in reporting and even over-reporting. Why? Because we look on the law as a helping tool which will allow the professional to enter the situation early before any major injury has taken place or before a family has been torn apart by all the emotional turmoil that occurs when a case is reported. There should be no hesitation in reporting cases early, because it is not the intent of the law to remove the child from the home unless the child is in danger. On the contrary, after reporting there is a PROMPT AND VIGOROUS INVESTIGATION of the circumstances which led to the alleged abuse or neglect. Thirdly, comes the provision of REHABILITATIVE SERVICES TO THE FAMILY, and lastly, a very important aspect of the law - to KEEP THE FAMILY INTACT. This can be done in most instances with an appropriate treatment program.

Definitions

Each law contains definitions of child abuse and most include a definition of child neglect. These have been discussed previously in Unit II.

Mandatory and Permissive Reporters

Most laws define who must report. Some of them are MANDATORY, some of them are PERMISSIVE (voluntary). In the state of Iowa, for example, there are listed a number of health practitioners who must report (physicians, osteopaths, dentists, optometrists, podiatrists, chiropractors,

registered and licensed practical nurses.) There are also social workers, psychologists, certified school employees, employees of licensed day care facilities and others who must report according to the Iowa law. Anyone else may report; these individuals are called PERMISSIVE REPORTERS.

Immunity

A reporter is IMMUNE (in other words, protected) from civil or criminal liability, if the report is rendered in good faith. The phrase "IN GOOD FAITH" means there is no spiteful intent on the part of the reporter. At the current time all states have an immunity clause in their law.

Immunity does not necessarily mean anonymity for either a mandatory or a permissive reporter. If you do not give your name when you report, the case will still be investigated and obviously anonymity will be maintained. If you do identify yourself when you report, your name may have to be revealed although the social service and legal authorities make every attempt to maintain confidentiality.

Reporting Procedures

There are many provisions and procedures in the law of how you go about reporting. The reporting procedure will also vary from state to state. LOCAL OR STATE DEPARTMENTS OF SOCIAL SERVICES AND/OR LAW ENFORCEMENT AGENCIES ARE THE USUAL TYPES OF AGENCIES WHICH ARE DESIGNATED BY LAW TO RECEIVE REPORTS. In most states reports are made orally as soon as abuse is suspected and followed by a written report within a specified time period. Reports in Iowa, for example, are made orally to the local county department of social services and followed in writing within

forty-eight hours.

Information For the Report

The state law will outline information to be included in the report. In general, the report should contain sufficient information regarding:

1. the identity of the child and his/her parents or caretaker,
2. the nature of the injury,
3. previous injuries,
4. the status of other children currently living in the home,
5. the present location of the child.

The report should also contain any other information related to the cause of the injuries and the identity of the person responsible for the injuries.

Duties of the Department Upon Receipt of the Report

Most states specify that their State Department of Social Service shall make a prompt investigation of all reports of suspected child abuse or neglect. A few states specify that the investigation will be conducted by the police. Many laws require the investigation to be initiated immediately or no later than twenty-four hours after receipt of the oral report.

The investigation, the primary purpose of which is to protect the child, includes - but is not limited to - the nature, extent and cause of the abuse or neglect; the identity and age of the person(s) responsible; the names and conditions of other children in the home; the home environment and the relationship of the child to the parents or others responsible for his care; and other pertinent data. The investigation necessitates a visit

to the home of the child named in the report. If permission to enter the home and to examine the child is refused, the juvenile court or district court upon showing of probable cause may authorize the person making the investigation to enter the home and examine the child.

When the investigation is complete, the department is required to submit a written report to appropriate officials designated by law and to do so within a specified period of time. In Iowa the report is sent to the juvenile court, county attorney and the central registry within 96 hours following the initial oral report made to the department. If more time is needed to complete the investigation the court may grant an extension of time.

Protective Social Services To Be Offered

Most laws mandate that protective social services shall be provided by the local department of social services to the child and his or her family in the home to prevent further abuse or neglect, to safeguard their health and welfare, and to help stabilize the family whenever possible.

Protective Custody

Many states specify in their child abuse law that a police officer, a law enforcement official, or any physician may take or may retain "temporary protective custody" of a child who is the subject of a report of actual or suspected abuse or neglect, or who is being examined by a physician for suspected abuse or neglect without the consent of the child's parents, guardian, or others legally responsible for his care. This may

be done after reasonable attempts have been made to advise the child's parents, guardian, or caretaker, or when a court order cannot immediately be obtained. This action also assumes the existence of conditions which places the child in immediate danger to his or her health or life. When these conditions prevail, most states require that child protective proceedings then be initiated. States usually define "temporary protective custody" as temporary placement within a hospital, medical facility or emergency foster care.

Evidence is Not Privileged or Excluded

Confidential communication does not apply to evidence regarding a child's injury or the cause of the injury in any judicial proceeding resulting from a child abuse report. The only privileged communication recognized is that between the parent(s) and their legal counsel. A spouse must testify against the other. There is no confidential doctor-patient relationship and the health practitioner must testify in court to his medical knowledge of the case.

Confidentiality of Reports and Records

Child abuse and neglect reports and records maintained by the responsible department shall be confidential. Violation carries sanctions including a fine and/or imprisonment. According to Missouri law for example, information shall not be made available to any person or institution except to:

- a physician or his designee who is examining a child whom he reasonably believes may be abused or neglected,

- appropriate department staff,
- any person who is the subject of a report, or the guardian of the person when he is a minor, or who is mentally ill or otherwise incompetent,
- any person engaged in bona fide research purpose who has permission from the departments state director; provided that no information identifying the subjects of the reports and the reporters shall be made available to the researcher.

Central Registry

Many states have a central registry which is a single source of state-wide collection and maintenance of child abuse and/or neglect information of each reported case. Central registries serve a number of purposes:³⁶

- Assisting diagnosis and evaluation by providing or locating information on prior reports and treatment efforts,
- Providing convenient consultation to potential reporters about the reporting process. (This assumes the registry staff have had suitable training in protective service and consultation,
- Measuring the performance of the child protective service by monitoring follow-up reports,
- Providing statistical data on handling of reports to facilitate research, planning and program development,
- Providing a focus for public and professional education campaigns.

Most state laws also specify those reporters who have access to central registry reports, the type of information contained in the registry, the expungement of information if the original report is found to be invalid, and the creation of a lay/professional council on child abuse information

to monitor the operation of the central registry.

While some states have created central registries, some have not. In fact, some states have even disbanded their central registries claiming they have been insufficiently used. In these cases one might wonder if the non-use of these facilities is due in part to a lack of publicizing their existence. This does not preclude, however, the legal problems of "privacy" which is a continuing concern where governmental information agencies of this kind are created.

When one weighs the benefits of such a system that is appropriately designed, operated and used, the value of the registry becomes apparent.

Appointment of Guardian Ad Litem

Over half the states require that in every case involving an abused or neglected child which results in judicial proceeding, the judge shall appoint a guardian ad litem to appear for and represent the child. If a parent is a minor, or is mentally ill or otherwise incompetent, the judge may also appoint a guardian ad litem to represent the parent as well. The guardian is allowed a reasonable fee for services set by the court and paid from public funds.

Sanctions

In many states there are SANCTIONS (PENALTIES) if abuse or neglect is suspected but not reported. The sanctions are usually classified as a misdemeanor which carries a fine and/or imprisonment for varying lengths of time. In a few states, including Iowa, individuals who suspect child abuse but do not report it are civilly liable for damages caused by such failure.

This means that if a mandatory reporter sees a child on Monday whom he/she suspects has been abused but does not report it and if the child is injured by abuse on Wednesday, then the reporter can be financially liable for all the future care of that child if the injuries are severe. This is based, on an article from Time magazine (November 20, 1972, page 74) in which a case in California was settled out of court for \$600,000.³⁷

Summary

The major elements found in most child abuse and neglect laws have been presented. In order to be responsive to the problems of the abused/neglected child and his family it is essential that you know and understand your own state's child abuse/neglect law. As you will see in the next Unit, state law will establish the major purposes of state and county child protection agencies.

Unit IV

PROTECTIVE SERVICE: PURPOSE

In the first chapter we described the creation of the Society for the Prevention of Cruelty to Children during the late 1800's in America. "The main responsibility of the early SPCC's was that of law enforcement and child rescue. They saw themselves as "arms of the law" and directed their efforts to the prosecution of parents rather than the provision of social work services."³⁸ Since that point in history a growing emphasis has been placed on providing help to parents to assist them in handling their parental functioning. However, even today many citizens and some social workers see child protective services as a "punitive and prosecutory program." Unfortunately, these persons fail to see the shortcoming of such an approach.

It is understandable that persons dealing with their first cases of child abuse and neglect often experience similar emotional reactions. These range from disbelief that parents could mistreat their children, to feelings of anger, rage, frustration and repulsion. These are usually directed at the parents or persons responsible for the child's care.^{39,40} Therefore, what should be done with the abusive or neglectful parents has received greater emphasis than attention to the child or the family per se.

There are generally two approaches to those who abuse and/or neglect children.⁴¹

The PUNISHMENT METHOD views maltreatment as a crime for which parents must be punished.

The THERAPEUTIC APPROACH views the family as needing treatment.

Currently, the therapeutic (treatment) approach appears more appropriate for the following reasons:

1. Criminal prosecution may do more harm since the court process may embitter the parents or caretaker, making them resent their children and adding to their lack of trust in people.⁴²
2. If acquitted, the parents may think their child-rearing methods are not only acceptable but condoned. If they are convicted, a prison term or a suspended sentence will seldom change their behavior.⁴³
3. Criminal prosecution rarely resolves the underlying problems of the parents. Following release from prison, nothing will prevent them from maltreating their children in the future or having more children whom they also maltreat.⁴⁴
4. "Fear of criminal prosecution may also deter (prevent) parents from taking an injured child for medical care."⁴⁵

Based on the above rationale, modern protective services pursue a number of goals. For purposes of review and added emphasis these goals include:

- Protecting the child,
- Initiating prompt investigation,
- Providing rehabilitative services,
- Keeping the family intact.

Summary

In summary, the philosophy of protective services has changed from a punitive approach to a more humanistic one. By comparison the therapeutic approach is not only more humane but more effective in serving the needs of children, their families and the best interests of society. How the social worker achieves these goals will be discussed in the following units.

Unit V

PROTECTIVE SERVICE: INTAKE

Unlike most social service settings, protective service is usually initiated on the basis of information given by someone other than the parent or child who is the subject of a report. Most reports are made by telephone to the child protection unit and are handled by the worker on duty.

There are at least five categories of reporters who call child protective service units and may include:

- Private citizens,
- Relatives,
- Professional persons,
- Social agencies,
- Abusive/neglectful parent(s) themselves (self-referral).

How the social worker approaches each group will differ due to the varying kinds of relationships the reporter has with the child.⁴⁶ The following examples may illustrate this point.

Reports From Private Citizens (neighbors, friends and acquaintances)

These persons should be assisted to make as factual a report as possible. The worker should also commend the reporter for his or her concern about the child and convey that the agency is also concerned. If the reporter asks to remain anonymous to the family they should be told every effort will be made to do so. The worker should also reassure the reporter that the agency will act promptly to ascertain the child's status.

Reports From Relatives

The social worker should strive to remain particularly objective when talking to the reporting relative. Because of the emotional involvement of the reporting relative the worker may jump to the conclusion that the report may not be "made in good faith" but rather the by-product of a family feud. It is imperative that the worker keep an open mind and explore the nature of the relationship between the reporting relative and the child, and the child's parent(s).

Reports From Professionals and Reports From Other Social Agencies (Health personnel, social workers, schools, law enforcement officials, etc.)

"If the reporter has a professional relationship with the family, he or she ought to be encouraged to inform the family of his or her report. Often, reporters will need support in confronting the family with their suspicions; the social worker investigating the case needs to help reluctant reporters understand their legal protection under the state reporting laws, and the importance in the investigative, assessment, and treatment process of keeping the family completely informed as to what is happening. In this regard, the social worker can encourage the reporter to submit a written report of his or her suspicions, and inform the reporter that the written report will be shared with the family."⁴⁷

Self-Referral

Some parents recognize their parenting may be abusive or neglectful. A small but increasing number are reporting themselves. For example, in 1977 fifty-seven Iowa parents made self-referrals to their child protection

agency. Hopefully this number will increase in the future.

In cases where one parent is reporting the other, the reporter should be helped to realize that both share the same rights and responsibilities for care of their children. The reporting parent should also be encouraged to discuss the report with the other parent. Exceptions to these suggestions would be in those situations where: only one parent has legal custody of the children, one parent is in danger of physical harm at the hands of the other, or a parent is not competent to act responsibly because of mental illness, substance abuse or mental retardation.⁴⁸

Content of the Initial Report

It is essential that certain kinds of information be obtained in all initial reports which can be used to (1) locate the child and his/her family, (2) provide the necessary emergency help if needed, and (3) ascertain sources of additional information regarding the family. To meet these goals the following information should be acquired:⁴⁹

- Name, age, birth date, address of child,
- Name, address of parents,
- Where parents can be reached, e.g., at home or place of employment,
- Incident that precipitated the report,
- Present condition of the child,
- Siblings who are in the home and their present status,
- Possible witnesses to the occurrence or to the child's condition,
- Other professionals and agencies that know the family.

Workers should be sensitive to the concerns expressed by the reporter which may include:⁵⁰

1. Will the reporter's identity be revealed to the family?
2. Can the reporter remain anonymous?
3. Will the worker contact the reporter after the investigation is completed and tell what action has been or will be taken?
4. What information should the reporter place in the written report to be sent to the protective service unit following his/her oral report?

Answers to the above questions and others raised by reporters should be found in your state's law and/or agency's policy. Unless the intake worker can provide immediate, accurate and adequate answers, reporters may be hesitant to become involved again. There is reluctance to report and this may be a contributing factor.

Following the completion of the reporter's telephone call, the worker should contact the state's central registry (if there is one). If the family has been previously reported, valuable information may be available to assist the worker in the investigation and in offering treatment to the family. (See page 22 for the kinds of information available.)

Obviously, the call to the central registry should be delayed if the child is in imminent danger of being harmed and therefore requires immediate intervention. These conditions will be specified in the next unit.

Summary

This unit has included the role of the protective service intake worker in responding to the major categories of reporters. The minimal

information needed for the report has been noted and how this information can be obtained. How the worker approaches the assessment/diagnostic phase of the investigation will now be explored.

Unit VI

PROTECTIVE SERVICE: ASSESSMENT

The report of suspected abuse or neglect is not substantiated until confirmed by the assessment of the child's condition and family situation. Approximately forty-seven percent of all reported cases of suspected child abuse and neglect are confirmed.⁵¹ In about one-half of the unconfirmed cases social services are requested and utilized by the family.⁵²

The speed of initiating all investigations should be consistently prompt. Protective service agencies do not have the luxury of placing investigations on a waiting list.

Prior to contacting the reported child and the family, the worker should mentally and emotionally prepare for the investigation. First he/she must keep in mind that the purpose of the investigation is to determine if the child is safe; secondly, the social worker should know precisely the specific allegations of suspected abuse or neglect made in the report; thirdly, he or she must know what additional information is needed to confirm the allegations or rule them out; and lastly, the worker should be prepared to be responsive to the needs of the reported child and other family members. Each of these areas deserve elaboration.

Following the report, the worker should contact the central registry and obtain any available information on the family. The worker should then phone to schedule a home visit to see the child and the family within 24 hours following the initial report. The worker should give his/her name, the name of his agency and state that a report has been received

claiming that their child may have been injured (in case of abuse) or in need of "help" (because of neglect). The reported form of neglect (e.g. inadequate clothing, being left alone) should be stated. The worker should not use the terms "abused" or "neglected." Explain that by law your agency is required to determine if the report is accurate and therefore you need to see the child and talk with his/her parents or caretaker. Also convey that you and your agency will offer any assistance to the child and the family if needed. The appointment should include seeing the reported child and his family in their home.

If the family does not have a phone, obviously the worker should conduct an unscheduled visit to the home as soon as possible and certainly within 24 hours following the report. The appropriate introductory information (above) should be shared with the parent(s).

The first contact with the family is crucial. Few families will welcome the worker; however most will allow the worker to see the reported child and family members in the home. A few will refuse the worker's visit. In these rare instances the parents should be told that this is their legal right but consequences will follow (police and/or court order).

Parents experience intense feelings which may be directed at the worker during his/her initial contacts. These feelings may include denial, rage, anger, frustration and despair. The worker may reduce these forms of resistance by employing these approaches:

- Demonstrate a non-judgmental attitude toward the parent(s) or caretaker.
- Approach the parent(s) in a non-accusatory supportive manner.
- Express a genuine concern and interest in family members.

- Explore the facts of the child's condition and family situation.
- Do not take sides if arguments develop between family members.
- (Others will be discussed in the treatment unit.)

Unless the worker can respond in these ways, effective intervention will be impaired. The family needs to become involved in identifying their own problems and seeking solutions.

A note of caution is in order. Some social workers may become overly involved in the psychodynamics of the family's problems and pay less attention to assessing the child's condition and safety in the home. This is compounded by the social worker looking upon the parent(s) as the primary client(s) and de-emphasizing the child's needs in this particular situation. This possibility is exceedingly important and such error may account in part for the deaths of some children while the worker was still "involved in helping the parents." Therefore, the worker must be able to recognize those situations where the child's life and safety are at risk. One authority has developed a list of circumstances which constitute emergencies and require the worker's immediate attention.⁵³

The following are situations in which a worker should consider immediate intervention to protect the child:

- The maltreatment in the home, present or potential, is such that a child could suffer permanent damage to body or mind if left there.
- The child is in immediate need of medical and/or psychiatric care which the parents refuse to obtain.
- A child is already physically and/or emotionally damaged by the home environment and requires an extremely supportive environment in which to recuperate.

- A child's sex, race, age, physical or mental condition render him or her incapable of self-protection -- or for some reason constitute 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 immediate threat to the child.
- Abandonment.

The following findings may signal the need for immediate intervention if they accompany evidence of injury or physical effects of neglect (such as untreated medical conditions or unfed, unclothed children):⁵⁴

- 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.

While it is essential that the worker recognize these emergency conditions, it is inappropriate to assume these situations represent the "typical" case of child abuse and neglect. These cases represent about ten percent of all the reported cases and the worker must quickly intervene.⁵⁵ Unfortunately the public may believe this to be typical because of the publicity these cases receive in the media (T.V., press and radio). The various resources available to these children will be noted in the treatment chapter.

The worker's attitude toward abusive and neglectful parents is of paramount importance if the family is to seek and use the worker's help. In some extreme cases of child abuse and neglect even the veteran protective service workers struggle with their own feelings and attitudes toward the perpetrator. Before contacting the family, the worker should sort out how he/she feels at "gut level" about the alleged condition of the child. In severe cases the worker may wish to ventilate feelings with a supervisor or peers. If the worker realizes he cannot approach the family with a non-judgmental attitude, he should transfer the case to another who can remain more objective. If he is unable to handle his personal feelings toward these parents, he should seek a different setting in which to work. Protective service practice requires workers who can genuinely accept parents as having worth and dignity despite the extent of the abusive behavior.

The worker also needs a solid knowledge base to be effective. This includes more than awareness of the emergency situations and potentially negative parental behavior listed on page 36. At least ninety percent of reported cases do not involve severe injuries to the abused or neglected child.

In these cases the worker may be unable to diagnose child abuse or neglect unless common characteristics of abused and neglected children and their parents are known. The following table provides this information.

Table 1

Some General Characteristics Suggestive of Abuse and Neglect

The Parent	The Child
Presents contradictory history.	Has an unexplained injury.
Presents a history that cannot or does not explain the child's injury or condition.	Shows evidence of dehydration and/or malnutrition without obvious cause.
Is reluctant to give information.	Has been given inappropriate food, drink, and/or drugs.
Gives a history of repeated injury.	Shows evidence of overall poor care.
Projects cause of injury onto sibling or third party.	Is unusually fearful.
Hospital "shops" - has taken the child to a different doctor or hospital each time medical attention is needed.	Shows evidence of repeated injury.
Has delayed unduly in bringing the child for care.	Begins to care for the parent's needs.
Refuses consent for further diagnostic studies.	Is described as "different" or "bad" by parents.
Shows loss of control, or fear of losing control.	Is indeed different from other children in physical or emotional makeup.
Shows detachment.	Is dressed inappropriately for degree or type of injury.
Reacts inappropriately to the severity of the child's condition - either overreaction or underreaction.	Shares evidence of sexual abuse.
Complains about irrelevant problems unrelated to the injury or condition.	Shows evidence of repeated skin injuries.
	Shows evidence of repeated fractures.
	Has injuries not mentioned in history.
	Cries easily, may seem excessively nervous.

The Parent	The Child
Has unrealistic expectations of the child.	Is usually irritable.
Cannot be located.	Is often hungry, may miss meals, lacks money for food.
Presents a history of family discord, or of personal problems such as alcoholism, drug addiction, abuse or neglect as a child, or psychosis.	Shows signs of malnutrition - pale, fatigue, lacks normal strength and endurance.
Uses inappropriate discipline.	Is in obvious need of medical attention for correctable problems - vision, dental care, immunizations, etc.
Is overly critical and rejecting of the child.	Lacks parental supervision at home.
Is isolated from family supports.	Exhibits unusual behavior patterns or a sudden change in behavior.
Seems to trust no one.	Has an undiagnosed learning problem.
Appears frustrated with his/her role as a parent.	Is habitually truant or late to school.
Lacks understanding of the child's physical, emotional and psychological needs.	Is tired, often sleeps in class.
	Is a behavior problem.

From Child Abuse and Neglect: The Problem and Its Management. Vol. 1 and 2. 56,57

You must also know the types of injuries protective service workers see. The most common types of physical abuse injuries are:

BRUISES are injuries in which there is no breakage in the skin. The small blood vessels beneath the skin break and blood leaks into the tissue. The bruise also changes color over time. Initially bruises are blue to purple and over a period of time they change to yellow. It is very difficult to determine the exact age of a bruise. (See picture of Bruises.)

WELTS are ridges or lumps on the body usually caused by a blow.



Bruises



Scars

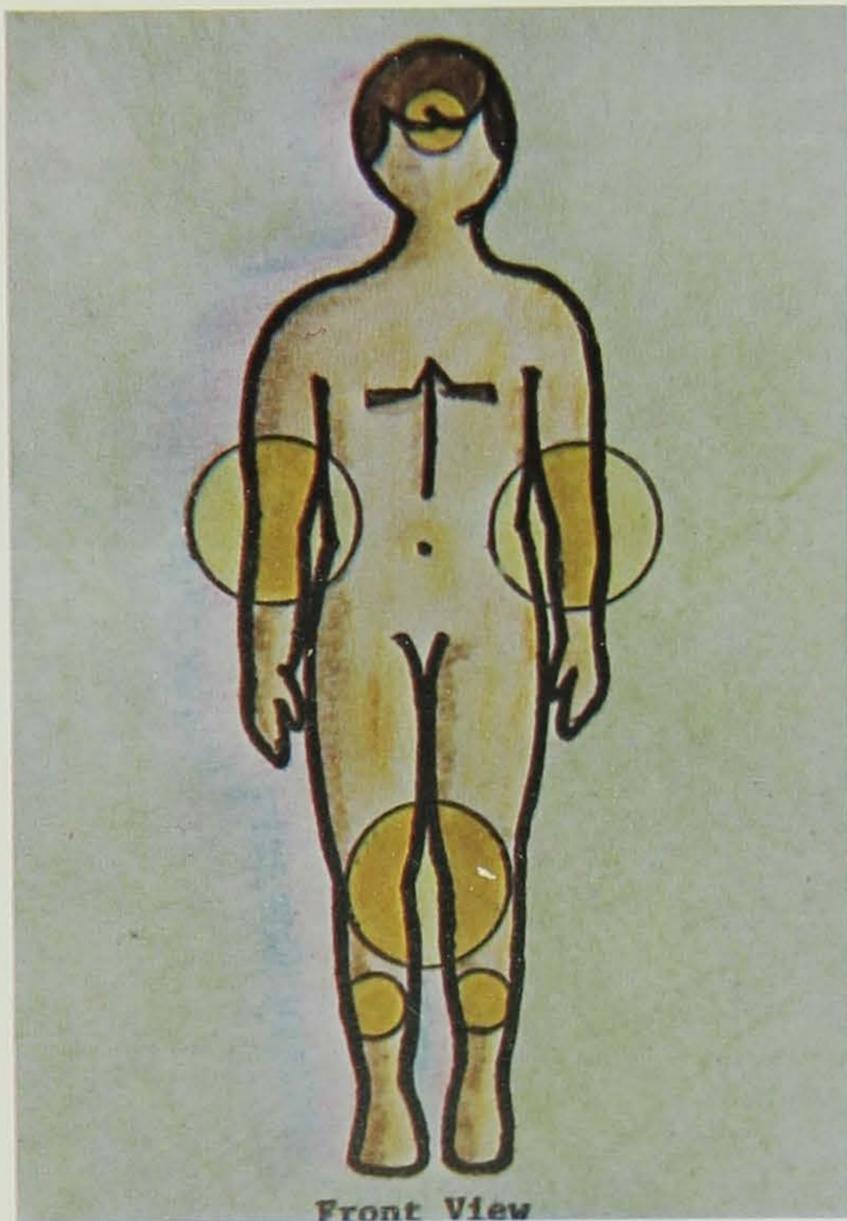


Burns

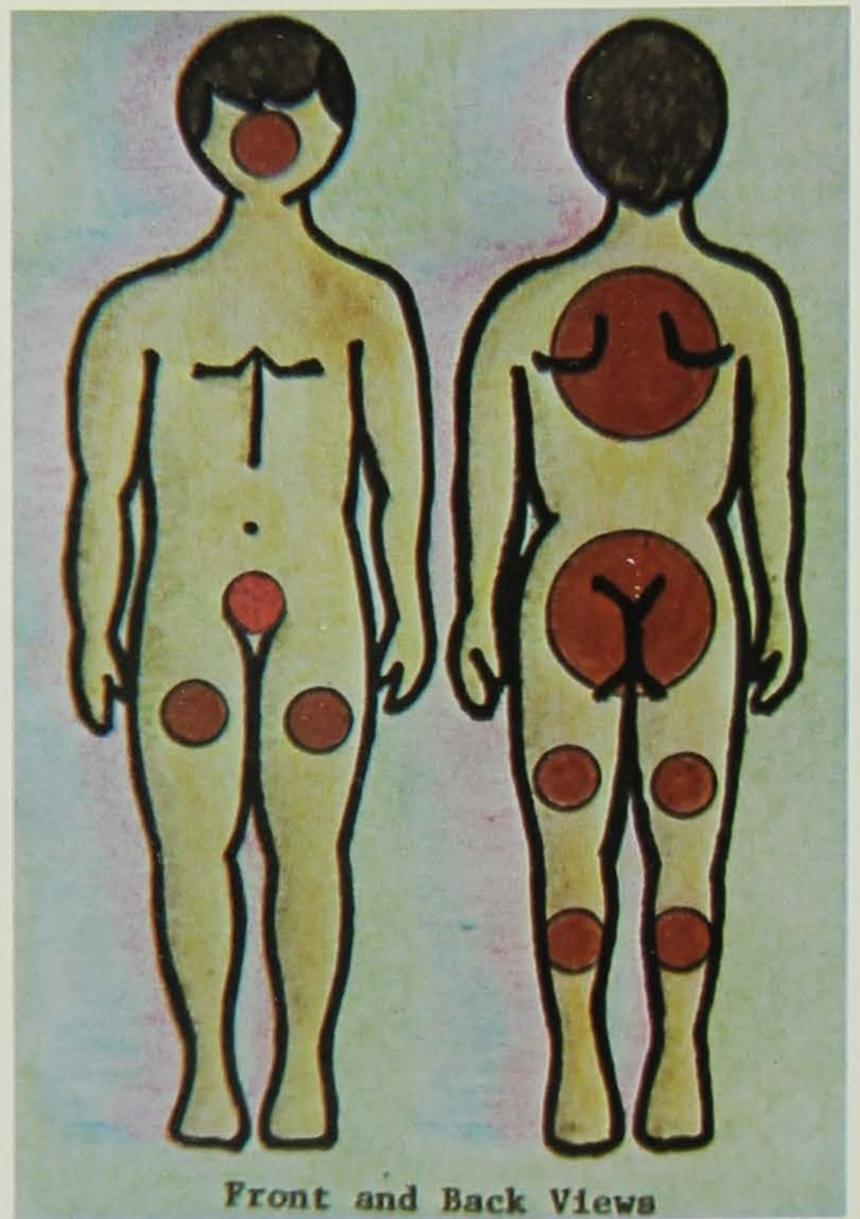
Abrasions



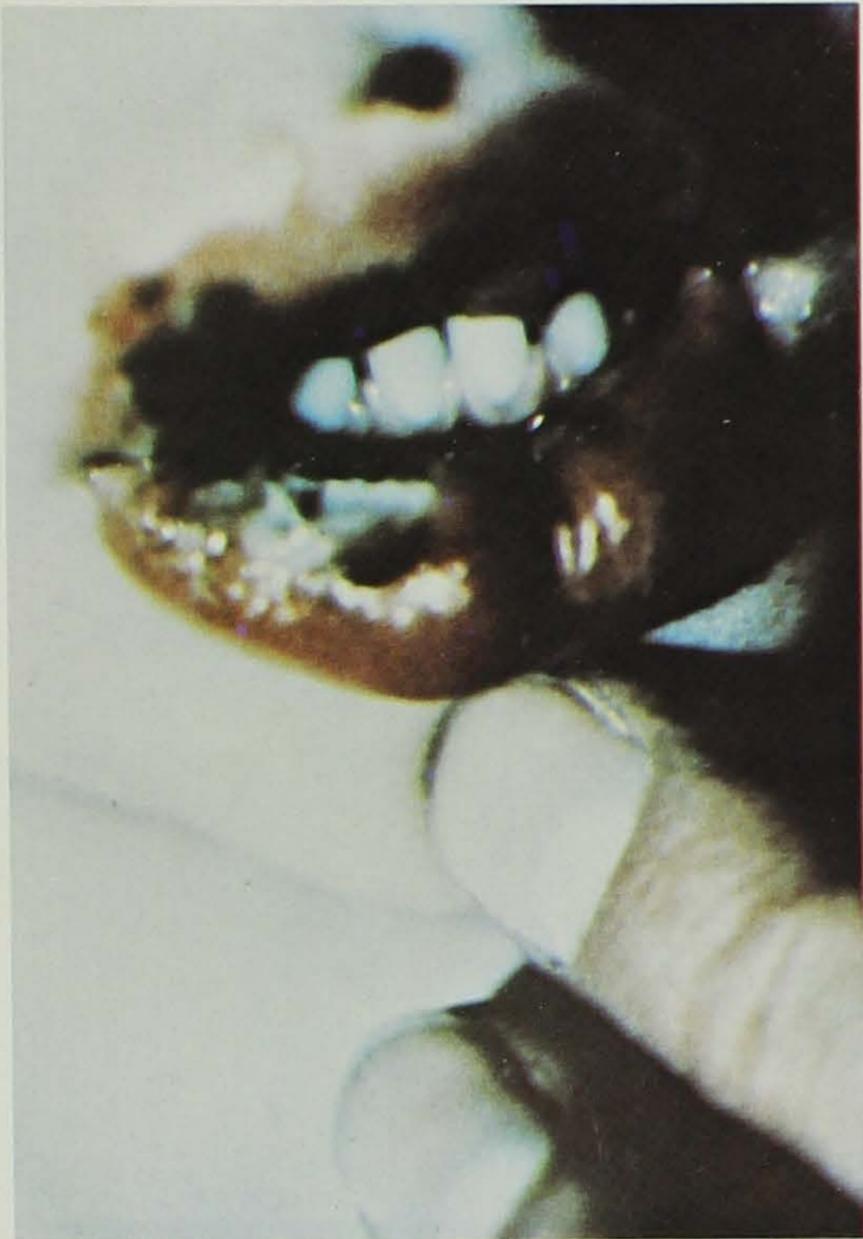
Location of Injuries



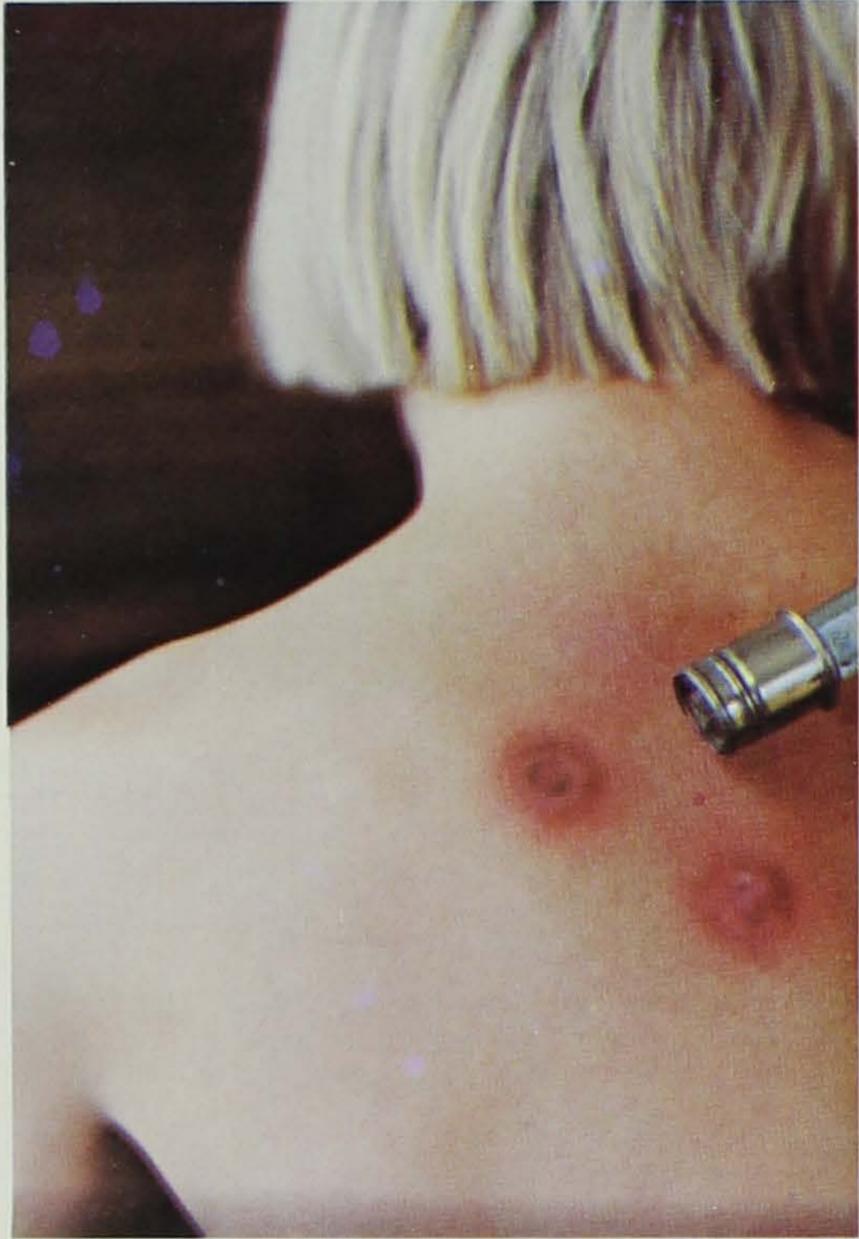
Normal Bruising Areas



Suspicious Bruising Areas



Bruised and Infected Lips



Cigarette Lighter



Cigarette Burn



Multiple Injuries:
Various Stages of Healing



Belt Buckle



Looped Electric Wire

SCARS are marks on the body which are the result of the healing of a wound. (See pictures of Scars.)

FRACTURED BONES are broken bones which may or may not be observed by the average non-medical person.

BURNS may cause redness, blistering or even peeling of the skin. (See picture of Burns.)

LACERATIONS are torn and ragged cuts.

ABRASIONS are injuries in which the outer layers of the skin are scraped or worn away. (See pictures of Abrasions.)⁵⁸

Any of the above injuries could be the result of accidental injury as well as abuse. Accidents are a leading cause of injury and even death for children of all age groups. How do you determine whether an injury was accidental or caused by abuse?

Unfortunately there are no hard and fast rules; however, there are some guidelines which can assist you in determining whether or not to report. The guidelines include things to look for when observing injuries and when determining how the injuries occurred.

WHAT DO I LOOK FOR?

(Guidelines for Observing Injuries)

WHERE ARE THE INJURIES LOCATED? IS THIS TYPE OF INJURY WHAT ONE WOULD NORMALLY EXPECT FOR THE CHILD'S PARTICULAR AGE GROUP?

For example, bruises on a preschool aged child which are found on the elbows, knees, or shins, even on the forehead, would be considered normal for the age group in most circumstances. If these bruises were found on the back, genital area, thighs, buttocks, face or the backs of the legs, one should be suspicious. (See pictures under Location of Injuries.)

HOW MANY INJURIES DOES THE CHILD HAVE? ARE THERE SEVERAL INJURIES OCCURRING AT ONE TIME? OR HAVE THERE BEEN SEVERAL INJURIES OVER A PERIOD OF TIME?

The greater the number of injuries, the more likely abuse could have occurred, although this is not a rigid rule. In the same manner, the presence of many injuries which are at various stages of healing could indicate repeated injury. (See picture of Multiple Injuries.)

WHAT IS THE SIZE AND SHAPE OF THE INJURY?

Many injuries are inflicted by familiar objects -- sticks, boards, a hair brush or belt. For example, a stick or rope could cause a bruise in a straight line. A bruise might also resemble the shape of a belt buckle, a looped electric wire or a hair brush. A small round burn could have been caused by a cigarette or cigarette lighter. Occasionally in a small child the lips may be bruised and infected or there may be a chipped tooth. This may have been due to forced feeding on the part of a frustrated parent. (See remaining pictures.)

With any of the above injuries the parent should be told that the child needs to be seen by a health professional. Ask that the parent accompany you and

the child to the nearest source of medical care. If there is concern that no money is available to pay for such care, the worker should not let this stand in the way of proceeding. In some states x-rays are paid for by the state in reported cases.

Most parents will agree to medical evaluation of the child. In cases where the parent refuses, he should be told that the police or an agent of the court will, if necessary, remove the child and secure medical assistance. If the parent still refuses, the child should be placed immediately in protective custody and medical care obtained.

The question of whether the social worker should undress the child is a complicated one. By law the social worker has the legal right to examine a child suspected of being abused. However, some laws do not explain the meaning of the word "examine." Therefore, the social worker should get an attorney's opinion on this question and also check the agency's policy. Undressing a child may violate both the child's rights and the parent's rights to privacy.

Another common question is: "Should I ask the child with a physical injury how the injury occurred?" The answer is no if the parents are present. This could put the child at risk in the future. If the child is seen in a setting where the parent is not present: hospital, school, preschool, day care, Head Start, or baby sitters, the child should be asked and the answer accepted. If the child's explanation seems incompatible with the type, location and shape of injury, you should not press the child for additional information. It is unlikely he will be truthful anyway. Most children protect the abuser. You should also be aware of the fact that further questioning may put him at risk. He might tell his parent about the

questioning which could possibly cause another abusive episode to occur.

The Role of the Crisis

Three factors are involved in the pattern of child abuse:

- THE CHILD
- THE ABUSER
- THE CRISIS

The characteristics suggestive of the abused child and the abusive parent have been previously noted. An additional element is the existence of a crisis. The injury in many cases is preceded by some crisis experienced by the perpetrator. The crisis is not the cause, just the "last straw:" it is the trigger. It can be the loss of a job, loss of utilities, a washing machine breakdown, a marital disagreement, etc. It may be quite trivial. The result, unfortunately, may cause the abuser to physically injure the child. Although superficially it appeared that the abuser suddenly lost control and battered the child because of a sudden crisis, the real reasons are much deeper and have to be determined in order to plan an effective treatment program for the family.

Making the Diagnosis of Physical Abuse

The diagnosis of physical abuse can be made in two ways. The first is where the parent or caretaker admits he or she caused the child's injury. The second is more complex: the child sustains a physical injury and the explanation of how the injury has occurred is incompatible with the type, severity and location of the injury. Such a situation requires clarification by a physician's evaluation of the child. This would include routine x-ray

of the child's skull, spine, long bones, hands and feet. These will reveal not only the current injury but also any broken bones the child has received in the recent past. Trauma is the most common cause of bruises, however blood work-ups are done to determine if any blood disease might explain the bruising. Leukemia and hemophilia, for example, may cause bruising by bleeding into the skin. The presence of other characteristics suggestive of abusive parents and abused children supports the diagnosis.

Making the diagnosis of physical abuse is usually more clear-cut than diagnosing sexual abuse or emotional abuse. Sexual abuse is a type of physical abuse and ranges from molestation which includes fondling, exposure and masturbation, to intercourse which includes incest and rape. Very little is known about the dynamics of molestation. We do know that obvious external physical signs of fondling, exposure and masturbation are usually not visible. Therefore, the diagnosis of these types of abuse is usually based on reports from the child and/or other witnesses.

That intercourse has occurred in incest and rape cases can usually be confirmed by a physician's examination. Other indices of incest and rape include:⁵⁹

Underlying Family Conditions

- Prolonged absence of one parent
- Loss of parent
- Severe overcrowding
- Lack of social and emotional contacts
- Geographic isolation
- Alcoholism
- Passive parent
- Seductive child

Behavioral Indicators

Regression (retreat into fantasy)
Delinquency or aggression
Poor peer relationships
Extremely protective parenting
Unwillingness to participate in activities
Running away
Drug use and abuse
Indirect allusions

As will be seen in the treatment unit, how the social worker approaches the sexually abused child, the perpetrator and other family members will seriously test the worker's skill.

Emotional abuse, as noted earlier, is the most difficult type of abuse to identify and define. In most cases where the child has been physically or sexually abused, emotional abuse simultaneously takes place. Given the elusive nature of quantifying human emotions, precision in adequately documenting emotional abuse has yet to be achieved. Despite this fact, the following indices of emotional abuse have been identified:⁶⁰

Emotional Abuse Indicators

Denied normal experiences that produce feelings of being loved, wanted, secure and worthy
Rejected through indifference
Rejected overtly - left alone, blamed for problems, abused verbally
Emotional neglect is intangible, but the child's behavior often reveals visible symptoms such as hyperactivity, withdrawal, over-eating, fire-setting, nervous skin disorders, psychometric complaints, autism, suicide attempts, truancy, delinquency, failure-to-thrive, aggressiveness, discipline problems
Children who are chronically dirty

Diagnosing Child Neglect

Child neglect is usually defined as a parent's or a caretaker's failure to act which impairs the growth of the child. Essentially there are two

types of neglect: physical and emotional. Physical neglect refers to the failure to provide adequate food, clothing, medical attention, shelter, care and supervision and protection.⁶¹ Not providing an opportunity for mandatory education as defined by state law could also be included. Emotional neglect is difficult to differentiate from emotional abuse at times. The terms emotional abuse and emotional neglect, are, therefore, often used interchangeably.

Child neglect occurs in all socio-economic strata of our society. Research has shown economic poverty is not universally synonymous with child neglect. While some poverty stricken families neglect their children, many do not. The assumption that poverty alone causes child neglect is simply not true.

Information has been obtained from studies of neglectful families which describe their characteristics.⁶² Members of neglectful families communicate poorly with each other as well as with other families. In many instances the families are disorganized, unstable, and functioning at a minimum level of ability. A woman may have limited abilities as a mother; families may face multiple problems. In either case any additional stresses and strains - even those common to most young families - may be overwhelming and eventually lead to neglect.

Either parent may have personal or health problems such as alcoholism, drug addiction, an inadequate personality or other mental disabilities. Chances of neglect occurring also appear greater when there is a handicapped child, a young teenage parent, a single parent family or a past history of chronic delinquency or failure-to-thrive in an infant due to neglect.

Many parents who have neglected their children have been immature - "they are dependent, unable to carry continuing responsibility, lack adequate inner controls, have poor or distorted judgment - characteristics we associate with failure to mature."⁶³ The parents act like children instead of parents and want their own needs met first, before meeting the needs of their children.

There are problems in the relationship between mother and child - an inability to establish a loving, caring and close feeling of attachment to a newborn baby. This poor relationship continues as the child grows older and is repeated with additional children. The mother-child relationship in failure-to-thrive due to neglect is very similar to that of the abusive parent. Failure-to-thrive due to neglect (not due to an illness or abnormality) is described as an inability of an infant or toddler to gain height and weight at an acceptable rate of increase because of inadequate or inappropriate diet and care.

Neglect and family disorganization have also been found to occur frequently with successive generations, suggesting that earlier hardships and experiences may have a negative effect on individuals and leave them less able to function adequately as a parent.

As far as the child is concerned, the effects of neglect may produce a youngster who "is more likely to be physically deficient, intellectually at a disadvantage, and emotionally aloof, anxious, and chronically depressed - but prone to become aggressive and commit antisocial acts, some of which are dramatically brutal."⁶⁴

Part of the difficulty in identifying and dealing with neglect is that it can appear in many forms. There is no established rule which measures the

exact point at which a child is not receiving a minimal level of care. In most communities neglect is legally defined by local courts and the minimum level of acceptable care will depend on the community pattern of child rearing.

SOME CHARACTERISTICS SUGGESTIVE OF VARIOUS TYPES OF NEGLECT ARE LISTED BELOW:⁶⁵

A. Abandonment

Children who are left alone totally or for long periods of time.

B. Lack of supervision

Children who are inadequately supervised for long periods of time or who engage in dangerous activities.

Children left in the care of other children too young to protect them.

C. Lack of adequate clothing and good hygiene

Children dressed inadequately for the weather or suffering persistent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.

Severe diaper rash or other persistent skin disorders resulting from improper hygiene.

Children who are chronically dirty and unbathed.

D. Lack of medical or dental care

Children whose needs for medical care or medication and health aids are unmet.

E. Lack of adequate education

Children who are chronically absent from school.

F. Lack of adequate nutrition

Children lacking sufficient quantity of quality food.

Children who consistently complain of hunger or rummage for food.

Children who suffer developmental lags.

G. Lack of adequate shelter

Structurally unsafe housing or exposed wiring.

Inadequate heating.

Unsanitary housing conditions.

How the worker can respond to the problem of child neglect will be covered in the treatment unit.

Content of the Investigatory Reports

Your state law and agency policy will designate when the investigatory report is to be completed and also specify those officials who should receive it. The content of the report should include your assessment of the information gathered in the investigation, and if that information refutes or supports the allegations in the initial report. The report should also include a decision regarding the needs of the child and the family.⁶⁶

In all cases the worker must collect the facts (hard evidence) and state in his/her professional judgment whether child neglect or abuse exists. It is possible that the allegations in the initial report may be unsubstantiated or that the worker finds other evidence of abuse or neglect.

Extreme care should be used in writing the report. This information will be useful in developing the family's treatment plan and furthermore, if the case goes to court, the report will become a major factor in the proceedings. Therefore all facts must be included.

A fact, within the context of the investigation report is any statement that can be supported by the information gathered during the investigation. It will be helpful to investigators if they can conceptualize in their own minds what the facts of the case are. Frequently, at this stage, they are not very conclusive. For example, if a child sustained an

observable injury that does not seem to fit the parents' explanation, the facts that can be established would be:

- o the child sustained an injury of a certain type
- o the parents explained the injury in a certain way
- o the cause of the injury is in question

Facts are not opinions or judgments. If, for example, a mother says she locks her two-year-old in a closet when he misbehaves, the statement of fact would be "two-year-old child is locked in a closet when he misbehaves," or, to be completely accurate, "mother reports locking her two-year-old child in closet when he misbehaves." Saying that "mother's discipline is inappropriate" is an opinion based on measuring the mother's behavior (or statement of behavior) against the investigator's standards of appropriate parenting.⁶⁷

The report should contain the evidence that substantiates the facts.

Evidence could include the statements made by the child, parents or others contacted, photographs of the injured child, x-rays, the worker's observations, etc. In cases of injury the evidence would focus on the type, location and severity of the injury, the plausibility of the parent(s) explanation of how the injury occurred and the extent to which physical circumstances of the home either confirm or contradict the parent's explanation.

The report should also include a statement regarding the child's degree of safety if left in the home. This statement should be based on the worker's assessment of the facts and the treatment action required to ensure the safety of the child.

In summary, there are essentially four decisions which need to be made in the investigator's report:⁶⁸

1. Whether abuse or neglect exists,
2. If so, what steps, if any, are necessary to protect the child from immediate harm,
3. What type of intervention can best provide for the child's continuing physical and emotional safety,
4. How all family members can be helped.

At least five decisions can result from an investigation.⁶⁹

1. Deciding that abuse or neglect does not exist (closing the case),
2. Deciding that abuse or neglect does not exist but the parents recognize they both need and want help with their problems. Services are being provided a substantial number of families in this context;
3. Deciding that abuse or neglect does exist, and that the family will cooperate with voluntary services,
4. Deciding that abuse or neglect does exist, and that the family will require a court order to participate in treatment,
5. Deciding that the danger to the child is so imminent that he or she be temporarily removed from the home--either with the parent's cooperation or through a court order.

Summary

This unit has attempted to define the role of the social worker in conducting the investigation of reported child abuse or child neglect. Special emphasis was placed on how to diagnose these problems, the major decision to be made during the investigation and the content of the worker's written report following the investigation. Five varied results of the investigation were identified which set the stage for our discussion of how to treat child abuse and neglect.

Unit VII

Protective Service: Treatment (Family)

Treatment begins with the worker's first contact with the family. Therefore, assessment and treatment are not isolated steps in the helping process. Both are interdependent transactions and occur simultaneously throughout all your contacts with the family. These overlapping efforts also share common goals: to insure that the child's needs are met, to help the parent(s) fulfill this role and to keep the family intact.

How to achieve these goals is a very complex question. A good place to start may be to specify some of the assumptions on which protective service treatment are based:

Most parents want to be good parents.

Most people have the capacity to change.

Most instances of child abuse or neglect do not result from malicious premeditated acts but are caused by situational or chronic stress experienced by the perpetrator.

Most (80-90%) abusive or neglectful parents were abused or neglected by their parents. Therefore, these problems are cyclical.⁷⁰

Most (90%) of those who abuse or neglect children are not mentally ill or sociopathic.

Most professionals believe that when parents are unable to fulfill their parenting role the community/society must intervene to assist the family.

Most professionals believe that families in need of help have a right to receive community services.

Most parents will use the services they need when approached in an appropriate way.

The above assumptions do not preclude the fact that all families are unique, and therefore, treatment efforts must be tailored to address the particular problems of each family. To date no single treatment modality has proven effective with all abused or neglected children and their family members. While most treatment approaches have had varying degrees of success, several guiding principles have been proven to be especially effective. These principles apply to such treatment strategies as crisis intervention, traditional psychotherapy, behavior modification, transactional analysis and others.

Before proceeding, a word of caution is in order. No introductory paper can begin to address all or even most of the treatment issues inherent in the problems of child abuse or neglect. What does follow is a modest attempt to introduce a few principles which have proven reliable.

Principle #1

You must begin where the family is: i.e. the family's perception of what its problems are.

Principle #2

You should help the parent(s) or caretaker to accept that they are abusive or neglectful of their children.

Principle #3

You must help the family - especially the parent(s) to accept that they have problems and need help.

Principle #4

You must help the family seek and use the community services it needs.

Principle #5

You must help the parents insure their child's safety and assume responsibility for promoting the personal growth of all family members.

Principle #6

You must help your community be responsive to abused or neglected children and their family members.

Where each principle fits in the treatment process and how it can be applied will now be discussed. Keep in mind that some overlapping will naturally occur.

Principle #1

You must begin where the family "is."

As you recall, approximately 10% of abused children you encounter are in need of immediate emergency intervention. They are at risk in those situations described on pages 35 and 36. Please read these pages listed before proceeding. Under these circumstances the worker should not attempt to telephone the parent(s) to schedule an appointment. Instead, the worker should immediately locate the child and temporarily place the youngster in a safe environment: hospital (if injured), emergency shelter care or group home. The child's removal should be conducted irrespective of the parents

wishes. However, every attempt should be made to engage the parents in recognizing the need for the child's removal, and to support the youth's placement.

Whenever a child is temporarily removed and placed in substitute care a court order must be acquired as quickly as possible. This is urged even in those states which allow parents and agencies to draft voluntarily their own temporary care agreements independently of the court. By using the court, a more thorough assessment of the situation may likely take place, fewer disagreements between the parents and agency will occur, and the rights of the child and his/her parents will be safeguarded. In many states the judge will also appoint a guardian ad litem for the child who will, independent of the parents and worker, look out for the welfare of the child.

In your initial contacts with the family you should recognize and deal with the intense feelings parents experience. This is what they believe: this is where the parents are. For purposes of review these may include denial, rage, anger, frustration or despair. If you do not recognize and help the parent(s) express their feelings, they may impair your assessment of the child's condition and also resist your attempts to uncover their problems which may be causing the abuse or neglect. The following approaches should reduce the parent(s) resistance to your involvement:

1. Demonstrate a non-judgmental attitude toward the parent(s) or caretaker.
2. Approach the parent(s) in a non-accusatory supportive manner.
3. Express a genuine concern and interest in family members.
4. Explore the facts of the child's condition and family situation.

5. Do not take sides if arguments develop between family members.
6. Listen. Listen. Listen.

Application of Approaches

Respect and genuine concern for the parent(s) should be conveyed in all cases of suspected or confirmed abuse or neglect. For example, when a child has been injured, one should not be accusatory and ask the parent: "Why did you abuse David?" What should be asked are open-ended questions which reflect your non-judgmental attitude and elicit the parents views of what transpired.

"David was injured - How did it happen?"

Could someone have caused the injury?

What happened after David was hurt?

What did you feel when the doctor told you David had a broken leg?

By wording questions this way you are finding out where the parent is as well as being sensitive to his needs. One additional technique may help you ascertain how an abusive parent views himself and the family. Because most injuries sustained by abused children are precipitated by a crisis, you should test this hypothesis by asking: "Did anything happen the day David was hurt...Did you lose your cool...tell me about it." For many parents the crisis which triggered the incident was not an isolated event but the culmination of a long series experienced by the family: loss of job, marital conflict, loss of loved one, marital separation, divorce and so on.⁷¹

Most occurrences of chronic neglect also reflect a series of multiple crises or problems experienced by the parent(s) which may impair their ability to meet their child's needs.

In summary, it is imperative to start where the family "is" which includes their perceptions: how they see their child's condition, family problems, their strengths and weaknesses, and what can be done to improve their situation.

Principle #2

You should help the parent(s) accept that their behavior is abusive or neglectful.

Unless the parents can acknowledge that their behavior is abusive or neglectful, little - if any positive change will occur. Coming to grips with this fact is difficult for any parent. In time many parents are able to admit that they maltreat their child. Because most abusive parents were maltreated as children, they have accepted the idea that severe physical abuse is simply "good discipline." When confronted with solid evidence that their child is hurt, some may respond: "Hell, you should have seen what my old man did to me when I was a kid." While it is true there is a fine line between discipline and abuse, that line is crossed when the child's injury is severe enough to require medical attention. The parent(s) should be confronted with this fact and simply told it must stop.

A strong warning alone is not sufficient. You should also explore what the abusive parent's feelings were when he or she was maltreated as a child. Anyone who has been severely physically hurt in childhood will

likely remember his fear of the parent and the physical and emotional pain associated with the episode. When these feelings are expressed, do not verbally castigate the grandparent's behavior but ask the parent for other ways the grandparent could have disciplined without using physical force. By describing an alternative non-violent disciplinary measure, the parent may now see the application of this to his own child rearing practices.

Still others may abuse or neglect their child because they simply do not know what to expect of their child developmentally at different ages. When parents inappropriately expect too much of their child, they should be confronted with this fact. Some, for example, expect a six month old to be toilet trained and believe the child is testing them or simply acting bad when wetting or soiling himself. In this case the parent needs to acquire more information about child development and what can be reasonably expected at different stages of the child's growth. Most parents who lack this basic knowledge may also have other problems and stresses in their lives which complicate and aggravate the situation. Knowledge of developmental milestones is not enough. Many of these parents need help and support in child rearing on a day to day basis.

In rare cases parents completely deny that their behavior is abusive, neglectful or in need of change to insure the child's safety. These cases should be referred to the court, temporary removal of the child considered and judicial pressure applied if necessary. Use of the court will be discussed later.

Principle #3

You should help the family - especially the parent(s) - accept that it has problems and needs help.

The parent's(s') acceptance of the fact that they have problems and need help can also be promoted by the worker openly sharing his/her written reports and records with the family. One authority has listed several advantages to this approach:

"It alleviates their suspicions that the worker is "doing something behind their backs" if they can be shown what is being written about them.

They can respond to the information from their point of view, and can even ask the worker to write down the situation as they see it.

They will feel more respected as functioning adults.

The simple existence of written notes or records can help create order in a disorganized family, giving a chronicle of past events and an anticipation of what the future holds in store.

Notations of specific facts that can be read (and re-read) can provide a grip on reality for a parent whose sense of the world may be disintegrating."⁷²

As suggested above, the worker's records should also include a written treatment plan which will be now discussed.

Principle #4

You must help the family seek and use the services it needs.

When the parent(s) accept that they have problems and need help, a written plan should be developed with the parent(s) involved. The general purpose of the plan is to "provide information needed to insure the child's safety and to alleviate the causes of the abuse or neglect." The plan should be written in terms understood and accepted by the parents. Unless they are involved in identifying their own problems and in setting goals, change is unlikely to occur.

The plan has two components. The first unit is assessment oriented and the other treatment focused. Both overlap. The specifics of the plan are found in We Can Help series.⁷³

Assessment:

1. Summarize the abusive or neglectful behavior that is occurring (action or lack of action).
2. Summarize all those problems relating to the abuse or neglect.
3. Summarize each member's strengths and weaknesses and those of the family as a unit.

Treatment:

1. State agreed upon goals to be pursued by the parent(s) and family.
2. Establish priorities among goals -
 - To maintain child's safety
 - To involve family in treatment
 - To alleviate abuse/neglect related problems
3. Identify treatment resources -
 - Consider resources beyond casework relationships
 - Use of treatment alternatives
 - Family's attitude towards resource
 - Appropriateness of resource for family
4. Establish cooperation among agencies
 - Agreements for services among agencies
 - Joint meetings of professionals involved with family
 - Consultations with outside experts
 - Joint agency meetings with parents

Discussion of Treatment Plan

As part of the plan you should develop a contract with the family which states the specific action each party (you, the mother, the father, and other family members and resource agencies) will take to achieve selected goals. This agreement can be verbal or in writing. Many workers prefer to have the agreement in written form to reduce confusion. The contract will promote a sense of direction, fix responsibility and may be used as a measuring device to determine change. This approach may enhance or restore the parent(s) sense of self-mastery and control over their problems.

The child's continued safety should remain the top priority. This should be made clear to the family as well as the consequences (e.g. removal of child) which will follow if this goal is not maintained.

The worker should also recognize that when families lack sufficient income to meet the physical needs of their children, the provision of additional income should have a higher priority than marital counseling. Though marital therapy should not be ruled out, couples preoccupied with financial problems are hardly candidates for therapy until basic needs can be at least alleviated.

The above example suggests a very important point. Any goals to be pursued should be based on realistic expectations and a candid appraisal of the family's capacity to achieve these goals. This also holds true for your own involvement and commitments in the contract you yourself make with the family. In order for the treatment agreement to serve its purpose promoting change, all parties must be realistic.

Treatment Resources

To facilitate the treatment process, you should help the family utilize your own therapeutic expertise as well as appropriate resources in the community. This is not as simple as it sounds. Some social workers attempt to handle all of the problems which families present. The failure of many workers to involve other appropriate resources in helping these families may lead to what is called "worker burnout." "Burnout" has been defined as the "worker becoming separated or withdrawn from the original meaning and purpose of their work, estranged from their clients, their co-workers, the agency they work for such that they cannot and do not perform well on the job."⁷⁴ In short, the worker inappropriately tries to be all things to all people and therefore over extends his/her physical and emotional capacity. Unfortunately, the extent of this problem among child protection workers is significant and occurs throughout America. While many causes have been cited for "burnout", the worker's inability to use available community resources may be one of the more critical ones. The following is a list of avenues which have proven helpful to many abused/neglected children and their parent(s).

1. Help in meeting crisis - (the need for food, clothing, shelter, legal services, medical services, a brief respite for the parent(s) and child.)

Options: Money - Public relief, Public welfare program

Job - State Employment Agency

Legal - Legal Aide Service Agency

Medical - Public Welfare programs, V.A. if veteran,
Visiting Nurses, County Health Nurses, etc.

Brief respite for
parent/child - Emergency Shelter Care (24 hour)

Emergency Foster Home (24 - 38 hour)

Emergency Homemaker - One way to assist a family through a crisis, while insuring protection of the children, is to place an emergency homemaker in the home. Persons trained as emergency homemakers are individuals who have received some training in how to help families cope better with problems. They are available to the family any time of the day or night and will stay with the family around the clock, and tide them over the crisis or until such time when other resources can be found and used.

Crisis Nursery - Some communities have a crisis nursery where a child can be literally dropped off at any time when the family is experiencing a stressful situation. The nursery is open 24 hours per day and there are no limitations on how frequently or how long it may be used.

Therapeutic Preschool - These programs provide care and emotional support for the child and make it possible for the parents to have more time and energy to devote to solving their problems. Some of these preschools also offer counseling or therapy for the children.

Foster Care - Temporary removal of the child from his/her home may be necessary for a variety of reasons: the child has been abandoned by parents, the child may be in immediate danger of being abused, or a child's only parent may require hospitalization and therefore is unable to care for the child. When adequate treatment plans can be applied, and cases periodically reviewed, the foster care service can be a positive experience for the child and his/her parent(s). Unfortunately, foster care often is not a positive experience.⁷⁵ There are many factors which can make foster care a negative alternative when adequate planning is not done.

Unless sufficient preparation of both the natural parent(s) and the child can be done before the placement is made, the child will experience emotional trauma because of separation from his/her parent. This is true

of all children even those severely abused. Obviously preparation of the parent(s) and child cannot take place in emergency circumstances. Therefore, it is more appropriate in most situations to place an emergency homemaker in the family.

Removal of the child from the family and placement in foster care may also lead to the child moving from one foster home to another. Unfortunately, this problem is too common and is complicated by the fact that foster care frequently becomes permanent instead of temporary. Frequent moves from one home to another can be a tragic experience for the child. He or she may, as a result, never know from one day to the next who the psychological parent is, who he or she can count on to be a parent, or whether he or she may ever have the opportunity to return home. These harsh experiences will take their toll on any child.

The above circumstances constitute an example of institutional abuse of children and may have a more negative impact on them than if they had remained in their home. In short, FOSTER CARE CAN BE A POSITIVE EXPERIENCE WHEN ADEQUATE PLANNING IS DONE BEFOREHAND AND PERIODIC CASE REVIEW TAKES PLACE.

2. Help in Developing Self-Esteem and Self-Mastery

In your counseling:

- (a) convey positive regard for family members,
- (b) convey a non-judgmental attitude,
- (c) demonstrate genuine interest in family members,
- (d) engage family members in decision making, e.g.: assessment and treatment planning,
- (e) reinforce positive action taken by parents, e.g. keeping appointments, seeking and using other resources,

- (f) do not reject dependency needs,
- (g) offer praise when merited,
- (h) promote self-rewarding experiences e.g. new job, hobby, continuing education/job training etc.

3. Help in Overcoming Social Isolation

- (a) Joining Parents Anonymous -
Parents Anonymous is based on the same concept as Alcoholics Anonymous. It is an organization in which any abuser or potential abuser can join and participate in group talk sessions. The sessions operate with or without a leader or facilitator. Unlike Alcoholics Anonymous, however, there is no need to admit anything. The mere fact that you attend means that you are seeking help. Parents Anonymous can be of great value, but like many of these organizations, there first must be the self-admission that one is an actual or potential abuser.
- (b) Parent - Aide Programs -
These persons are volunteers who are available on a part-time basis each week. They do everything from going shopping for or with the parent, taking a child out of the home for an outing, to painting a kitchen: they are simply a new friend available to help in any way possible. The parent-aide is able to take the pressure off an exhausted and fatigued mother who has a demanding family.
- (c) Support in meeting and visiting neighbors
- (d) Support parent(s) attendance at child's school activities, Head Start activities ect.
- (e) Promote parent(s) night out (movie, dance, etc.)

4. Helping With Marital Problems

- (a) You may provide marital counseling
- (b) You can refer the parent(s) to private social agencies or County/Community Mental Health Centers

- (c) Caution: If one or both parent(s) is involved with substance abuse (drugs or alcohol) request consultation or refer to alcohol treatment agencies, substance abuse agency, or Alcoholics Anonymous. If parent has history of mental illness or is suicidal, request consultation or refer to Mental Health Center or private psychiatrist.

5. Help in Learning How To Parent

- (a) You may offer reading materials to clients and discuss the developmental stage and needs of their child, and realistic expectations.
- (b) Parent(s) could learn from a child development center or clinic about their child's problems and needs if the youngster is hyperactive, mentally exceptional, developmentally delayed, or has learning problems.
- (c) Parents could join a group led by a professional to discuss ways of using discipline. (the non-use of corporal punishment)
- (d) Parents Effectiveness Training has helped some parents but the course may be too expensive. There is a paper back book on P.E.T. which some might find beneficial.
- (e) Join Parents Anonymous.

6. Help the Child with Support and Nurture

- (a) Most of the previous alternatives apply.
- (b) Termination of parental rights and adoptive placement may be necessary in appropriate cases.

Whenever you help the family to use community resources, you have a responsibility to insure that these services are well coordinated and offer continuity to meet the needs of the family. Before you make the referral to a given agency you should contact that agency's intake worker. The purpose of this visit is to ascertain the ability of the agency to accept the case,

when the family could be seen (some agencies have waiting lists), what fees, if any, will be charged etc.

This information should be given to the parents. If the parents decide to contact the new resource for an appointment, assure them that your involvement will not end. In most cases you will remain working with the family but your role will change. Other agencies will assume different aspects of helping the family. You need to remain involved until the safety of the child is no longer in question and the problems which have caused the abuse or neglect have been resolved.

You should contact the parent(s) within a day or two following their scheduled appointment with the new resource agency. The purpose of this follow-up contact is to learn if the family kept the appointment and decided to use the service offered. Unfortunately, many referrals are never completed. The family may not keep the appointment, or if it does, may not return for the service desperately needed. Therefore, one of your roles is to insure that continuity of service is achieved.

Coordination of services is also important. Some multi-problem families in large communities may have as many as ten or more agencies/organizations working with them at the same time. In some cases coordination is non-existent and, as a result, some agencies are working in the dark and others at cross purpose. Is it any wonder that these families become embittered over "the system"! Obviously, someone needs to coordinate these resources. If you inherit a situation like this when starting your involvement with a family, you should assume the coordinating role. Call the agencies together and decide what services could continue without duplication of effort taking place. You should then meet with

the family to determine what services are appropriate to continue. A short letter could then be sent to all the agencies previously involved with the family regarding the decision to discontinue some and continue with others. In this instance your role will be that of coordinating the services provided by others, insuring the continued safety of the child, and maintaining the welfare of the total family.

Principle #5

You must help the parent(s) to assume the responsibility for their child's safety and personal growth of all family members.

We have previously described conditions in the home which necessitate the child's removal. While it is obvious that these circumstances render the home unsafe for the child, it is more difficult to determine when the home is sufficiently safe so that the child may be returned.

Pollack and Steele state:

In general, it is not safe to return a child until there is good evidence that the parents have found more ways of getting satisfaction and pleasure in their lives and no longer need to turn so strongly to the child to satisfy emotional needs. If the parents have developed a pattern of getting in contact with one or another worker when they are in trouble, and are actively seeking help, this is a further indicator of safety in the home. If the parents have had significant misperceptions of the child and significant rigid distortions of what the child's behavior should be, the worker should find clear evidence that these are much diminished before feeling safe in returning the child.⁷⁶

Helfer and Kempe include several of the above indicators in determining

when the home is safe but add others:

1. Have parents demonstrated both a willingness and an ability to use others in time of need?
2. Are helpful people available to the parents on a 24-hour basis?
3. Are parents developing out-of-home interests?
4. Do the parents have an improved self-image?

The Spouse

1. Is the husband and/or wife able to realize when the partner needs help?
2. Do they do something about it when recognized?

The Crisis

1. Does someone know the family well enough to have sufficient contact and knowledge to recognize both immediate and pending crisis?
2. Can that person(s) intervene to help when the problem(s) is recognized?
3. Are obvious crises resolved: Housing, food, in-laws, job, illness, etc.?
4. Are obstacles to getting help minimal, such as a working phone or available carfare?

The Child

1. Do the parents see the child as someone "different?" (Is the child different?)
2. Are their expectations of the child realistic?
3. Is the child pleasing to the parents?
4. Can the child be giving? (Can he meet these expectations?)
5. How big is the child?
6. Do they see the child as an individual?

These guideline questions are not all-inclusive or "fool proof". They hopefully will be helpful in determining if a child should be at home. ⁷⁷

As previously suggested you should have clear evidence that the parents' perceptions of the child have changed before returning the youngster. This testing cannot occur in a vacuum. Before the child is returned on a permanent basis, several home visits should be conducted. The child should be returned to his parents for a half-day meeting. Following this meeting you should discuss how the visit went with both the parent(s) and the child. If this visit went smoothly, several more meetings of varying lengths, (half-day, week-end, week) should be held to test the parent's(s') and the child's readiness for the youngster's return to the family.

This series of visits will be frustrating for the child, his parents, and the foster parents. However, the visits will provide you with a reality base for making this decision. Before the child can be returned on a permanent basis, a court hearing will be held. Unless you can provide the judge with a solid rationale for the child's return the judge may have little reason to believe such a move is appropriate.

Under no circumstances should you ever terminate your work with the family when the child is returned to his/her home. This is a vulnerable time for both child and parent(s) because the pre-return visits may not have adequately tested that sufficient improvements have occurred.⁷⁸ Cases are on record where children have been killed or severely re-injured at this juncture. In these instances the worker may have failed to realize that the parent's(s') apparent "change for the better" was motivated only by their need to have the child returned and not to improve "the total living pattern of the family and significantly change the parent-child interactions." Follow-up is therefore essential.

Case termination should not, therefore, occur until the home is safe

for the child and the causes of the abuse or neglect have been overcome. With each family you can measure the extent to which change has occurred by the extent to which the family's treatment goals have been reached which will be reflected in their assessment/treatment plan.

During and even after the termination process, you should tell the family that you will be available if any problems emerge in the future. If you have established and maintained a close working relationship with the family, they will be able to contact you in time of trouble.

Some families will not be responsive to therapeutic intervention. Many of these parents may lack sufficient motivation and capacity to change their behavior. When the child's safety is still at risk because no change has occurred despite treatment efforts, termination of parental rights should be pursued through court action. The role of the court will be discussed in Unit VIII.

Principle #6

You must help your community be responsive to abused or neglected children and their family members.

Child abuse and neglect are community problems which can be solved by all members of the community working together. While child protection agencies are mandated by law in most states to intervene in all reported cases of child abuse and neglect, the resolution of these problems are not-nor can they be-the exclusive responsibility of this agency. As you have seen, all citizens, professionals and lay persons should be involved in confronting these problems.

The extent to which communities are currently organized to address the condition of child abuse and neglect varies greatly. One of the most notable communities to develop an effective program is Memphis, Tennessee. With the assistance of a federal grant this city developed the "National Center for Comprehensive Emergency Services to Children." This system was implemented in Memphis and has the capacity to be replicated in other communities. A partial description of this program follows:

"Comprehensive Emergency Services is a system of coordinated services designed to meet emergency needs of children and their families in crisis, providing options in care which will protect children and reduce the trauma induced by the crisis. It provides a vehicle for cooperative program planning between agencies and involves a concentrated effort to provide quality service to neglected, dependent, and abused children on a twenty-four hour basis, including weekends and holidays. CES seeks to maintain children in their own homes during the crisis situations. In cases where separation from the home environment is necessary, services are provided to children and the families insuring a more orderly, less damaging placement of children. The system consists of the following components which are considered basic to any CES system.

- Twenty-four-hour Emergency Intake
- Emergency Caretakers
- Emergency Homemakers
- Emergency Foster Family Homes
- Emergency Shelter for Families
- Emergency Shelter for Adolescents
- Outreach and Follow-up

When woven into a cooperative network, these services provide a protective framework within which a community can serve its children. The system revolves around the child to offer the best solution to his dilemma, rather than casting the child into a chain of events which is more damaging than the original crisis. For some communities, additional components of services, such as Emergency Neighborhood Crisis Centers and Emergency Day Care Service, may be identified as needed and can be planned

and developed as a part of the system. . .

CES can serve as the cohesive element that bonds fragmented child care components into an effective system of care for children. By providing twenty-four hour emergency intake services, CES removes the responsibility of planning for emergency care of children from law enforcement and places the responsibility within the child welfare system. It provides a professional casework approach to problem solving for the child and his family, utilizing those components of emergency services needed to deal with the crisis situation. It coordinates with the legal and medical sector of the community when needed. It reduces the possibilities of emotional and physical damage to the child by intervening before neglect or crisis situations become irreparable.

Since CES was designed initially for an urban community, modification will be necessary to adapt the system to the needs of some communities, particularly rural communities. To accomplish this, careful examination of each component in relation to the community's size and needs must be made. Additionally, various cultural patterns will need to be understood and taken into consideration. IT IS BELIEVED THAT THE BASIC CONCEPT OF THE SYSTEM CAN BE APPLIED TO ANY COMMUNITY." ⁷⁹

Rural areas do possess the capacity to develop a network of available services. Some rural counties have collaborated and developed a child abuse and neglect team on a regional basis. This effort involves a social worker, nurse, physician and county attorney. These professionals are then able to serve families residing in those small communities which otherwise lack these resources. They also promote public and professional awareness of

these problems.

Regardless of whether you work in an urban or rural area, much can be done to help your community:

- (1) You can be professionally responsible to these children and families on your caseload.
- (2) You can and should develop agreements (preferably written) with referral/reporting sources: schools, physician, private agencies, Head Start etc. regarding procedures to be followed in preventing, reporting and treating child abuse and neglect.
- (3) You can launch a media campaign (T.V., radio, newspaper) to increase public awareness of the local problem and community needs.
- (4) You can encourage the involvement of other interested professionals and concerned civic leaders in forming a speakers' bureau available to groups and church organizations to heighten awareness of the problems and community needs.

Unless communities are responsive to these problems, your city or town is guilty of abusing and neglecting its children. As suggested, there is much you and others can do to insure that this will not happen.

Summary

This unit has attempted to describe the basic elements in the treatment process employed to insure the child's safety, to help the parents fulfill their parenting function and to keep the family intact. To achieve these goals the identification, role and use of community resources was discussed. It was concluded that community members can collectively solve the child abuse and neglect problems if sufficient services can be organized and made accessible to those who need them.

Unit VIII

PROTECTIVE SERVICE: TREATMENT (COURT)

Of the many therapeutic resources available to children and families, the legal system may be one of the most effective. Unfortunately, most social workers have not been educated or trained in how to utilize this system. As a result, many social workers are frequently confused by legal procedures, fearful of testifying in hearings, and generally view the court as "the end of the road" for families. However, lack of knowledge is not confined to social workers. Attorneys have not been educated to understand the social worker's role in protective services. This shared ignorance has led to open hostility between some social workers and a number of attorneys. These attorneys view social workers as "bleeding hearts," disorganized, incompetent and unprofessional. Conversely, the social workers see attorneys as insensitive, naive, corrupt, unprepared and ignorant of the law.

The above state of affairs can be overcome by both attorneys and social workers helping each other. Because you are responsible for the families you serve you can hardly wait for your agency's attorney to come to you to "establish a mutual learning experience" or for you to wait until your agency's in-service training program offers content on the legal aspects of your job. Instead you should contact your agency's legal counsel to review your mutual expectations, openly seek help in preparing yourself to function in the court setting and, in short, attempt to develop a collaborative relationship with the agency attorney. If successful, such an achievement

will reduce needless anxiety for you and more importantly, promote a more viable course of treatment for the families you refer to the court. Space does not permit a full discussion of the legal aspects of child protection services. However, the following will highlight three important areas: first, when you must use court intervention; second, how you can prepare for court hearings; and finally, how you can be an effective witness in court.

When to Involve the Court?

There are at least six different circumstances which require the court's intervention:⁸⁰

1. When you are unable to investigate properly a report because the parent(s) will not cooperate,
2. When the child is in danger and the family will not accept treatment alternatives (hospital, emergency shelter care, foster home, etc.),
3. When the child needs temporary placement outside the family (residential psychiatric treatment),
4. When suitable treatment resource or institution requires the child to be placed under court order,
5. When the family is already under the jurisdiction of the juvenile court and modifications in the original court order is desired,
6. When termination of parental rights is needed for the purpose of providing alternate care of the child (adoption, permanent foster care etc.).

Preparation for Court Hearings

You may be called as a witness in different kinds of court hearings which include:⁸¹

(a) Adjudicatory hearing, also called "evidentiary hearing"

Determining if there is sufficient evidence to prove that the child has been abused or neglected.

(b) Dispositional hearing

What course of action should be pursued in treatment for child and his/her parent(s)?

(c) Review hearing

Examines current status of child and family following dispositional hearing and treatment intervention.

(d) Custody hearing

Determining who should have custody of the child.

(e) Termination hearing

Determining if parent-child relationship should be terminated because of parent's(s') alleged inability to parent.

While the intent of the above types of hearings differ themes are worthy of note.

A few principles should be followed when you testify in any of the above hearings. You must be prepared for the hearing. This not only includes preparing the family, but also working closely with the legal counsel who will represent your involvement (usually County Attorney/staff). Pre-hearing preparation is essential and should include a discussion of the "facts" of the case, who will be called as witnesses, and your professional opinions, etc.

Since your records will be crucial to your testimony and the ultimate outcome of the hearing, they should be complete. For example, in an adjudicatory hearing the kinds of information that should be documented in your records include:

the client's response upon being confronted with the report,
the client's acceptance or lack of acceptance of protective services,

the client's and worker's records regarding appointments kept, not kept, cancelled,

the social worker's explanation to the client of obligation and right regarding protective service involvement with the family,

the client's explanation of injuries or neglect situations,

the physical manifestation of the child's failure to receive proper parental care,

the people present at each interview,

witnesses who can testify about the abuse or neglect situation; proper and up-to-date addresses and telephone numbers of all witnesses,

for any event: when, where, who, how long, what time, how many?⁸²

While your records serve an important function they are not generally admissible as evidence because they contain opinions and statements by third parties (hearsay). However, you can take your records on the witness stand so that you can refresh your memory. One important exception to the hearsay rule is that statements made to you by parties in the case, i.e. the parent(s), are admissible.

How to Testify in Court

The We Can Help series offers an excellent review of "guidelines for effective testimony" and follows:

1. Be prepared. Preparation is the key to effective testimony.
2. Answer only the question asked. Do not volunteer information. "Rambling" answers are not permitted in court, because the opposing attorney would not have the opportunity to object to certain types of inadmissible evidence if he or she did not know the general area of information to which you were about to testify. He or she is able to discern this general area only from the question asked of you; thus you are required to limit your response only to the information asked of you.
3. If you do not understand the question, ask that the question be repeated. If you still do not understand, say so. Never guess at what the question means.

4. If you do not know the answer to a question, say so. Never guess at an answer. This is particularly important for your credibility; if the opposing attorney and/or judge discovers that you were "guessing" at the answer, no matter how insignificant the information seems, there is a risk that other answers you have given will also appear as "guesses." Many times, your credibility will be strengthened if you admit when you do not know answers to certain questions.
5. If you are asked to give a yes or no answer and feel that such an answer is misleading without an explanation, state that you cannot properly answer the question yes or no, but that it is necessary to explain your answer. You have a legal right to do so.
6. Be exact in your testimony. For example, say "1 p.m." instead of "around noon," or "nine visits" instead of "numerous visits."
7. Take time in answering questions. Think before you answer. Do not be hurried by the attorney who is questioning you.
8. Show respect for the court. Dress conservatively. Be prepared and knowledgeable about the case.
9. Be as objective as possible. Try to avoid "taking sides." Your role is to present evidence to the court, not to "win" the case. Appear confident about your professional abilities and your factual observations; try not to become nervous or defensive.
10. Unless specifically asked for your "opinion," limit your testimony to your factual observations.⁸³

Special Concerns of Cross-Examination

Cross-examination is often the most difficult part of testifying. The attorney for the parents of the child may attempt to "discredit" your testimony, if it has been damaging to his/her client. Discrediting or "impeaching" a witness is part of the adversary process of the court system. It is important to remain calm during cross-examination and not to get angry or defensive with the attorney. This is easier to do if you understand the purposes of cross-examination and do not take such questioning "personally."

It is also important to understand and anticipate some of the strategies

that are commonly used by the attorney during cross-examination. These strategies include:

1. Pointing out discrepancies between the social work records and the social worker's testimony in court; or between statements on direct examination and statements on cross-examination.
2. Showing that the social worker dislikes the parents and is therefore biased against them.
3. Showing that the social worker did not offer any real assistance to the family.
4. Showing that the social worker is inexperienced.
5. Demanding that the social worker answer with a "yes" or "no", questions which cannot adequately be so answered.
6. Showing that the social worker made prior, out-of-court statements which are inconsistent with the social worker's statements in court.
7. Questioning the accuracy of the observation and memory of the social worker.

In addition attorneys frequently attempt to intimidate a witness by a disrespectful attitude, abrasive tone, repetitious questioning, sarcasm, or indications of disbelief. These attempts to anger or rattle the witness to the point that he/she makes a careless or discrediting statement are generally the most difficult part of cross-examination.⁸⁴

The eventual outcome of any hearing will also depend on the strength of your family assessment statement and treatment plan. This information can be used to help the judge make his final ruling. Introduction of the treatment plan should be used in all hearings. As you recall, the plan specifies those goals which the parent(s) have agreed to pursue to insure the child's safety in the home and how they plan to overcome their problems which caused the abuse or neglect. In some cases the judge can include these goals in his written court order. When any type of future hearing is held, the extent to which the parent(s) have or have not reached their goals can be introduced as evidence. Therefore, it is imperative that you

are able to recall the specifics of your family assessment statement and treatment plan when you participate in any hearing. This information, or the lack of it, will influence judicial discussions which ultimately will affect the family and your work with them.

Summary

The legal system can be an effective tool to help children and families. The extent to which you are knowledgeable of this system and can work within it effectively will ultimately influence the value of this intervention for the family. While the majority of families do not require referral to the court, some do. In those cases you must be prepared to be involved.

Unit IX

PREVENTION OF ABUSE AND NEGLECT

There are two types of prevention: primary and secondary.⁸⁵ When applied to the problems of child abuse and neglect, PRIMARY PREVENTION refers to action which is taken to insure child abuse and neglect will not occur. On the other hand, SECONDARY PREVENTION are those steps which are taken after child abuse or neglect has already happened. It is believed that by providing treatment once abuse or neglect has occurred, it will be prevented from recurring. IN SHORT, PRIMARY PREVENTION INVOLVES STEPS TAKEN BEFORE THE CHILD IS ABUSED WHILE SECONDARY PREVENTION INVOLVES TREATMENT AFTER THE ABUSE HAS TAKEN PLACE.⁸⁶

It seems that society has placed more emphasis on treating child abuse and neglect after it has occurred (secondary prevention) than on programs to prevent its occurrence. Since discussion of secondary prevention is found in Unit VII of this text, primary prevention will be discussed at this time. As you recall, there are three broad categories of child abuse and neglect: (1) individual, (2) institutional and (3) societal. Each has been defined in the unit on Assessment. Primary prevention of the three categories of abuse and neglect can be attempted by Child Protection agencies and personnel in the following ways.

PRIMARY PREVENTION OF INDIVIDUAL ABUSE AND NEGLECT

(What You Can Do)

In the course of investigating initial reports, you will encounter many

parents who have not abused or neglected their child. A high percentage of these families will, when offered assistance with expressed family problems, use the help you can offer. For example, few would disagree that rearing children is an awesome responsibility which requires knowledge about the needs and normal development of children. For a variety of reasons many parents lack this information and understanding. In light of this you should be sensitive to parents who have inappropriate parental attitudes and/or expectations of their children. When these instances occur, you need not hesitate to discuss these attitudes or expectations with the parent. Many times the parent may be uninformed about the needs of their child. Keep in mind that most parents sincerely want to be good parents but some simply need more information in order to do so. Most parents will appreciate your advice.

You may also encourage other social workers in your agency and community to sponsor family life conferences, parent study groups, parent rap sessions, etc. These efforts can be made available to any parent in your community and hopefully may reduce the conditions which foster child abuse and neglect. Perhaps more importantly, you and others will be helping parents and children to experience more meaningful relationships.

PRIMARY PREVENTION OF INSTITUTIONAL ABUSE AND NEGLECT

(What Your Protective Service Agency Can Do)

Just as parents have to meet the needs of their children, protective service programs and personnel also share this responsibility for the children they serve. If your agency personnel are to assist parents in understanding

the needs and development of their children, the staff itself should have accurate information in these areas. For this reason protective service programs need to provide in-service training for workers. These opportunities should be available to new staff, and to all personnel on an on-going basis.

Agency policy and staff should also help parents recognize that the use of physical force is not necessary to change or modify a child's behavior. Many people mistakenly believe that physical punishment is the best way of handling a child's misbehavior. Therefore, physical force should not be used to change a child's behavior in any emergency setting (foster care, group home, shelter care, etc.). Since parents may look to agency staff for the best method they can use in handling their child, one can see the importance of this point.

PRIMARY PREVENTION OF SOCIETAL ABUSE AND NEGLECT

(What You As A Citizen Might Do)

This form of abuse and neglect is caused by the way society treats the individual which then may lead to child abuse and neglect. As a citizen you might consider these courses of action.

Stand up for the rights of children and support proposed social and economic programs which promote the health and well-being of children and their families. Inadequate health and welfare programs have for too long been a barrier to the full development of millions of America's youth.⁸⁷

Expect and demand that social institutions and agencies comply with laws which declare racism and sexism illegal.

Although you will be concerned with individual abuse as you encounter it in your work, be ever so mindful of the institutional and societal forms of abuse and neglect which are all around us. Do everything you can to correct it.

Unit X

ADDITIONAL SOURCES OF INFORMATION

Within the past few years the child abuse and neglect literature has grown substantially. As part of this development bibliographies have been developed for specific professional groups. In the case of protective services one such list of references may be especially helpful. The New England Resource Center for Protective Services has compiled the following references.⁸⁸

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