On-Call Training

Participant Guidebook

2004 Edition

New York State Office of Children and Family Services
Bureau of Training

The *On-Call Training Participant Guidebook* was originally developed in 1999 by the New York State Child Protective Services Training Institute Family Life Development Center at Cornell University under the sponsorship of the New York State Office of Children and Family Services. This edition was revised and updated in 2004 by the New York State Child Welfare/Child Protective Services Training Institute, a training unit of the Center for Development of Human Services, through a contract with the New York State Office of Children and Family Services.

About this manual.

This manual is for staff who provide after hours and weekend coverage for Child Protective Services, but who are not child protective workers. It includes basic information necessary for the on-call delivery of protective services. Additionally, It contains blank forms which may be used to customize this book to meet the specific needs of local on-call service providers.

This Manual Accompanies the On-call Training Program Conducted by the Center for Development of Human Services and offered through the iLink function of the New York State intranet. This three session training program, designed for local district caseworkers, focuses on the responsibilities associated with the on-call delivery of Child Protective Services. The Training covers the following topics: use of authority in CPS; the on-call system and the legal basis for it; steps in responding to an on-call report; the documentation requirements; interviewing children and caretakers; crisis intervention strategies; definitions of an abused child, neglected child, and physical indicators of maltreatment; safety determinations and controlling safety interventions; the removal decision, including the required documentation; and the effects of separation.

This manual was originally written by the staff of the Child Protective Services Training Institute of the Family Life Development Center. It was recently revised by the Center For Development of Human Services Child Welfare/Child Protective Services Training Institute to incorporate the latest revisions to New York State's safety and risk assessment protocol.

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For more information about this course, contact: the Center for Development of Human Services, Child Welfare/Child Protective Services Training Institute, 1695 Elmwood Ave., Buffalo, NY 14207 716-876-7600.

The Child Welfare/Child Protective Services Training Institute

The New York State Child Welfare/Child Protective Services Training Institute, a nationally acclaimed child welfare training program, is the largest training unit at the Center for Development of Human Services (CDHS), a program of the Research Foundation of SUNY, Buffalo State College.

With the goal of promoting safety, permanence, and well-being for New York State's children, the New York State Child Welfare/Child Protective Services Training Institute provides outcome based training to all caseworkers in the child welfare system, from the mandatory core child welfare training for new caseworkers and supervisors to intensive advanced skills for experienced staff. This institute trains staff of all local departments of social services and of many nonprofit human service agencies who work in areas of child protective services, preventive services, and foster care and adoptive services. This cutting-edge training incorporates a solid grounding in child welfare best practices, policies, and laws with advanced expertise in training methodologies, multimedia design, and the latest technology for classroom and distance learning environments.

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- Legal Reference for Child Protective Services Workers, Looseleaf Law Publications, Inc.

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Notice of Existence of Report (Subject(s) of Report)

Dear________________:

RE: NYS CASE # ____________
REPORT ID # ____________
REPORT DATE ____________

This is to inform you that you are the subject(s) in a report of suspected child abuse or maltreatment received by the New York State Child Abuse and Maltreatment Register (State Central Register) on ________________. This means that you have been identified as the person(s) who is responsible for causing or allowing to be inflicted injury, abuse, or maltreatment to the child(ren). This report has been transmitted to ____________ county child protective service for commencement of an investigation and evaluation of the report as required by the New York State Child Protective Services Act.

The Law allows the local Child Protective Service 60 days from the time of the receipt of the report to complete a full investigation of the allegations contained within the report as well as an evaluation of the care being provided to your child(ren). You will be notified in writing of the findings of the investigation. Where appropriate, services will be offered to assist you and your family.

If the report is determined to be "unfounded" meaning that there is no credible evidence (i.e., evidence worthy of belief) of abuse or maltreatment, all information which would identify the subject(s) or other persons named in the report will be legally

sealed by the State Central Register and the local child protective service. An "unfounded" report may only be unsealed and made available either to a local child protective service or State agency investigating a subsequent report of abuse or maltreatment involving the same child named in the report, or to the subject of the report where the subject requests access to the "unfounded" report within 90 days of being notified that the report was "unfounded". If the report is determined to be "indicated" (i.e., there is some credible evidence of abuse or maltreatment to the child(ren)), the report will remain in the State Central Register and the local social services district's register.

This report is confidential and can only be released to certain authorized persons granted rights to access by State Law. As the subject of the report, you have a right to request a copy of all information regarding the report contained in the State Central Register. However, the Commissioner of the New York State Department of Social Services and social services district official must withhold information identifying the person who made the report unless that person has consented in writing to the release of such information. In addition, the Commissioner and social services district official may withhold information identifying a person who cooperated in the investigation of the report if the Commissioner reasonably determines that the release of this information would be detrimental to that person's safety or interest.

After the investigation is completed, if the report is determined to be "indicated", and if you are determined to be a subject of a report, you have the right to request the Commissioner of the New York State Department of Social Services to amend (change) the record of the report if you believe that the report is inaccurate. This request must be made by you within 90 days of being notified that the report is indicated.

If you wish to receive a copy of the information contained in

the State Central Register, please write to:

New York State Office of Children and Family Services
Child Abuse and Maltreatment Register
40 North Pearl Street
Albany, New York 12243

This written request should include your full name, the full name(s) of the child(ren) named in the report, your address, and the child(ren)'s address, if different, and the New York State Register number given in the upper right-hand corner of this letter.

______________________	______________________
CASEWORKER	COMMISSIONER
______________________	______________________
TELEPHONE NUMBER	DIRECTOR OR SUPERVISOR OF CHILD PROTECTIVE SERVICES

Notes

Notice of Existence of Report (Other Person(s) Named in the Report)

Dear_________________:

RE: NYS CASE # ____________
REPORT ID # ____________
REPORT DATE ____________

This is to inform you that you are the other person named in a report of suspected child abuse or maltreatment received by the New York State Child Abuse and Maltreatment Register (State Central Register) on _______________. This means that you have been named in the report but have not been alleged to be responsible for causing injury, abuse, or maltreatment to the child(ren). This report has been transmitted to ____________ county child protective service for commencement of an investigation and evaluation of the report as required by the New York State Child Protective Services Act.

The Law allows the local Child Protective Service 60 days from the time of the receipt of the report to complete a full investigation of the allegations contained within the report as well as an evaluation of the care being provided to your child(ren). You will be notified in writing of the findings of the investigation. Where appropriate, services will be offered to assist you and your family.

If the report is determined to be "unfounded" meaning that there is no credible evidence (i.e., evidence worthy of belief) of abuse or maltreatment, all information which would identify the subject(s) or other persons named in the report will be legally sealed by the State Central Register and the local child protec-

tive service. An "unfounded" report may only be unsealed and made available either to a local child protective service or State agency investigating a subsequent report of abuse or maltreatment involving the same child named in the report, or to the subject of the report where the subject requests access to the "unfounded" report within 90 days of being notified that the report was "unfounded". If the report is determined to be "indicated" (i.e., there is some credible evidence of abuse or maltreatment to the child(ren)), the report will remain in the State Central Register and the local social services district's register.

This report is confidential and can only be released to certain authorized persons granted rights to access by State Law. As the other person named in the report, you have a right to request a copy of all information regarding this report contained in the State Central Register. However, the Commissioner of the New York State Department of Social Services and social services district official must withhold information identifying the person who made the report unless that person has consented in writing to the release of such information. In addition, the Commissioner and social services district official may withhold information identifying a person who cooperated in the investigation of the report if the Commissioner reasonably determines that the release of this information would be detrimental to that person's safety or interest.

After the investigation is completed, if the report is determined to be "indicated", and if you are determined to be a subject of a report, you have the right to request the Commissioner of the New York State Department of Social Services to amend (change) the record of the report if you believe that the report is inaccurate. This request must be made by you within 90 days of being notified that the report is indicated. The subject of the report is the person(s) responsible for causing or allowing to be inflicted injury, abuse or maltreatment to the child(ren).

If you wish to receive a copy of the information contained in the State Central Register, please write to:

New York State Office of Children and Family Services
Child Abuse and Maltreatment Register
40 North Pearl Street
Albany, New York 12243

This written request should include your full name, the full name(s) of the child(ren) named in the report, your address, and the child(ren)'s address, if different, and the New York State Register number given in the upper right-hand corner of this letter.

______________________	______________________
CASEWORKER	COMMISSIONER
______________________	______________________
TELEPHONE NUMBER	DIRECTOR OR SUPERVISOR OF CHILD PROTECTIVE SERVICES

Notes

Consent for Temporary Placement of Child(ren) in Foster Care (FCA 1021)

I (We) reside at ______________________________ I (We) am (are) the ______________________________ of the following named child (children).

NAME	BIRTHDATE
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

I (We) hereby consent to the temporary placement of my (our) child (children) with the Commissioner of Social Services of the Home County.

I (We) understand that this placement is pursuant to Section 1021 of the Family Court Act and I (we) have been informed that in the event I (we) do not consent to the placement of my (our) child (children), Child Protective Service will apply to the ____________________ County Family Court for a temporary removal order pursuant to Section 1022 of the Family Court Act. I (We) realize that if the application was granted, it would provide for the temporary placement of my (our) child (children).

____

Signature of Parent(s) or Guardian

Date:______________________ Witness:____________________

Notes

Notice of Intent to Apply for Order of Temporary Removal or Provision of Services (FCA 1023)

(Form 10-1a
Child Protective)
Rev. 9/89

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

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In the Matter of Docket No. Docket No.

(A child) (Children) under the Age of
Eighteen Years Alleged to be (Abused)
(and) (Neglected) by

NOTICE
(Intent to Apply
for Order of
Temporary Removal
or Provision of
Services)

Respondents

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TO:

PLEASE TAKE NOTICE that the undersigned intends to make application to the Family Court of the State of New York, County of , at or for an order of temporary removal or

for an order for the provision of the following services or assistance:

YOU HAVE A RIGHT TO BE PRESENT AT SUCH TIME AND A RIGHT TO BE HEARD ON THE APPLICATION.

You have the right to be represented by a lawyer. If you cannot afford a private lawyer, you have the right to ask the court to assign a lawyer.

Date: , 19__.

Name:______________________________
(Title, Agency)

Address:______________________________

Tel. No.: ______________________________

Notice of Temporary Removal of Child and Right to Hearing (FCA 1022, 1024, 1028)

(Form 10-1a
Child Protective)
Rev. 9/89

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

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In the Matter of Docket No. Docket No.

(A child) (Children) under the Age of
Eighteen Years Alleged to be (Abused)
(and) (Neglected) by

NOTICE
(Temporary Removal of
Child and Right to
Hearing)

Respondents

oooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooo

TO:

PLEASE TAKE NOTICE that child(ren) named above (has) (have) been temporarily removed from (his) (her) (their) residence or taken into protective custody, under authority of section 1022 1024 of the New York State Family Court Act to avoid imminent danger to the child(ren)'s life or health by the person whose name,

title, organization, address and telephone number is listed below.

The name and telephone number of the child care agency to which the child will be taken is:

The telephone number of the person to be contact for visits with the child is:

YOU HAVE A RIGHT TO ASK THE FAMILY

COURT FOR RETURN OF YOUR CHILD(REN)

AND MAY HAVE AN EARLY HEARING ON THAT REQUEST.

To do so, you must file an application in Family Court Tel. No.:

You have the right to be represented by a lawyer. If you cannot afford a private lawyer, you have the right to ask the court to assign a lawyer.

Date: , 19__.

Name:______________________________

Organization:______________________________

Address:______________________________

Tel. No.: ______________________________

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Normal Versus Inflicted Bruises

A. Normal Bruises

- Facial scratches in infants with long fingernails
- Knee and shin bruises
- Forehead bruises
- Bruises over bony prominences

B. Inflicted Bruises

- Typical sites
  buttock and lower back
  genitals and inner thighs
  cheek
  ear lobe
  upper lip and frenulum
  neck

- Human hand marks
  grab marks
  trunk encirclement bruises
  linear marks
  hand print
  pinch marks

- Human bite mark

- Strap mark
  linear
  loop

- Bizarre marks
  blunt instrument - specific shapes
  tatoos, fork marks, puncture wounds
  circumferential tie marks
  gag marks

- Multiple bruises at different stages of healing

C. Dating Of Bruises

Age (Days)	Color
0-2	Swollen, tender
0-5	Blue, red
5-7	Green
7-10	Yellow
10-14	Brown
14-28	Clear

D. Inflicted Head Injuries

- Subdural hematoma
  from direct blows (with or without fracture)
  from violent shaking

- Subarachnoid hemmorrhage

- Scalp bruises from direct trauma

- Subgaleal hematoma and/or traumatic alopecia

- Blackeyes

E. Inflicted Burns

- Cigarette burns
- Match tip or incense burns
- Dry contact burns
  heating grate
  electric hot plate
  radiators
- Branding burns
  specific shapes
- Immersion burns
  buttocks and perineum
  stocking and/or glove injuries

F. Burn Severity

- Age
- Body surface area burns
- 3 degrees burn surface area
- Anatomic area involved

G. Inflicted Abdominal Injury

- Ruptured liver or spleen
- Intestinal perforation
- Intramural hematoma or duodenum or proximal jejunum
- Ruptured blood vessel
- Pancreatic injury
- Kidney injury

H. Inflicted Bone Injuries

- The usual fractures
- Chip fractures of metaphysis
- Bucket handle fracture of metaphysis
- Subperiosteal bleeding and calcification
- Fractures at different stages of healing
- Repeated fractures at same site
- Unusual fractures
  ribs
  sternum
  scapula
  pelvis

Definitions of Allegations Related to Child Abuse and Maltreatment

The following definitions are descriptive and not all-inclusive. The determinations of child abuse and maltreatment is on a case-by-case basis. The "immediate considerations" which follow each definition statement are listed to structure the collection of facts and the organization of information in the initial investigation, immediately following the receipt of the report. These considerations are not a substitute for full and detailed fact-gathering and assessment of the child(ren) and family.

For each situation the caseworker must carefully obtain current facts and related history, and compare these facts with the statutory definitions contained in section 412 of the Social Services Law and Section 1012 of the Family Court Act to see whether child abuse or maltreatment has occurred.

Such facts as the age of the child, the type, severity, frequency of harm or danger of harm, and the acts or omissions of the parent or person legally responsible for the child's care must be thoroughly assessed in every case. All children in the family setting must be evaluated not just the child who is named in the report of abuse or maltreatment.

Source: New York State Department of Social Services Program Manual, Appendix, Section C, pp. 1-33.

A. Fractures

A fracture is a break in a bone. Common types are: chip fracture, a small piece of bone is flaked from the major part of the bone; comminuted fracture, the bone is crushed or broken into a number of pieces; compound fracture, fragments of bones protrude through skin; simple fracture, bone breaks without wounding surrounding tissue; spiral fracture, the line of the fracture is twisted encircling the bone; and torus fracture, a folding, bulging, buckling fracture. Medical examination is necessary to determine the nature and extent of the injury. In cases of fractures, diagnosis depends on the result of x-rays. It is essential that adequate x-ray films be obtained and interpreted by a qualified physician.

Qualified interpretation of the initial x-ray of an epiphyseal fracture, often involving growing bones of the arms or legs, is particularly important. An epiphyseal fracture is an injury to the epiphyses, a part or process of a bone which is separated from the main body of the bone by a layer of cartilage. The epiphyses becomes united with the bone through further growth of bony tissue (callus). Because the fracture has occurred through cartilage, little can be noted from the initial x-ray examination, aside from extensive tissue swelling. By the tenth day following the initial injury, build-up of callus will demonstrate the extent and magnitude of the injury. These injuries can lead to abnormal growth and permanent deformities.

In general the major causes of bone fractures in childhood are falls, injuries while playing or engaging in athletic activities or while moving heavy objects or equipment, or car/bicycle accidents. Frequent sites of fractures are: the clavicle (collar bone), humerus (the long bone in the arm which extends from the shoulder to the elbow), the forearm, the elbow, femur (the thigh bone) and fingers. During periods of rapid growth, children may

sustain fractures of long bones from minor twists or sprains. For example, the shinbone is susceptible to spiral fracture in children between the ages of two and five years: however, spiral fractures are unlikely to occur to children who are not yet ambulatory. In the growing child, fractures of the skull, the pelvis, neck, thigh bone, and spine occur from major trauma.

Bone fractures which are unexplained, multiple or in various stages of healing or where the reason given for the fracture is inconsistent with the nature of the injury may be indicators of child abuse or maltreatment. Nelson recommends a radiologic survey for trauma consisting of examination of the long bones, skull, ribs and pelvis for all cases of suspected physical abuse.

IMMEDIATE CONSIDERATIONS

- Were adequate x-ray films obtained and what were the findings?

- Was a detailed physical examination performed and what were the findings? If child abuse or maltreatment is suspected, were color photos of visible trauma taken?

- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the fracture? What were the results? Identify professionals by name and address.

- Were the child and family interviewed concerning the history and explanation of the fracture, and is the explanation consistent with the type and location of the fracture and the child's age and condition? Good note taking is essential. Use direct quotes.

- What was the extent of parental control over the child at the time of the injury and during the events leading to the injury?

B. Internal Injuries

There are four major categories of internal injuries. Medical examination is necessary to determine the nature and extent of these injuries.

1. Injuries to the Face

The eyes are particularly sensitive organs and blunt trauma to the eye can cause hemorrhages, dislocate the lens or detach the retina. A direct blow to the nose may cause bleeding, swelling or deviation of the bone. Blows to the mouth may result in swelling, loose or missing teeth. Abuse-related injuries to the ear include twisting injuries of the lobe and bruises, ruptures or hemorrhaging.

2. Injuries to the Head and Nervous System

Injuries to the head are especially serious because they may injure the brain. Head injuries may result from sharp blows or severe shaking especially of infants. Trauma to the spinal cord may cause damage to motor nerves and lead to paralysis of muscles. Other signs of head or nerve injury are loss of consciousness, seizures, or increased drowsiness; however, it must be remembered that an unconscious child may be suffering from the effects of medication or poison.

Injuries to the head may also be caused by hair pulling. Bald patches on the head interspersed with normal hair may be evidence of such injury; however, medical examination is necessary to examine the extent of the injury and rule out other causes.

3. Subdural Hematomas

A subdural hematoma is an accumulation of blood in the space between the outermost covering of the brain and covering of the brain. In many cases there is no associated skull fracture or bruising or swelling on the site of the injury. In the acute form, there is direct injury to the brain. In the chronic form, there is a gradual accumulation of blood resulting in headaches, progressive stupor, muscular weakness affecting one side of the body, and other symptoms which may appear weeks after the injury. This injury can be caused by a sharp blow to the head or the severe shaking of an infant. With Infants, the only sign of injury may be coma or seizure.

4. Abdominal Injuries

Signs of abdominal injury include recurrent vomiting, swelling and tenderness. A blow or other trauma may also injure other organs such as the liver and kidney. Forceful blows to the abdomen may also cause bruises and ruptures resulting in hemorrhage, shock or death.

IMMEDIATE CONSIDERATIONS

- Was a detailed physical examination performed and what were the findings?
- If child abuse or maltreatment is suspected, were color photos of visible trauma taken?
- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify

professionals by name and address.

- Was the child and family interviewed concerning the history and explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.

- What was the extent of parental control over the child at the time of the injury and during events leading to the injury?

C. Lacerations/Bruises/Welts

Lacerations are jagged cuts or tears in the skin. The presence of multiple skin injuries in various stages of healing may be indicators of child abuse or maltreatment. Medical examination is needed to determine the nature and extent of these injuries. Skin injuries, such as scars or other disfigurements often resemble the shape of the instrument used: strap marks, belt buckles, looped cords, choke marks on the neck, bruises from gags, rope burns or blisters especially around the wrist or ankles.

Welts are raised ridges on the skin, often seen in the lower back area and are usually left by a slash or blow. Skin injuries of this nature may also be due to scraping or rubbing.

Human bite marks are distinctive crescent shaped lines of tooth imprints. A child's bite mark can be distinguished from an adult's by the larger size of the arch of the crescent. Human bites compress flesh causing bruises; animal bites normally tear the flesh.

Bruises are caused by bleeding beneath the skin without tearing it. They may often be finger tip in size and distribution. Old and multiple new bruises, and/or bruises on the face/back of legs are suspicious. Bleeding disorders might be the reason for the child's bruises. This is not common, but needs to be ruled out by medical tests. The caseworker must be constantly mindful that some bruises are a normal occurrence in growing children and care must be taken to assess the situation fully. Medical examination is needed to determine the nature and extent of these injuries.

The following chart approximates the age of the bruise as suggested by the color of the skin:

Age (days)	Color*
0-2	swollen, tender
0-5	blue/red
5-7	green
7-10	yellow
10-14	brown
14-28	clear

*These colors vary with the skin pigmentation of the child.

IMMEDIATE CONSIDERATIONS

- Has a complete and detailed physical examination been performed? What were the results?

- Has the physician recorded a precise description of the injury including age of the injury, location of the body, color, and whether other injuries were evident?

- If child abuse or maltreatment is suspected, have color photographs been taken?

- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify professionals by name and address.

- Was the child and family interviewed concerning the history and explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.

- What was the extent of parental control at the time of the injury and during events leading to the injury?

D. Swelling/Dislocations/Sprains

Swelling at points were two bones join, tenderness at the ankles, wrists or other joints are signs of skeletal injuries without fracture. A child's ability to walk is limited by such injuries to the legs.

If a child's legs or arms are pulled or jerked or twisted suddenly or forcibly, a bone can be put out of position (dislocation), or the ankles and wrists or other parts of the body at a joint can be sprained. Medical examination is needed to determine the nature and extent of these injuries.

IMMEDIATE CONSIDERATIONS

- Were adequate x-ray films obtained? What were the results?
- Was a detailed physical examination performed and what were the findings?
- If child abuse or maltreatment is suspected, were color photos of visible trauma taken?
- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify professionals by name and address.
- Was the child and family interviewed concerning the history and explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.
- What was the extent of parental control over the child at the time of the injury and during events leading to the injury?

E. Choking/Twisting/Shaking

Twisting and shaking children can produce serious injuries. Twisting injuries to the ear can cause injuries to the earlobe; in cases of sexual abuse, genitals may be injured by twisting.

Repeated or forcible twisting of a child's arms or legs can result in a spiral bone fracture. Violent shaking can cause injury to the brain or spinal column; repeated blows and shaking can cause hemorrhages and swelling.

Choking occurs by compression of the child's windpipe which stops breathing. Hands or cords or long scarfs placed on the neck can cause such compression if pressure is applied. Suffocation can result when a foreign body or objects such as food (peanuts or chicken bones), coins, safety pins, plastic bags, or balloons become lodged in the windpipe. Infants between 6 to 12 months are particularly likely to place things in their mouths; any child under 6 years of age should receive close supervision when near foreign objects which could be swallowed (see LACK OF SUPERVISION). Medical examination is necessary to determine the nature and extent of these injuries.

IMMEDIATE CONSIDERATIONS

- Was a detailed physical examination performed and what were the findings?
- If child abuse or maltreatment is suspected, were color photos of visible trauma taken?
- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify

professionals by name and address.

- Was the child and family interviewed concerning the history and explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.
- What was the extent of parental control over the child at the time of the injury and during events leading to the injury?

F. Burns/Scaldings

Damage to skin tissue is caused by direct contact with heat, hot liquid, chemicals, vapor, or fire. Burns of the first degree show redness; in the second degree, blistering; and in the third degree, destruction of the skin tissue. These signs vary with the skin color of the child.

Rope burns often occur on the ankles, wrist or neck. In suspected cases of abuse or maltreatment, cigarette burns most often appear on the hands, feet and buttocks. Care must be used in distinguishing cigarette burns from impetigo, a contagious skin disease marked by small elevations of the skin containing pus. Scaldings may result from an act or an omission of parent such as failure to supervise the child. Scaldings may also be inflicted as punishment, such as immersion in hot water. Medical examination is necessary to determine the nature and extent of the injury. Color photographs should be taken in suspected cases of child abuse and maltreatment.

IMMEDIATE CONSIDERATIONS

- Has a complete and detailed physical examination been performed? What were the results?
- Has the physician recorded a precise description of damage to the skin tissue including age of the injury, location, degree of damage, color and whether any other injuries were apparent?
- If child abuse or maltreatment is suspected, have color photographs of the visible trauma been taken?
- Was a discussion held with medical professionals concern-

ing the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify professionals by name and address.

- Was the child and family interviewed concerning the history and explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.

- What was the extent of parental control at the time of the injury and during events leading to the injury?

G. Poisoning/Noxious Substances

Prescribed medication, non-prescribed medication, household cleaning products, oils, paint thinners, fuels, fertilizers, and some house plants are among the materials which can cause serious harm if ingested by a child. The total circumstances must be considered, but certain components are key in evaluating whether child abuse or maltreatment is present:

- Age of the child;
- Location of the noxious substance;
- Way in which the substance is stored and labeled (for example, it is placed in a locked cabinet or out of reach of the child);
- Other steps the parent takes to guard against access by a child;
- Actions taken to seek care for the child;
- Previous incidents and pattern of care.

Certain poisonings or the ingestion of other harmful substances by a child may be due to acts of a parent or other person legally responsible, or caused by omissions in supervising the child. If the child is an infant, intentional poisoning should be considered. Medical examination is necessary to determine the nature and extent of the injury.

IMMEDIATE CONSIDERATIONS

- Has a complete and detailed physical examination been performed? What were the results?

- What is the age and capacity of the child?

- Was a discussion held with medical professionals concerning the child's condition and their opinion as to the nature and cause of the injury? What were the results? Identify professionals by name and address.
- Was the child and family interviewed concerning the historyand explanation of the injury, and is it consistent with the type and location of the injury and the child's age and condition? Good note taking is essential. Use direct quotes.
- What was the extent of parental control of the child at the time of incident and during events leading to the incident?
- Did the parent perceive danger to the child and takes steps to prevent harm to the child? What steps were taken?
- What actions were taken by the parent after the incident?

H. Excessive Corporal Punishment*

Excessive corporal punishment constitutes child neglect. Corporal punishment is excessive if it goes beyond what is objectively reasonable. In assessing what is reasonable, the following are critical to consider:

- The child's age, sex, physical and mental condition, and capacity to understand correction;
- The nature of the punishment;
- The seriousness of injury to the child or risk of serious injury;
- The means of punishment used—is it appropriate to correct the child's behavior—are less severe alternatives available;
- The purpose of the punishment;
- The child's behavior which requires correction;
- The character of the punishment, whether it is degrading or brutal;
- Duration of punishment, whether it is protracted beyond the child's endurance.

The Family Court has held that the standard of reasonableness as defined above applies for all situations regardless of cultural or ethnic background. In the Matter of Rodney C,. 91 Misc. 2d 677, 398 NYS 2d 511 (Fam. Ct., Onondaga Co., 1977)

IMMEDIATE CONSIDERATIONS

- Has a complete and detailed physical examination been performed? What were the results?

- Are there any visible signs of injury to the child's body? Has the physician recorded a precise description of the injury, including age of the injury, location on the body, color, other

injuries which have healed, and diagnosis? If child abuse or maltreatment is suspected have color photographs been taken?

- What is the child's capacity to understand correction?

- Were the child and family interviewed concerning the history, purpose and reason for punishment? Good note taking is essential. Use direct quotes.

- What was the character and means of punishment and how long did it last?

* The use of reasonable corporal punishment by a parent or other person legally responsible is permissible pursuant to Section 35.10, Penal Law; however, corporal punishment of children in care of authorized agencies is prohibited by New York State Department of Social Services regulation (18NYCRR 441.9).

I. Parent's Drug/Alcohol Misuse

The misuse of legal or illegal drugs or alcohol by a parent or other person legally responsible for the care of a child can result in harm or imminent danger of harm to a child's physical, mental or emotional condition. The key issue to determine is whether the parent has misused a drug or drugs or alcoholic beverage to the extent that he/she loses self-control of his/her actions is lost and is unable to care for the child, has harmed the child, or is substantially likely to harm the child. The fact that the parent or caretaker is voluntarily and regularly participating in a rehabilitative program is irrelevant in assessing whether child abuse or maltreatment has occurred if the child's physical, mental or emotional condition has been impaired or is in imminent danger of impairment due to the parent's acts or omissions.

Evidence that a newborn infant tests positive for a drug or alcohol in its bloodstream or urine; is born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect or fetal alcohol syndrome; or has been diagnosed as having a condition which may be attributable to in utero exposure to drugs or alcohol is not sufficient, in and of itself, to support a determination that the child is maltreated. In addition, such evidence alone is not sufficient for a social services district to take protective custody of such a child. However, such evidence alone is sufficient to constitute reasonable cause to suspect that the child is at risk of being abused or maltreated in the future, thereby warranting a report to the State Central Register (SCR) and commencement of a child protective investigation.

Upon the receipt of a report where parental drug or alcohol misuse is alleged, the social services districts must conduct a thorough investigation to determine whether such misuse creates a risk to the child. The district must assess the ability of

the parent to care for the child. The district must examine, in particular, the parent's plans for the care of the child and his/her ability to carry out those plans to determine whether the parent's drug or alcohol use creates a condition which places the child's physical, mental or emotional condition in imminent danger of becoming impaired. In the case of a newborn infant born to a drug or alcohol abusing parent, any special needs of such infant should be considered in the district's assessment of parental capability.

IMMEDIATE CONSIDERATIONS

- What is the child's physical, mental, or emotional condition? Has the child been harmed or is he/she in imminent danger of harm?

- What is the parent's explanation for these conditions? Good note taking is essential. Use direct quotes.

- What are the results of medical examination concerning the parent's drug or alcohol use?

- What is the parent's capacity to exercise a minimum degree of care to meet the child's physical, mental and emotional needs?

J. Child's Drug/Alcohol Use

The use of drugs or alcohol can cause serious harm to a child's mental and physical development, or place the child in imminent danger of harm.

To be considered child abuse or maltreatment, a child's use of drugs or alcohol needs to be a result of:

- A quantity sufficient to cause harm or imminent danger of harm to the child's physical development, or mental health and
- Parental failure to exercise a minimum degree of care in preventing the child's use of this quantity of drug or alcohol. (See LACK OF SUPERVISION)

Parental actions in the wrongful administration of legally prescribed drugs or failure to administer prescribed drugs to the child which create or allow to be created a substantial risk of physical injury or impaired condition or imminent danger of impaired condition may also indicate abuse or maltreatment. (See INADEQUATE GUARDIANSHIP)

IMMEDIATE CONSIDERATIONS

- What is the age and physical and mental condition of the child?

- What is the type, quantity, and quality of drug or alcohol involved? How long has this behavior been continuing? Have the parents been aware of these activities?

- What was the effect of the drug/alcohol use on the child?

- What was the extent of parental control over the child at the time of the incident and during events leading to the incident?

- What is the parent's explanation? Good note taking is essential. Use direct quotes.

- Did parental actions meet the minimum degree of care needed by the child?

K. Medical Neglect

A parent or other person legally responsible for the child must supply adequate medical, dental, optometrical or surgical care if financially able to do so or offered financial or other reasonable means to do so.

This includes:

- Seeking adequate treatment for conditions which impair or threaten to impair the child's mental, emotional or physical condition;
- Following prescribed treatment for remedial care including psychiatric psychological services;
- Obtaining preventive care such as post-natal check-ups, and immunizations for polio, mumps, measles, diphtheria and rubella.

The parent's failure to seek or follow adequate treatment or desire to select an unconventional form of treatment must be considered in light of:

- The seriousness of the child's condition and risk of further harm to the child;
- The parent's awareness of the child's condition and risk of further harm to the child;
- Whether the parent has sought accredited medical opinion;
- The consensus of responsible medical authority regarding treatment;
- Whether the parent's failure to seek adequate treatment or select an unconventional form of treatment impairs the child physically or emotionally;
- Whether the parent fails to seek adequate treatment despite

financial or other reasonable means to do so.

Article 10 of the Family Court Act authorizes intervention not only in life and death emergencies, but also in situations where a child is denied adequate medical, dental optometrical, or surgical care due to the parent's or person legally responsible's failure to provide "an acceptable course of medical treatment for their child in light of all the surrounding circumstances... The Court's inquiry should be whether the parents, once having sought accredited medical assistance, and having been made aware of the seriousness of their child's affliction, and the possibility of cure if a certain mode of treatment is undertaken, have provided for their child a treatment which is recommended by their physician, and which has not been totally rejected by all responsible medical authority." In the Matter of Hofbauer, 47 NY 2d 648, 393 NE 2d 1009, 419 NYS 2d 936 (1979)

The same test applies in cases in which a parent objects to medical treatment based on religious belief. The focus must be whether the parents have provided an acceptable course of medical treatment for their child in light of all the surrounding circumstances. A child who has been harmed or who is in imminent danger of harm, as a result of a parent's failure to supply adequate medical, dental, optometrical, or surgical care, although financially able to do so or offered reasonable means to do so is a neglected child. In the Matter of Gregory S. et al, 85 Misc. 2d 845, 380 NYS 2d 620, (Fam. Ct., Kings Co. 1976)

IMMEDIATE CONSIDERATIONS

- In the opinion of accredited medical professionals, what is the nature and extent of the child's condition?
- Did the parent seek accredited medical assistance for the child?

- What do responsible medical authorities prescribe as the recommended form of treatment? Identify authorities by name and address.

- What is the parent's explanation for his course of action? Have inadequate finances blocked parental ability to obtain treatment? Good note taking is essential. Use direct quotes.

- Has the child's condition been impaired by parental actions or failures to act?

L. Educational Neglect

Each minor from six to sixteen years of age shall attend full-time day instruction. Exceptions include: a minor who has completed a four-year high school course of study; a minor for whom application for full-time employment certificate has been made and who is eligible therefor may, though unemployed, be permitted to attend part-time school not less than twenty hours per week instead of full-time school; and in each city of the state and in union free school districts having a population of more than forty-five hundred inhabitants and employing a superintendent of schools, the board of education shall have power to require minors from sixteen to seventeen years of age who are not employed to attend upon full-time instruction. (Section 3205, Education Law).

A minor may also be exempted from attendance where there are sufficient grounds to prove that his physical or mental condition would endanger the health or safety of himself or that of others. Determination of mental or physical condition shall be based upon actual examination made by a person or persons qualified by appropriate training and experience, in accordance with the regulations of the State Education Department.) (Section 3208, Education Law) Regular attendance is required, in accordance with the regulations of the State Education Department. Absences from required attendance shall be permitted only for causes allowed by the general rules and practices of the public schools or as the commissioner establishes. (Section 3210, Education Law)

A minor may attend instruction at a public school or elsewhere; however, the course of study is prescribed by rule and regulation. (Section 3204, Education Law) If home instruction is provided, the burden is on the parent to show that home instruction is substantially equivalent to minors of like age and attain-

ments at public school. "Substantially equivalent" means equal in worth or value, meeting essential and significant elements and correctly covering the subject matter for the required courses. In the Matter of Falk, 110 Misc. 2d 104, 441 NYS 2d 785 (1981)

To be considered educational neglect, the following must be present:

- Unexcused absence from full-time instruction; or
- The course of study provided to the minor does not comport to requirements of State Education Law; and
- The parent's or caretaker's failure to exercise care in enrolling or facilitating school attendance (not the child's desire to be truant);
- The school notifies the parent or person legally responsible regarding unexcused absences where appropriate.

IMMEDIATE CONSIDERATIONS

- What is the reason for the child's absence from school? Both child and parent should be questioned. Good note taking is essential. Use direct quotes.

- Is the absence permitted by the general rules and practices of the public schools or as the commissioner establishes?

- What steps did the parent or other person legally responsible take to insure the child's attendance?

- Did the school notify the parent or other person legally responsible of the child's absence?

- If the child's place of instruction is at home or elsewhere, is the child receiving substantially equivalent instruction to

minors of like age and attainment in public schools?

M. Emotional Neglect

To establish emotional neglect, there must be evidence of substantially diminished psychological or intellectual functioning in the child and this condition is attributable to the parent's conduct.

Three factors are present:

- Parental (caretaker) pattern of behavior has a harmful EFFECT on the child's emotional health and well-being.
- The effect of emotional neglect can be OBSERVED in the child's abnormal performance and behavior.
- There is SUBSTANTIAL IMPAIRMENT to the child's ability to function as a normal human being—to think, to learn, to enter into relationships,—DUE TO PARENT'S CONDUCT.

The child's emotional health and development may be substantially impaired in relation to, but not limited to, the following:

- <u>Control of aggressive or self-destructive impulses</u>—lack of control results in harm to the child and/or others. This is not as isolated incident, but an established pattern of behavior.
- <u>Ability to think and reason</u>—the child's intellectual or psychological functioning is impaired over a specific period of time.
- <u>Ability to speak and use language appropriately</u>.
- <u>Acting out or misbehavior</u>—incorrigibility, ungovernability, habitual truancy. These behaviors must be exhibited by the child over a significant period of time. They do not include responses to temporary, soon to be resolved, family stresses.
- <u>Other behavior</u>—extreme passive behavior, overly adaptive

behavior, extreme social withdrawal, psychosomatic symptoms, severe anxiety.

Assessment of the child's emotional health should be conducted by a qualified professional. The psychological or psychiatric evaluation should specify the level of the child's dysfunction, and, to a reasonable medical certainty, whether the dysfunction is causally linked to the acts or omissions of the parent or other person legally responsible for the child's care.

A parent may be incapable of fulfilling a child's cognitive or emotional needs due to severe mental illness or mental retardation. The fact of mental illness or mental retardation alone does not establish emotional neglect by the parent. It must be shown that the parent's mental illness or mental retardation results in impairment of the child's mental or emotional or physical condition.

IMMEDIATE CONSIDERATIONS

- What is the child's condition? What aspect of the child's emotional health and development has been substantially impaired?

- Was a discussion held with professionals concerning the child's condition and their opinion as to its nature and cause? Identify professional by name and address.

- What is the parent's capacity to provide care for the child?

- What was the parent's explanation for the child's condition? Good note taking is essential. Use direct quotes.

- Did parental actions meet the minimum degree of care

needed by the child?

- Is the child's impaired condition clearly attributable to the parent's willingness or inability to exercise a minimum degree of care toward the child?

- How long has the child's impairment lasted? Has the condition stayed the same or become worse?

N. Sexual Abuse and Maltreatment

A "sexually abused child" is a child less than eighteen years of age whose parent, or other person legally responsible for his care, commits, or allows to be committed, a sex offense against such child, as defined in the penal law (Section 130, Penal Law). Sex offenses in the penal law include rape, sodomy, and any other non-consensual sexual contact. A "sexually abused child" is also a child less than 18 years of age whose parent, or other person legally responsible for his care allows such child to engage in acts or conduct described in described in article 263 of the penal law; commits any of the acts described in section 255.25 of the penal law. These acts are using a child in a sexual performance and promoting a sexual performance by a child. For all sex offenses, a person is deemed legally incapable of consent if less than 17 years, or mentally defective, or mentally incapacitated, or physically helpless.

Sexual abuse and maltreatment include situations in which the parent or other person legally responsible for the child's care commits or allows to be committed:

- Touching a child's mouth, genitals, buttocks, breast or other intimate parts for the purpose of gratifying sexual desire; or forcing or encouraging the child to touch the parent or other person legally responsible in this way for the purpose of gratifying sexual desire.
- Engaging or attempting to engage the child in sexual intercourse or deviate sexual intercourse.
- Forcing or encouraging a child to engage in sexual activity with other children or adults.
- Exposing a child to sexual activity or exhibitionism for the purpose of sexual stimulation or gratification of another.

- Permitting a child to engage in sexual activity which is not developmentally appropriate when such activity results in the child suffering emotional impairment. (See EMOTIONAL NEGLECT)
- Using a child in a sexual performance such as a photograph, play, motion picture or dance regardless of whether the material itself is obscene.

IMMEDIATE CONSIDERATIONS

- Has a complete and detailed physical examination been performed? What were the results?

- Was a discussion held with medical professionals concerning the condition of the child and their opinion as to the reason for the child's condition? Identify professionals by name and address.

- Was the child interviewed first and separately from the family? Was care taken not to use leading questions? Was the family interviewed concerning the child's condition? Good note taking is essential. Use direct quotes.

- Were interviews conducted so that trauma was minimized?

- What was the extent of parental control at the time of the alleged incident?

- Is retribution against the child likely as a result of disclosure?

- Has the appropriate law enforcement agency been contacted?

O. Malnutrition/Failure to Thrive

These are two distinct conditions and should be assessed separately. Malnutrition is failure to receive adequate nourishment. It may be caused by inadequate diet, lack of food or insufficient amounts of needed vitamins and minerals. Failure-to-thrive is a medical condition seen in infants and children who are not making normal progress in physical growth, specifically falling below the mean height or weight for their age and sex. This may be measured in percentiles. For example, a child may be described as below the 3rd percentile in weight. This means that 97 percent of children that age weigh more. The terms also apply to children who fail to maintain previously established patterns of growth, who are excessively delayed in sexual development, or stunted in growth (deprivational dwarfism).

The abnormal conditions which can interfere with the growth process are numerous. Five major factors are: defects in internal functions of the body, for example, the heart, kidneys, endocrine glands; environmental and interpersonal factors, for example, an infant must have physical care and love to grow properly; nutrition, both the proper quality and quantity of food; and genetics, what is inherited plays a dominant role in the potential for growth and development.*

To obtain an accurate diagnosis, it is essential that a physician evaluate a child who is suspected to be suffering from failure-to-thrive or malnutrition. The family history should be searched for diseases which might affect growth, the physical examination of the child must be detailed and thorough, bone x-rays should be obtained and specialized laboratory tests performed. In cases where environmental conditions are suspected to be the cause of failure-to-thrive Nelson's Textbook of Pediatrics (Tenth Edition) recommends that the child be hospitalized

and a regular feeding schedule be maintained for a maximum two weeks. The key consideration is whether the infant who is unable to gain weight at home, can gain weight rapidly and easily in the hospital.

It should be underlined, however, the diagnosis is complex and requires a skilled physician.

IMMEDIATE CONSIDERATIONS

- Was a complete and detailed physical examination of the child conducted and what were the results?
- Were x-rays and laboratory tests obtained and what were the results?
- What was the parent's explanation for the child's condition? Good note taking is essential. Use direct quotes.
- Were the interactions of the parent and child observed and what were the findings?
- Was a discussion held with the physician and other medical professionals concerning their diagnosis and explanation of the child's condition? What were the results? Identify professionals by name and address.

* Interdisciplinary Glossary on Child Abuse and Neglect (US Government Printing Office DHEW Publication No. (OHDS) 7830137) page 30.

P. Inadequate Food/Clothing/Shelter

An actual failure by the parent or other person legally responsible to supply adequate food, clothing or shelter, although financially able to do so or offered financial or other reasonable means to do so, is a form of child maltreatment.

Food

Nutrients such as vitamins, minerals and proteins are as essential for growth in children as is an adequate intake of calories.

Poor growth of a child is the primary reason for suspecting inadequate food intake and nutrition. This may be due to organic or environmental conditions. Anemia, in which there is a reduction in the number of red blood corpuscles or amount of hemoglobin or both, may be characterized by paleness and lack of vitality. Nutritional anemia is due to inadequate oral intake of iron-containing foods such as eggs and meat. Medical examination is necessary to determine the nature and extent of the injury to the child.

Clothing

A child needs basic clothing items such as underwear, shoes and outer clothes to provide protection from weather conditions. To ensure adequate hygiene, clothing must be reasonably clean so that there is freedom from disease and infection.

Shelter

Children require shelter which ensures basic safety, sanitation, and heat. A family may live in substandard housing because it is unable to find or afford better conditions. Such things as broken furniture, overcrowding, and messiness are generally not grounds for protective intervention by themselves. If the condition represents a health or safety hazard to the child which

the parent or other person legally responsible is unable or unwilling to correct or take reasonable steps to correct, protective intervention is warranted.

IMMEDIATE CONSIDERATIONS

- What is the condition of the child? Has the child been harmed or is he in imminent danger of harm?
- What was observed to be inadequate in the provision of food, clothing or shelter?
- What is the parent's explanation for these conditions? Good note taking is essential. Use direct quotes.
- To what degree has the parent sought to provide adequate food, clothing or shelter for the child?
- Did the parent or other person legally responsible fail to provide adequate food, clothing or shelter despite financial ability or other reasonable means to do so?

Q. Inadequate Guardianship

This term applies to the overall quality of care the parent or other person legally responsible provides the child(ren). Guardianship is inadequate if it fails to meet a reasonable minimum standard of care for the child within commonly accepted society norms. Inadequate guardianship result in actual physical or developmental harm to the child, or imminent danger of such harm. Inadequate guardianship includes, but is not limited to:

- Continually allowing a child to remain away from home for extended periods of time without knowledge of the child's whereabouts.
- Making demands beyond the child(ren)'s physical or emotional abilities which results in harm or imminent danger of harm to the child.
- Exploitation of the child(ren) by a spouse in marital or custodial disagreements, or litigation disputes which results in specific harm or imminent danger of harm to the child. Litigation itself is not sufficient to show inadequate guardianship. (See EMOTIONAL NEGLECT).
- Exposing, exploiting or encouraging the child to participate in illegal and/or immoral acts.
- Leaving a child(ren) in the care of another person without establishing a plan for the provision of adequate food, clothing, education or medical care.
- Providing constant surveillance of the child and limiting activities to the extent these actions result in harm or imminent danger of harm to the child.

IMMEDIATE CONSIDERATIONS

- What is the condition of the child(ren)? Has the child been

harmed or is he in imminent danger of harm?

- What is the age of the child and what capacity does he have to care for himself?
- What is the parental capacity to provide care for the child?
- What are the parents' current child care practices?
- Do these practices meet a reasonable, minimum standard of care for the child?

R. Lack of Supervision

Lack of supervision is evident if a child is alone or not completely attended for any period of time to the extent that his or her need for adequate care goes unnoticed or unmet, and the child is harmed or exposed to hazards which could lead to harm.

Parents have a responsibility to supervise their children or arrange for proper competent supervision. Proper supervision means that the child's minimum needs for adequate food, clothing, shelter, health, and safety are met. The need for supervision varies with the age and developmental stage of the child.

An infant (0 to 24 months) has some mobility but cannot meet any need of his own and must be under the constant care of a competent, mature person; toddlers (age 2 to 4) need broader space to explore. Toddlers can walk, climb, have no sense of danger and must be closely watched to keep safe from harm. A preschool child (age 4 to 6) can play independently but cannot be responsible to meet basic needs for adequate food, clothing, shelter, health, and safety.

School-aged children (age 6 to 12 years) may not be ready for the responsibility of being on their own even for short periods of time. A child who cannot be responsible for meeting his or her own needs cannot be a competent caretaker for other children.

Each situation in which there is an allegation of lack of supervision must be carefully assessed to determine the basic needs of the child(ren), the child's capacity to meet those needs on his own, and the role of the parent or other person legally responsible in insuring that the child's needs are adequately met.

IMMEDIATE CONSIDERATIONS

- What is the condition of the child(ren)? Has the child been harmed or is he in imminent danger of harm?
- What is the age of the child and what capacity does he have to care for himself?
- What basic needs of the child have gone unnoticed or unmet?
- At what time of day did the child's needs go unnoticed or unmet and how long did the situation last?
- What was the parent's explanation for this situation? Good note taking is essential. Use direct quotes.
- What degree of planning for adequate child care has the parent shown?
- Is the caretaker mature and competent to provide a minimum degree of care, given the age and circumstances of the child(ren)?

S. Abandonment

Abandonment means that the parent or other person legally responsible for the care of a child under 18 years shows by his or her actions an intent to forgo parental rights and obligations. (Section 1012 of the Family Court Act and Section 384-b(5) of the Social Services Law)

The assessment of abandonment depends on gathering and analyzing the facts and related history to determine whether there is credible evidence that the parent or other person legally responsible intends to give up parental responsibility totally and completely. The intent of the parent as shown by his or her actions is the key variable in assessing whether abandonment has occurred.

In cases in which an allegation of abandonment arises where a parent or other person legally responsible has left a child in someone else's care, the following should be considered: whether expectations for the duration of child care were reasonable, whether parental failure to return or communicate was due to acts of the caregiver which prevented or discouraged parental contact, and whether the parent's failure to return or communicate occurs despite parental ability to return or communicate.

IMMEDIATE CONSIDERATIONS

- What actions were taken by the parent which indicate that the parent wanted to give up responsibility and obligations for the child?
- What reasons did the parent give for taking these actions?

- Did the parent have an ability to return to or communicate with the child?
- Was the parent or other person legally responsible prevented or discouraged from returning to or communicating with the child?
- Did the parent fail to return or communicate despite an ability to do so?

T. Other

The allegation categories of child abuse and maltreatment contained in this document are not all-inclusive. Any other acts(s) or omission(s) of a parent or other person legally responsible which harm(s) or create(s) or allow(s) to be created a substantial risk of harm to the child by other than accidental means or which demonstrate(s) a failure to exercise a minimum degree of care to protect the child constitute(s) child abuse or maltreatment.

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Steps in the Investigation

1. Commencing the Investigation

The SCR worker interviews the source of the report, collects any information about the subject of the report contained in SCR files, and transmits this information to the local CPS. Upon receipt of the report from the SCR, the caseworker must determine what information is lacking in the report, how to obtain the needed information, and in what sequence to interview sources of information (e.g., the family, the children, other information sources). Three resources are important in deciding these issues: background information obtained through a records check, the CPS supervisor, and the source of the report.

2. Initial Steps in an Investigation

A. Respond to the source of the report.

Caseworkers should contact the source of the report to clarify information contained in the report. This contact may occur before or after contacting the family depending upon how much information is needed in order to conduct the investigation. DSS identifies the following reasons for contacting the source:

- to clarify information contained in the report and the caseworker's understanding of the situation
- to obtain additional information about the children, their condition, whereabouts, etc.
- to assist the caseworker in establishing a helpful relationship with the family
- to clarify the role and purpose of CPS

- to encourage ongoing communication between the source and CPS
- to provide the source an opportunity to complete the DSS-2221-A if it has not yet been received by CPS

B. Contact mandated reporters immediately.

3. Evaluate the Reporter

Caseworkers must ascertain the reporter's motives, credibility and responsibiity. Addressing the following issues can help accomplish this:

- How does the reporter know the family?
- Is this knowledge firsthand?
- How long has the reporter known the family?
- Why did the reporter make the report at this time?

4. The Records Check

When the State Central Register transmits the report to the appropriate local CPS unit, they also transmit any information on file about prior indicated, closed cases involving the persons named in the report. In addition to reviewing this material, caseworkers should check local records for further information about those named in the report. Procedures for conducting a local records check vary among local CPS districts. Caseworkers should consult a supervisor regarding local protocol. When reviewing records, it is important to look for prior CPS involvement, and, in particular, what the outcome of this involvement was. Checking this information can help verify the accuracy of the indications and determine if a family has established a pattern of behavior.

5. Interviewing Collateral Sources

Collateral sources are people recommended by the parents named in the report or by the reporter as individuals who can help determine the validity of the allegations in the report. It is a good idea for caseworkers to ask the parents or the reporter to suggest names of collateral sources, e.g., relatives, neighbors, physicians, school personnel, etc. The confidentiality of the person making the referral must be respected in these cases. Additional collateral sources may be identified through the course of the investigation. The law prohibits the caseworker from sharing information about the report with the collateral source unless that person is allowed access to the information under Social Services Law, section 422.4.

Caseworkers should contact collateral sources when these individuals can help clarify or corroborate the information in the report or help to explain the family's functioning or the child's condition. Contact may be made in person, in writing or by telephone.

6. Releases of Information

Before getting any written information from a collateral source, such as physicians, educational personnel, or other professionals, caseworkers should get a signed consent form (permitting release of information) from the parents. Some community agencies require caseworkers to use a special form for this purpose. Obtain copies of these forms in order to expedite a release. If the parents do not consent, the case-worker may still try to obtain the material via court order.

Caseworkers should be careful to respect a family's privacy as much as possible. Collateral contacts should be made only on

a "need to know" basis, that is, caseworkers should only contact those sources who are likely to have pertinent information. Judgment and discretion should always be exercised.

7. Gathering Information and Evidence

In order to complete an investigation, it is necessary to gather enough information (facts) to make a decision. Factual information includes:

- Primary sources: records of a caseworker's interviews and observations
- Secondary sources: knowledge gathered from others, such as medical records, school records, police photographs or records, and records from other agencies involved with the family

8. Caseworker/Supervisor Conference

Caseworkers should confer with their supervisors before going out on an initial home visit, upon returning from the initial home visit, and at other points during the life of the case. The purposes of the initial conference with the supervisor are:

- to help the caseworker deal with any feelings the allegation may have aroused
- to help the caseworker determine what kinds of information will be needed to assess whether the allegations in the report are valid or unfounded
- to help the caseworker plan the best approach to the situation
- to identify any problems with the family or neighborhood, if possible

- to advise the caseworker on safety issues

Another important supervisory function is to advise the caseworker on who should be involved with the investigation, and, specifically, when to include law enforcement personnel. If the allegation is of sexual abuse or of physical abuse severe enough to warrant criminal charges, the supervisor will inform the caseworker of the protocol for involving law enforcement.

Notes

INVESTIGATE

I Introduce yourself—Explain who you are and who you represent. If they do not know, explain briefly the purpose of CPS.

N Notification letter—Depending on agency policy, give the family the "notification letter" or explain the letter verbally.

V Verify information on the report—Are the names, address correct and complete?

E Explore allegations in the report—Tell the family what the allegations are without getting embroiled in who made the report. Avoid, if possible, the "shock value" words which will only raise defenses and prevent open communication.

S See all the children in the home and verify their ages and condition.

T Talk with the children and their parents—Spend a little time getting to know the family, if possible. Begin here to establish the relationship you will need. See what you can learn of the family's strengths and weaknesses.

I Immediate danger?—Obviously if the situation is one in which the child is unsafe you must act immediately. Contact supervisor for consultation if possible.

G Get parental response to the allegations—Ask the parents what they think about the allegations, and how much truth they see in them.

A Ask the family what they would like to have happen—Begin to assess safety, problems, risk and strengths. This is a continuing task.

T Thank the family for their cooperation, if applicable and let them know what your next steps will be.

E Exit—Try and leave the home on as positive a note as possible.

Notes

Crisis Interviewing

A. Crisis Defined

CRISIS: any upset in a steady state caused by maturational and/or situational life events where the usual coping mechanisms fail

- Individual characteristics
  - ☐ rise in tension/anger
  - ☐ helplessness/dependence
  - ☐ confusion, i.e., anxiety, sleep disorders, denial, repression, "magical thinking"
  - ☐ recovery, i.e., readjustment of cognitive perception and organizing of behavior
  - ☐ development of positive resolution patterns

- Crisis characteristics
  - ☐ the unanticipated or unusual nature of the event
  - ☐ unfamiliar feelings of vulnerability and helplessness
  - ☐ involvement of several people
  - ☐ involvement of a series or chain of events
  - ☐ linkages to previous problems

B. Crisis Intervention

- Three factors contributing to a crisis
  - ☐ Person
  - ☐ Life event
  - ☐ Coping ability

- Three aspects of a crisis period
  - Period of disorganization
  - Crisis angle of recovery
  - Level of reorganization

- Three purposes of intervention
  - To quickly and constructively change the condition of the person in crisis
  - To attempt to reduce or prevent physical or emotional harm to persons in crisis and those near them
  - Early skillful intervention in critical periods can prevent more serious, long term consequences

C. Crisis Interviewing

- Expect Resistance

- Be honest and straightforward:
  - Explain the purposes of the investigation, the investigation procedures, the caseworker's role
  - Clarify misinterpretations
  - Discuss the issue of confidentiality
  - Explain what can or cannot be done for the family
  - Share observations
  - Allow family members to express their feelings
  - Address and acknowledge the family's feelings
  - Follow through on tasks
  - Be consistent

- Solicit information in a non-accusatory manner:
  - Include both parents and/or significant family members in the interview
  - Ask for the parent's explanation
  - Ask open-ended questions

- ☐ Restate the parent's answer
- ☐ Allow for and feel comfortable with silence
- ☐ Provide appropriate reassurance
- ☐ Provide interpretation-do not use children to translate
- ☐ Avoid constantly nodding in agreement
- ☐ Listen

D. Steps of the Initial On Call Interview

- ■ Plan the interview
  - ☐ What information can you gather before going to visit the family?
  - ☐ Who do you need to see and what do you need to find out?
  - ☐ What do you need to take with you?
  - ☐ Where will the interview take place?
  - ☐ What obstacles to communication do you anticipate?
  - ☐ How do you respond if the client is resistant or hostile?
  - ☐ Do you need to take anyone else with you?

- ■ Introduce yourself
  - ☐ Be clear about your role and purpose
  - ☐ Be honest about your goals and agenda

- ■ Build rapport
  - ☐ Stay within the context of the immediate environment
  - ☐ Clear up any misconceptions
  - ☐ Validate the client's feelings regarding the report

- ■ Introduce the topic of concern
  - ☐ Be aware of your authority
  - ☐ Be non-accusatory
  - ☐ Make no assumptions
  - ☐ Ask family members to respond to concerns

- Encourage family response
  - ☐ Listen to the family member's accounts of "what happened."
  - ☐ Be calm and supportive
  - ☐ Ask open-ended questions
  - ☐ Use active listening
  - ☐ Allow for silence
  - ☐ Keep an open mind
  - ☐ Ask questions that look for strengths

- Focus on problematic areas
  - ☐ Validate feelings regarding problems
  - ☐ Explore nature and extent of problems with client
  - ☐ Share your assessment (of child's safety)

- Develop a plan of action
  - ☐ Help client explore alternatives
  - ☐ Communicate what needs to be done now to stabilize situation
  - ☐ Plan with the family

- Close
  - ☐ Explain what happens next
  - ☐ Ask clients if they understand
  - ☐ Leave a contact number
  - ☐ Leave the family with faith, hope, and enthusiasm regarding the successful resolution of the problem

E. Characteristics of a Helper in a Crisis

- Active, concerned, involved
- Clear about problems and able to help clients clarify the problem for themselves
- Accepting of all behaviors the person in crisis exhibits
- Resourceful as an organizer of community and family resources
- Strong-a role model for clients in crisis
- Consistent

Notes

Interviewing Children

Do	Don't
Give the child your undivided attention.	Allow outside interruptions during the interview, e.g., phone calls, being called away from the interview.
Sit at the child's eye level. Let the child be seated first and follow the child's lead.	Sit behind a desk.
Quickly convey the following information: name, agency, concern, interest and respect for the child.	Assume familiarity.
Acknowledge the difficulty in talking to strangers; attempt to establish a rapport.	Zero in on the allegations immediately.
Use language the child understands.	Use jargon.
If given parental permission for the interview, inform child of this.	Lie to the child about permission for the interview.
Ask open-ended questions; try to obtain the child's version of what happened.	Lead the child by asking yes/no questions.
Be supportive of the child and family; reassure child.	Be accusatory of the child or parent; take sides.

Do	Don't
Use open-ended questions which do not contain an answer or choice to find out what happened.	Tell the child what happened concerning the allegations, e.g., "Daddy really beat you last night, didn't he?"
Allow the child to proceed at his/her own pace.	Be uncomfortable with silence.
Actively listen; give feedback.	Express judgments about the infor-mation the child supplies.
Be aware of own feelings and how these are projected to the child.	Project own feelings and reactions on the child.
Ask the child if the purpose of the interview has been previ-ously explained, and by whom.	Overlook any prior preparation the child may have received for the interview.
Attempt to deal with the child's fear, discuss issues of confi-dentiality.	Make promises you may not be able to keep.
Let the child discuss concerns about parental retaliation.	Forget to ask the child what he/she perceives will happen next.

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Notes

Observation of Physical Injuries on Normally Clothed Portions of the Child's Body

When the child protective service receives allegations that a child has injuries on those parts of his or her body normally covered by clothing, then consideration must be given to having the child undressed and to allow for the child's body to be visually observed for injuries. This action becomes necessary to enable the child protective service to fulfill its statutory mandate to reach a determination about injury to the child or reliability of the allegations. For purposes of this section, references to child's body are to normally clothed areas of the child's body and not to areas of the child's body that are normally unclothed.

A child protective service worker is encouraged to confer with a supervisor at various points in time while investigating a report of suspected child abuse or maltreatment and when assessing the family, especially when the allegations concern injuries to areas of the child's body which are normally covered by clothing. The worker should look for support from his/her supervisor in planning the best approach when responding to the reported situation.

The policy considerations discussed below are not intended to affect the manner in which a caseworker generally assesses the child's condition, the home environment, or family's functioning during his or her work with the family for all reports. The worker should always observe the child's overall physical appearance in order to assess the child's current safety and the risk of future abuse or maltreatment to the child and document the findings. This includes observing areas of the child's body normally unclothed (i.e. face, arms, neck).

Source: New York State Department of Social Services, Program Manual, Chapter IV, Section D.3.d, pp. 1-8.

1. Should Observation of Clothed Areas of the Child's Body Occur?

Consideration of the following factors may aid caseworkers in determining whether it is reasonable to proceed to have a child's body observed. The interaction and relationship of these factors should be considered and weighed when making a determination whether a physical inspection is necessary:

- Do the case circumstances or history indicate that visual observation of clothed parts of the child's body is required to determine whether the child is in imminent danger of harm? Is it necessary to immediately obtain documentation of injuries to decide whether the child is in need of immediate protection? Visual inspection of the child's body of areas normally clothed may help the caseworker reach a conclusion about the child's immediate safety.

- Does the allegation that the child has bruises or injuries on a part of the body which is normally covered by clothing appear to be credible? Whenever possible, the credibility of the allegations should be determined through discussions with the source; information from collateral contacts; or statements from the child indicating he or she is being abused. Further, credibility can be assessed when the explanation provided by the subject or parent concerning the allegations in the report is inadequate, implausible or controverted by a medical practitioner who has previously seen the child and by noting other signs of physical harm to a child as evidenced by caseworker observation of visible marks on uncovered areas of the child's body; or other evidence of violence occurring in the home.

- Does the child object or evidence great discomfort to the visual inspection of clothed areas, and does such reaction

help in assessing whether an inspection is warranted? For example, is the child truly embarrassed by the plan to disrobe? Does it appear that the child may have had an upbringing that would lead such child to become particularly disturbed by having to disrobe in front of a caseworker, medical professional, or other available objective party? Alternatively, is the child embarrassed by having had bruises or other trauma and doesn't want them observed? Can it be ascertained whether the child may be trying to protect his/her parent (and, by extension, possibly protecting him or herself from future physical punishment)? Does the child cower in the presence of the alleged subject or in other non-verbal ways indicates that the abuse is likely to be taking place?

- Although the allegation(s) relate to the child having bruises or injuries on an area of the body normally covered by clothing, does the worker have reasonable cause to believe that the child is in imminent danger without the necessity of having the child physically inspected?

- Does the parent object to having clothed areas of the child's body visually observed? In most instances when imminent danger is not suspected and the child does not need immediate protection, and it is possible to communicate with the parent, a parent should be asked to approve of such child being visually observed. If the parent objects, can it be ascertained why? Does the way the objection is stated, help the caseworker decide whether to undertake a visual inspection?

2. Parent/Child Consent

Once it is determined that a visual inspection of a clothed portion of a child's body is advisable under the case circum-

stances, the child protective worker must next consider when, where and how the inspection should occur. An initial step in this process is deciding whether to seek a parent's consent to the inspection of the parent's child. This decision should be guided by the case circumstances.

In general, it is good practice to seek a parent's consent to allow for a visual inspection of a clothed portion of the child's body. While seeking consent may sometimes result in indignation and/or a negative response, such an approach is more likely to limit the adversarial repercussions of this necessary, but intrusive, investigative function. In the majority of situations it is better to seek to work in cooperation with the parent(s) rather than attempt to compel it. Additionally, as a matter of practicality, unless protective custody is taken, a worker will usually only be able to inspect the clothed portion of a child's body during a home visit if the parent consents.

In situations where the parent's consent has been obtained, such parent should be given options as to the means of the inspection. Such options would include:

- having the parent take the child to a physician for a physical examination;
- having CPS obtain the parent's permission to take a child to a physician for a physical examination;
- having the parent unclothe the child and conduct an inspection while the parent is present;
- having the school nurse inspect the child.

There will be instances when it may not be good practice to seek a parent's consent to allow for a visual inspection of a clothed portion of the child's body. If the child is believed to be in imminent danger of abuse or maltreatment, especially if it is

believed that informing the parent of the existence of the report and seeking consent for an inspection at this particular point in time may create or exacerbate such danger, the worker should not seek a parent's consent. This situation may more frequently arise when a child is in a school, day care or other out-of-home location.

There may also arise circumstances where good practice dictates that a parent's consent should be sought, but where consent is not obtained. For example, the parent cannot be located after reasonable efforts to try and contact such parent have been made, or a parent is contacted but refuses to proved consent. It is the Department's position that a parent's inability (i.e., because they can't be located) or unwillingness to provide consent does not necessarily prevent an inspection from occurring.

In circumstances where it was not good practice to seek a parent's consent or where a parent's consent was sought but not obtained, it may still be possible to conduct a visual inspection:

- A child who has the capacity to give voluntary and knowledgeable consent may consent to the visual inspection. A child who has the capacity to give consent should be asked to give consent regardless of whether the parent has given consent. Capacity to consent means an individual's ability, determined without regard to the individual's age, to understand and appreciate the nature and consequences of a proposed visual observation of the body and to make an informed decision concerning the visual inspection. If a child with the capacity to give voluntary and knowledgeable consent refuses to give consent, such inspection should not occur unless protective custody of such child is taken pursuant to the provisions of Article 10 of the Family Court Act.

- A child who does not have the capacity to give voluntary and

knowledgeable consent to a visual inspection may nevertheless have a portion of his/her body inspected if it is believed that the child is in imminent danger or would become in imminent danger if parental consent was requested. A possible example of such a circumstance would be a seriously bruised toddler in a day care setting where it is believed that the parent caused the injury.

Where a child's body has been inspected without the consent of the parent, the parent must be notified about the inspection as soon as reasonably possible.

3. Observing the Child

To minimize potential negative impact on the child, the caseworker should consider the following factors when observing the child:

- the child protective worker would explain to the child what is happening and why and then ask for the child's cooperation. Where the allegations relate to portions of the body normally clothed greater privacy considerations are necessary in conducting the visual observation than when viewing injuries to parts of the body normally not covered by clothing. To take these privacy considerations into account, such visual observation should be conducted by the caseworker in an environment that ensures the child's privacy and dignity such as the school nurse's office. When viewing normally covered body portions, the worker must recognize and respect that children vary greatly in age and maturity and have differing expectations of privacy. Generally, the older and more mature the child, the more deference the caseworker should afford to the child's expectation of privacy.

- the caseworker should try to present the child with options of who he or she would be most comfortable with in performing the visual inspection.

- the options presented could include the caseworker, school nurse, family physician or other medical provider who the child protective service has found reliable. The child's choice must be respected whenever practical and consistent with the responsibilities of child protective service;

- except for very young children (under the age of 5), visual inspection, if conducted by a caseworker, should be carried out by a caseworker of the same gender;

- the parent(s) should be given a reasonable opportunity to be present if a physical inspection is conducted unless the parent presents a threat to the health or safety of the child;

- the number of persons located in the room during the visual inspection should be kept at a minimum. (When possible, a support person of the child's choosing should be present during a visual inspection or normally clothed areas of the child's body);

- when the child is unable to undress him or herself, ask the parent to undress the child;

- the site selected for the inspection should be private. Bypassers should not be able to observe what is occurring and no intruders should be allowed into the room while the child is being visually inspected;

4. Related Child Visual Observation Issues

- any injuries observed should be documented by the case-worker as to their size, location on the body, shape, configuration.

- if the injuries are severe, or potentially serious, or if emergency medical attention is indicated, the child should be seen by a doctor and the results of that examination should be documented. Section 2504 of the Public Health Law does not clearly allow a child to consent to a medical examination unless the child is married or also a parent. Medical consent of the child, parent or other authorized person is not required in emergency situations. If a non-emergency medical examination is required, parental consent must be obtained. However, the local commissioner of social services may give effective consent for medical, dental, health or hospital services for any child who has been found by the family court to be an abused or neglected child, or has been taken into or kept in protective custody or removed from the place where he is residing, or has been placed into the custody of such commissioner;

- photographs of injuries should be taken whenever necessary and appropriate;

- in cases of suspected sexual abuse, a medical care professional should be the only person to conduct an internal examination.

Photographs

Photographs can be an important source of evidence in a child abuse or neglect investigation. They provide information for Child Protective staff to consider, weigh and evaluate in making a determination. Further, photographs graphically preserve evidence and assure accuracy by documenting the child's condition, which is important when presenting a case at a fair hearing or in Family Court.

Photographs of children who may be victims of abuse or maltreatment should be taken or arranged for whenever there are visible physical injuries or trauma. Child Protective staff should always have ready access to a camera. (SSL 421.3(b))

Additionally, when the case is reported by a mandated reporter who is employed by an agency or institution which also employs a professional photographer then thought should be given to arranging for the professional photographer to take the photographs. Furthermore, mandated reporters under certain circumstances are required to take photographs.

Certain guidelines should be followed to enhance the evidentiary value of investigative photographs:

- all photographs should be made in color;
- the photographs should accurately represent the scene or object and be free of distortion. Different views of the same scene should be taken;
- a full face photograph should be taken for identification purposes, even if trauma or injury does not appear in that area;

Source: New York State Department of Social Services, Program Manual, Chapter IV, Section D.3.g, pp. 1-2.

- a photograph showing the relationship between the traumatized or injured area and the general area of the child's body should be taken and then a closeup should be taken which shows the traumatized or injured area in more detail;

- the photographer should be able to testify about the date and time each photograph was taken and the camera location and direction. However, it should be noted that it is not necessary for the photographer to appear in court in order for the photograph to be entered into evidence. It is useful to make a sign identifying the child and the date and time, and then include this sign in the actual photograph. The date and time of the photograph should be recorded on the photograph and the photograph should be initialed by the person who took the photograph and any witnesses to the taking of the photograph;

- a neutral colored background and proper lighting is advisable;

- the photograph should not appeal to the emotions but should display the scene or subject as objectively as possible; and,

- the photographer should photograph in a comforting non-threatening way to reduce the child's embarrassment or fear.

Child Protective Services staff should ensure that photographs taken by a mandated reporter in conjunction with a report of suspected child abuse or maltreatment are sent to the local district with the written report or as soon thereafter as possible. In addition, Child Protective Services is authorized to reimburse mandated reporters for expenses incurred in their taking of photographs.

All photographs taken by Child Protective Services staff or other photographers must be kept secure and confidential in the Local Child Abuse and Maltreatment Register.

Notes

Communication with the District Attorney's Office and Police Agencies

CPS information is confidential and cannot be revealed except as the law expressly authorizes. Under Section 424.4 of the Social Services Law, the local child protective service shall give immediate telephone notice to the district attorney of reports involving the death of a child and forwards to the district attorney a copy of reports involving the death of a child made pursuant to Article 6, Title 6 of the Social Services Law. Further Information may be obtained pursuant to Section 422.4 of the Social Services Law.

The district attorney shall receive a copy of any or all reports if a prior written request is made to the local child protective service. Section 424.4 of the Social Services Law requires local districts to provide telephone notice to district attorneys of any and all reports of child abuse and maltreatment if the district attorney has requested, in writing, such notice. (18 NYCRR 432.2(e) (3)(vii) 432.3(g))

The request for copies of reports and telephone notice can be written so that it need only be made once to cover all future similar reports. Such requests must specify the categories of allegations as listed in the SCR system that the district attorney requires notice and/or copies and should cite the relevant provisions of law authorizing disclosure. The district attorney may also request to receive copies of subsequent reports. The district attorney has access, without additional authority, to the information contained in the SCR report record involving fatalities and other kinds of allegations where prior written request is made.

Source: New York State Department of Social Services, Program Manual, Chapter IV, Section D.4.b, pp. 1-s.

Each local child protective services is required by Section 424.8 of the Social Services Law to refer to the appropriate law enforcement agency or district attorney any case where it is suspected the reporter knowingly made a false report of child abuse or maltreatment. Any person making a child abuse or maltreatment report who knows the information reported to be false or baseless may be guilty of a class A misdemeanor.

In many cases, the child protective service will become aware of alleged instances of false reports after it receives a complaint from persons, listed in reports of suspected child abuse or maltreatment, who believe that they have been falsely reported. Upon receiving a complaint the child protective service, will have to determine on the basis of information available to it whether to make a referral. The child protective service should request the complainant to explain in writing as clearly and completely as possible the rationale for why he or she believes the reporting source knowingly made a false report. This is necessary in order for the child protective service to determine whether it has sufficient cause to refer a case to the appropriate law enforcement agency or district attorney. Please note: The statutory provisions prohibiting disclosure of identifying information concerning the source of the report also apply to situations where it is suspected the reporter knowingly made a false report of child abuse or maltreatment.

In the case of an unfounded report where the SCR has confirmed the unfounding and the records have been expunged, the child protective service may not have any information to use as a basis to determine whether to make a referral. In those situations, the child protective service may choose to refer the case to law enforcement if, on its face, the complainant's letter makes out an allegation of false reporting.

A local district which has developed a written understanding with the district attorney's office should include procedures regarding how false reporting cases will be addressed by law enforcement personnel.

In those cases where the family has refused an appropriate offer of service or the child protective service determines, for any appropriate reason, that the best interests of the child requires criminal court action, the local child protective service may make a referral to the district attorney. In this instance, only the information contained in the SCR report records should be shared with the district attorney. Further information may be shared pursuant to the requirements of Section 422.4(A) of the Social Services Law.

Social Services Law 422.4(A) requires that access to any other information by a district attorney, assistant district attorney or an investigator employed in the DA's office be limited to such information as the person states is necessary to conduct a criminal investigation or to criminally prosecute a person, that there is reasonable cause to believe that such person is the subject of the report, and that due to the nature of the crime under investigation or prosecution it is reasonable to believe that such records may be related to the criminal investigation or prosecution. Information may be withheld pursuant to the requirements contained in Section 422.4(B) of the Social Services Law.

Access to information which may not be shared pursuant to the authority referenced above may only be obtained by the district attorney pursuant to court order, at the request of a grand jury or with authorization of the subject of the report or other person named in the report. A grand jury may obtain information contained in the case record upon finding that the information is necessary for the determination of charges before it.

A decision to initiate criminal prosecution of a case of child abuse and maltreatment is the responsibility of the district attorney. The criminal investigation may be conducted through the district attorney's office or by a police agency designated by the district attorney.

The local CPS should attempt to obtain the cooperation of the local police agencies and the district attorney's office is

obtaining access to information contained in police records during investigations of child abuse and maltreatment. If criminal prosecution is initiated, child protective services should also be informed of the significant decisions in the prosecution of the case. Agreements with police agencies and the district attorney concerning sharing of information should be contained in the summary of understanding with the district attorney's office.

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Foster Home Data Sheet

Name

Address

Telephone Number

Vacancies

Directions to Home

Description of Home

Number of Children?

Pets?

Other

Notes

Foster Home Data Sheet

Name

Address

Telephone Number

Vacancies

Directions to Home

Description of Home

Number of Children?

Pets?

Other

Notes

Foster Home Data Sheet

Name
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Telephone Number
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Description of Home

Number of Children?

Pets?

Other

Notes

Foster Home Data Sheet

Name
Address
Telephone Number
Vacancies
Directions to Home
Description of Home Number of Children? Pets? Other

Notes

TO MY CHILD'S FOSTER PARENTS

My child's name is ______________________ (likes to be called __________________)

Important people (Aunts, uncles, grandparents, friends):

Food likes/dislikes:

Medical/health concerns (seizures, medications, vitamins, allergies):

Fears/Behavior Problems:

Eating Skills/Needs (bottle, formula, spoon fed):

Bathroom Skills/Needs (diapers, ointments, training potty):

Dressing Skills/Needs/Sizes:

Nap/Bed Routines (toy/stuffed animal, bed wetting, night light, sleeps with siblings):

School/School Needs (books, book bags):

Special Words/Gestures:

Other Things You Ought to Know:

Caseworker's Observations of Child's Concerns/Needs:

Additional Comments:

Adapted from Rutter, Barbara A. (1978). The parent's guide to foster care. New York, NY: Child Welfare League of America, Inc. Appendix A.

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State Police

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Emergency Services

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Crisis Intervention/Social Services

Crisis Intervention/Social Services
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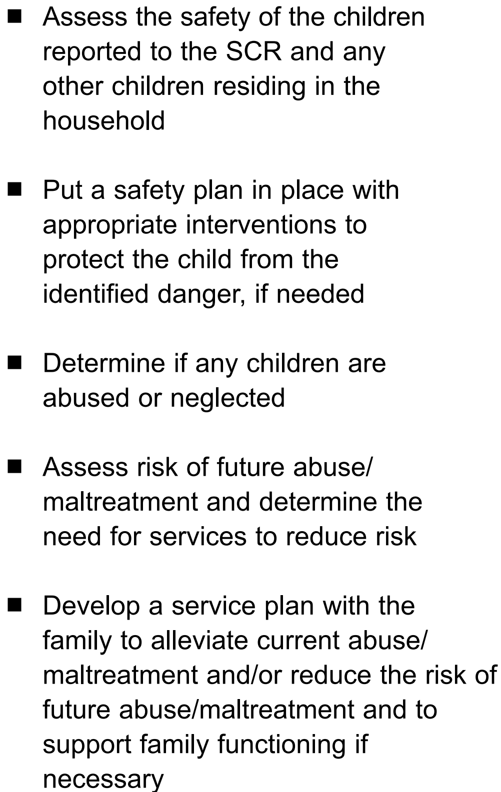
The CPS Response Arrow



Child Welfare Outcomes

Safety **Well-being** **Permanency**

Notes

Parental Perceptions of the Authority Of Public Child Welfare Caseworkers

William D. Diorio

ABSTRACT: *Few efforts have been made to understand the experiences of "involuntary clients" who become involved in child protective services. Qualitative research interviews were conducted with 13 parents receiving mandated protective services from a public child welfare agency. Parental perceptions of the authority and "power" of child welfare caseworkers and the agency are documented. Caseworkers must realize the consequences of any use or abuse of their authority, respect parental rights, and not undervalue or disregard legitimate client dissent if families are to be fairly treated and children effectively protected when left in, or returned to, their own homes.*

From Families in Society: *The Journal of Contemporary Human Services*

AFTER REVIEWING SEVERAL national studies of the incidence of child abuse and neglect in the United States, Pelton (1978) concluded that the "lower socioeconomic classes are disproportionately represented among all child abuse and neglect cases known to public agencies, to the extent that an overwhelming percentage - indeed, the vast majority - of the families in these cases live in poverty or near-poverty circumstances" (p. 610). Clearly, despite ubiquitous references in the literature to child maltreatment as "classless," the so-called involuntary and resistant clients served by public child welfare agencies are primarily poor. Wolock and Horowitz (1979) studied 380 maltreating families receiving Aid to Families with Dependent Children (AFDC) and reported these sobering conclusions:

Our results show a consistent pattern of a world of great

> poverty for welfare families, one in which they and the communities in which they live are without many of the things most Americans regard as essential for a minimal standard of living. The maltreating parents have more children, encouraged greater material, physical, and social deprivation when they were growing up. . . are currently living in even more difficult material circumstances, and are more socially isolated than other welfare families. In short, these families are the poorest of the poor (Wolock & Horowitz; 1979, p. 186).

Magura and Moses (1984) surveyed 250 multiproblem families involved with three large public welfare agencies, two of which delivered child protective services. Sponsored by the Child Welfare League of America, their study attempted to determine the status of each family in 11 areas of concern relative to child well-being, utilizing a client-based outcome measure to evaluate the provision of child welfare services. Among other findings, Magura and Moses (1984) reported that "clients in this study repeatedly testified to the pervasive, deleterious influence of material deprivation on their children, both directly in the area of physical child care, and indirectly in the area of parental stress, anxiety, and depression" (p. 109). In essence, consistent evidence suggests a significant relationship between poverty and child maltreatment in the United Stares (Gil, 1970, 1981; Wolock & Horowitz, 1979, 1981; Elmer, 1981; Pelton, 1978, I981, 1982, 1989), which translates into a disproportionate vulnerability among poor families to public child welfare intervention, including the abrogation of parental custody and the surrender of minor children.

Although some journalists have described the plight of parents caught up in the child welfare system, (Zegart, 1989; Brannigan, 1989), remarkably few efforts have been made in the field of social work to document the perceptions and to under-

stand the experiences of parents who become the clients of public child welfare agencies. One exception, however, is a study by Jenkins and Norman (1975) that revealed the emotional suffering, or "filial deprivation," experienced by parents whose children had been removed from their custody and placed in public foster care. Another exploratory study of the subjective realities of parents involved in protective service delivery discovered some negative perceptions of caseworkers in at least 30% of the interviews that were conducted with a sample of clients in Mercer County, New Jersey (Pelton, 1981). As Pelton (1989) emphasizes, "Unfortunately, there is a lack of information as to the nature of the images that the parent holds" (p.123).

> Studies of abusive and negligent parents more often concern psychological factors thought to characterize such parents, the prior psychological development of the parents, and the sociological variables operating upon them, rather than their subjective realities. Thus, the parent is studied as object rather than as subject (pp. 123-124).

As a result, despite the contributions of these and other studies (Morse, Sahler, & Friedman, 1970; Sudia, 1981; Pelton, 1982, 1989) and the recognition of the need for such research (Bush, Gordon, & LeBailly 1977; Giordano, 1977; Maluccio, 1979; Magura, 1982), evaluation of the outcomes of child welfare service delivery, from the perspective of the parent, continues to be neglected or avoided.

Several reasons account for this failure. First, the absence of such research in the field of child welfare may reflect child welfare's historical preoccupation with "child saving." This emphasis has obscured a balanced consideration of the needs, rights, and interests of parents who instead are seen as having failed to provide adequate care, protection, and guidance of their

children. Consequently, their parental authority and responsibility have been replaced by the ostensibly benevolent power of the juvenile court judge. The discovery of the "drift," or long-term, temporary placement, of children in foster care as well as public reaction to increased reports of child sexual abuse during the past decade have reinforced and intensified the dominant ideology of child protection. For example, even Heger and Hunzeker's (1988) discussion of empowerment-based practice in public child welfare focuses on what agencies might do to empower parents to assume successfully the responsibilities of child rearing. They do not comment on how to reduce parents' vulnerability to state intrusion or how parents can assert their rights and interests or seek redress of grievances as a result of protective-service actions or inactions on the part of agencies, juvenile courts, or child welfare caseworkers.

Second, the absence of such studies may be the result of a general lack of interest in the use of authority in social work practice with involuntary clients. For social workers who provide child protective services on a daily basis, practice seems to proceed on the basis of general assumptions about the use of coercion and its effect on the helping relationship with parents accused of child abuse or neglect. As Hutchinson (1987) observes,

> Little is known about how mandated clients perceive their involuntary status and what expectations they have about how their mandated social workers will use authority. Research about client perception of these issues is a crucial next step in development of practice technology for work with mandated clients (p. 594).

Third, recognition of the need for and importance of client-based evaluations of public child welfare service delivery may actually be deterred by the process and structure of the pro-

fessional casework relationship, especially with involuntary clients who stand accused of abusing or neglecting their children.

> Because the worker, as "expert," controls the interactions, she may not treat clients' perceptions and suggestions with the seriousness they deserve. That is, she may listen to a client's point of view, so that she can evaluate it and translate it back to the client, rather than being open to a real exchange of views. Ironically, then, the client's participation may be sharply limited by the worker's expertise. In viewing clients as less than equal participants, workers may end up treating them with subtle, and not so subtle, disrespect. The fact that client evaluations of service are rarely done is strong evidence of how little real seriousness is given to clients' perceptions (Rhodes, 1986, p. 168).

For example, in Magura and Moses's (1984) study, 25% of the 250 families who were surveyed expressed a "fundamental disagreement" with the child protective services they were receiving, and as many as 60% voiced "at least one importanct criticism" of the agency with which they were involved:

> The validity of these clients' perceptions may be a lesser issue than the mechanism for dealing with sincere disaffection and resentment. What recourse do clients have when they perceive the caseworker or the agency to be unresponsive, unfair, or ineffectual? How successful can casework be under such circumstances? In foster care, case reviews are being established that help deal with such problems but in protective services no corresponding mechanism is generally available (Rhodes, 1986, p. 110).

A Qualitative Study

The following questions describe the boundaries of a qualitative research study conducted by the author with the cooperation of a large public child welfare agency in Ohio from April 1988 through October 1989:

How do parents react to the authority of public child welfare caseworkers?
a. How do parents perceive "interventions" by public child welfare caseworkers?
b. What does it mean to parents to be subject to "interventions" by public child welfare caseworkers?

A parent's perception is considered to be a "complex of processes" that not only takes in impressions, but also attaches a certain organization and meaning to them. As Goldstein (1981) states, "The perceptual process is the key to an understanding of the characteristic intentions, learnings, and adaptations of persons whether as individuals or as groups of individuals" (p. 55). Although shaped by their social context, perceptions are assumed to emerge from a person's frame of reference, interpretive scheme (Giddens, 1979), or way of thinking about his or her situation. As Goldstein (1981) emphasizes, "It is the uniquely private schema that ultimately ascribes meaning to the human experience and, in conjunction with distinctive cognitive patterns, shapes the individual's knowledge of and approach to his world" (pp. 154-155).

The primary methodology of the study consisted of 23 semistructured interviews with 13 parents who were involuntarily receiving services from two units of caseworkers in the agency's Department of Protective Services. All of the parents who became involved in the study were independently selected by two casework supervisors from existing case loads, with consultation

Remarkably few efforts have been made in the field of social work to document the perceptions and to understand the experiences of parents who become the clients of pubic child welfare agencies.

with the assigned child welfare caseworker. It was intended that the supervisors have maximum latitude in the selection process - thereby precluding the influence of any theoretical sensitization or political bias by the author - so that the sample would represent a group of "typical cases" that were active in the units at the time of the study. The only influence exercised by the author upon the selection process was the requirement that potential subjects be involuntary clients: parents who had been reported to the agency for alleged child abuse, neglect, or dependency and who were not receiving services willingly or voluntarily. That is, the parents were being pressured by the agency and/or mandated by the juvenile court to be involved with protective services. As a result, all of the parents who participated in the study had been reported and had one or more children in the temporary legal custody of the agency and in foster family or institutional care. In two of those cases. the agency had motions pending in the local juvenile court to terminate parental rights.

More specifically, the research sample was composed of involuntary clients who agreed to participate in the study and thereafter remained accessible to the author. Inasmuch as interviews were conducted with only the subjects who could be contacted, the researcher was forced to rely on a sample of parents whose willingness to participate and relative accessibility differentiated them from other involuntary clients who had been referred to the author for consideration. Nevertheless, it is important to emphasize that even those parents who were engaged in the study were not easily accessible. Nineteen of the interviews were conducted in the subjects' homes, at their convenience, primarily because the parents lacked available transportation or were unable to arrange substitute care of their

other children.

Miles and Huberman warn of the "fieldworker's tendency to rely too much on articulate, insightful, attractive, and intellectually responsive informants," leading to an "overweighting" of data gathered from such subjects.

Appointments with the subjects who had no telephone - more than half of the total - had to be scheduled through messages sent by relatives or their assigned caseworkers. In actuality, although all of the subjects in the study were ostensibly accessible, interviews with each of the parents occurred only because the author was able to contact them in their own homes, to provide a guarantee of confidentiality, and to sustain their willingness to participate voluntarily by building an immediate, intimate relationship on the basis of being liked and trusted (Douglas, 1985).

Miles and Huberman (1984) warn of the "fieldworker's tendency to rely too much on articulate, insightful, attractive, and intellectually responsive informants," leading to an "over-weighting" of data gathered from such subjects (i.e., the "elite bias") (pp. 230-231). Unquestionably, within the group of parents who were referred to the author, several subjects met the description and provided exceptionally cogent, compelling accounts of their experiences. For example, one subject owned a small construction company, his wife had completed one year of college course work, and both were apparently well known in the community. Another parent was unemployed and receiving public assistance, but claimed that she had completed three years of college in a criminal-justice program. However, in sharp contrast with these extraordinary subjects were many less articulate parents, the majority of whom were near-poor or receiving AFDC benefits. Their accounts during the interviews complemented and, in many ways, over-shadowed the poi-

gnancy of the "elites." For example, five of the less articulate parents indicated that they had not completed high school; indeed, three of them reported less than a ninth grade education. Two of the subjects were described by psychologists as functioning in the borderline range of intelligence, with "full scale" intelligence quotients of 72 and 77, respectively. Finally, one young mother was receiving Supplementary Security Income because of mental retardation. Nonetheless, despite striking contrasts in the parents' intellectual abilities, emotional functioning, and circumstances, the accounts of all of these subjects were considered and interpreted equally during data analysis.

In the majority of instances, two or three interviews were conducted over time with each subject in order to assure that emergent themes were not transient or situational but representative of *consistent* perceptions (i.e., thoughts, beliefs. or emotions that endured over time). With the consent of the subject, audiotape recordings of each interview were made and transcribed by the author. In addition, data gathered from the interviews with each parent were later triangulated with caseworkers' interpretations of the client's reaction to investigations and other interventions, as reflected in the formal documents (e.g., intake reports, case summaries) maintained by the agency as each subject's case record. In essence, beginning with the first encounter with a parent and throughout the sequence of "creative interviews" (Douglas, 1985) - indeed. With the development of the research sample itself—a practical understanding of the plight of the families began to emerge as the author attempted to make sense of the perceptions of each parent, in his or her world, in response to the use of authority by public child welfare caseworkers.

> Creative interviewing is purposely situated interviewing. Rather than denying or failing to see the situation of the interview as a determinant of what goes on in the questioning and answering processes, creative interviewing

> embraces the immediate, concrete situation; tries to understand how it is affecting what is communicated; and, by understanding these effects, changes the interviewer's communication processes to increase the discovery of truth about human beings (Douglas, 1985, p. 22).

Major Themes

The findings of the study are the product of hermeneutic inquiry (Palmer, 1969; Rabinow & Sullivan, 1979, 1987; Shapiro & Sicca, 1984; Packer, 1985; Polkinghorne, 1988) and, as such, are shaped by the nature of the research questions, a semistructured interview "guide," and the nature of the research sample (Diorio, 1990). Analysis and interpretation of the transcript of the interviews revealed many interrelated but conceptually distinct themes or categories of meaning that emerged in the narratives, or stories, of each of the parents who entered into dialogue with the author. The construction of each theme was based upon the discovery of a high degree of intersubjective "agreement" among the parents with respect to certain aspects or dimensions of their experience with assigned caseworkers in the protective services system.

Because of the breadth of the theoretical framework underpinning the study, the nature and complexity of the qualitative methodology, and the amount of data generated during field work (Diorio, 1990), this article is limited to a discussion of only one element of the research question: how these parents, in their "worlds" and situations as involuntary clients, perceived various interventions in their lives and families by public child welfare caseworkers. Although the expressions and assertions of these subjects are important as separate findings, they are only part of a broader reaction to the use of authority or power by public child welfare caseworkers that emerged during data analysis (Diorio, 1990).

Hitting the Iceberg

As a result of a parent's experience at the front door with police officers, in the living room with child welfare caseworkers, at the agency during administrative case reviews, or in front of the juvenile court judge, consciousness of the institutional power of the child protective service system was gradually constituted:

> And before we came into the dealings with [the agency], it was something like that just never really crossed your mind. And it's like, you know, maybe once in a while you'd hear about [the agency] this, or [the agency] that, but unless you happen to hit the iceberg, which it seemed to be, an iceberg, when you hit the iceberg, you knew you was gettin' the full force of it.

Although such consciousness was rudimentary, it gave meaning to a parent's "world" and received meaning from it: it was born of emotional anguish, self-reflection, and a daily struggle to (1) make sense of or control what was happening to the parents' lives and family and (2) determine what they should, indeed, could, do in response to the actions and inactions of a public agency that in most instances had abruptly taken their children away from them. Indeed, much of a parent's thinking tended to be dominated and in some instances consumed by his or her preoccupation with and struggle to understand the agency's power. Huddled with the author near the air conditioner in the living room of a hot, barren apartment, a mildly mentally retarded woman shared her anguish at the loss of custody of her two children:

> Interviewer: So, again, when I asked you about the power of the agency, you feel they have a lot of power?

> Subject: In order to take somebody's child away from them, I feel like they have a lot of power. If they take away somebody's kid without . . . take away, take away take away, take away somebody's baby . . . and not flinch, not flinch one time when they see a mother cry, cry, from heartbreak, from havin' her child torn from her then I don't, I don't, I feel like, I like, I feel like they can, can take a child away from a mother in one day and tell her you're not gettin' back your child ever again, and she can never find her child, can never, never, never, track her child down . . . yeah, I feel like they got power! I feel like they got power to remove somethin', remove the biggest part of a thing in a woman's life away from her, the biggest part of her life. and that's, that's something she laid down and birthed into this world . . . I feel like, I feel like, takin' a child away from you and givin' it to another parent to raise, you might as well walk into a store, pick up a pack of meat and give it away to somebody and never see that pack of meat again! And the way I feel is like . . . the way I feel, the way I feel is, it's, it's, it's, it's just . . . a way a mother feels about her child! Any mother! When a child is, when a child is torn from her mother it makes, makes the mother feel that her child's being gave away as property! Property that somebody else, that doesn't, that doesn't, that doesn't, that doesn't have anything to do with your child. Somebody that's not a family to your child.

Prior to and throughout their experiences with their caseworkers, all of the parents admitted that they lacked any substantive knowledge or understanding of the statutory authority of the agency and the legal process in which they had become entangled. Most striking was the discovery that each

parent perceived the agency as having limitless or unstoppable power to act independently of or through the local juvenile court to (1) intervene in their family at any time, (2) make immediate, exclusive, or even final decisions regarding them and their children, and (3) command or enforce parental obedience with the agency's or court's standards and directives:

> Interviewer: The way you describe it their power is limitless!
> Subject: It is limitless! Interviewer: You say they have more than a court of law?
> Subject: For the middle-class people. Remember that, when I tell you.
> Interviewer: Middle-class people?
> Subject: Middle class people. You talk to some-body that makes two, three hundred thousand dollars a year, they will not dare touch!
> Interviewer: How about a poor person!
> Subject: Poor person has no chance. At least, at least, I got a chance to say my piece! Poor people have no chance whatsoever! Whatever they tell 'em, they do!

Vulnerability and Fear

Not surprisingly, in view of a parent's certainty of the agency's power to take his or her children as a result of *any* allegation or report of child abuse or neglect, regardless of its validity, and the parent's own relative powerlessness to prevent or contend with such action, all of the parents struggled to cope with overwhelming feelings of fear. Many of the parents reported their fear as being most pronounced at the time of the agency's initial intervention in their family:

Interviewer: Why don't we talk about that first time that they came?
Subject: It was like total surprise. I mean, it was like, you know, at the time, I did not know that I had rights. They'd knocked on the door and I'd always heard, O.K., if they come to your house, you have to let them in.
Interviewer: Where did you hear that?
Subject: I, it was . . I don't know, it was just something I'd always heard. If [the agency] shows up at your house, you let them in or they'll go back, get the police, and come in. And I mean, the first lady that came . . . I mean she was very nice, very cordial, but it was like, she would ask questions and its like, it catches you off guard, and you didn't know what to say or what not to say. You know, 'cause I was afraid if I open my mouth and I say too much, I'm going to be in more trouble myself.
Interviewer: Did [the caseworker] come as a surprise?
Subject: Yes.
Interviewer: In other words, she didn't call ahead or send you a letter or anything?
Subject: Most of the time they come . . . oh, most of the time, they just show up. O.K., I mean, you know, it's like a surprise. There's not a letter saying, we're going to be here on this day and at this time . . . it was like, knock, knock, knock, that's it.
Interviewer: What do you think of that?
Subject: I think it's unfair. Because . . .
Interviewer: What do you mean?
Subject: It's, it's intimidating. It's scary. I mean, it is *absolutely frightening.* You think, "They're going to take my children away."

Second, most parents feared that the agency's investigation of the condition or circumstances of a child made other children in the family subject to official scrutiny and accessible to intervention, thus opening the door to the possibility that all of the family's minor children might be taken for the same or similar reasons. Indeed, this perception was compellingly expressed by a married couple who had signed a temporary custody agreement with the agency on a "voluntary" basis with respect to their oldest son, whose behavior and psychological problems had become completely unmanageable:

> Interviewer: So, if we want to look at the word "consequences" for a second, I guess we're talking about *legal* consequences, in terms of issues or rights [that are contained in temporary custody agreements]. But we are also talking about practical consequences in terms of things that the agency could then do with him [the son], and in relation to him, in their judgment.
> Subject 1: Yeah. They make it sound like, ahh, custody was *forced* out of you.
> Subject 2: Right! That they *forcibly* took [my son] out of this house.
> Subject 1: Yeah, and not only that, on top of that, it more or less kicked another door open, to access to the other three kids.
> Subject 2: Right, that's it! I mean, you know, like I say, I hadn't thought about it, but that's the way it is, it's like, we've looked into this family, we're going to have to take [your son] out of the house. And, so, now, we have to look at [the other children], too!
> Interviewer: The other question I asked you was about time, the passage of time, and how long it takes the agency to be involved with you, or how long it takes them to act in processing things, etc. You said

> to me, "It is a one year chunk of time, and that's if you have a lawyer."
> Subject: [The agency] controls the time, O.K., they get you, they go in, saying they have a list, like I say, we want A, B, and C done. O.K., but we've got D, E, and F, now, too. And you're standing there going, you only told me about A, B, and C! Now, how can you bring up the other three things you've got before me now? And, it's like, well, if you want us out of your life, this is the way you've got to do it. I mean, I was . . . I was told I had to go into therapy. You know, they told me I needed to get . . . at the time I did, I was going to go, myself, anyway, it wasn't really totally being forced by them, but it was written on paper. You have to get therapy. And if you don't, then you've got real problems here! See, they've never been able to touch the other three [children], but there was an implied, you know . . . threat there, that if you don't do what we want you to do, maybe we can come in and check on the other three children now, too.

At the Mercy of the Caseworker

All of the parents perceived that caseworkers, acting on behalf of the agency and with the sanction of a law-enforcement officer or the local juvenile court, had the authority and power to influence, affect, or determine their lives and their relationships with their children. As one young mother expressed it,

> I have no choice, they've got my kid! She's the one who says if my kid comes home or not! She is the one that says, is the one that has my life!

In practical terms, all subjects were convinced of two things: (1)

parents who became involved with the agency were at the mercy of a caseworker's perceptions, judgments, and decision-making authority, and (2) some caseworkers misused or abused their authority and power, especially during investigations. The parents emphasized that variables such as the nature of a caseworker's personality; whether a caseworker had children of his or her own; whether a caseworker cared about the parent; the nature of the caseworker's biases with regard to appropriate standards of child care and discipline, including the use of corporal punishment; the caseworker's beliefs about his or her job; and a caseworker's qualifications, including the nature and extent of his or her education and training, were predictors of a caseworker's use or handling of authority and power.

> Interviewer: What were your perceptions of [the caseworker]?
> Subject: [The caseworker], well, [the caseworker] is the only [agency], only [agency] worker, so far, that I have felt these feelings for, but that was the first interaction, and she just abruptly tore my child from me! The current [agency] workers did not handle things in that way. And, also, too, the reason they were taking her at that time was not actions I took on my daughter, but what her *father* did. But they were still taking her from me. And the charge, the allegated [sic] charges were on him, not me. And going to the hospital, she said we could go down there and be with her, but when we got there, they would not even let me *see* my daughter. But I thought [the case-worker] was horrid, I thought [the caseworker] was, felt she was *inhuman*! How could anybody do something like this? You know?
> Interviewer: What actions made you conclude that she was "inhuman"?
> Subject: Just the fact that she was ripping my, my

child from me.
Interviewer: "Ripping" your child from you means what?
Subject: She has no values or morals.
Interviewer: But was there something else about her as an individual that . . .
Subject: O.K., one other thing, it was in the way that she had no sentiment or compassion for the people, the family, she was dealing with. She was very harsh in the way she communicated. Very, very distinctually [sic] sharp and horrid in that way. Not that, she did not use foul language. Her voice, she was kind of loud, but I wouldn't say that, you know, she was hollering loud, but loud as far as hard. And did not care, she just had no concern about what this was doing mentally and emotionally to my daughter, to myself. You know? She had no children and, also, she's older than me! I'm 33. She wasn't an *old* person, but she was a number of years older than me. She had no children, which is, that people that. . . I know they're trying, you know, they're helping, trying to have a career, trying to follow their job, but they cannot relate to the emotions and the parental bonding . . . that are these natural things . . . that most parents have.
Interviewer: Would you say, then, that the caseworker misused or abused her authority in that situation?
Subject: Right. Right, no, the authority that was given to her, she was allowed to, if there was any form of suspicion or evidence, you know? She was *given* that. But I feel that it should be taken and used up front. You know? I feel there, like, in this case, now, the workers that we've had, they have taken it more in that direction. They did not want to separate, tear

> up the family. They want to take it more on an assisting than investigating measures which I feel the worker [who originally investigated] at that time should have done, you know? And been a support to the family, more a support and helping, if there was a problem that needed redirected, you know? And if she could help, if she knew a way, because of her education, and her professional experience, to help direct the family and parents towards a measure of discipline that does work and help, beyond what has been used, you know, that would be good and fine, even though as parents, most parents, probably all, any parent would feel, resentful towards the worker, but I felt that if the worker, with a lot of parents, if the worker shows that she wants to help give them the support to deal with and *work* the problem out, that they would get a lot more people more willing to cooperate with them.

Taking Children

Despite variations in their individual circumstances, each of the parents believed that caseworkers either ignored or consciously disregarded his or her rights during investigations and throughout ongoing case management, while taking custody of children. Indeed, the subjects expressed different, but significantly related, experiences in support of this criticism of caseworkers' actions. Specifically, the parents claimed that investigating caseworkers failed to conduct accurate, thorough assessments of the actual circumstances of a family or of the real problems between parents and their children - especially during investigations involving adolescents - before taking custody and removing children from their homes. Parents criticized the swiftness and secrecy of the agency's decisions and the subse-

quent practical and legal actions that were initiated by the investigating caseworker either in conjunction with a law-enforcement officer or

Each of the parents believed that caseworkers either ignored or consciously disregarded his or her rights during investigations and throughout ongoing case management, while taking custody of children.

with the sanction of the local juvenile court. In the latter respect, parents who experienced such interventions consistently acknowledged their lack of understanding and their disagreement with the assumption of "emergency" custody for taking of their children or the issuance of "emergency orders of custody" by the juvenile court, both of which led to an immediate and abrupt abrogation of parental custody. Inasmuch as such actions resulted in one or more children being taken from their home, parents perceived the unbridled power of caseworkers as devastating to themselves and their families:

> Interviewer: When they took emergency custody of the children, I assume they came one day . . .
> Subject: Oh, the same day. [My daughter] was hospitalized for five days and immediately that same day they came to the house and they took [my son].
> Interviewer: I assume you were called that day they came to take [your son].
> Subject: Oh, I was at the hospital. And my dad informed me that [the agency] was comin' out here to take [my son]. And, at first, I wasn't told that it was ordered, you know, that they had ordered temporary, emergency temporary custody. That was the reason *why* they were comin' out to get him. So I had . . . I was automatically out here, you know? I'm not going

to let them take my kid [said emphatically], one of my children, and them not tell me *why*. You know, but they didn't tell 'em why, at first, they took temporary custody of the kids. So I was automatically out here, and then [the caseworker] talked to me and she told me, you know, what was going on. That they took emergency custody of the kids, and they were comin' to, you know, to take [my son] with them.
Interviewer: But basically you were told that an order had been made by whom?
Subject: By the [caseworker supervisor]. By the court.
Interviewer: By the court. Did you ever see any papers that would . . .
Subject: No! I seen no papers.
Interviewer: So you trusted, or decided to cooperate with what you were being told by your caseworker and . . .
Subject: Right.
Interviewer: . . . and her supervisor.
Subject: Right. See, when [my caseworker] first showed up, I told her, I said, you're not taking my son. I says, I see no papers, no nothin', saying that you have the right to come in here and take my son. And she says, it'd be easier on you if you just let me take the kids, let me take [Your son] now. If not, I'll just go back to the, you know, back to [the agency], and back to the court, and then I'll bring out papers saying that. You know, I have the right to take [your son]. She said it would just make it look worse in court if you give me any harassment about it. So, you know, what could I do? I willingly . . . well, she had me scared into it, I willingly let her take [my son].
Interviewer: But that's when you were quite afraid.
Subject Oh, yeah! You know, I didn't know what was

> going on! She didn't explain nothin' what was going on or anything! They just said that they were taking emergency custody of [my son]. You know, I didn't know if they took [my daughter], too, or whatever. And, like, three days later, they finally told me that [my daughter] could not leave the hospital with me. She was leavin' with [the agency], with [the caseworker]. To me, it seems like what they do get, automatically, is, for some reason, the kids are taken away. You know, because of the referrals . . . that the parents that have custody of them are automatically a bad person. They don't give that person a chance to prove that, you know, accidents happen . . . or they are not as bad as they automatically right-off-the-bat think they are. And automatically think they are a monster, because this happened to their child. You know, they don't give you a chance to prove you're not, they *don't even consider*, at first they *don't even consider* that you might *not* be the monster that they think you are! You know, then, later on, when they get to know you, the more of . . . helping . . . instead of this harassment.

In addition, according to the parents, some assigned caseworkers failed to provide fair warning that (1) abrogation of parental custody of one or more children by the agency was possible or imminent, (2) information gathered by the caseworker during interviews with the parent or information acquired from any other sources *could* or *would be* used against the parent in subsequent legal action by the agency, or (3) a parent's "voluntary" commitment to a temporary custody agreement could later be used as evidence to support the agency's request for temporary custody of the children during a formal proceeding of the juvenile court.

Furthermore, parents perceived that some caseworkers disregarded their right of individual privacy, especially during investigations at their homes. They believed that some caseworkers conducted unauthorized searches of their homes, often seeking physical evidence of neglect or inadequate child care. Again, tempered by their lack of understanding of the agency's legal authority and their own legal rights and consumed by fear of the agency's power, most parents tolerated such behavior by caseworkers and chose to suppress their dissent:

> Subject: She said, well, I'm not your caseworker. She was like a temporary investigator. O.K. She goes, your caseworker, I think it was a woman . . . and with her came another man . . . and, I mean, these two were, like, trample-on-your-rights kind of caseworkers!
> Interviewer: What do you mean?
> Subject: I'd say, O.K., I let them in without, like I said, every time they showed up, I let them in the door [said defensively]. No appointments set up, no nothing. Just show up and come in. We were in the front room, and [two of my children] were in the bedroom, it was nap time. They got up and *followed me* into the bedroom. They wantcd to see [my two children]. So I thought I'd go get them and bring them in. So, instead of just waiting until I got the [children] in, they both got up and *followed me* back to the bedroom. And I'm turning around going, I don't remember, you know I didn't say this to them out loud, but it's like, I didn't ask you to come with me: I said I'd bring them with me when I came back. And I thought, this isn't exactly right. And [the woman] wasn't quite as bad, like I say. [The man], I felt like the S.S. had landed here. He was the one who would

go into my kitchen, open cupboards to see what food was there, open the refrigerator to see what was there [said dramatically] . . . walk back into the bedrooms the other times that he came. It was like, I was on the phone one time. I had a phone in the kitchen and I was talking to someone, and he, I was trying to get off the phone at the same time he got here. I mean, I'm on the phone, and while I'm talking, he just took off past me. It was like, I didn't have, you know, I didn't have time to say, no, stop, whatever. He just walked right back to [the children] and went right back to the bedroom and was like taking a tour of the house.
Interviewer: He didn't ask you to . . .
Subject: He did not ask me.
Interviewer: . . . to walk through your home?
Subject: No.
Interviewer: Or look in your cupboards?
Subject: No! It was just like he went over there, so, he . . . like I said about the doctor . . . O.K., [my son] had some foot problems when he was born, it's like his feet went in. You know, [my son] walked on his tiptoes, that's [one of two children previously mentioned]. I had taken him to the doctor, and the doctor said, mainly, it's a sign of immaturity, he *will* grow out of it, there's no . . . An orthopedic guy, not a regular doctor, I took him to an orthopedic surgeon that I see for my back. And I told [the man from the agency], I said, I took [my son] to the doctor, and the doctor said he didn't feel there was anything wrong at the time, that it was just immaturity. [The man from the agency] left here and he called that doctor's office and they gave him information that I did not authorize any release for. And, I mean, that was just totally [sighs in

clear frustration], that was *it*! I was just really enraged, I thought, how, what right does he have to do this?

Similarly, many parents complained that their right to participate in the agency's decisions about them and their children was ignored by caseworkers who told or announced to them what they needed and what they had to do in order to regain custody of their children or to be free of continued involvement with the agency:

> Interviewer You feel powerless?
> Subject: Right. Right. If I objected or put up a fuss, I don't think it would make any difference.
> Interviewer: What makes you conclude that with such certainty?
> Subject: I guess it's the way they presented it to me.
> Interviewer: How do they present it?
> Subject: Well, it's basically like I've just tried to describe, the way she, [the agency] workers . . .
> Interviewer: They just announce the decisions to you?
> Subject: Right, what they're going to do.
> Interviewer: You have not participated in those decisions?
> Subject: No.
> Interviewer: By participation, I mean, your point of view is not considered . . . other points of view you might have are not even partly considered and implemented in the situation at all.
> Subject: Yeah, I'm, like. I think that if I did that that they would ignore it or they would take power against me, that's what I'm fearful of, that they would take power against me. They'll go ahead, then, take the kids! You know, or take custody, and everything!
> Interviewer: So, you have your point of view. [The

> caseworker] has her point of view in representing the agency. What happens then? The agency's view is the one that is considered? The one that rules? It will be business as usual?
> Subject: Right. I think they may be . . . it all varies, probably, depending upon the worker that's handling, handling, that's working with the family, handling the case. But, I think that to a point, depending on the individual worker has some consideration. But it's governing of your own life! Or your own family, you know. They just, they just keep this black cloud over you all the time and it feels like that it's never gonna be different, it's never gonna be better. We're never going to be a united family again. It's just, just hopeless, like there's no future. It's so scary.

Parents perceived that once their children were in the custody and care of the agency, they tended to lose control over the nature and amount of contact with their children because their visitation rights were restricted. In one instance, a mother perceived the consequences of such routine restrictions as a forfeiture of important and "natural" residual rights of parental decision making with regard to her children:

> Interviewer: So what rights do you have?
> Subject: The only rights we have right now is just visiting rights. We don't have any rights at all. We can take 'em things. But we don't have the right or say-so as to takin' 'em to a doctor or anything else. That's up to [the foster parent] and [the caseworker]. We have no say-so in what doctor or anything. And if they ever need surgery, we don't have any say-so. It's up to [the caseworker] and [the foster parent], just like them puttin' [my child] back in first grade, we didn't have no

> say-so of no, we don't want him put back in first grade. It was up to [the caseworker] and [the foster parent] to tell 'em, go ahead, put him back in first grade. So, in a way, that makes me feel, you know, left out. Like I'm just a visitor when actually I'm his mother. It just doesn't make me feel right, them having the say-so of what doctor does this and what dentist does this, when they've always went to [the city hospital] since they were newborns. They went to the [city hospital clinic]. They go to their dentist, that's where [one of my children] had all of his teeth taken out, in the front. And he got silver caps. Which I took him when he needed to go, which he has one more time to go. And I don't know if [the foster parent] would call to get him in to the dentist, or if I should just wait till I get him back here. And then, *I'll* take him to the dentist.

In another situation, a father complained that relatively brief visitations with his two rebellious teenage daughters would not be sufficient to reunify his family, restore their closeness, reestablish his parental authority, or counter the perceived influence that the foster parents enjoyed over his children after his daughters returned to their foster home. Indeed, in view of his extreme conflict in relation to his daughters and the amount of time and effort he believed was necessary to "repair" their relationships, he perceived such limited and restricted visitations as a "joke":

> Interviewer: There are times, now, that you refuse to cooperate, and the purpose of not cooperating is to try to get them, to try and influence them . . .
> Subject: . . . try to get them to see it my way. If the bylaws say the family is, that they are here to put the family together, well, I'm not going to go their way,

> now, they're going to have to come my way! I need them to come along! One question, or something, get 'em out of the [foster home]! 'Cause [the caseworker] - let me put it that way - if I come in and I build this house piece by piece, and every day, I hang this door and go home to sleep, you come in, in the nighttime, and you break it! . . . you come in, next day, and you break it! It takes me three hours to build it, it takes you five minutes to break it! So I'm gonna meet with my kids, here, and build up love with them, and I love you, come back home, and they're gonna go to the [foster parents], and in three minutes [snaps fingers] it's gone, destroyed! What is it for? Are we jokin' on each other, laughin', are we mature people? Are we playin' games? I'm not going to play games! I'm not going to play games with anybody's life! I'm not going to sit down here and try to put it back together, and they go, in the end, to the [foster parents] and have it destroyed in five minutes! No way in hell. I will not do it! And if I am wrong, you tell me!

Practice Implications

Client-based evaluations of the process and outcome of protective service delivery have been neglected or avoided in the field of public child welfare, especially with regard to practice with involuntary clients. However, recent qualitative research (Diorio, 1990) suggests that some involuntary clients feel investigations are unjust. Such reactions are not necessarily evidence of rationalization, emotional disturbance, or resistance by parents who are unwilling to assume responsibility for their behavior or circumstances. In this respect, the portrait of parental anger, fear, and powerlessness that emerged from each subject's story appears to support Pelton's (1989) judgment that such reactions

"might really reflect responses to a conflict situation by the least powerful party to that conflict" (pp 124-125).

> When we take into account the parents' subjective reality, part of which is the threat and fear they feel when confronted by the agency, we understand why they might react with hostility and suspicion, and we recognize that such reactions may be conflict-specific and not indicative of pervasive personality characteristics. Yet, based on such erroneous inferences and negative personality attributions, the agency may conclude, and often does, that the parents need "treatment" and will prescribe psychotherapy. When the parents "resist" or prove "'uncooperative," the conclusion may be reached that their children must be removed. The focus on the person promoted by the conflict dynamics of the situation deflects attention from the larger day-to-day situational context of poverty in which most parents reported to the agency live (p. 125).

Indeed, if this is true and typical of parent-caseworker interactions in other comunities, it is important for several reasons. First, public child welfare caseworkers must appreciate the extent to which any abuse of the agency's power during investigations or throughout the process of case management can exacerbate a parent's fear. Similarly, lack of respect for parental rights - as codified in statuatory law or as personally "constructed" and endowed with meaning by the parents - may induce or exacerbate a parent's sense of powerlesness. In addition, it is important that caseworkers understand and control the professional and personal biases that lead them to undervalue or disregard the reactions of parents to investigations or the use or abuse of authority during the process of case management. As Pelton (1989) succinctly argues,

> No one is an advocate for the allegedly abusive or neglectful parent. No one investigates and collects evidence on her behalf, presents her side of the story, presents results of psychological tests commissioned by her rather than the government, nor bears witness on her behalf. Pathologized by psychiatrists and victimized through her interaction with the agency, she stands isolated and alone. As cruel as her actions toward her children might appear, she deserves an advocate. Her hostility, which has often been observed within the context of her interaction with the agency, may stem at least in part from her utter powerlessness within the situation, having no advocate (p. 123).

Clearly, caseworkers should not ignore parental criticism or dissent, or quickly dismiss it as a symptom of "resistance." To do so is to risk immediate and potentially enduring damage to a parent's sense of trust in the caseworker as someone who understands, cares, and is there to help. Indeed, Goldstein (1991) urges,

> The approach to these clients should be selfevident: combine what we now know about the boundless ways by which people create their respective realities with basic practice principles and values in order to give persons . . . "a fair and patient hearing." Listen to the client's story with humility and regard. Put aside the methods and procedures, the need to be "effective," and try to know the world as it is construed by the sense, mind, and story of the teller. And try to understand why the story is essential to the client's survival and self-worth. Honesty and openness are our objectives as well as demonstrating and giving the kind of help clients understand and can use now with regard to their immediate problems (p. 122).

Second, how involuntary clients perceive and interpret their experiences in the process of protective service delivery may be critical, especially in light of current analyses of the outcomes of child welfare service delivery under permanency planning or since passage of the Adoption Assistance and Child Welfare Act of 1980. Barth and Berry (1987) conclude:

> Recent trends away from the use of foster care underscore the seriousness of reassessing in home services and reunification. Children who have been abused or neglected and remain at home or are returned home after a brief time in foster care are the next great challenge in child welfare (p. 84).

Oversight is needed to "hear" consistently and impartially the criticisms of parents, to mediate legitimate complaints, and to provide appropriate remedies in instances in which an identifiable wrong has been committed.

Effectively protecting such children over time may not depend only on the extent of personal change that has been "induced" in parents or on improvement of the social and material circumstances of families, but on the residual effect of a parent's actual experiences as a "consumer" of protective services as well. For example, after a case is closed, how does an involuntary client perceive the trustworthiness, honesty, fairness, and understanding of the public child welfare caseworker with whom he or she has been involved? After a case is closed, will a parent who has been involved in mandated child protective services ever voluntarily seek or submit to "help" from an agency in time of need or crisis? In essence, if some parents are alienated by relentless reports and investigations of allegations of child abuse and neglect or, at worst, become emotionally and socially harmed by unnecessary abrogations of parental custody or protracted

involvement in mandated case management by public child welfare caseworkers, what does that portend for children who are left in their own homes after brief service delivery or for those who are reunited with previously abusive parents? Indeed, protecting children against the risks of nonremoval or return to the custody of abusive families will require, among other things, the kind of qualitative knowledge of the process of child welfare service delivery that is essential at the beginning: a meaningful, practical understanding of the reactions of involuntary clients to the authority and power of public child welfare caseworkers and a grasp of their overall experiences in the protective services system.

Consequently, either at the time of mandatory case reviews or through some other organizational mechanism, oversight is needed to "hear" consistently and impartially the criticisms of parents, to mediate legitimate complaints, and to provide appropriate remedies in instances in which an identifiable wrong has been committed by a caseworker or others involved with a family. Unfortunately, little evidence suggests that any substantive changes have occurred in either statutory or constitutional law or in the typical proceedings of juvenile courts to assure a truly balanced consideration of parents' and children's rights to a fair hearing (Levine, 1973; Wald, 1975; Mnookin, 1973; Davidson, Horowitz, Marvell, & Ketcham, 1981; Hardin, 1988).

Protecting children in their own homes depends upon a community's willingness to consider all of the reasons some parents are, or become, "hard to reach" (Goldstein, 1986) and why some caseworkers fail to engage them. Public child welfare agencies must demonstrate commitment to an honest evaluation of the perceptions of involuntary clients by distinguishing parents' legitimate complaints from parental reactions that are unrelated to the abuse of authority and power by caseworkers if the child protective services system is to be effective and just.

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Authority in Child Protective Services

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Authority is an element in the casework relationship that may have either positive or negative effects, depending upon how it is used by the worker and how it is perceived by clients. Caseworkers are often ambivalent toward authority, in part because of the negative connotation of authority. Social workers acquire certain powers and authority by virtue of their position in an agency structure. However, there is often too little effort in training programs or in supervision to help caseworkers accept this authority as a positive force in the casework relationship. Social welfare policy dictates that a child welfare worker can initiate court action to have a child removed from the biological parents, but the policy is much less specific in terms of the circumstances under which this power is to be exercised. Furthermore, one's own attitudes add to the complexity of the casework relationship.

Authority Conceptualized

Authority can be understood as "the right to be obeyed or believed due to coercive power at one's disposal or due to one's ability or expertise" (3:4–5). As such, authority is inherent in the relationship between social worker and client, stemming from the "structure in which the social worker has a role and the profession which has certified his competence..." (9:xv–xvi). Many social workers think of authority as coercive power rather than as ability and expertise, a view that clarifies and expands the definition of authority into a less negative and threatening concept. There are several other explanations useful in viewing authority in a more positive light. DeSchweinitz considers two forms of authority, constituted and inherent. Constituted authority emanates

from the position one holds, while inherent authority emanates from personal qualities. Inherent authority comes from the social worker's (1) understanding of the law, of administration, of policies, of community values; (2) capacity to gather and evaluate facts and distinguish possible goals from impossible goals; and (3) recognition and acceptance of his or her constituted authority (2:289–290). Costin conceptualized authority in much the same way as DeSchweinitz, referring to constituted authority as social authority, conferred by society through the position one holds, and inherent authority as psychological authority, derived from the individual qualities of the person occupying the position (1:275).

Fromm suggests the notion of rational and irrational authority. He first defines authority as "an interperson relation in which one person looks upon another as somebody superior to him (4:163). Rational authority is the form of authority compatible with social work values; it is authority based on reason. Ideally, the goals of the authoritative figures (social worker, teacher) and the goals of the client or student are essentially compatible and the gap in superiority (in skill or knowledge or social functioning) becomes smaller as the client or student progresses or learns. Ultimately the authority relationship tends to dissolve in a relationship characterized by rational authority. Irrational authority, on the other hand, is an exploitative, inhibiting authority whereby the authoritative figure attempts to maintain superiority to further his or her interests (master-slave). The psychological situation is also different in these two types of authority. In rational authority, love, admiration and gratitude are prevalent, while anger and resentment characterize irrational authority. Thus, rational authority derives from competence, while irrational authority derives from pure power over people, and the feelings associated with each are derived from the source of authority (4:164–165).

Client Perceptions

Recognition of the psychological element of authority is essential to grasping the total concept. Authority represents the power to induce changes in, or to exert control over the behavior of others, but the way this authority is perceived or accepted by those to whom it is directed ultimately determines how much influence an authority figure will have. Authority is meaningful only when the client accepts the authority of the social worker as a community agent and as a competent professional with knowledge and skills. The caseworker has derived formal authority from the legal or agency structure, but to be effective, he or she must translate this into psychological authority (8:516–517). Clients may accept the caseworker's authority on the basis of the caseworker's representation of the power of the agency, on the basis of personal attributes of the caseworker (social class, education, bearing, etc.), or on the knowledge and skill the caseworker has in helping clients with their problems. In addition to these initial ways in which clients may perceive and accept authority, the development of the relationship may be a positive, binding force between caseworker and client that, it is hoped, results in use of authority in less overt and more effective ways. The caseworker must feel and exhibit acceptance of the client as a person (not acceptance or condonation of all client behavior, i.e., child neglect or abuse), as well as a wish for the client's wellbeing, and a nonjudgmental attitude toward the client as a person (3:19, 35–41).

Social Worker Perception

There are many reasons the use of authority causes discomfort to some caseworkers. The concept of authority, as it is often perceived, seems antithetical to social work values. Early social work literature almost discounts work in corrections and other settings, in which authority is overt, as being true social work.

The use of authority (constituted, more than inherent) seems to contradict the notion of the individual's right to self-determination and the belief in man's capacity to grow and change by the exercise of self-determination. However, casework also involved reality testing by both caseworker and client in terms of assessment and goal setting. The reality in working with a number of clients, especially neglecting parents, is that the client's right to self-determination is limited by the individual's capacity for decision making, by the function of the agency, and by the law.

"Not all clients possess the capacity to exercise much personal initiative (self-determination) even when so encouraged, and acceptance of this dependency may be the most one can do for them" (3:49–50). This is often a starting point with many neglecting parents who need to be dependent on a reliable authoritative figure before moving toward greater independence.

The authority of a caseworker may represent to such a client a source of strength to rely on, and may represent a first encounter with consistent expectations and structure. Neglecting parents may feel relief when the caseworker lifts some responsibility from them and tries to help them to be "better parents," such parents may see the caseworker as someone who has the power to take control and "impose some order in their lives" (6:58). In fact, sometimes it is in the client's best interest to use authority that enforces and controls, as well as inherent authority derived from knowledge and skills. The use of legal authority may be necessary to protect a child from continued neglect or abuse and to protect the parent from inflicting further damage on the entire family system. Casework authority does not eliminate a client's self-determination, even in working with neglecting parents. Certainly such a client may have fewer choices than the purely voluntary client. However, there are enough choices available within the relationship to foster growth and change. The only choice not

open to a parent working with a protective service worker is that of continued neglect or abuse of the child. The ultimate choice for such a parent is between "moving toward adequate care of the children and using casework services or facing court petition" (5:386).

Another reason caseworkers frequently experience discomfort in use of authority stems from multiple responsibilities that may give rise to a sense of multiple allegiances. The caseworker has responsibilities to the community, to the agency, to the child and the family, and to him or herself. Sometimes the protective service worker must relate to a family that does not want casework service and a community that demands that the worker exercise authority and possibly remove the child. The caseworker must consider when the use of authority to remove a child is in the best interests of the child and the family, and when such action is contemplated primarily under pressure of the agency and/or community, to which the caseworker also has a responsibility.

Sometimes conflicts exist when community values do not coincide with professional values, but "in the long run, all the statutory and many of the voluntary social work agencies exist in order to assist...clients to achieve a greater degree of self-reliance and control in accordance with the norms of the community, and to this extent, the authority and sanctions of the agency are derived from the values and standards which the community upholds" (3:8). Despite occasional conflicts, the caseworker usually acts as the agent of community authority to prohibit continued child neglect and abuse. When involved in client-centered activity such as casework, it is sometimes easy to lose sight of the responsibility to the community and to the agency and consequently over identify with the client (child and/or family) to the extent of denying or deprecating one's own authority.

Thus, authority may cause some uneasiness on the part of the caseworker because of multiple responsibilities and concern that the use of authority conflicts with social work values. These are aspects that the caseworker often can recognize and deal with in analyzing the use of authority and the development of casework relationships. On a less conscious level, however, are two other reasons authority causes caseworkers considerable anxiety. One is the caseworker's own perception of authority figures. Attitudes toward authority develop from parent-child relations, teacher-child relations and other adult-child relationships. In considering clients' acceptance of authority, social workers look at client attitudes toward past authority figures, but they consider this factor less in terms of how they as professionals accept their own authority. Also, "isolation of authority" threatens many caseworkers who "need to be liked" (2:290). It is often difficult for parents to set limits for their children for fear of alienating the child's affection, and it is difficult for the child to assert independence for fear of loss of love and approval. Throughout their lives, people generally strive to be liked. This element often enters into the caseworker's ability to assume and accept authority, the ability to risk the hostility and dislike of the client in order to set necessary limits.

Therapeutic Effects of Authority

While there are many reasons authority causes discomfort for many caseworkers, there are many reasons authority is important, and various ways in which it is helpful. An analysis of the concept of authority has suggested that the notion of authority is certainly not a negative one, and that it is not necessarily contradictory to social work values. In child protective service practice, authority can have a very positive effect, provided the use of authority is related to its intent; in protective services, this intent is protection of the child. Constituted authority gives the case-

worker the right to intervene despite parental objections. Without caseworker authority, many parents would not attempt to change their patterns of child care.

The caseworker must, through a casework process, attempt to establish a psychological authority relationship with the parents characterized by trust and not by fear. The caseworker can exercise "authority with love" that stems naturally from a concern for the well-being of the parents and children and respect for the client as an individual. Authority with love is a natural part of the developmental process of a child's socialization by parents (7:235–236). However, this kind of consistent authority with love may be a part of the developmental process not experienced by many neglecting and abusing parents, whose own parents were often neglecting, dependent and immature individuals.

That the caseworker is in an authoritative position does not mean that all actions toward the client will be authoritative. Many direct treatment methods are important in maintaining the relationship and transforming constituted authority into a psychological one. Sustaining techniques of intervention are extremely important in establishing a relationship with neglecting parents. Concerned listening and interest shown by the caseworker demonstrate the worker's interest in the parent as a person. Reassurance and encouragement are extremely important forms of intervention; many neglecting parents' ability to carry out child care responsibilities has been impaired by particularly stressful situations (illness, death, divorce, etc.) or by virtue of their life styles (use of inadequate models their own parents provided them in dealing with their children). These parents need reassurance that the caseworker believes the parents want to and can make changes to be able to meet their children's needs, as well as their own needs. They also need to be reassured that their negative feelings are acceptable, that at times the responsibilities of

child care make parents feel burdened and resentful.

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Case Scenario1: Removal and Protective Custody
6 p.m. - Saturday Night

You receive a report from a source who states that a young child has been heard crying and sobbing in the apartment next door. The caller said that she also heard what sounded like a party in the apartment earlier in the afternoon, but hasn't heard any adults in the past hour. The source doesn't know the family, and states they only moved in a week ago. The caller thinks the child is two or three years old.

You call the local police department and meet them at the scene. Upon entering you find an adult female and a three year old child. The apartment is strewn with empty beer bottles and smells like beer has been spilled on the carpeting. The child is crying and states she is hungry, but her mother won't get up. The police find the mother lying across a bed, smelling of beer and incoherent. No one else is in the apartment.

1. Identify any safety factor(s) involved which may place the child(ren) in immediate danger of serious harm.
2. Describe what information is available to support the identified safety factor(s).
3. Decide whether the child(ren) are in immediate danger of serious harm.
4. Respond by developing and implementing a plan based on the availability of resources which will control for safety.
   a) What "reasonable efforts" can you make to control for safety?
   b) Would you take protective custody of any child?
5. What steps would you take if removal was necessary?
6. What documentation is required?

Notes

Case Scenario2: Removal and Protective Custody
2 p.m. - Sunday Afternoon

You receive a report stating that there are three children alone in a second floor apartment on Fourth Street. The reporter lives in the neighborhood and has seen the children hanging out of a front window while walking by the last two days; Friday and Saturday. You take another worker with you and upon arriving at the apartment the children let you inside. The children are alone and their ages are 2, 5, and 7. The apartment is littered with clothes, food, dirty diapers, etc. You check the refrigerator and closets, and there are no food items except for a moldy partially eaten casserole. The children are in good spirits and tell you that their Mom went out a few days ago and they don't know anyone else.

1. Identify any safety factor(s) involved which may place the child(ren) in immediate danger of serious harm.
2. Describe what information is available to support the identified safety factor(s).
3. Decide whether the child(ren) are in immediate danger of serious harm.
4. Respond by developing and implementing a plan based on the availability of resources which will control for safety.
   a) What "reasonable efforts" can you make to control for safety?
   b) Would you take protective custody of any child?
5. What steps would you take if removal was necessary?
6. What documentation is required?

Notes

Case Scenario 3: Removal and Protective Custody
7 p.m. - Friday Evening

You receive a report from a physician in the hospital emergency room stating that he has a four year old child in an examining room with his parents. The child has a subdural hematoma and the parents are reluctant about admitting the boy to the hospital. The doctor feels the explanations for the injury are not clear and he has reason to suspect abuse. He would also recommend admitting the child to a hospital immediately.

1. Identify any safety factor(s) involved which may place the child(ren) in immediate danger of serious harm.
2. Describe what information is available to support the identified safety factor(s).
3. Decide whether the child(ren) are in immediate danger of serious harm.
4. Respond by developing and implementing a plan based on the availability of resources which will control for safety.
   a) What "reasonable efforts" can you make to control for safety?
   b) Would you take protective custody of any child?
5. What steps would you take if removal was necessary?
6. What documentation is required?

Notes

Case Scenario 4: Removal and Protective Custody
10 a.m. - Saturday Morning

You receive a report on a Saturday morning at 10 a.m. CPS has been involved with the mother because of previous allegations of lack of supervision, domestic violence, lack of food, clothing and medical care for the child. While interviewing the mother, you see that the baby, an 8 month old, has a large red mark on the side of her face. The mother says the child fell out of the crib while she was out last night and the boyfriend was the babysitter. You convince the mother to take the child to the doctor. You accompany them. The doctor examines the child, and states that the mark is an imprint of a hand. He goes on to say that the injury could not have occurred in any accidental manner, and that the blow could have knocked the child unconscious.

1. Identify any safety factor(s) involved which place the child(ren) in immediate danger of serious harm.
2. Describe what information is available to support the identified safety factor(s).
3. Decide whether the child(ren) are in immediate danger of serious harm.
4. Respond by developing and implementing a plan based on the availability of resources which will control for safety.
   a) What "reasonable efforts" can you make to control for safety?
   b) Would you take protective custody of any child?
5. What steps would you take if removal was necessary?
6. What documentation is required?

Notes

Vague Phrasing Worksheet

Vague Phrasing	Clear Phrasing
1. Poor peer relations	1. ______
2 Disruptive behavior	2. ______
3. Hyperactive	3. ______
4. Insecure	4. ______
5. Poor attitude	5. ______
6. Promiscuous	6. ______
7. Poor parenting skills	7. ______
8. Awkwardness	8 ______
9. Displays appropriate behavior	9. ______
10. Dresses appropriately	10. ______
11. Demonstrates stability	11. ______
12. Improve social skills	12. ______
13. Abused child	13. ______
14. Neglects children	14. ______
15. Responds appropriately	15. ______

16. Acting out behavior — 16. ____________________

17. Hostile attitude — 17. ____________________

18. Identify one vague statement from your agency and restate it clearly. — 18. ____________________

Safety Factors:

1. **Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child (ren).**
   - Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child (ren).
   - Parent(s)/Caretaker(s) current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
   - Parent(s)/Caretaker(s) current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe
   - Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
   - Escalating pattern of harmful behavior or abuse or maltreatment.
   - Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child (ren) or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).

2. **Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**
   - Parent(s) Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors. and their ability to supervise, protect and care for the child. As a result, the caretaker(s) is;
     - unable to care for the child;
     - likely to become unable to care for the child;
     - has harmed the child;
     - has allowed harm to come to the child; or
     - is likely to harm the child.
   - Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.

3. **Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**
   - Parent(s) Caretaker(s) has a recently used, or has a pattern of using illegal and/or prescription drugs that negatively impacts their decisions and behaviors and their ability to supervise, protect and care for the child As a result, the parent(s)/caretaker(s) is:
     - unable to care for the child;
     - likely to become unable to care for the child;
     - has harmed the child;
     - has allowed harm to come to the child; or
     - is likely to harm the child.

- Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.

4. **Child(ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.**

Examples of direct threats to child(ren):

- Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child (ren) and has threatened to kill, injure, or abduct either or both.
- Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child(ren) or the other caretaker/victim.
- Parent/Caretaker/victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child(ren).
- Child(ren) is forced, under threat of serious harm, to participate in or witness abuse of the caretaker/victim.

Other examples of Domestic Violence:

- Caretaker/victim appears unable to provide basic care and/or supervision for the child because of fear, intimidation, injury, incapacitation, forced isolation, fear or other controlling behavior of the observed or alleged batterer.

5. **Parent(s)'/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/ or care for the child(ren).**

- Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.

- Parent(s)/Caretaker(s) diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the parent/caretaker's reasoning, ability to supervise and protect the child appear to be seriously impaired.
- The parent(s)/caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child or is likely to seriously harm the child in the very near future.

6. **Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.**
   - Extreme physical and/or verbal abuse, angry or hostile outbursts of anger or hostility aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
   - A recent history of excessive, brutal or bizarre punishment of child (ren), i.e. scalding with hot water, burning with cigarettes, forced feeding.
   - Threatens, brandishes or uses guns, knives or other weapons against or in the presence of other household members.
   - Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
   - Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.

7. **Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.**
   - No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.

- Child appears malnourished.
- Child without minimally warm clothing in cold months; clothing extremely dirty.
- No housing or emergency shelter; child must or is forced to sleep in street, car, etc.
- Housing is unsafe, without heat, sanitation, windows, etc. or presence of vermin, uncontrolled/excessive number of animals and animal waste.
- Parent/Caretaker does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
- Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the parent/caretaker is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.

8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren) .

- Parent/Caretaker does not attend to child to the extent that need for adequate care goes unnoticed or unmet (i.e. although caretaker present, child can wander out doors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
- Parent/Caretaker leaves child alone (time period varies with age and developmental stage).
- Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting a child to engage in dangerous behaviors.

9. **Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).**
   - Child(ren) has a history of injuries , excluding common childhood cuts and scrapes.
   - Other than accidental, parent/caretaker likely caused serious abuse or physical injury, i.e. fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.
   - Parent/Caretaker, directly or indirectly, makes a believable threat to cause serious harm, i.e. kill, starve, lock out of home, etc.
   - Parent/Caretaker plans to retaliate against child for CPS nvestigation or disclosure of abuse or maltreatment.
   - Parent/Caretaker has used torture or physical force that bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.

10. **Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).**
    - Describes child as evil, possessed, stupid, ugly or in some other demeaning or degrading manner.
    - Curses and/or repeatedly puts child down.
    - Scapegoats a particular child in the family.
    - Expects a child to perform or act in a way that is impossible or improbable for the child's age (i.e. babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).

11. **Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee or refuses access to the child(ren.**
    - Family has previously fled in response to a CPS investigation.
    - Family has removed child from a hospital against medical advice.
    - Family has history of keeping child at home, away from peers, school, or others for extended periods.
    - Family could not be located despite appropriate diligent efforts.

12. **Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).**
    - It appears that parent/caretaker has committed rape, sodomy or has had other sexual contact with child.
    - Child may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
    - Access by possible or confirmed sexual abuser to child continues to exist.
    - Child may be sexually exploited online and parent(s)/caretaker(s) may take no action(s) to protect the child.

13. **The physical condition of the home is hazardous to the safety of children.**
    - Leaking gas from stove or heating unit.
    - Dangerous substances or objects accessible to children.
    - Peeling lead base paint accessible to young children

- Hot water/steam leaks from radiator or exposed electrical wiring.
- No guards or open windows/broken/missing windows.
- Health hazards such as exposed rotting garbage, food, human or animal waste throughout the living quarters.
- Home hazards are easily accessible to children and would pose a danger to them if they are in contact with the hazard(s).

14. Child (ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker's or other persons living in, or frequenting the household.

- Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- Child exhibits severe anxiety related to situation associated with a person(s) in the home, i.e. nightmares, insomnia.
- Child reasonably expects retribution or retaliation from caretakers.
- Child states that he/she is fearful of individual(s) in the home.

15. Child(ren) has a positive toxicology for drugs and/or alcohol.

- Child(ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.

16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and or unwilling to provide adequate care and/or protection of the child(ren).

- Child(ren) is required to be on a sleep apnea monitor, or to use other specialized medical equipment essential to their health and well-being, and the parent/caretaker is unable to unwilling to consistently and appropriately use or maintain the equipment

Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, etc., or other vulnerabilities, and the parent(s)/caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).

17. Weapon noted in CPS report or found in home and Parent(s)/Caretaker(s) is unable and/or to protect the child (ren) from potential harm.

- A firearm, such as a gun, rifle or pistol is in the home and may be used as a weapon.
- A firearm and ammunition are accessible to child (ren).
- A firearm is kept loaded and parent(s)/caretaker(s) are unwilling to separate the firearm and the ammunition.

18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s) ability to supervise, protect and/or care for the child(ren).

- Criminal behavior (e.g. drug production, trafficking, and prostitution) occurs in the presence of the child(ren).
- The child(ren) is forced to commit a crime(s) or engage in criminal behavior.
- Child(ren) exposed to dangerous substances used in the production or use of of illegal drugs, eg. Methamphetamines.
- Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, people under the influence of drugs.

19. No Safety Factors present at this time.

Glossary of Terms and Explanations

This glossary was adapted from the Interdisciplinary Glossary on Child Abuse and Neglect: Legal, Medical, and Social Work Terms, U.S. Dept. of HHS, OHDS, ACYF, Children's Bureau, Ntl. Cntr. on CAN, DHHS Pub. #(OHDS) 80-30137.

Abused Child (See FCA § 1012 also NYCRR 18 Social Services (B) 432.1 (a).

Abused Child in a Residential Setting (See SSL § 412).

Acting Out

- Behavior of a youth which is inappropriate or destructive including substance abuse, sexual promiscuity, stealing, angry outbursts, etc.
- Behavior of an abusive parent who may be unconsciously and indirectly expressing anger toward his/her own parents or other significant person.
- Aggressive or sexual behavior explained by some psychoanalytic theorists as carrying out fantasies or expressing unconscious feelings and conflicts.

Admissible Evidence Evidence introduced is of such a character that the court or judge is bound to receive it; that is, allow it to be introduced at trial. (*Black's Law Dictionary*, 5th Edition. St. Paul: West Publishing Co.)

Advocacy Intervention strategy in which a helping person assumes anactive role in assisting or supporting a specific youth and/or family or a cause on behalf of youths and/or families. This can involve finding and facilitating services for specific cases or developing new services or promoting program coordination. The advocate uses his or her power to meet client needs or to promote causes.

Adjournment in Contemplation of Dismissal (ACD or ACOD) A pre-adjudication disposition. The proceeding is adjourned for a period up to a year under specified terms and conditions. Upon compliance, the petition is dismissed. See FCA § 1039.

Adjudication Legal determination that the facts alleged are proven by a fair preponderance of the evidence.

Affidavit Written, sworn statement of facts.

Allegation A report to the SCR concerning possible abuse and/or possible maltreatment of a child or children. In the context of an Article Ten proceeding, a declaration or statement of the petitioner setting out the facts he or she expects to prove.

Anorexia Lack or loss of appetite for food.

Apathy-Futility Syndrome Immature personality type often associated with child neglect and characterized by an inability to feel and to find any significant meaning in life. This syndrome, often arising from early deprivations in childhood, is frequently perpetuated from generation to generation within a family system. (Polansky, NA in DeSaix, C; Sharlin, SA. 1972. *Child Neglect: Understanding and Reaching the Parent.* NY: CWLA)

Appeal Resort to a higher court in an attempt to have a decision or ruling of the lower court corrected or reversed because of some claimed error or injustice. Appeals follow several different formats. Occasionally, appeals will result in a rehearing of the entire case. Usually, however, appeals are limited to consideration of questions of whether the lower court judge correctly applied the law to the facts of the case.

Assessment A process consisting of two parts—the collection of pertinent data about the client system and its environment, and

the appraisal of the data for developing a plan of intervention. (Minahan, A., Edt. *Encyclopedia of Social Work*, 18th edition, Silver Spring, MD: NASW, Vol. 1)

Assault Intentional or reckless threat of physical injury to a person. Aggravated assault is committed with the intention of carrying out the threat or other crimes. Simple assault is committed without the intention of carrying out the threat or if the attempt at injury is not completed.

Battered Child Syndrome Term introduced in 1962 by C. Henry Kempe, M.D., in the *Journal of the American Medical Association* in an article describing a combination of physical and other signs indicating that a child's internal and/or external injuries result from acts committed by a parent or caretaker. In some states, the battered child syndrome has been judicially recognized as an accepted medical diagnosis. Frequently this term is misused or misunderstood as the only type of child abuse and neglect.

Bill of Particulars Written response to request by the respondent for more particularity or specifics of the allegations of the petition.

Blurred Boundaries The lack or absence of clearly defined personal roles and/or limits between family members.

Bonding The psychological attachment of mother to child which develops during and immediately following childbirth. Bonding, which appears to be crucial to the development of a healthy parent/child relationship, may be studied during and immediately following delivery to help identify potential families-at-risk. Bonding is normally a natural occurrence but it may be disrupted by separation of mother and baby or by situational or psychological factors causing the mother to reject the baby at birth.

Burden of Proof Duty of the petitioner to prove affirmatively the allegations of the petition.

Business Record Written documentation of casework. May be admitted into Family Court as an exception to the Hearsay Rule if the type of record is kept in the ordinary course of business, the particular record was kept in the ordinary course of business, and entries were made reasonably contemporaneously with the events recorded.

Case Management The responsibility of the local social services district to authorize the provision of protective services for children, to approve in writing the child and family services plan, and to approve in writing the reports to be submitted to the State Central Register of Child Abuse and Maltreatment and the filing of such reports to the State Central Register. (NYCRR 432.1 (m))

Case Planning Assessing the need for, providing or arranging for, coordinating and evaluating the provision of protective services for children and all other rehabilitative services provided children named in abuse and/or maltreatment reports and their families. Case planning shall include referring children and their families to providers of rehabilitative services, as needed. Case planning responsibility shall also include recording in the child's uniform case record that such services are provided and that casework contacts are provided.

Casework A method of social work intervention which helps an individual or family improve their functioning in society by changing both internal attitudes and feelings and external circumstances directly affecting the individual or family. This contrasts with community organization and other methods of social work intervention which focuses on changing institutions or society. Social casework relies on a relationship between the caseworker

and client as the primary tool for effecting change.

Casework Contacts Face to face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, designed towards a course of action which addresses the allegations of child abuse and/or maltreatment determined to be "indicated" as a result of the child protective services investigation. (NYCRR 432.1 (o))

Child Abuse and Maltreatment (CAM) See SSL § 412.

Child Abuse and Neglect (CAN) See FCA § 1012.

Child Development Pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence. Parents need to understand the level of maturity consistent with each stage of development and should not expect a child to display a level of maturity of which the child is incapable at a particular stage. Abusive or neglectful parents frequently impair a child's healthy growth and development because they do not understand child development or are otherwise unable to meet the child's physical, social, and psychological needs at a given stage or stages of development.

Child Pornography See Penal Law § 263.

Child Prostitution The use of or participation by children in sexual acts with adults for reward or financial gain.

Child Protective Services or Child Protection Services Child protective agency means any duly authorized society for the prevention of cruelty to children, or the child protective service of the appropriate local department of social services or other agencies with whom the local department has arranged for the provision of

child protective services under the local plan for child protective services.

Civil Proceeding Any lawsuit other than criminal prosecutions. Juvenile and family court cases are civil proceedings. Also called a civil action.

Commission, Acts of Overt acts by a parent or caretaker toward a child resulting in physical or mental injury, including but not limited to beatings, excessive disciplining, or exploitation.

Compliance The behavior of children who readily yield to demands in an attempt to please abusive or neglectful parents or caretakers.

Complaint

- An oral statement, usually made to the police, charging criminal, abusive, or neglectful conduct.
- A district attorney's document which starts a criminal prosecution.
- A petitioner's document which starts a civil proceeding. In family court, the complaint is usually called a petition.

Cofidentiality Professional practice of not sharing with others information entrusted by a client or patient. Sometimes communications from parent to physician or social worker are made with this expectation but are later used in court, and many physicians and social workers are torn between legal versus professional obligations. Confidentiality which is protected by statute is known as privileged communications. Confidentiality need not obstruct information sharing with a multidisciplinary team provided that the client is advised of the sharing and the team has articulated its own policy and guidelines on confidentiality.

Corporal Punishment Physical punishment inflicted directly upon the body. Some abusive parents mistakenly believe that corporal punishment is the only way to discipline children, and some child development specialists believe that almost all parents must occasionally resort to corporal punishment to discipline or train children. Other professionals believe that corporal punishment is never advisable.

Corroboration Evidence which tends to support the reliability of other evidence and statements. Particularly important in cases where the child does not testify. See FCA § 1046 (a)(vi).

Criminal Prosecution The process involving the filing of charges of a crime, followed by arraignment and trial of the defendant. Criminal prosecution may result in fines, acquittal, ACD, imprisonment, and/or probation. Criminal defendants are entitled to acquittal unless charges against them are proven beyond a reasonable doubt. Rules of evidence in criminal proceedings exclude some kinds of proof, even though that proof might be admissible in civil proceedings. Criminal defendants are entitled to a jury trial; in many civil proceedings concerning children, there is not right to a jury trial.

Custody The care and control of a thing or person. The keeping, guarding, care, watch, inspection, preservation or security of a thing, carrying with it the idea of the thing being within the immediate personal care and control of the person to whose custody it is subjected. Immediate charge and control and not the final absolute control of ownership, implying responsibility for the protection and preservation of the thing in custody. (*Black's Law Dictionary,* 5th Edition. St. Paul: West Publishing Co.)

Custody of Children The care, control and maintenance of a child which may be awarded by a court to one of the parents as

in a divorce or separation proceeding. A number of states have adopted the Uniform Child Custody Jurisdiction Act. (*Black's Law Dictionary,* 5th Edition. St. Paul: West Publishing Co.)

Direct Service Providers Those groups and individuals who directly interact with clients and patients in the delivery of health, education and welfare services, or those agencies which employ them. It includes, among others, policemen, social workers, physicians, psychiatrists and clinical psychologists who see clients or patients.

Discipline

- A branch of knowledge or learning or a particular profession, such as law, medicine or social work.
- Training that develops self-control, self-sufficiency, orderly conduct. Discipline is often confused with punishment, particularly by abusive parents who resort to corporal punishment. Although interpretations of both "discipline" and "punishment" tend to be vague and often overlapping, there is some consensus that discipline has positive connotations and punishment is considered negatively. Some general comparisons between the terms are:
  - Discipline can occur before, during and/or after an event; punishment occurs only after an event.
  - Discipline is based on respect for a child and his or her capabilities; punishment is based on behavior or events precipitating behavior.
  - Discipline implies that there is an authority figure; punishment implies power and dominance vs. submissiveness.
  - The purpose of discipline is educational and rational; the purpose of punishment is to inflict pain, often in an attempt to vent frustration or anger.
  - Discipline focuses on deterring future behavior by encouraging development of internal controls; punishment

is a method of external control which may or may not alter future behavior.

- Discipline can lead to extrapolation and generalized learning patterns; punishment may relate only to a specific event.
- Discipline can strengthen interpersonal bonds and recognized individual means and worth; punishment usually causes deterioration of relationships and is usually a dehumanizing experience.
- Both discipline and punishment behavior patterns may be transmitted to the next generation.

Disclosure The admission or revealing of abuse or maltreatment usually by the victim or family member. The term is most often used in cases of sexual abuse.

Disposition Following adjudication this is the court's order directing placement, suspended judgment, release of child to person other than parent, supervision, order of protection. See FCA §§ 1052–1057.

Dispositional Hearing A hearing to determine what order of disposition should be made.See FCA § 1045.

Documentation File The memos and procedures compiled by a local district which support compliance with the statutory and regulatory requirements related to child protective services.

Domestic Violence Any crime or violation as defined in the penal law which has been alleged to have been committed by any family or household member against any member of the same family or household.

Due Process All rights which are of such fundamental importance as to require compliance with due process standards of

fairness and justice. (*Black's Law Dictionary*, 5th Edition. St Paul: West Publishing Co.)

Empathic or Empathetic The capacity for participating in another person's feelings and/or ideas.

Evidence Any sort of proof submitted to the court for the purpose of influencing the court's decision.

Ex Parte An application made by one party without notice to the other party, e.g., FCA § 1022 Order of Removal.

Excessive Corporal Punishment Corporal punishment is excessive if it goes beyond what is objectively reasonable.

Exhibit Physical evidence used in court. In a child abuse case, an exhibit may consist of x-rays, photographs of the child's injuries, or the actual materials presumably used to inflict the injuries.

Expert Witness A witness who is qualified in a particular field by education, training and experience outside the knowledge of the average person, thereby allowing the witness to testify to his or her opinion.

Exploitation of Children

- Involving a child in illegal or immoral activities for the benefit of a parent or caretaker. This could include child pornography, child prostitution, sexual abuse or forcing a child to steal.
- Forcing workloads on a child in or outside the home so as to interfere with the health, education and well-being of the child.

Expungement The physical erasure or destruction of records.

Fact-Finding Hearing at which evidence is produced to prove or disprove the allegations of the petition. All rules of evidence must be followed.

Failure-to-Thrive Syndrome (FTT) A serious medical condition most often seen in children under one year of age. An FTT child's height, weight, and motor development fall significantly short of the average growth rates of normal children. In about ten percent of FTT cases, there is an organic cause for the condition such as serious heart, kidney, or intestinal disease, a genetic error of metabolism or brain damage. All other cases are a result of a distributed parent-child relationship manifested in severe physical and emotional neglect of the child. In diagnosing FTT as child neglect, certain criteria should be considered:

- The child's weight is below the third percentile, but substantial weight gain occurs when the child is properly nurtured, such as when hospitalized.
- The child exhibits developmental retardation which decreases when there is adequate feeding and appropriate stimulation.
- Medical investigation provides no evidence that disease or medical abnormality is causing the symptoms.
- The child exhibits clinical signs of deprivation which decrease in a more nurturing environment.
- There appears to be a significant environmental psychosocial disruption in the child's family.

Families-at-Risk May refer to families evidencing high potential for child abuse or maltreatment because of a conspicuous, severe parental problem, such as criminal behavior, substance abuse, mental retardation, or psychosis. More often refers to families evidencing high potential for abuse or neglect because of risk factors which may be less conspicuous but multiple. These include: (1) environmental stress such as unemployment

or work dissatisfaction; social isolation; anomie; lack of child care resources; and/or (2) family stress such as marital discord; chronically and/or emotionally immature parent with a history of abuse or neglect as a child; unwanted teen pregnancy; colicky, hyperactive, or handicapped baby or child; siblings a year or less apart; sudden changes in family due to illness, separation, or death; parental ignorance of child care and child development. Increasingly, the maternal-infant bonding process at childbirth is evaluated and used as one means to identify families-at-risk. Families thus identified should be offered immediate and periodic assistance.

Family Two or more persons related by blood, marriage, or mutual agreement who interact and provide one another with mutual physical, emotional, social, and/or economic care. Families can be described as "extended," with more than one generation in a household; or "nuclear," with only parent(s) and child(ren). Families can also be described as "mixed" or "multi-racial"; "multi-parent," as in a commune or collective; or "single-parent." These types are not mutually exclusive.

Family Court In New York State, the Family Court has exclusive original jurisdiction over child abuse and neglect proceedings, support proceedings, proceedings to determine paternity and for the support of children born out of wedlock, proceedings permanently to terminate custody of a child by reason of permanent neglect, proceedings concerning whether a person is in need of supervision, family offenses proceedings and proceedings concerning juvenile delinquency.

Family Dynamics Interrelationships between and among individual family members. The evaluation of family dynamics is an important factor in the identification, diagnosis and treatment of child abuse and neglect.

Family Dysfunction Ineffective functioning of the family as a unit or of individual family members in their family role because of physical, mental or situational problems of one or more family members. A family which does not have or use internal or external resources to cope with its problems or fulfill its responsibilities to children may be described as dysfunctional. Child abuse and neglect is evidence of family dysfunction.

Family System The concept that families operate as an interacting whole and are an open system, so that many factors in the environment affect the functioning of family members and the interaction among members. It is also conceptualized that the behavior of the family as an interacting unit has an effect on a number of factors in the outer environment.

Federal Regulations Guidelines and regulations developed by departments or agencies of the federal government to govern programs administered or funded by those agencies. Regulations specify policies and procedures outlined in a more general way in public laws or acts. Proposed federal regulations, or changes in existing regulations, are usually published in the *Federal Register* for public review and comment. They are subsequently published in the final form adopted by the governing agency.

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

Fifth Amendment The Fifth Amendment to the U.S. Constitution guarantees a defendant that he or she cannot be compelled to present self-incriminating testimony.

Foster Care Full time, substitute care of children outside their own homes.

Guardian Adult charged lawfully with the responsibility for a child. A guardian has almost all the rights and powers of a natural parent, but the relationship is subject to termination or change. A guardian may or may not also have custody and therefore actual care and supervision of the child.

Guardian Ad Litem When a child comes before the court, the court is obligated to ensure that the child's safety and interests are protected. To do this the court may appoint a third party, a guardian ad litem.

Hotline See Statewide Central Register of Child Abuse and Maltreatment SSL § 422.

Immunity, Legal Freedom from duty or penalty. (*Black's Law Dictionary*, 5th Edition. St. Paul: West Publishing Co.)

Impairment of Emotional Health/Impairment of Mental or Emotional Condition See FCA § 1012 (h).

Incest "A person is guilty of incest in the fourth degree when he or she marries or engages in sexual intercourse or deviate sexual intercourse with a person whom he or she knows to be related to him or her, either legitimately or out of wedlock, as an ancestor, descendant, brother or sister of either the whole or half blood, uncle, aunt, nephew, or niece." (NYS Penal Law § 255.25)

Indicators of Child Abuse and Neglect Signs or symptoms which, when found in various combination,point to possible abuse or neglect.

Indicated Report A report made in which an investigation deter-

mines that some credible evidence of the alleged abuse or maltreatment exists.

Indictment The report of a grand jury charging an adult with criminal conduct. The process of indictment by secret grand jury proceedings by-passes the filing of a criminal complaint and the holding of a preliminary hearing, so that prosecution begins immediately.

Institutional Child Abuse and Neglect See “abused child in residential care” and “neglected child in residential care” SSL § 412.

Judicial Hearing Judicial proceeding where issues of fact or law are tried and in which both parties have a right to be heard. A hearing is synonymous with a trial.

Jurisdiction The power of a particular court to hear cases involving certain categories of persons or allegations. Jurisdiction may also depend upon geographical factors such as the county of a person’s residence.

Laceration A jagged cut or wound.

Lay Witness Any witness not qualified as an expert.

Law Guardian Independent attorney assigned by the court to represent the interests of the child in the proceeding. See FCA § 249.

Lesion Any injury to any part of the body from any cause that results in damage or loss of structure or function of the body tissue involved. A lesion may be caused by poison, infection, dysfunction, or violence, and may be either accidental or intentional.

Liability for Failure to Report See SSL § 420.

Long-Term Treatment Supportive and therapeutic services over a period of time, usually at least a year, to restore the parent(s) of an abused or maltreated child and/or the child himself or herself to adequate levels of functioning and to prevent recurrence of child abuse or maltreatment.

Monitor The employee of the Child Protective Service who is monitoring the services being provided by someone other than the Child Protective Service employee to children named in an indicated case of child abuse and/or maltreatment which is open in the State Central Register and their families.

Monitoring The active continued involvement of the local district's Child Protective Service with those indicated cases of child abuse and maltreatment which are open in the State Central Register, but where the Child Protective Service caseworker(s) are not the primary service provider for the case. The purpose of such involvement is to ensure that the established plan for service addresses the health and safety of the child, the reason for the indication of the case, and that the established plan for service is being implemented by the service providers.

Neglected Child See FCA § 1012.

Neglected Child in a Residential Facility See SSL § 412.

Order of Protection Written order directing particular conduct by a party. The conduct may not necessarily a violation of any law. Violation of the order is punishable as a civil Contempt of Court by a jail term or fine. See FCA § 1027,1029, 1056.

Other Person Named in the Report Shall mean and be limited to the following persons who are named in a report of child abuse or maltreatment other than the subject of the report: any child and/or children who are named in a report made to the Central Register of Child Abuse and Maltreatment and the parent, guardian or other person legally responsible for such child(ren) which parent, guardian or other person legally responsible for such child(ren) have not been named in the report as the person allegedly responsible for causing injury, abuse or maltreatment to such child(ren) or as allegedly allowing such injury, abuse or maltreatment to be inflicted on such child(ren). (NYCRR 432.1(e))

Person Legally Responsible Includes the child's custodian, guardian, any other person responsible for the child's care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such person causes or contributes to the abuse or neglect of the child. (NYCRR 432.1(d))

Petition

- The actual paper filed in the court and served on the respondent which sets out the factual allegations constituting neglect or abuse.
- To commence the proceeding, e.g., the respondent is made part of the proceeding by being petitioned to court.

Petitioner The party, usually an authorized agency, who commences the Article Ten proceeding and is making the allegation of neglect or abuse.

Placement Custody and placement of the child outside his home as a disposition of the petition following adjudication. See FCA § 1055.

Prima Facie A Latin term approximately meaning "at first sight," "on the first appearance," or "on the face of it." Evidence, good and sufficient on its face, to prove the necessary allegations of the petition.

Primary Service Provider A caseworker who is responsible for both case planning and providing caseworker contact services to children named in indicated abuse and/or maltreatment reports and their families.

Protective Services for Children Services on behalf of children, under the age of 18, who are named in an alleged or an indicated report of abuse and/or maltreatment. The following services may be considered protective services for children:

- identification and diagnosis;
- receipt of child abuse and/or maltreatment reports and investigation thereof, including the obtaining of information from collateral contacts such as hospitals, school and police;
- making determinations that there is credible evidence of child abuse and/or maltreatment;
- providing counseling, therapy and training courses for the parents or guardians of the individual, including parent aide services;
- counseling and therapy for individuals at risk of physical or emotional harm;
- arranging for emergency shelter for children who are suspected of being abused and/or maltreated;
- arranging for financial assistance, where appropriate;
- assisting the Family Court or the Criminal Court during all stages of a court proceeding in accordance with the purposes of Title Six of the Social Services Law;
- arranging for the provision of appropriate rehabilitative services, including but not limited to preventive services and foster care for children;

- providing directly or arranging for, either through purchase or referral, the provision of day care or homemaker services, without regard to financial criteria. Programmatic need for such service must have been established as a result of the investigation of a report of child abuse and/or maltreatment received by the New York State child abuse and maltreatment register and such services must terminate as a protective service for children when the case is closed with the register, pursuant to the standards set forth in section 432.2 (c) of 18 NYCRR;
- monitoring the rehabilitative services being provided by someone other than the child protective service worker;
- case management services;
- case planning services; and
- casework contacts. The purpose of casework contacts shall also be to continually reassess the parents ability to provide a minimum standard of care to the chid(ren) as well as to track the progress the parents are making toward achieving the goals set forth in the family and children's services plan. (NYCRR 432.2 (p))

Public Hearing A hearing held prior to the submission of a local plan in a place and at a time which will allow the maximum number of concerned citizens and professionals to attend. The hearing shall be publicized in a manner which would bring the meeting and its purpose to the attention of the maximum number of agencies and individuals. Notice of such hearings should be publicized at least two weeks in advance through local media and through notices mailed by the local department of social services to appropriate groups, organizations and community agencies. The meeting shall be conducted in such a way as to encourage recommendations from those in attendance. (NYCRR 432.2 (h))

Rehabilitative Service Those services necessary to safeguard and insure the child's well-being and development and to pre-

serve and stabilize family life, including but not limited to preventive services, and protective services; provided, however, that no activity relating to the receiving of reports of child abuse and/or maltreatment or the investigation thereof and the determination as to whether or not such a report is indicated or unfounded shall be considered a rehabilitative service. (NYCRR 432.2 (i))

Res Ipsa Loquitor Latin expression meaning "the thing speaks for itself." Proof of an injury or condition in a child which would not ordinarily exist except for neglect or abuse is prima facie evidence of the neglect or abuse. See FCA § 1046 (a)(ii).

Residential Care See SSL § 412.

Respondent Party, parent or other person legally responsible (see FCA § 1012) against whom the allegation of neglect or abuse is being made.

Removal Temporary placement of the child outside his home prior to an adjudication. See FCA §§ 1021–1027.

Search Warrant Written direction allowing forcible entry for the purpose of locating a child believed to be neglected or abused. see FCA § 1034. NB: Article Ten of the FCA does not allow for issuance of a search warrant to look for evidence other than the child himself.

Sexually Abused Child See FCA § 1012.

Standard of Proof Amount of proof necessary for the petitioner to sustain the allegations of the petition.

Subdural Hematoma An accumulation of blood in the subdural space. The subdural space is situated between the dura mater, a

membrane lining the interior of the skull, and the arachnoid, a delicate membrane that envelopes the brain. (*Dorland's Illustrated Medical Dictionary,* 26th Edition. NY: WB Saunders)

Subject of a Report Any child's parent or guardian, any operator, employee or volunteer of a home or facility operated or supervised by an authorized agency, the Division for Youth, or an office of the Department of Mental Hygiene or a family day-care home, a day-care center or day services program, or any other person legally responsible for a child, any of whom are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the Central Register of Child Abuse or Maltreatment. (NYCRR 432.1 (d))

Subpoena Written notice to a non-party to a hearing directing his or her appearance in court at a particular place and time to testify in that hearing.

Subpoena Duces Tecum Subpoena directing the production of documents.

Summons Written notice to the respondent, attached to the petition, directing the respondent to appear in court at a particular place and time to answer the allegations in the petition.

Suspended Judgment A post-adjudication disposition. The adjudication is suspended for a period of up to a year under specified terms and conditions. Upon compliance the adjudication is withdrawn. See FCA § 1053 and compare to ACD. Seldom used as a disposition except in plea-bargaining situations.

Unfounded Report A report in which an investigation determines that no credible evidence of the alleged abuse or maltreatment exists.

Venue County in which the petition may be filed.

Warrant Written direction to a police agency to bring a respondent or child immediately before the court. FCA § 1037 sets out instances in which a warrant may be issued rather than a summons.