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Child Abuse and Neglect: Protecting Children When Families Cannot

LEARNING OUTCOMES

After reading this chapter, you should be able to:

- Discuss how children have been treated throughout history and how there has been evidence of maltreatment.
- Describe the various types of maltreatment and who might neglect or abuse children in this manner.
- Outline the process of reporting child maltreatment to the appropriate agencies.
- Discuss the types of court that might address child maltreatment.
- Describe the role of the social worker in protective services.
- Discuss the future of protective services for children.

HISTORICAL VIEW OF CHILDREN AND THEIR WELFARE

The historical overview in Chapter 1 acquainted us with the fact that the concept of childhood is recent and that children were previously considered the property of parents and were dependent on those adults. Parents were free to kill children, sell them into slavery, maim them,

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or abandon them. Children might even be used in sacrifices as in the biblical account of Abraham's intent to sacrifice his son Isaac. DeMause (1995–1996) reports that archeological findings of an abundance of skeletons of infants and toddlers suggest that child murder and sacrifice were all too common. The much-quoted biblical passage that charges parents to “withhold not correction from the child for if thou beatest him with the rod he shall not die; thou shalt beat him with the rod and deliver his soul from Hell” (Proverbs 23:13–14) is often still paraphrased as “spare the rod and spoil the child” in support of corporal punishment of children.

The circumstances of the parents dictated the circumstances of their children. Poor parents, subject to **almshouses**, went there with their children, who often suffered **neglect** and even death. In the United States, children who arrived as immigrants worked alongside their parents and did much to shape this country. African American children came originally as slaves who were at the mercy of not only their parents but also their owners. It was not unusual for them to be beaten or separated from their families according to the needs of their owners. Asian and Pacific Islander children may have fared somewhat better. Their parents' cultural values ensured that these children were absorbed into and protected by the family, when the family was able to do this. Hispanic and Native American children, too, had the benefit of the family or the greater community. The fact that families also were not well treated impacted the children (Crosson-Tower, 2013).

By the late 1800s, some children from poor families found placement in so-called **orphan asylums**. This is a misnomer because many of these children still had at least one living parent. Conditions in these institutions varied, but incidences of physical and sexual abuse are well documented (Smith, 1995). Even if these orphanages had not been settings in which maltreatment could be hidden from the public, children suffered from being institutionalized.

As we consider the history of the welfare of children, it is important—for the purposes of this chapter—to see these in the light of possible maltreatment.

Child Neglect Throughout History

Neglect is a concept alluded to rather than fully discussed in historical contexts. Early images of neglect conjure up street waifs, cold, hungry, and destitute. To sustain themselves, these children resorted to theft, begging, and loitering, to the annoyance of the upper-class passersby. In fact, such scenes were a contributing factor to the child-saving movement. In reality, such children reflected the social conditions of their time when poverty was largely unaddressed. Swift (1995) contends that mothers were blamed for the neglect of these children; rarely was the father's role considered. These mothers were felt to be “morally wanting”; often it was assumed that they were under the influence of alcohol or guilty of “loose living.” Early case records describe these mothers as “mentally limited” and immature. Rarely were circumstances other than their own ineptitude given weight.

Only recently have such societal issues as poverty and housing been considered. Yet, even today individual characteristics of mothers are seen as the primary reason why their children are neglected (Swift, 1995), despite assertions by some experts that neglect results from a complex matrix of societal, personal, and systemwide inadequacies (Garbarino and Collins, 1999; Taylor and Daniel, 2005; Horwath, 2013).

Child Labor and Maltreatment

Childhood as we know is a relatively new concept. Children of previous centuries were expected to be as useful as their parents. Many parents sought to ensure their children's future through **indenture**, apprenticing children to tradesmen or masters to learn a trade. Indenture began when the child was quite young and lasted into adolescence or early adulthood. Although it was seemingly a good way to learn a future vocation, reports tell us that masters were not always benevolent and that some children suffered from a variety of abuses.

As the industrial revolution dawned, children began to find employment in factories. They were expected to work long and hard, often beyond their endurance. Child advocates became concerned about the abuses to children in the workforce and urged reform. One such critic was **Jane Addams** of Chicago's Hull House. Hull House, a settlement house established in the Chicago slums on the model of New York's Toynbee Hall, strove to help immigrants integrate into their new society. Economic need found immigrant children working in factories along with their parents, but without the strength or endurance of their elders. Often the conditions under which they worked were also dangerous. Addams recounts her special concerns, in her memoirs, *Twenty Years at Hull House* (1910). She observed young children injured and even killed when machinery was not properly maintained and was horrified when the factory owners did nothing at all about the malfunction. She then learned of the documents that parents had been forced to sign exonerating the owners from any damages resulting from the children's "carelessness."

Although the staff of Hull House fought valiantly for the rights of children, it would be some years before the laws protecting children from unfair labor practices would be passed. Some families were actually dependent for their survival on the income brought in by their children. Thus, poverty must be viewed as an important contributor to early child labor.

Sexual Mores and Abuses

Children have been sexually exploited throughout history, although the definition of sexual exploitation has changed. In ancient times, female children, especially, were seen as the property of the father, who could do with them as he chose. A daughter was something that could be used for barter to gain lands, money, and prestige. Such practices are still evident in some parts of the world. Betrothal might also be sealed through intercourse if the father and tradition should dictate. Daughters given in betrothal or marriage might be as young as 12. Other girls entered the convent as young as 9, sometimes to later be used sexually by the monks associated with the convent (Rush, 1992).

DeMause (1991, 1995–1996) reports that mothers often masturbated their sons to increase penis size or handed them over to men to be indoctrinated into sexuality. For example, the ancient Greeks are known to have practiced **pederasty**, the use of young boys by men. Families of these boys might seek out a wealthy benefactor to whom they would offer their son for sexual training and pleasure. The rationale was that such practices turned boys into better warriors and prepared them more effectively for adult life (Rush, 1992; deMause, 1995; Hilarski, 2008). But the sexual use of children, largely sanctioned by society, has continued into modern times.

One often thinks of the Victorian era as staid and proper. On the surface, Western society frowned on sexuality; masturbation was considered a precursor to insanity, promiscuity, and even death; and women saw sexual behavior in the marital bed as an odious duty they

had to perform. Yet, the sexual abuse of children flourished. Child pornography and prostitution were the alternatives sought by men who felt they could not prevail on their wives. Slave owners in the southern United States took sexual pleasure in "breaking in" their slave girls at ages 13 and younger (Jackson, 2000; Hilarski, 2008; Crosson-Tower, 2014).

The Victorian era also was the setting of a debate over sexual abuse that would be written about until the end of the twentieth century. Sigmund Freud, the father of modern psychoanalysis, found that many of his female patients reported that they had been sexually molested by fathers, uncles, and brothers. Fleeting, he considered the magnitude of the incidence of incest that the reports must represent. Yet, soon after disclosure the women would flee **treatment** or recant their allegations. (Modern therapists now see this practice as typical of survivors of incest.) For this reason and because he found little sympathy or precedent for this thinking in the medical community of his day, Freud eventually dismissed the women's reports as hysterical symptoms that originated in fantasy rather than actual occurrences (1966). Critics would later criticize him for not having developed his early theories, which might have helped incest survivors. It was not until the late twentieth century that women who reported incest tended to be believed (Crosson-Tower, 2014; see also Robertson, 2005).

Although in Western culture sexuality seems like an adult activity and one in which we should not involve children, deMause (1995–1996) believes that the practice of sexually using children continues today in many other parts of the world.

Efforts to Control Child Abuse

Sagatun and Edwards (1995) suggest that two reform movements, the **Refuge Movement** and the **Child Saver Movement**, influenced children's exposure to abuse in the nineteenth and twentieth centuries. The Refuge Movement began in the early 1800s by seeking to remove children from almshouses and placing them in institutions designed for their care. Unfortunately, the conditions in these refuge houses often rivaled those of the almshouses, and children rarely fared better than they might have if left with their parents. Abuse and neglect were rampant at the hands of overworked staff and other residents. In 1838, a Pennsylvania court also set a precedent by removing children from their parents' custody, thus establishing a practice that continues today (deMause, 1995–1996; Sagatun and Edwards, 1995). There is some question as to whether the early practices of the Refuge Movement were designed to protect children or keep them away from the rest of society. However, in 1874 a case in New York City changed the history of helping children.

Mary Ellen Wilson lived with Francis and Mary Connelly and was the daughter of Mary Connelly's first husband. It was not uncommon for neighbors to see the poorly clad 8-year-old shivering, locked out in the December cold. But it was her cries as she was beaten with a leather strap that made one neighbor alert a neighborhood church worker, Etta Wheeler. After getting no help from the police, Wheeler finally turned to the American Society for the Prevention of Cruelty to Animals (ASPCA) and its director, Henry Burgh, arguing that animals had more protection than little Mary Ellen. Whether Burgh acted on behalf of the ASPCA or as a private citizen is unclear, but history does record that the case was prosecuted by Burgh's good friend, attorney Elbridge Gerry. From this trial and the controversy surrounding it came the **Society for the Prevention of Cruelty to Children (SPCC)** in early 1875. From New York City, the SPCC spread to other major cities as the first agency designed to intervene on behalf of abused and neglected children (Shelman and Lazoritz, 2003; Crosson-Tower, 2013). By 1881, the SPCC was given authorization to make investigations and place magistrates in courts to protect the rights of children. At that time, the purpose of the society was not only to protect children but also to prosecute their abusive

parents (Sagatun and Edwards, 1995; Shelman and Lazoritz, 2003; Crosson-Tower, 2013). Today, as we understand more about the psychology of those who become abusive, the trend is toward the protection of children and the rehabilitation of their parents.

The Child Saver Movement was founded chiefly by middle- and upper-class women whose aim was to protect children from abuse, at the same time influencing child labor practices and legal practices affecting children. These efforts gave rise to the founding of the juvenile court system through the **Juvenile Court Act of 1899** (Sagatun and Edwards, 1995; Siegel and Welsh, 2014). The juvenile court system is the primary legal entity that deals with child abuse and neglect. The use of this system will be discussed later in this chapter.

Another milestone in the protection of children from maltreatment was the work of **C. Henry Kempe** and his colleagues. In the late 1940s, Columbia University radiologist **John Caffey** led his colleagues in the recognition that multiple unexplained and often improperly healed fractures in children could indicate abuse by their caregivers. As Caffey made his theory better known through medical conferences and writings, Kempe, then chairman of the Department of Pediatrics at the University of Colorado Medical School, began his own study of the phenomenon. In a subsequent article providing an early definition of child abuse, Kempe coined the term "battered-child syndrome," which he and his colleagues defined as a "clinical condition in young children who have been severely physically abused, usually by a parent or foster parent" (Kempe et al., 1962; Kempe, 2007). Clearer definition of this phenomenon brought it to the attention of a variety of professionals who sought to intervene through their own disciplines.

By 1972, the **National Center for the Prevention of Child Abuse and Neglect** was established, through financial aid from the University of Colorado Medical Center, for the purpose of research and the sponsorship of training programs in the area of child abuse and neglect. In 1974, 100 years after Mary Ellen Wilson endured the beating of her caregivers, the **Child Abuse Prevention and Treatment Act (PL 93-247)** was passed. This act established the National Center on Child Abuse and Neglect, which would administer funding for a variety of programs and research to help abused and neglected children. Since that time, great strides have been made in the interest of maltreated children. In 1980, Congress passed the **Adoption Assistance and Child Welfare Act (PL 96-272)**, designed to discourage long placements in foster care and encourage permanency planning for all dependent children, including those who were abused and neglected in their own homes. And in 1986 the **Child Abuse Victims' Rights Act** was passed to improve investigation, court intervention training, victim protection, and treatment for maltreated children. Finally, improvements in record-keeping and more stringent penalties for offenders were mandated by the **Child Protection and Penalties Enhancement Act of 1990**.

Over the years, child protection has been the focus of much controversy and the subject of extensive research. Although some say that the upsurge of societal violence and the higher incidence of drug abuse have caused abuse figures to escalate, the reality is that, with heightened awareness on the part of professionals and the general public alike, there is a much higher percentage of recognition and reporting. This trend, one hopes, can only serve to aid families in getting the help they need. It is up to future professionals to ensure that help meets the children's best interests.

Summary of This Section

- Our concept of childhood is relatively recent. Throughout history, children were seen as the property of their parents who determined their fates. Children from poor families often ended up following their parents to almshouse, institutions where the poor worked for their keep. Conditions were often deplorable.

- In the 1800s, poor children or those whose families could not care for them were relegated to orphan asylums where physical and sexual abuses were well documented.
- Children neglected by their parents often turned to begging or even theft to sustain themselves. Mothers were blamed for neglecting children and called “morally wanting.” There was no consideration that their poverty might be one cause.
- Children were expected to work alongside adults. Some children were indentured—working for a master tradesman in exchange for room and board for a prescribed period of years. The settlement house in the later 1800s, especially Hull House funded by Jane Addams, took on the cause of child labor and were able to make significant changes including the act to aid the establishment of the juvenile courts in 1899.
- Children were subjected to a variety of forms of sexual abuse from ancient times. Young girls in convents were made available sexually to monks, well-meaning mothers masturbated sons to increase penis size, and men in early Greece practiced pederasty or the sexual indoctrination of young boys. The seemingly proper Victorian era actually saw young girls in prostitution.
- The Refuge Movement and the Child Saver Movement were two initiatives to promote better treatment of children and provide for them when their parents could not care for them. But it was the case of Mary Ellen Wilson that would change history when a neighborhood worker intervened when a child was being abused and neglected attracting the attention of the director of the Society for the Prevention of Cruelty to Animals. Their efforts would lead to the establishment of the Society for the Prevention of Cruelty to Children in 1875 and efforts to protect other maltreated children.

There was another breakthrough for intervention in child abuse when radiologist John Caffey postulated that unexplained fractures in young children might be indicative of abuse. A noted pediatrician C. Henry Kempe coined the term “battered-child syndrome,” which increased attention to the treatment of abused children influencing the enactment of the Child Abuse Prevention and Treatment Act of 1974, the first significant piece of legislation to protect abused and neglected children.



Click here to gauge your understanding of the concepts in this section.

MALTREATMENT DEFINED

Any type of maltreatment has the potential for creating trauma in children. It is important to understand the trauma and how it affects children when discussing the forms of maltreatment.

Child abuse and neglect fall into specific categories with different symptoms and often different etiologies. The four categories most often used are physical abuse, **physical neglect**, sexual abuse, and emotional or psychological abuse. Some authors break down neglect into physical neglect, emotional neglect, educational neglect, and medical neglect.



Watch this video on the impact of trauma on children. Does anything surprise you?

www.youtube.com/watch?v=z8vZxDa2KPM

Physical Abuse

The **physical abuse of children** can be defined as a non-accidental injury inflicted on a child. The abuse is usually at the hands of a caregiver but can be perpetrated by another adult or, in some cases, an older child. Some protection agencies add the provision that the

abuse needs to have caused disfigurement, impairment of physical health, loss or impairment of a bodily organ, or substantial risk of death.

Two dilemmas arise in the consideration of what constitutes physical abuse. The first is related to cultural context. Some cultures have customs or practices that child protection would consider abusive. For example, some Vietnamese families, in a ritual called *cao gio*, rub their children with a coin heated to a point at which it leaves burn marks. It is an intentional act but designed, in that culture, to cure a variety of ills. Do the parents' good intentions exempt this practice from being considered abusive? Similarly, the use of corporal punishment is sanctioned in many Hispanic cultures but is seen as abusive in this culture when it becomes excessive. Some child protection advocates adopt the "when in Rome, do as the Romans do" attitude that minorities must abide by the laws of the culture in which they now reside. One Puerto Rican social worker, working in a predominantly Hispanic section of New York City, vehemently disagreed: "Yes, there are laws, but those laws were made by Anglos. Is it fair to deprive new immigrants of everything, including their customs? Maybe the laws should be changed!" The reality is that if a child is reported as being harmed for whatever reason, a child protection agency will usually investigate. If the reason is one of culture, this will be considered. Fontes (2008), in speaking of Hispanic families using harsh discipline, suggests that understanding the cultural values and approaching the family in a non-blaming way will go a long way toward gaining cooperation.

Another dilemma for society is "What constitutes discipline, and how is that differentiated from abuse?" The physical punishment of children as a form of discipline has been practiced extensively throughout U.S. history. Although more recently many parents have started seeking alternatives to physical punishment in the raising of their children, a significant number of parents still hit as a way to discipline. Some argue that what separates this type of discipline from abuse is a matter of degree. If bruises are left on the child and those bruises last for a prolonged period, the act is considered abusive.

Symptoms

Children who have been physically abused display a variety of symptoms. Bruises are frequently what come to mind when one thinks of abuse, and indeed these constitute the most frequent symptoms. Children may acquire bruises over time, and one can often discern bruises at different stages of healing. On lighter skins, bruises usually are initially red but turn blue in about 6 to 12 hours. The site will become dark purple during the next 12 to 24 hours, take on a greenish tint in 6 days, and be a pale green or yellow by 5 to 10 days. Thus, a child who is observed to have bruises in various stages of healing may have been abused on different occasions (Hobbs and Wynne, 2001; Crosson-Tower, 2013; Child Welfare Information Gateway, 2013b).

Bruises may also be in the shape of objects such as ropes, cords, belt buckles, or coat hangers, indicating that the child has been hit with force using one of these instruments. Bruises inflicted on body areas that are less likely to sustain accidental injuries are also suspect (e.g., the face and head, upper arms, back, upper legs, and genitalia). Certainly it is possible for a child to be bruised by accident, but if there is an unusual quality to the bruise, poor supervision and abuse should be considered.

Another classic abuse symptom is the burn. Infants and small children may be especially vulnerable to being burned when a parent is angry. Burns may be inflicted by



Research-Informed Practice

Behavior: Use practice experience and theory to inform scientific inquiry and research

Critical Thinking Question: Imagine yourself in the late 1800s confronting the case of Mary Ellen Wilson, a classic in child maltreatment history. What might you have done with the absence of any services for children? How do social workers become trailblazers in the interest of their clients?

cigarettes, pokers, irons, scalding liquids, heating grates, or radiators. Abuse burns often appear on such unusual places as the palms of the hands, soles of the feet, abdomen, or genitals (Hobbs and Wynne, 2001; Child Welfare Information Gateway, 2013b).

Fractures are one recognizable sign of abuse to the medical community. From Caffey's early work (mentioned earlier) to the present, physicians have been especially vigilant regarding certain types of fractures. For example, a spiral break is particularly indicative of abuse. A parent who grabs a child in anger and twists the child's leg or arm may cause this type of break. Previously untreated fractures, detected when X-rays reveal calcium deposits around improperly healed breaks, suggest a situation in which the parent was hesitant to seek medical treatment. When healthy children receive a fracture, there is swelling and pain, which usually prompts the parent to seek medical advice. But a parent who has inflicted the trauma may feel hesitant to do so. Head injuries or skull fractures are especially dangerous. In addition, blood can collect around the surface of the brain, causing a condition known as a subdural hematoma. Children experiencing this injury may vomit, have seizures, lose consciousness, or even die.

Physical indicators are not the only clues to abuse. Children will often act out their cries for help in their behaviors. As infants, children cry as a way to communicate with the world. Different cries mean different things. But a baby who has learned through being abused that the world is a threatening place may develop a shrill, undifferentiated cry. As abused children become older, their development may not progress as it should. They may be slow to reach milestones in social and physical development. The school years may find them unable to concentrate or doing poorly, without the necessary energy to learn. On the other hand, some abused children throw themselves into school as a way of coping with an unhappy home life. Such a child is the chronic overachiever, the child to whom a grade of B seems like the end of the world.

Some abused children shrink from contact and withdraw into themselves. Some wet the bed or soil themselves in their anxiety. Still others fight their world by becoming pugnacious or acting out in other ways. The source of the behaviors of many delinquent children is a background of abuse. Children who have experienced abuse may also be physically hurtful toward others, especially younger children or animals. Some run away in a desperate attempt to escape their pain (see Table 7.1). There are as many ways for children to cry out for help as there are individual children, and every symptom here may not spell abuse by itself. It is the cluster of symptoms that gives one cause for suspicion.

Profile of the Abuser

Who physically abuses children? Hurting a child seems so foreign to many of us that we question how any parent could be capable of such harm. Yet everyone has the potential, under certain circumstances, to harm another, especially a child. Parents who abuse may feel overwhelmed and depressed or angry with their own lives. Most people discover that it is possible to feel out of control. When one is out of control, anything can happen. It depends on how hard one is pushed.

In general, the causal factors of child abuse fall into several, sometimes overlapping categories: the parent's own childhood experiences, substance abuse, emotional stress, social stressors, or the individual child's personality.

Many abusive parents have not had their own needs met in childhoods, often coming from dysfunctional families. When adults have not been parented by stable, caring individuals who knew how to model good parenting, they may assume that that is how one raises children. They may be bitter about the alcoholism that racked their

Table 7.1 Physical and Behavioral Indicators of Child Abuse and Neglect: Clues to Look for in Detection

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
Physical Abuse	<p>Unexplained bruises and welts</p> <ul style="list-style-type: none"> • on face, lips, mouth • on torso, back, buttocks, thighs • in various stages of healing • clustered, forming regular patterns • reflecting shape of article used to inflict (electric cord, belt buckle) • on several different surface areas • regularly appear after absence, weekend, or vacation • human bite marks • bald spots <p>Unexplained burns</p> <ul style="list-style-type: none"> • cigar or cigarette burns, especially on soles, palms, back, or buttocks • immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia) • patterned-like electric burner, iron, etc. • rope burns on arms, legs, neck, or torso <p>Unexplained fractures</p> <ul style="list-style-type: none"> • to skull, nose, facial structure • in various stages of healing • multiple or spiral fractures <p>Unexplained lacerations or abrasions</p> <ul style="list-style-type: none"> • to mouth, lips, gums, eyes • to external genitalia 	<p>Wary of adult contacts</p> <p>Apprehensive when other children cry</p> <p>Behavioral extremes</p> <ul style="list-style-type: none"> • aggressiveness • withdrawal • overly compliant <p>Afraid to go home</p> <p>Reports injury by parents</p> <p>Exhibits anxiety about normal activities (e.g., napping)</p> <p>Complains of soreness and moves awkwardly</p> <p>Destructive to self and others</p> <p>Arrives at school early, or stays late as if afraid to go home</p> <p>Accident-prone</p> <p>Wears clothing that covers body when not appropriate</p> <p>Chronic runaway (especially adolescents)</p> <p>Cannot tolerate physical contact or touch</p>
Physical Neglect	<p>Consistent hunger, poor hygiene, inappropriate dress</p> <p>Consistent lack of supervision, especially in dangerous activities or for long periods</p> <p>Unattended physical problems or medical needs</p> <p>Abandonment</p> <p>Lice</p> <p>Distended stomach, emaciated</p>	<p>Begging, stealing food</p> <p>Constant fatigue, listlessness, or falling asleep</p> <p>States there is no caretaker at home</p> <p>Frequent school absence or tardiness</p> <p>Destructive, pugnacious</p> <p>School dropout (adolescents)</p> <p>Early emancipation from family (adolescents)</p>

(Continued)

**Table
7.1**
**Physical and Behavioral Indicators of Child Abuse and Neglect:
Clues to Look for in Detection (Continued)**

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
Sexual Abuse	Difficulty in walking or sitting Torn, stained, or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal, or anal areas Venereal disease Frequent urinary or yeast infections Frequent unexplained sore throats	Unwilling to participate in certain physical activities Sudden drop in school performance Withdrawal, fantasy, or unusually infantile behavior Crying with no provocation Bizarre, sophisticated, or unusual sexual behavior or knowledge Anorexia (especially adolescents) Sexually provocative Poor peer relationships Reports sexual assault by caretaker Fear of or seductiveness toward males Suicide attempts (especially adolescents) Chronic runaway Early pregnancies
Emotional Maltreatment	Speech disorders Lags in physical development Failure to thrive (especially in infants) Asthma, severe allergies, or ulcers Substance abuse	Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Neurotic traits (sleep disorders, inhibition of play) Behavioral extremes <ul style="list-style-type: none"> • compliant, passive • aggressive, demanding Overly adaptive behavior <ul style="list-style-type: none"> • inappropriately adult • inappropriately infantile Developmental lags (mental, emotional) Delinquent behavior (especially adolescents)

Source: © Cynthia Crosson-Tower.

childhoods or the inconsistency that moved them from place to place. Most abusive parents do not intend to hurt their children. Granted, there are some who have been so damaged by their life experiences that they strike out to hurt others, but they are in the minority. Due to their own upbringings, these parents may be unprepared for parenthood and ways to handle issues that arise in raising children. Often in an effort to escape an unhappy environment, young people become parents too early sometimes believing that this will solve their problems. "I figured I could do a better job than my mother," explained one teen who had just had her child removed for severe abuse. Since abuse (or neglect) is all that some people know, the pattern often becomes intergenerational.

Another escape that some people fall into is the *abuse of drugs and alcohol*, which can impair their parenting abilities. Abuse of substances may be something they observed in their own childhoods. There are a variety of *other emotional stressors* that also inhibit parenting, such as mental illness, anger issues, and low stress tolerance.

Social stressors may combine with these to create problems. Social stress may have its roots in environmental factors but impacts the individual family personally. For example, an increase of violence in the culture not only desensitizes people to the use of violence but also leads to fear-based anxiety. One woman described her childhood in this way:

Case Example Doria

When we lived in the projects, our mother used to lock us in the house all day. There were so many shootings and she was petrified that one of us would get killed. But with Ma it was an obsession. My brother left the house one time and she stormed out and found him. She dragged him back and beat the heck out of him all the time telling him what a dumb little **** he was and how he'd get us all killed. I wondered if she'd kill him instead! Then she got religion and she'd pray over us. But this was not just religion, she became obsessed that if the shooter didn't get us the devil would. My oldest brother said she was probably losing it because the stress of living there was just too much. And if we did something she didn't like, she'd make us kneel in the corner on the cold cement for hours, telling us we should pray and ask Jesus to take the devil out of us. My sister passed out once and Ma put water on her and made her go back to the corner and pray to be stronger because she was a sinner.

A strong conservative and idiosyncratic interpretation of religion might lead a parent to use discipline that is inappropriately severe.

There are other social factors that may impact parenting by creating undue stress. For example, poverty, social isolation, rejection by the community, inadequate and unsafe housing, disability, or being a single parent are some stressors that can combine with others and result in abusive parenting. It should be noted, however, that many families deal with emotional and social stress and are able to parent at least adequately if not effectively. Why a parent abuses may be difficult to pinpoint and has to do more with the manner in which the parent is ill-equipped to deal with the normal pressures of life.

Some parents abuse a child because of the *impact that a particular child has on the parent*. The self-esteem of these abusive parents may depend on their children's behavior. If their children "look good," they feel like good parents. A cranky, fussy baby may not be tolerated by the parent who already feels insecure about her or his abilities to parent. When their children misbehave, these parents often see themselves as failures. Some parents see their children as people who can nurture them when their own parents did not. And there are parents who were raised with corporal punishment and are only repeating with their children the patterns that they learned in their own childhood homes.

Although the above was placed in the section describing physically abusive parents, these characteristics may describe both neglectful and sexually abusive parents.

Fortunately, only relatively few parents, caught up in their rage over their own unmet needs, abuse their children sadistically. These parents may get high on the power they feel from hurting others, sometimes even to the point of killing them. Obviously, the prognosis for this type of abuser is poor.

Another type of abuse, once known as **Munchausen-by-proxy**, but more recently termed **Factitious or Fabricated Disorder by Proxy (FDP)** has gained more attention in the last few years. FDP is a variation of Munchausen syndrome, which affects adults. An adult with Munchausen syndrome so desperately needs attention that she or he induces some

form of medical condition so as to necessitate a hospital stay. The patient then basks in the attention of hospital staff while proving a very demanding patient. The psychological community has concluded that this syndrome is based on the internalized rage felt by the patient toward parents by whom he or she feels emotionally abandoned (Eminson et al., 2000; Lasher and Sheridan, 2004; Day and Moseley, 2010; Greenbaum and Myers, 2010).

FDP is manifested predominantly by mothers, although rare cases of fathers suffering from the condition have been recorded. These mothers, who may have been Munchausen patients, appear to be caring and concerned about their hospitalized children, almost to a fault. The children come to the attention of the medical community for a variety of reasons, and the etiology of their condition is often not discovered until well into their hospital stay. The mothers provide a picture of a concerned parent who is always involved in the resolution of the child's health problem. At the same time, this mother may have induced severe vomiting by giving the child large doses of ipecac, produced diarrhea by administering phenolphthalein, interfered with the blood-sugar level or contaminated the blood by injecting insulin or fecal matter, or even smothered the child to simulate sudden infant death syndrome or respiratory problems (Eminson et al., 2000; Lasher and Sheridan, 2004; Day and Moseley, 2010; Frye and Feldman, 2012).

It is difficult to understand this type of pathology, but experts now say that it is based on the mother's need to establish a close and collegial, albeit dependent, relationship with the physician. Her extreme need for this relationship with someone she sees as powerful distorts her perception of the harm she is doing to her child. Recognition of this syndrome as a form of child abuse is too new to have the benefit of any longitudinal studies of the residual effects on victims who survive.

Neglect

The concept of neglect differs from culture to culture. In general, it is the role of parents to meet the physical and emotional needs of their offspring. These needs usually encompass shelter, food, clothing, medical care, education, protection, supervision, and moral guidance. The manner in which they are met may differ, but failure to meet these basic human needs in some acceptable manner constitutes neglect.

DePanfilis (2006) breaks neglect into various types: physical neglect; medical neglect; inadequate supervision; and environmental, emotional and educational neglect. Also considered in the category of neglect are newborns addicted to drugs at birth.

Physical neglect includes **abandonment**, when a child is left for extended period without care or supervision; *expulsion*, the refusal to care for an underage child by expelling him or her from the home without adequate arrangement for other care; *shuttling*, when a child is passed from one substitute caretaker to another due to the parent's unwillingness to care for the child; *nutritional neglect*, when a child is left repeatedly hungry for long periods or is undernourished evidenced by poor growth; *clothing neglect*, when a child is deprived of appropriate clothing like shoes or a coat in winter and; other types of neglect that may include other ways of disregarding a child's welfare or safety (e.g., driving while intoxicated, leaving a child in an car unattended).

Medical neglect refers to denying a child adequate health care or delaying obtaining health care in serious medical situation. *Inadequate supervision* encompasses the lack of supervision in terms of children being left unsupervised when it is deemed that they are not yet able to care for themselves. The determination of the child's ability to care for himself or herself is subject to a number of variables. The **assessment** of the maturity of children differs among cultures. In addition, the length of time the child is alone, the



Watch this video of a well-known case. What are your feelings about this case? As a social worker in this case, would your feelings change?

www.youtube.com/watch?v=uPj9Jcvh5xk

neighborhood in which this occurs, the child's age, and the developmental level also come into play. Another aspect of inadequate supervision has to do with *exposure to hazards* such as safety hazards, including poisons, electrical wires, stairs, drug paraphernalia; exposure to secondhand smoke; availability of guns or other weapons; unsanitary household conditions such as rotten food, animal excrement, infestation by insects, lack of clean water; or lack of appropriate caregivers. Allowing a child to be exposed to any form of risking or illegal behavior (e.g., smoking or using drugs) may be considered to be neglect. *Environmental neglect* also refers to some of the above but is basically when a child is not protected from harm from the environment.

Emotional neglect becomes much more difficult to assess despite having more long-term and significant impact than physical neglect. In general, it refers to inadequate nurturing of affection, exposure to extreme spousal abuse, allowing a child to use drugs or alcohol or encouraging other maladaptive or harmful behaviors. *Educational neglect* encompasses failing to enroll a child in school, permitting chronic truancy, and failing to attend to the special education needs of a child.

Finally, as of 2005, states are now required to report the addiction of infants at birth to child protection agencies. Women who use drugs or significant amounts of alcohol during pregnancy may be exposed their infants to a variety of conditions in addition to immediate problems at birth. In addition, substance abuse on the part of a pregnant woman may also lead to her inability to care for the child later if her pattern continues (DePanfilis, 2006).

Various cultures define neglect differently (Horwath, 2007; Fontes, 2008). For example, protection and supervision in Native American culture is a communal rather than individual responsibility. A parent in such a culture would feel comfortable letting even a fairly young child out of his or her sight because of the knowledge that the neighbors will not let harm come to the child. In other cultures, it is the role of the extended family to assume supervision. In their study of how different cultures define neglect, Dubowitz and Klockner (1998) found that the definition differed only slightly between white and African American caregivers. These authors commented that there was a need for a clear definition of neglect if only to guide research and clinical intervention.

Symptoms

Although it may be difficult to be clear in all situations, protective services must have some guidelines to determine what symptoms to look for in children. Practice and research have developed a list of symptoms that can be found in children who are deemed neglected.

Neglected children may demonstrate consistent hunger and even malnutrition. Very young infants who have been neglected may withdraw from their environment and waste away, demonstrating a syndrome known as **Nonorganic Failure to Thrive**. Older children may also become listless and have little energy. They may not be appropriately clothed to protect them during cold weather. They may be dirty, with body odor and lice, although lice are highly contagious and do not always suggest neglect. Neglected children often demonstrate unattended physical or medical problems (Horwath, 2007; Bundy-Fazioli et al., 2010; Child Welfare Information Gateway, 2013a).

Case Example Zack and Tag

Zack's teeth were badly decayed. He and his 3-year-old brother, Tag, were often left alone and subsisted on the snacks that 8-year-old Zack could beg or steal from the package store near their apartment. Their mother, a heroin addict, had tried numerous times to "kick her habit" but to no avail. An "aunt" watched Zack and Tag while their mother

attended rehabilitation programs, but when the mother came home, they were once again left to her inconsistent care. Tag had developed a cough, possibly due to the fact that his light clothes offered little protection against the weather. It was not until Zack's sporadic school attendance was noticed that the family came to the attention of protective services.

Like Zack, children who are victims of neglect may steal either to get food or because they have learned not to trust that their next meal will be there when they need it. Neglected children are often tired and listless. Developmentally, they are usually significantly delayed, lacking the stimulation, consistency, and encouragement that have benefited other children. Some neglected children fail to bond with their inattentive caregivers and may demonstrate attachment disorder.

Many neglectful parents do not value education for their children. Or if they do feel that school is important, they lack the ability to get them there consistently. For this reason, school attendance may be sporadic. In later years the adolescent drops out of school because school seems to have little to do with life's struggles (Taylor and Daniel, 2005).

 Watch this video on neglect. Does anything surprise you? As a social worker dealing with neglect, what might be the most difficult for you?

www.youtube.com/watch?v=bF3j5UVCSCA

Neglectful Parents

Parents who neglect were often neglected themselves as children. For them, it is a learned way of life. Their childhoods have produced in them anger and indifference. Their adult lives are dedicated to meeting the needs that were not met for them as they were growing up.

Case Example Eulalia

Eulalia is a large African American woman with a quiet, indifferent manner. She seems oblivious to the bits of food on the cluttered table, the flies coming in through the broken windows, the stench of urine, and the children fighting and screaming in the background. She puffs absentmindedly on a cigarette, hardly seeming to hear as the social worker explains about the complaint CPS has received about her children's vandalism of a local school. Eulalia has learned to tune it all out. She has heard it before.

Pregnant at age 13, Eulalia followed her itinerant boyfriend to the city where she now resides. There was nothing for her at home. The middle child of 10 children, Eulalia had tired of taking care of the younger ones and being beaten up by the older ones while her parents were away working as field hands. There had been little to eat and less to do at home, and she longed to be on her own. But after dumping her with friends, her boyfriend left her, pregnant. She drifted from relationship to relationship, each promising her some stability. Now Eulalia, 21 years old and with five children, has an apartment in a rundown housing project. She is too involved in the goings-on of the neighborhood to find time for the children. She finds emotional safety in the predominantly black project. Even if this mother had time for her children, she would not know how to mother them adequately. Don't children just raise themselves? That is what happened in her family.

For Eulalia, life held little meaning. For her children, life would not be much different without intervention.

Throughout the years, it has been mothers who are described when neglectful parents are discussed. Polansky and colleagues (1991) have created the best-known profile of neglectful mothers. They have defended their one-gender profile by pointing out that fathers were usually unavailable in neglectful households. Swift (1995) suggests that abandonment on the part of these fathers is the ultimate neglect. Taylor and Daniel (2005) comment that Western cultures not only equate nurturing with the feminine but also idealize

mothering. This results in our pointing to the mothers as neglectful and often exacerbating their already-low self-assessments.

In one of the earliest attempts to characterize the neglectful parent, Polansky and colleagues (1991) studied neglectful mothers in both urban and rural settings and categorized them into five types:

1. The *apathetic futile mother* demonstrates little or no affect to the point of seeming numb. Burdened by her own unmet needs, she has little energy and finds that nothing is worth doing. Why put diapers on the baby when he will only get them wet? Why do dishes when they will only be dirty again? It is difficult to reach her because her thinking is very concrete and she communicates on only the most basic level, referred to by Polansky and colleagues (1991) as verbal inaccessibility. Her seeming depression is infectious, and social workers describe this mother as a very difficult client with whom to work.

2. The *impulse-ridden mother* is impulsive and inconsistent. She may have the energy to meet life's expectations but it is instead directed toward defiance, restlessness, and manipulation. She cannot tolerate stress and frustration. This is the mother who has never learned inner controls and who is therefore incapable of performing the tasks required by consistent mothering.

3. The *mother experiencing reactive depression* responds to life circumstances by giving up rather than fighting. She is intensely depressed or overwhelmed by grief.

4. A *mentally retarded mother* (currently referred to as developmental delay) may neglect her children, but not all mentally retarded mothers do so. When these mothers do neglect, it is usually because they lack the necessary supports to compensate for their own impaired functioning.

5. A *psychotic mother* may be hampered in her ability to parent by her thought disturbances, severe anxiety, withdrawal, or bizarre behavior.

Case Example Leanna

Leanna had been a fairly consistent mother with her first child. She found her second more difficult, but she settled in to the task of mothering. She took pride in her parenting and saw her children as important extensions of herself. Her young husband, too, found parenthood to his liking. The couple managed to weather several financial and emotional storms early in their marriage, and their future promised to be bright.

One hot summer day, Leanna took 3-year-old Sam and 2-year-old Jessie to the beach. She had hardly looked away when she noticed that Sam was gone. Frantically she searched for him, screaming for others to help. He was found caught between two rocks, face down in the water. Efforts to revive him were fruitless, and Leanna became hysterical. Once calmed, she slipped into an almost catatonic depression. No amount of coaxing by her husband or professionals could bring her out of her passiveness. She was hospitalized and put on antidepressants. Her husband, feeling that the drugs were making her worse, insisted she be taken off them. "She'll be okay," he insisted. "Her brother drowned when he was a baby, too. It's just too much for her." But Leanna never



Diversity and Difference in Practice

Behavior: Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

Critical Thinking Question: Consider Eulalia's situation. How would working with her make you feel? How would you help her to identify the choices she has made that have involved her with protective services while attempting to open up new and realistic choices for her life? Does her lifestyle and parenting differ from what is often typical for her cultural background? (Refer back to Chapter 2).

fully emerged from her depression. She could not care for her remaining child, a fact that her concerned husband denied. Again and again he would return home to find that his wife had not moved from her bed. His own immaturity and frustration finally drove him away, and Leanna and Jessie were left alone until protective services finally intervened.

Although some theorists now feel that the research of Polansky and his colleagues is outdated, there is still some difficulty in categorizing neglectful parents adequately. Newer studies seek to understand neglect in order to combat what is a chronic and generational treatment issue. Crittenden (1999) suggests that neglect has to do with the processing of information. Neglectful mothers have difficulty processing cognitively (thinking) and/or affectively (feeling). Crittenden fits these mothers into several categories. Mothers who practice **disorganized neglect** live from crisis to crisis, feeling rather than problem solving. Their children learn that crisis is a way of life and may actually use extremes of emotion to manipulate their parents and, later, others. Caregivers who show **emotional neglect** process cognitively; feeling seems to be diminished or absent. These parents appear to their children as cold and uncaring or emotionally unavailable. Children may feel rejected and withdraw, often adopting this diminished affect themselves. This type of neglect is seen at all socioeconomic levels. Finally, families demonstrating **depressed neglect** guard against expressing both affect and cognition. For them, nothing is worth doing; they, too, become withdrawn and lack in emotion.

All of these categories produce families who, for whatever reason, are unable to meet the needs of their children. Many lack the insight into their own actions that is required in order to use the help they might be given. It should also be noted that although neglect spans all socioeconomic levels, it is the lower socioeconomic groups that tend to be identified. This may be because higher-income groups have the resources to mask their neglect of their children. By the same token, it is often assumed that minorities make up a higher proportion of neglectful parents. This too is untrue, although it is often the minority parents who are reported.

Impact of Neglect

The impact of neglect can be significant. When children are malnourished and under-stimulated, they are not able to develop normally. They may be at risk for a variety of physical problems in childhood as well as adulthood. For example, under-stimulated children may fail to thrive or develop poor attachment to caretakers. Children who are victims of physical and medical neglect may develop health problems like persistent infections, malnourishment, illnesses, poor teeth, and other health-related issues. Perhaps, one of the most significant issues highlighted in recent years is the failure of adequate brain development when children are subjected to any type of trauma (see Chapter 6 for a discussion of the physiological impact of trauma on the brain). Since the brain is crucial for both everyday survival as well as for learning, children whose brains are impeded from developing normally suffer significant disadvantages.

Sexual Abuse

Sexual abuse refers to sexual activity with a child who is being used for sexual stimulation by the other person, usually an adult (Greenbaum and Myers, 2010; Crosson-Tower, 2014). It is assumed that the abuser is older than the child and therefore has more power and resources. Due to this power differential, it is believed that the child is enticed, cajoled,

entrapped, threatened, or forced into the abuse. The abuse is progressive, progressing from the least-intrusive behaviors, such as observation or exposure, to more-intrusive behaviors such as vaginal or rectal penetration. During this progression, the abuser gauges the reactions of the child and grooms her or him for further abuse. In addition to being touched sexually or being compelled to touch the abuser, a sexually abused child may be used in the production of pornography or be encouraged to view pornography or other sexual acts (McCarthy, 2010; Crosson-Tower, 2013, 2014).

Types of Sexual Abuse

Sexual abuse may be divided into several categories: incest or familial abuse; extrafamilial molestation; exploitation through pornography, prostitution, sex rings, or cults; and abuse within institutions.

Experts in the area of incest caution that most children are abused by family members rather than strangers, as was once supposed. In fact, an estimated 60–70 percent of all abuse is perpetrated within the family (Faller, 2002). Abusers might be fathers, older siblings, mothers (although less commonly), or stepfathers. Finkelhor (1984) suggests that girls who have stepfathers are statistically more likely to be sexually abused even if the abuse is not perpetrated by the stepfather. Incest between father and daughter is thought to be the most common type, although some studies suggest that older siblings perpetrate much more abuse than was previously assumed (Wiehe, 1997; Crosson-Tower, 2014).

Incestuous relationships have usually gone on for years before they stop or are discovered. Offenders typically groom children by initiating a process of wearing down their defenses and desensitizing them to sexual activity. Although the current term for this is **grooming**, Lanning (2010) argues that it was originally referred to as *seduction*, which he believes is more accurate. The sexual contact progresses from seemingly benign tickling or observing the child in the bath to more obvious sexual activities such as mutual masturbation or vaginal or rectal intercourse. Children have usually been compelled to secrecy by admonishments ranging from “This is our special relationship, and no one would understand or believe you” to “They will send me (or you) away if you tell.” Sometimes, albeit the exception rather than the rule, children are threatened or physically hurt to prevent them from telling.

Sexual abuse is often perpetrated within the family—termed **incest or intra-familial abuse**. Many perpetrators in an incestuous situation lack the social and communication skills to negotiate effective relationships with other adults. In the case of father–daughter incest, this adult is his wife. The father, therefore, seeks a non-conflictual partner and finds this in his daughter. In his daughter, he finds someone over whom he can exercise power in order to mold her into a sexual partner. This father, a master at denial and manipulation, can rationalize this arrangement’s inappropriateness and illegality, often telling himself and his daughter that he is “teaching” her lessons for later life (Crosson-Tower, 2014).

Not every incestuous father fits this profile. There are some offenders who seek opportunities to have access to children and may join an already existing family where there are potential victims who appeal to him. These men usually have limited social skills and appear more like children than adults. They bond easily with the children of the family while the female adult who may have been hoping for an adult partner to share her interests and her bed may be quite frustrated by the arrangement. Other women are relieved that little is expected of them. The perpetrator is often a classic **pedophile**—someone who prefers and is sexually attracted to children—searching for an environment to meet his fantasies.

Extrafamilial abuse is abuse perpetrated outside the immediate family. This can be by a friend, an acquaintance, or a stranger. Although it is a common myth that most

abuse is perpetrated by strangers, children actually are more often abused by someone they know. Children may be abused individually or become part of prostitution rings. In these, children are bribed, blackmailed, or forced to participate in sexual acts for money. The money is then kept by those who have involved them. Some sex rings are dedicated to the production of child pornography. These groups create photos, films, and videos that are sold at a significant profit.

Today, the Internet has made the engagement of children for sexual exploitation by those unknown to them extremely easy. Because of technology, the abuser has a wider geographical range of children whom he or she might engage in sexual activity and has better access to them than ever before. Perpetrators can contact children who are under the seemingly watchful eyes of parents, stimulate them and desensitize them through pornography, engage them in discussions, and even arrange meetings with them for sexual activities. Many abusers pose as children or teens in order to "chat" more convincingly with unsuspecting victims. Not all of those who engage children sexually via the Internet are interested in meeting and sexually molesting them, but even exposing children to sexual advances is considered abusive.

McLaughlin (2000) suggests the term "technophilia" to refer to those who use cyberspace to engage in sexual exploitation of children. Perpetrators may collect child pornography over the Internet; produce their own, often through using pictures of real children; or "chat" with children for the purpose of engaging them in sexual activity either through online discussions or by arranging to meet them.

Although there is consensus among child abuse experts that the use of the Internet by perpetrators places children at risk (Foley, 2002), the general public often argues that the dissemination of pornography is part of their right to free speech. Although the 1996 **Child Pornography Prevention Act** outlawed the production or sharing of child pornography over the Internet, the Supreme Court's 2002 overturning of that ban gave rise to much discussion (Jeffrey, 2002). According to that court decision, **virtual pornography** (images of children in sexual acts or poses) cannot be equated with actual pictures and therefore is not banned under the 1996 law. This splitting of legal hairs concerns experts who recognize that child pornography, even in fantasy form, stimulates the sexual abuser (Foley, 2002; Gillespie, 2011).

In addition to finding their victims on the Internet, perpetrators have other methods of finding children. Sometimes the perpetrator has a bond with the parent, as in the case of a family friend. Or the parent may need services from the perpetrator, such as childcare. Parents may not be supervising closely and the child wanders off or is home alone, or parents may be otherwise occupied (Crosson-Tower, 2013; Crosson-Tower, 2014). For example, one survivor recounted that she used to help her mother in the family bookstore. A customer used to come in and ask her (the child) for certain books. Invariably they would be on top shelves. While her mother waited on customers, the child would go in search of the books, followed by the customer. "The first time he put his hand up my skirt when I was on the stepladder, I was very surprised. I jumped down, but he smiled and I thought it must have been my imagination." The stranger continued to fondle the child over the next few weeks. He threatened that if she told her mother, she would never work in the store again. Liking her job, the girl kept quiet. "Finally, he just stopped coming in," she continued, "but I was afraid that he would, and the job lost much of its enjoyment for me."

There has been some attention to the abuse of children in cults. In these instances, the perpetrators are usually multiple, and the techniques used to confuse the victim often render her or his story suspect to anyone she or he tells. The victim reports have made reference to specific indicators such as unusual and sadistic sexual behaviors, the use of satanic or supernatural symbols, consumption of bodily fluids, torture or sacrifice of animals and

a variety of rituals. The bizarre nature of the practices creates a degree of trauma in the victim that renders his or her story unbelievable to clinicians and others who might intervene. As a result, it is difficult for victims to be believed and the incidence of **ritualized abuse** is unknown (Noblitt and Noblitt, 2008). Hayden's *Ghost Girl (1992)*, the story of a special education teacher faced with a child who chooses elective mutism as a way to cope with the abuse, gives an excellent portrayal of the dilemma of the professional faced with the possibility of a cult-abused child.

Institutional abuse has gained attention over the last few years. Childcare centers and childcare institutions provide an excellent opportunity for a perpetrator to have access to children. One of the most publicized childcare cases was in Manhattan Beach, California, where the McMartin trials stimulated numerous legal proceedings and much debate (see Eberle and Eberle, 2003). Such situations have inspired institutions to screen staff more effectively and to take precautions so that staff do not have many opportunities to be alone with children.

Symptoms

Sexually abused children demonstrate a variety of symptoms, some of which may also be associated with other types of problems. Sexual abuse may not always be physically visible. When children do have physical symptoms, they take the form of rectal or vaginal tears, urinary tract or yeast infections, and burns or bruises in the genital or rectal area. Children may also have sexually transmitted diseases such as gonorrhea, syphilis, genital warts, herpes, chlamydia, and AIDS; these can be contracted only through contact with infected mucous membranes.

Behaviorally, sexually abused children may seem secretive or withdrawn. Their school work may suffer, or, conversely, they may see school as the only safe place in which they can excel. They may suffer mood swings, cry without provocation, or engage in such self-injurious behavior as bulimia, anorexia, maiming or cutting, or suicide attempts. Some sexually abused youths use drugs or alcohol to dull the pain. These behaviors can also indicate nonsexual disorders and must be seen as possible indicators rather than definite signs. By the same token, not all sexually abused children demonstrate symptoms. When there are no symptoms, it usually means that either the reaction is delayed or the child has repressed the material to the point that he or she is unable to feel it (Faller, 2002; Wickham and West, 2003).

There are a few symptoms that, in and of themselves, point strongly to the child having been sexually abused. It is not unusual for molested children to act out their inappropriate sexual knowledge in their behavior by sexually molesting younger children. Usually this acting out demonstrates knowledge that they would not normally have. Chronic, compulsive masturbation also can indicate a disturbance of a sexual nature. Older children may become extremely promiscuous. These types of sexual acting out, as well as behaviors such as setting fires and mutilating animals, should always raise suspicions of sexual abuse (Wickham and West, 2003).

Perpetrators

A significant number of theories have emerged as to why adults sexually abuse children. It is estimated that 95–98 percent of the perpetrators are males, although theorists argue that women perpetrators are more likely to disguise their abusive behavior as caretaking tasks (e.g., washing or comforting a child). Fifty to seventy percent of sexual abusers were themselves subjected to physical, sexual, and emotional abuse or family dysfunction as children. Poor attachment is also felt to contribute to the likelihood that a person will become abusive (Rich, 2006; Crosson-Tower, 2013, 2014; Flora and Keohane, 2013).

Those engaged in the assessment and treatment of male perpetrators of child sexual abuse suggest that they may have some characteristics in common. The most frequently identified have been difficulty forming true intimate relationships, inability to feel empathy, low self-esteem, and poor social skills. Most perpetrators collect pornography and use this to construct a fantasy life that feeds into their desire to abuse. They may also demonstrate other paraphilias (sexually deviant thoughts, fetishes, or actions) in addition to pedophilia (McLaughlin, 1999; Karson, 2001; Groth, 2002; Rich, 2006; Crosson-Tower, 2013; Flora and Keohane, 2013).

One of the first theories that attempted to explain male abusers was that of A. Nicholas Groth, a psychologist working with incarcerated sexual offenders. Groth postulated that these offenders fell into two groups: fixated (emotionally stuck in childhood with respect to their sexual interests) and regressed (having sexual interests that revert back to childhood due to the stresses of their life in the adult world).

The **fixated offender** is primarily interested in boys, and he comes down to the child's level in his engagement of that child. His primary orientation is toward children; he has little sexual interest in people his own age. His first sexual offense is premeditated, and there is a compulsive nature to his acts. He is not motivated by stress, nor is he probably under the influence of drugs or alcohol. Instead he demonstrates a sociosexual immaturity and has failed to resolve his life issues (Groth, 2002).

The **regressed offender**, on the other hand, may appear to function fairly well as an adult. In reality, he finds that his adult life is too conflictual, especially his relations with peers. He therefore turns to a non-conflictual partner, a girl with whom he has a sexual relationship. In the process he elevates this child to the level of an adult by treating her like one. Although he may continue to participate in peer relationships, perhaps even sexually, he depends on the child to feel powerful. He may be under a great deal of stress, and his first offense is often impulsive in nature. This is the father who goes a bit too far in washing his daughter's genitals or the grandfather who ends up fondling his granddaughter when she sits on his lap. Neither may have planned the event initially, but after the first incident they may engineer circumstances to give them the opportunity to abuse again. This man may also use or abuse substances, but these do not cause his behavior. Rather, he uses them as an excuse to abuse children (Groth, 2002; Salter, 2004).

The problem with Groth's typology is that offenders do not always fit neatly into a category. Lanning (2010) suggests that rather than categories, sexual offending should be seen on a continuum.

Carnes (2002) postulates that sexual abuse is an addiction (this theory is sometimes referred to as **Addiction Theory**). In this addiction the addict develops a faulty belief system that leads to impaired thinking. He denies, rationalizes, and blames others for his actions and thoughts. He becomes preoccupied with his fantasies and ritualizes his behavior. Therefore, the offender who uses one strategy on a child will probably continue that strategy with others. Finally his behavior becomes compulsive; he feels that he has to abuse children. Some child sexual abusers feel despair afterward, and some do not. Again, not all offenders fit neatly into the addiction category.

Multifactor theories have developed that revised or disputed Groth's typology. Ward et al. (2006) suggest that these theories can be divided into three categories: multifactor theories, single-factor theories, and process theories.

Multifactor theories include theories that suggest that numerous variables account for a perpetrator's propensity to abuse. The oldest of these theories, and the one still considered most useful, is Finkelhor's Preconditions Model. Finkelhor (1984) theorizes that in order for the sexual abuse of a child to occur, four factors must be operating: (1) the

perpetrator must be motivated to abuse, (2) the internal inhibitors that would tell most people not to abuse must not be working, (3) the external inhibitors that normally protect children must not be in place, and (4) the child's resistance must not be sufficiently strong. Motivation to sexually abuse involves three components. First, the perpetrator must feel an emotional congruence with children—that is, display a pathology in which being around children satisfies the perpetrator's emotional needs. Second, the perpetrator must be sexually aroused by children. Once again, a childhood trauma may be at the root of this response. Or the perpetrator may have grown up observing another's sexual involvement with children. Some sexual abusers are aroused by child pornography; such abusers often misinterpret children's behavior as sexual and therefore inviting sexual contact. Finally, perpetrators are motivated to turn to children because their normal outlets for sexual expression are blocked. Blockage may be a result of marital problems, inadequate social skills, fear of women, or some previous traumatic sexual experience with an adult (Finkelhor, 1984).

Most of us have an internal voice that lets us know that certain behavior is unacceptable. Internal inhibitors are not operating efficiently for sexual abusers. They may be hampered by the influence of alcohol, senility, an impulse disorder, or psychosis or may not have developed at all.

External inhibitors, things that rob the perpetrator of opportunity, also can protect children. When these external inhibitors are not operating, children are at risk. Mothers often play key roles in protecting their children. When mothers are absent or unavailable, either physically or emotionally, they may not be able to protect their children. Many mothers lack social supports. The societal concept of family sanctity, although functional for the autonomy of a healthy family system, leaves the abusive family isolated and the children at risk for the continuation of abuse (Finkelhor, 1984).

Finally, in order to abuse a child, the perpetrator must overcome the child's resistance. Children who are emotionally needy or unaware of the potential for being sexually abused are usually easier targets (Finkelhor, 1984).

Single-factor theories point to one characteristic as the prime motivator for sexual offenders. The most widely recognized motivating factors are *cognitive distortions*, faulty information processing by which the perpetrator rationalizes the abuse; *lack of empathy for victims*; and *deviant sexual interest in children* (Flora and Keohane, 2013; Ward et al., 2006).

Process models suggest that understanding abusers is not just about knowing why they abuse children, but also how they go about doing so. Perhaps, the best-known process model is the Relapse Prevention Model, widely used because it allows clinicians to train perpetrators to interrupt their cycle of abuse. Using this model, the cycle of offending is traced and the offender helped to learn methods by which he can stop future offending behaviors (Ward et al., 2006; Flora and Keohane, 2013).

Numerous other models fit into all of these theoretical categories.

Most of the research done on perpetrators refers to males. However, women, too, have been found to be abusive, often in larger numbers than we realize. In 1984, Finkelhor postulated that women were not abusive as often because of their enculturation. Our culture teaches women to prefer older and stronger partners, whereas men learn to look for smaller, weaker partners. Women also tend to be more nurturing and therefore more capable of relating to the whole child. Women are less likely than men to sexualize affection. Also, because women themselves have been victimized for centuries, they are more likely to empathize with a victim and therefore less likely to victimize.

Since Finkelhor first espoused this theory, which somewhat exonerated women as perpetrators, reports of female abusers have increased. Little research has been published on

female offenders. Mathews and colleagues (1990) have argued that women are motivated to abuse for several reasons: (1) they repeat the abuse they themselves experienced as children; (2) they go along with abuse perpetrated by their male partners; (3) they are seeking closeness, affection, attention, or acceptance from their victims; (4) they are displacing anger, a need for power, or feelings of rejection onto their victims; or (5) they see children as safe targets for their displaced feelings.

Other researchers have compared the motivations and characteristics of male versus female offenders. They have found that female offenders are more likely than male offenders to engage in abuse with another perpetrator, thus supporting Mathews' hypothesis that women act as accomplices in the abuse. Males and females just as often use threats or other types of coercion as well as pornographic materials, but women are more prone to use devices or foreign objects in the abusive act. Kaufman et al. (1995) found little difference between men and women with regard to their relationship to the victim and the location of the abuse, although 31 percent of the women (compared to only 8% of the men) were the victim's teacher or babysitter. Despite similarities in the methods of male and female offenders, the motivations appear to differ. Men more often abuse for sexual satisfaction, whereas women abuse to meet nonsexual needs such as emotional gratification (Ogilvie, 2004).

Over the last few years, increasing attention has been given to **juvenile offenders**, children who sexually abuse other (usually younger) children (see Erooga and Masson, 2006; Rich, 2011). We know that almost all of these children have themselves been victims of sexual abuse. Many children are what Gil and Johnson (1993) term "reactive"; these children will not necessarily be abusers in the future, provided they receive treatment. Except in retrospect, it is difficult to determine which children will abuse later and which will not. It is doubly important, then, that intervention be undertaken early to try to ensure that some of the juvenile offenders will not go on to become adult abusers.

Events over the last decade have also brought to our attention the prevalence of child sexual abuse by authority figures outside the home: teachers, coaches, childcare providers, and even the clergy (Crosson-Tower, 2014). Sexual abuse within churches especially rocked the public's confidence in church leaders and has the potential to bring about major changes in the Catholic Church as we know it and the way in which the Church will respond to future abuse. In fact, the Roman Catholic Church dedicated the 2002 Conference of Catholic Bishops to addressing the discovery that a number of its clergy had been accused of abusing children. Out of this meeting came the *Charter for the Protection of Children and Young People* (United States Conference of Catholic Bishops, 2002), which outlined the steps the Church would take to respond to the crisis and react to future allegations of sexual abuse by clergy.

Why might clergy sexually abuse children? Ministers, priests, or rabbis who are abusive might fit within any of the previously mentioned typologies. Crosson-Tower (2014) suggests that it is not so much that clergy are abusive as it is that individuals who have the potential to be abusive are attracted to life in the church. She postulates that the best way to look at the question of motivation among clergy is to consider what religious life offers and how it fits into the needs of a perpetrator. She goes on to point out that the respect and unquestioned authority given to clergy would appeal to the insecure potential perpetrator. The community's trust and sanction, along with the nurturing and protection of both the "mother church" and the church members, add to the attraction and give clergy the opportunity to be alone with their victims. And, for some, life as a celibate provides a reason for not becoming sexually involved with peers. (See Crosson-Tower, 2006 or Crosson-Tower, 2014, for more in-depth discussion.)

Other Family Members in Incestuous Families

The non-abusive parent in an incestuous family is often held partially responsible for the abuse. Some authors feel that, instead of blaming the non-abusive parent (usually the mother) for not knowing about the abuse, we should support her efforts to intervene once she does know. Yet, not all mothers feel able to intervene.

Johnson (1992) categorizes mothers in father-daughter incest situations as collusive, powerless, or protective. The *collusive mother* is withdrawn, cold, or psychologically absent and pushes her daughter into her own role in the family. The *powerless mother* feels victimized, powerless, defeated, and unable to protect herself, let alone her child. The *protective mother* provides protection once she learns of the abuse. Many theorists now contend that the mother should not be blamed for the abuse within her family. She is already the victim of the societal expectation that women are responsible for maintaining family balance. Often, devoid of adequate nurturing in their own backgrounds, mothers in incestuous families are usually ill-equipped for this task. They are often financially or emotionally dependent on their perpetrator husbands and therefore unable to perceive that they have choices (Peterson et al., 1993; Ogilvie, 2004).

Case Example Nora

Nora grew up the youngest of 10 children. The next youngest child was 10 when Nora was born. Nora's mother made it clear that she had not planned on Nora's birth. As a child, Nora was withdrawn; her siblings somewhat derisively nicknamed her "the mouse." When Nora was 5, one of her uncles began to sexually abuse her. Nora told no one. She was sure no one would believe her. Nora drifted through school with few friends. In high school, a boy named Jake began to ask her out, and she was immediately enthralled with him. He seemed to be everything she wanted. When he told her that his family had had problems, too, Nora felt even closer to him. They were married when they graduated from high school, and Jake went to work at the local mill. Their son, Tim, was born within the year. From his birth, Nora knew that something was wrong. When the doctors told her that Tim had Down syndrome, she was not surprised. Jake, on the other hand, was very upset and refused to believe that their son would not be normal. He urged Nora to have another child, and she soon did. The child was a girl, and the births of two more girls followed. Meanwhile, Nora strove to care for Tim, but Jake virtually ignored their son. He chided Nora for coddling him and making a baby of him. Nora felt angry that Jake could not see how much Tim needed her. She withdrew more and more from her husband and her other children.

Sally, her third child, was 8 years old when a social worker came to the house and said that Sally had told her teacher that her father was sexually abusing her. Nora was horrified and accused Sally of lying until the oldest daughter confirmed that she, too, had been sexually abused by her father.

Nora, plagued by her own insecurities, was ill-equipped to handle her family's needs. Despite the care she gave her son, her daughters described her as cold and unavailable. She was, however, eventually able to believe her daughters and stood by them as the family sought help from the social service system.

The non-abused siblings in the incestuous family are often forgotten as the family copes with the crisis of disclosure. Yet, they too are in crisis. The boys in a father-daughter incest family may perceive that there is something amiss but may also be too fearful to face the situation or intervene. They often do not recognize that, as children, it is not their responsibility to intervene. They may instead feel very guilty. Many male siblings handle their guilt by totally denying the situation. Others identify with the aggressor; too fearful

to oppose their abusive father, these children adopt his abusive stance and target their sister, abuse other children, or molest their own children when they become adults (Crosson-Tower, 2014). Girls in situations of father-son or mother-son incest often either deny the incest or appear to be unaware of it.

When a father abuses one son or daughter, siblings of the same sex who are old enough to suspect the sexual abuse may wonder why they were not “chosen.” One sibling explains, “I knew Dad was after my younger sister. It was not that I wanted to be abused, too; I didn’t. But Dad and my sister seemed awfully close, and I really resented it. Dad had actually approached me a year or so before. I thought he was kidding and laughed at him. He was hurt and never bothered me again. Then when I saw him being so chummy with my kid sister, I was at first horrified and then jealous, as awful as that may sound.” For other siblings, recognition that abuse is occurring is too threatening to deal with. Instead, they live with the cloud of family dysfunction hanging over their heads. Some incest survivors feel that the situation was as difficult for their siblings as it was for them.

Emotional or Psychological Abuse

Emotional abuse refers to undermining a child’s self-esteem or humiliating, belittling, rejecting, isolating, or terrorizing a child. Some authors suggest that the term “emotional abuse” be changed to “psychological abuse” because this type of abuse is psychically destructive (Binggeli and Hart, 2001; Iwaniec, 2006). Although psychological abuse is an integral part of neglect and physical and sexual abuse, it is one type of abuse that can also stand alone.

Case Example Sandy

Sandy remembers feeling that his parents never had time for him. They both worked, and he was a latch-key child. Sandy didn’t really mind. He actually liked being alone in the house. When his parents were at home, they always yelled at him. Nothing he did seemed to please them. “You are so stupid!” his father told him. “Can’t you ever learn?” his mother screamed. But the punishments were the worst. Sandy dared not tell them he was fond of something. If he did, that thing would be taken from him. At the first infringement, his father would destroy anything that Sandy loved, such as the baseball cards he had saved for over a year. He loved their shiny pictures. Some of the cards were quite rare. But one day he had not cleaned his room fast enough, and his father had burned the cards. “This will make a man out of you!” his father had said. “No,” Sandy thought, “it will just make me hate you more.”

The definition of emotional/psychological abuse is sometimes complicated by cultural variations. For example, many Asian families use shame to socialize their children to do what is expected of them (Mass and Yap, 2002; Fontes, 2008). Shame may be seen as belittling a child in other cultures. And some Native American and African American families employ the cultural equivalent of the bogeyman to frighten children into compliance. Such practices are construed by others as terrorizing children.

Symptoms

Emotionally or psychologically abused children demonstrate a variety of behaviors. Burdened by low self-esteem, they may belittle themselves or engage in self-destructive behaviors either passively, through using drugs or alcohol, or actively through suicide attempts or eating disorders (Binggeli and Hart, 2001; Iwaniec, 2006; Crosson-Tower,

2014). Some exhibit physical symptoms such as headaches, asthma, ulcers, hyperactivity, or hypochondria. Children may withdraw, or they may fight back by being openly aggressive.

Emotionally Abusive Parents

Parents who abuse their children psychologically are often disillusioned with their own lives. They may be frustrated by unmet needs and unfulfilled expectations. In response, they lash out at the most vulnerable of their family members—their children (Iwaniec, 2006). Some parents abuse drugs or alcohol, and some have learned their abusive patterns at the hands of their own parents. Other parents suffer from their own personality problems. The parent with a diagnosis of borderline personality disorder (BPD), for example, may be so caught up in his or her own pathology that it is impossible to parent effectively. Closely related to BPD, the narcissistic parent, is equally as unpredictable and emotionally needy. Emotionally volatile, the behavior of these parents often prevents their children from bonding appropriately (Brown, 2008).

Today, in an era when the incidence of divorce is extremely high, children sometimes suffer. Some children become symbols of one parent to the other and are emotionally battered by that person. Even well-meaning parents, embittered by divorce proceedings, can forget that the child should not be compelled to take sides and that criticizing the child's other parent reflects on the child.

Finally, some adolescents who are ill prepared for and overwhelmed by parenthood may find themselves emotionally abusing their children.

Case Example Dinah

Dinah had had no idea how demanding a baby could be. She found that she was unable to do any of the things she enjoyed. The baby cried and cried until Dinah wanted to cry, too. "Shut up, you stupid little jerk!" she found herself screaming. It wasn't long before her frustration was felt by her infant daughter, who cringed when her mother touched her.

Summary of This Section

- Child maltreatment can be divided into four categories: physical abuse, physical neglect, sexual abuse, and emotional or psychological abuse.
- Physical abuse refers to non-accidental injury perpetrated on a child by an adult, usually a parent or caretaker. The way that abuse is defined may have cultural implications. The symptoms include bruises, burns, lacerations, and fractures. Behaviorally, children may do poorly at school, shrink from contact, become pugnacious, and harm other children or even themselves. The abuser may be influenced by his/her own childhood experiences, substance abuse, emotional stress, social stressors, or the individual child's personality.
- One unique form of child abuse is called Munchausen-by-proxy, but more recently termed Factitious or Fabricated Disorder by Proxy (FDP). In this type of abuse, the parent—most often the mother—provides a picture of a concerned parent who is always involved in the resolution of the child's health problem while at the same time causing the child's medical issues. The parent's need is for the attention of the hospital staff.

- Neglect refers to the inability of a parent or caretaker to meet a child's needs. Neglect can be further broken down into physical neglect; medical neglect; inadequate supervision; and environmental, emotional, and educational neglect. Also considered in the category of neglect is when newborns are addicted to drugs at birth. Cultures defined neglect differently. The symptoms of neglect include consistent hunger and malnutrition, consistently dirty, with body odor and lice, unattended medical issues, and being inappropriately clothed for the weather. Neglectful parents were often neglected themselves as children. They may not have learned to parent or even to conceptualize in ways that allow them to parent effectively. Several experts have proposed categories of neglectful parents including Polansky and Crittenden. Neglect is especially problematic since it impacts healthy brain development.
- Sexual abuse is the use of children by adults and older children for sexual stimulation. Sexual offenders use grooming techniques—progressing from the least to more intrusive and sexualized behaviors—to engage children and desensitize them to the abuse. Incest or intra-familial abuse refers to abuse within the family as opposed to extra-familial, which is abuse perpetrated by non-family members or strangers. Children may be engaged into sexual abuse through contact on the Internet. Sexually abused children may demonstrate physical symptoms such as rectal or vaginal tears, urinary tract or yeast infections, and burns or bruises in the genital or rectal area. Children may also have sexually transmitted diseases such as gonorrhea, syphilis, genital warts, herpes, Chlamydia, and AIDS. Behaviorally children may be secretive or withdrawn, have mood swings, cry without provocation, and engage in self-injurious behaviors. There have been theories that describe sexual abusers by experts such as Groth, Finkelhor, and Carnes. More recently sexual abuse theories have been categorized as multifactor theories, single-factor theories, and process models. These theories often apply to men although women can also be abusive.
- The non-abusing parent is often caught in the web of the abuser. Mothers in father-daughter incest are often abused themselves or so plagued with insecurities that they cannot meet the family's needs. The important factor is what this mother does when she learns of the abuse.
- The non-abused siblings in the incestuous family are often forgotten as the family copes with the crisis of disclosure. Yet, they too are in crisis and have a variety of problems.

Emotional or psychological abuse involves undermining a child's self-esteem or humiliating, belittling, rejecting, isolating, or terrorizing a child. These children demonstrate low self-esteem, belittle themselves or engage in self-destructive behaviors either passively, through using drugs or alcohol, or actively through suicide attempts or eating disorders. Emotionally abusive parents are often frustrated or disillusioned and strike out at their children. Other parents suffer from their own personal problems.



Click here to gauge your understanding of the concepts in this section.

REPORTING CHILD MALTREATMENT

As a result of the 1974 Child Abuse Prevention and Treatment Act, every U.S. state requires that instances of child abuse and neglect be reported to the state's child protective agency. Some states name specific **mandated reporters**—that is, individuals who, in their

professional capacity, are obligated to report suspected abuse. For example, Massachusetts law lists certain professionals—such as physicians, dentists, social workers, police, educators, and, most recently, clergy—as mandated reporters. Other states dictate that any individual must report. In addition, state laws indicate to whom the report should be made (child protective services [CPS], police, etc.); under what conditions the report should be made (suspicion, reasonable cause to believe, etc.); the time period during which the report must be investigated by the child protection agency (between 2 hours and 30 days, depending on the state and the urgency of the situation); the action taken if a mandated reporter does not report (anything from a fine to imprisonment); and the type of immunity provided to mandated reporters who do report (Crosson-Tower, 2013).

This question always arises: Does a reporter have to give his or her name? It is always helpful for an agency to know the reporter's identity. This enables the worker to contact the reporter for additional information. In states in which there is a penalty for not reporting abuse, the mandated reporter who reports anonymously may not be protected from the penalty if his or her identity is unknown. The reporter who identifies himself or herself in good faith cannot be held liable.

Intake

Once the report has been made to a child protection agency, by phone or sometimes in writing, the situation is screened. Most agencies use a risk factor formula. By looking at certain factors, they determine how much danger the child is in. For example, a situation that involves alcohol, a previous report of abuse, and an especially young child might be considered a higher risk than a situation in which the parents are substance-free, the abuse has never been reported before, and the child is older. The **intake** social worker looks at patterns in the risk factors rather than just one variable. If the intake worker feels that there is sufficient indication that there was abuse and the child is at further risk, the case usually will be substantiated or screened into the system (see Figure 7.1). If there are concerns about the family's ability to function or services the family needs but the case is not appropriate for protective services, a referral will be made to a more appropriate agency. For example, a family that needs counseling or assistance with housing issues would be directed to someone who could help them. Although not the procedure in the past, more and more children's protective agencies are screening in situations of domestic violence. Although a child might not have been hit in a violent home, witnessing a parent being hit has significant impact.

Case Example The Farmer Family

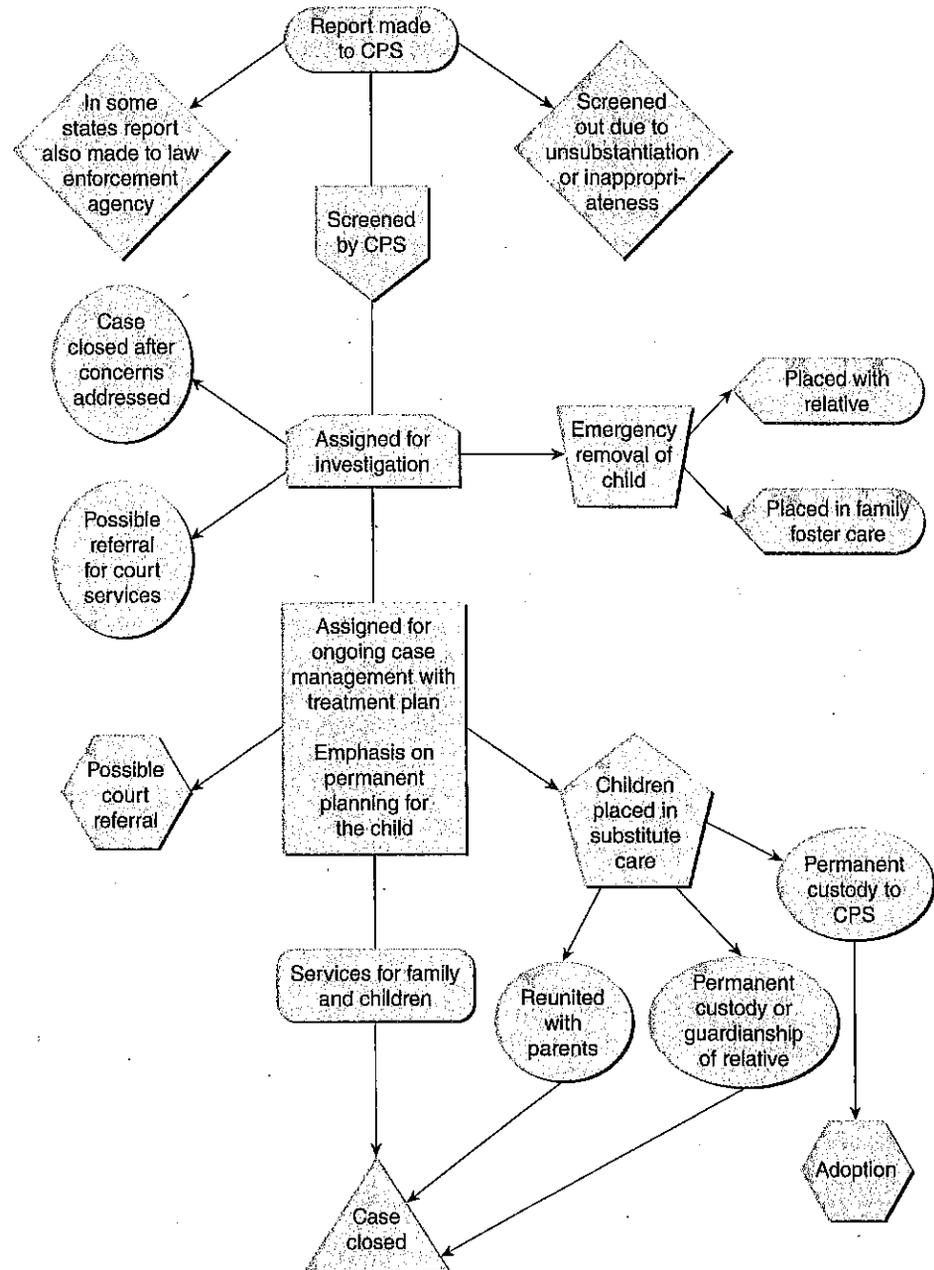
For the Farmer children, watching their mother being battered was a way of life. The call that there was yet another bout of abuse by Mr. Farmer came in to CPS from a concerned neighbor. She had called the police earlier in the week but was concerned that "nothing had been done." Ironically, the CPS office had received a call earlier that day from Gail Farmer's first-grade teacher, who was concerned that the girl was being sexually abused. After considering the reports, the intake worker, in conference with his supervisor, felt that there was enough evidence to screen in the report.



This well-done video by the state of Oregon outlines the role of mandated reporters in Oregon and how a case is processed. Not every state identifies the same reporters. Watch this video that answers some interesting questions about mandated reporting and the process of intervening in child abuse and neglect. Then research the laws in your state. Who are mandated reporters in your state law? Does your state differ in terms of who is involved in the investigation?

www.youtube.com/watch?v=E_PUXi3nQ1Y

Figure 7.1 • The Process for Child Maltreatment Case After a Report to Child Protective Services



Source: © Cynthia Crosson-Tower.

Assessment

If a case is screened in by the intake worker or team, the next step is diagnostic assessment or investigation. The assessment worker uses this time to gather pertinent data through interviews, previous reports, or piecing together facts to determine if the maltreatment has in fact occurred and how serious the risk of future maltreatment is for the child (Greenbaum and Myers, 2010).

Case Example The Farmer Family (Continued)

Once the report had been screened in, a worker was sent to the Farmer home. Because there was a potential for violence on Mr. Farmer's part, the police accompanied the worker. Had Mr. Farmer still been in the act of abusing his wife, the police might have removed him. However, he was not at home. Mrs. Farmer was badly bruised, and 3-year-old Laura and 5-year-old Jake were cowering in a corner. The worker talked with the mother, encouraged her to seek medical attention, and also talked with the children. Mrs. Farmer tearfully recounted that she suspected that her husband had sexually abused Gail and possibly also Laura, but she had been too frightened of him to tell anyone. Now she agreed to go to a shelter until plans could be made for her and her children.

Now it was the role of the assessment worker to gather additional information. Toward this end, she spoke with Gail's teacher, interviewed Gail at school, and talked with the concerned neighbor. Further, she checked with the police department and found that, although there had been other complaints of abusive behavior, Mr. Farmer had never been arrested. She also discovered that he had a drinking problem that seemed to have worsened when he was laid off from his last job. For this assessment worker, the Farmer case began to evolve into a readable pattern that told her that the children were in danger.

As in this case, law-enforcement officers may be involved from the outset. Most states encourage or mandate law-enforcement involvement in cases of domestic violence, sexual abuse, or serious injury. It is the primary role of officers to conduct criminal investigations, remove children, or offer protection for social workers in volatile situations.

Cooperation among a variety of agencies dealing with protective situations is crucial. Toward this end, some states have established child advocacy centers. Such centers are multidimensional, providing, often under one roof, such services as social service and criminal investigation, legal intervention, counseling, case management, and other treatment needs. Instead of being taken from place to place and seen by a wide variety of people, children are seen for validation of the abuse, counseling about court involvement, and treatment in one area by fewer professionals.

Once the assessment worker creates a picture of the family through facts and impressions gleaned from those involved in the case, she or he determines whether the family needs additional intervention or service. Some agencies require the formation of a treatment plan, which is a blueprint of the problems manifested by the family, the services they need, and the services that the agency can provide (Greenbaum and Myers, 2010).

Case Example The Farmer Family (Continued)

The assessment worker on the Farmer case concluded that the children and their mother continued to be in danger. She learned that Mr. Farmer worked steadily in the past and was searching for work again. When he was not drinking, he was amenable to help. Initially he did not admit that he had sexually abused Gail or Laura, but when questioned by the police, he finally broke down and admitted the abuse. He was arrested and removed from the home. The police referred the case to the district attorney's office pending prosecution for sexual abuse. The assessment worker realized, however, that this father would soon be released on bail, leaving his wife and children again vulnerable. The worker encouraged Mrs. Farmer, who had returned home after her husband's arrest, to seek a restraining order against him. She agreed to do this.

Case Management and Treatment

The Farmer case was then transferred to a case manager who would work with the family and oversee the provision of service to them.

Case Example The Farmer Family (Continued)

Provision of service to the Farmers involved support for Mrs. Farmer and her children, legal aid, job training, and finding childcare services while she trained or worked. In the meantime, the case manager kept in contact with the district attorney's office to determine what was happening with Mr. Farmer. It was finally decided that Mr. Farmer would be put on probation while he sought treatment for his alcoholism and attended group and individual treatment for sexual offenders. His supervised visits with his children were also monitored by the protective agency.

The case manager's role differs from agency to agency. In some agencies, the **case manager** is no more than a referral person who coordinates the various services provided. Other agencies expect their case managers to have clinical skills with which they can provide supportive counseling. The term "treatment" can refer to any service, from counseling to contracting with another agency for the provision of some service. The services provided can be medical services, legal services, childcare, remedial help, parent aids, counseling, substance abuse treatment, or a variety of other services (Crosson-Tower, 2013).

Of course, not all cases assessed by protective services continue to be serviced by the agency. It is certainly possible for the case to be closed as a result of inconclusive evidence or the recognition that the situation was not as serious as was first assumed. Maltreatment may be unsubstantiated at this time and the case closed.

Summary of This Section

- As a result of the 1974 Child Abuse Prevention and Treatment Act, every U.S. state requires that instances of child abuse and neglect be reported to the state's child protective agency or law enforcement. Certain individuals are named as mandated reporters—those who are required by law to report child maltreatment. The identity of the mandated reporters differs from state to state. A report must be made when the reporter has reasonable cause to believe that there is child maltreatment.
- Intake refers to the process through which an abuse report is accepted and screened. If the report seems viable, it will be screened in for further action. Decisions are made on the basis of how much risk there is to the child.
- Following intake, a screened-in case undergoes assessment to determine what services can be offered to the family. The assessment worker uses this time to gather pertinent data through interviews, previous reports, or piecing together facts to determine if the maltreatment has in fact occurred and how serious the risk of future maltreatment is for the child. Law enforcement may be involved at various stages of the case.
- Service provision and monitoring is referred to as case management and treatment. Actual treatment is usually contracted out to treatment agencies or practitioners.



Click here to gauge your understanding of the concepts in this section.

The Effect of Court Involvement on Children

When children are abused and neglected, the damage can be profound. One hopes that the intervention will be swift and competent. Unfortunately, that is not always the case. Court involvement can seem like one more assault to traumatized children. How children are able to cope with court procedures depends largely on the support systems available to them. Victim witness advocates now provide families with the support they need to survive the legal process. The court often appoints **guardians ad litem** (discussed in Chapter 9), who represent the interests of the children. Fortunately, many more attorneys and judges assigned to juvenile and criminal court cases involving children are becoming aware of the need to shelter them from additional trauma (Crosson-Tower, 2013).

In *Unspeakable Acts* (1986), Hollingsworth describes an interesting approach to protecting the psyches of children in court cases. She writes of the so-called Country Walk Case in Miami, Florida, in which a group of children were sexually abused by the owners of the babysitting service their parents used. The children were so traumatized that child psychologists Joe and Laurie Braga were called in to help both parents and children deal with the court process. The case set a precedent for the protection of children in such situations.

Summary of This Section

- Child protection cases might involve the civil court, the criminal court, or both. The civil court, usually the juvenile or family division, is designed to protect children when parents are either abusing them or are unable to care for them. The emphasis is on the protection of the child rather than parental guilt.
- In both civil and criminal court, there is due process including formal notice of the hearing, legal counsel, a hearing to present the evidence, and the cross-examination of witnesses.
- Juvenile or family court is used as leverage by CPS when the family of an abused or neglected is unwilling to cooperate with investigation or treatment.
- Criminal court is often used when a parent has been found to be criminally negligent or neglectful, has severely injured or killed a child, or has sexually abused a child.
- Some courts appoint a *guardian ad litem*—a professional whose role it is to protect the rights and best interests of the child.



Click here to gauge your understanding of the concepts in this section.

THE ROLE OF THE PROTECTIVE SERVICES WORKER

A protective services worker might provide one or more of a variety of services. It is the role of this individual, along with the agency employing him or her, to protect children but also to seek family preservation whenever possible. A child's family is the best place for him or her if that family is able to meet the child's basic needs and protect him or her. To new workers especially, it sometimes seems that a child would be better off removed from a family that is less than ideal. But separation is another form of trauma for children. Thus, the decision to remove must be carefully considered (Greenbaum and Myers, 2010).



Watch this video about the job of a child protection worker in the state of Arizona. Although agencies differ, this video gives you an idea of what the job entails. What would be the most difficult for you?

www.youtube.com/watch?v=oZ-vXw3-604

The role of the child protection worker depends on the particular agency in which he or she is employed and perhaps on the state's regulations. Child protection agencies are usually run by the state or county and are therefore influenced by the political climate. "Every time there's a new governor, things change a bit," explained one protective services worker. "Sometimes we find ourselves trying to protect our clients' best interests amidst these changes."

Some workers are assigned to intake; they screen cases as they come in. This can be a high-stress role because referrals often peak at certain times of the year. For example, the holidays seem to correlate with more reports of abuse; parents and children become more stressed as the contrast between their pain and others' perceived happiness becomes more pronounced. Intake requires that one think quickly and not be afraid to be assertive when necessary. Both intake and assessment require that a worker be creative in discovering information and skilled in putting that information together. These roles do not allow the worker to form long-term relationships with clients.

The role of ongoing worker or case manager does allow one to get to know clients. Workers learn to support clients and help them capitalize on their strengths. It can be a challenging and frustrating job. Clients may not be able to maintain their growth, and watching them slip back into old patterns sometimes makes one wonder why the effort was made in the first place. Moved from place to place, many of these children and parents lack the ability to form healthy relationships without considerable time, patience, and consistency. But there are success stories, which tend to sustain protective services workers.

Caseworkers in protective services require excellent engagement skills, patience, and perseverance. They must learn to distinguish between immediate harm and cumulative harm to children. Social workers must learn to assess family strengths on which they can build to protect the child in the future and must be able to identify and use both formal and informal social supports and networks. Those intervening in situations of neglect will find the work especially challenging, given that parents often have little psychic energy to draw upon (Child Welfare Information Gateway, 2013).

First person accounts of working in protective services (see Richards, 1999 and Crosson-Tower, 2015) attest to the difficulty and complexity of the job. For example, on one hand social workers are trained not to allow themselves to become overly emotionally involved with cases, but working with children whose lives depend upon intervention can tug at the heart strings.

It is hearing the stories of children who have been helped that provide hope in what can be taxing and discouraging work.

Case Example Reflections of an Abused Child: A Consumer Perspective

When I was asked to write this for a book to be read by potential social workers, I wondered what I could possibly say. But when I thought more about it, I realized that I had a great deal to say.

I was the oldest of five kids and the only girl. Sometimes, I think my mother had me just so she would have someone to take care of us, because that is what I did from as early as I can remember. Someone once asked me if I was neglected as a child. Neglect? How does one define that? Did we have enough to eat? No. Did anyone care about us? No. Did we have what kids need to grow up emotionally healthy? No. If that's neglect, I guess I was neglected, but I never really thought about it. I was too busy surviving.

We had a lot of contact with the social service system—some good, some not so good. My father left us when I was three years old. I never asked who was the father of my three youngest brothers. I am not sure my mother knows. She had a lot of boyfriends

when I was younger. She worked as a waitress in a bar, and she often brought guys home. They would just sort of move in. Some were great, and I liked them. But some were creeps. Like Jasper, who used to beat my mother and me and tell my little brothers that that was what men did to women. And another guy, I can't even remember his name, who messed with me sexually until my mother found out and kicked him out. I can't really blame my mother, I guess. I think she was always looking for someone to love her. She got pregnant with me at age fifteen. I think she hoped I would love her. But I found out when I had my baby at age sixteen that babies aren't like that right away.

Right after Jasper beat me up—I was ten, I think—a social worker started coming to our house. It really scared my mother. She did love us and was afraid we would be taken away. The social worker said that Jasper had to leave and my mother had to see her on a regular basis. So for a while she did. But then one weekend, my mom took off with Harry (I think that was his name), a guy she met at work. I was eleven, and she left me with the other kids. The next thing I know, the social worker came and told us we were abandoned and had to go to a foster home. They put me and my oldest brother in one home and the three littlest ones in another. That really upset me because I worried about them. I was so used to taking care of them. I cried and cried, and the foster mother thought I "wasn't adjusting to foster care." So then they put me in a group home for girls. That was okay, I guess, but I still missed the other kids. My mom used to visit, and we'd cry together. Finally, she must have convinced them she could take care of us because we all went back home again.

That lasted for a few years. When I was fifteen, my brother, who was thirteen, stole our landlord's car. The guy pressed charges, and my brother went to court. He ended up in a home for delinquent kids, and my mother got real upset. She took off again, and we all went to juvenile court. Again, we ended up in foster homes. After moving in and out of six different foster homes, I was really mad at the whole deal. I dated this guy while I was at one home and got pregnant. So they put me in another home, where the foster mother was great. She helped me through my pregnancy and showed me how to take care of the baby. I stayed there until I was eighteen.

Now my son and I live on our own. He's five, and I'm twenty. I work at a diner, but I don't take guys home with me like my mom did. I haven't seen her for years. I don't know where my younger brothers are, but I see my oldest brother once in a while. I still call my last foster home my home. I don't know what I would do without Pam (my foster mother).

What would I say to people who are going to be social workers? Maybe I'd say, "Be careful not to judge." My mom did the best she could, and I still love her. She didn't have the breaks I had. She thought men would solve her problems. And I'd say, "Listen to kids. We know what's happening, and we'll tell you if you listen." I had a couple of good social workers. I've actually thought of going to college to be one. Wouldn't that be something? If I became a social worker?

Summary of This Section

- A protective services worker might provide one or more of a variety of services. It is the role of this individual, along with the agency employing him or her, to protect children but also to seek family preservation whenever possible.
- The role of the worker differs from agency to agency. Workers may specialize in intake, assessment, or case management or may assume some or all of these roles in a given case.
- Caseworkers in protective services require excellent engagement skills, patience, and perseverance. They must learn to distinguish between immediate harm and cumulative harm to children. They must discern the strengths of the family and build on those strengths to help the child.



Click here to gauge your understanding of the concepts in this section.