

GUIDELINES FOR PRACTICE AND PROCEDURE

IN HANDLING CASES OF

CHILD ABUSE

HV 742.

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INTRODUCTION

Guidelines for CAS practice and procedures in the handling of child abuse cases are long overdue. Lack of a common understanding in definition and in identification, and disparities in case handling, make it difficult to set out definitive guidelines at this time.

The Ontario Association of Children's Aid Societies requests that practitioners review the contents of this document, test the guidelines offered, note what seems practicable and what not, and to add (there are some obvious gaps), delete and otherwise modify. After a few months of testing we will request that you inform us of your experience. In about a year's time then, with your help, it may be possible to produce a set of guidelines for practice and procedure in child abuse that will be relevant and practical for all Children's Aid Societies in Ontario, and that will give some assurance of consistency in practice across the province.

It is recognized that throughout Ontario there are regional differences which complicate efforts to standardize any service. The fiscal problems of the societies confound the problem, most notably in the area of preventive services, and local areas vary in their tolerance of child abuse. In spite of these difficulties, however, we still need to establish quality guidelines and to encourage all CASs to aim for the optimum level of service.

These guidelines are the result of contributions from many sources. We take this opportunity to recognize and to thank:

Ross Dawson (Waterloo) and his sub-committee of the OACAS Services Committee for compiling the basic content.

The eleven social workers, supervisors, and/or local directors who spent a day reviewing the material.

The Ministry of Community and Social Services for making that day possible, and for making available some of the background material.

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II. DEFINITION

Considerable confusion exists regarding the precise definition of child abuse. A variety of definitions have been advanced and few reflect the same conditions. Some definitions are too narrow, some too broad, and others too vague. Some definitions are difficult to operationalize or unsuitable for use in court proceedings. In attempting to define abuse, it is important to distinguish between -

- 1) child abuse and physical abuse, and
- 2) physical abuse and physical and emotional neglect

Most people consider that child abuse is physical abuse. The problem with such an equation is that it limits public and professional conceptualization of child abuse to acts of physical abuse. Such a narrow conceptualization hinders the understanding and acceptance that many forms of abuse are perpetrated upon children which, although not as visible and abhorrent as physical abuse, are equally serious and damaging.

With respect to the differences between physical abuse and physical and emotional neglect, many professional people consider physical abuse as part of, or the same as neglect. Consequently, there is confusion as to where physical abuse begins and neglect ends. There is also confusion as to what is reportable as physical abuse.

The following definitions should help to overcome some of these difficulties and confusion:

(1) Child Abuse

"Every child, despite his individual differences and uniqueness, is to be considered of equal intrinsic worth, and hence should be entitled to equal social, economic, civil and political right, so he may fully realize his inherent potential and share equally in life, liberty and happiness.

In accordance with these value premises then, any act of commission or omission by individuals, institutions or society as a whole, and any conditions resulting from such acts or inaction which deprive children of equal rights and liberties, and/or interfere with their optimal

development, constitutes, by definition, abusive or neglectful acts or conditions. (D.Gil).

(ii) Physical Abuse

"Abuse means any case in which a child exhibits evidence of skin bruising (including welts, abrasions, contusions), bleeding, sexual molestation, burns, fractures of any bone, subdural hematoma, soft tissue swelling, failure to thrive, ingestion of poison or unprescribed drugs, or death, and such condition or death is not justifiably explained, or where the history given concerning such condition or death is at variance with the degree or type of such condition or death, or circumstances indicate that such condition or death may not be the product of an accidental occurrence." (Based on Colorado State definition).

(iii) Physical and Emotional Neglect

"Physical and emotional neglect is the condition whereby the parent or guardian, through intentional or non-accidental acts of omission, or through incapacitation, is unable to nurture and provide the basic necessities for the child to the degree that the child suffers emotional and/or physical harm of variable extent which adversely affects the child's growth and development."

The diagrammatic presentation on the following page serve to illustrate the various components on the continuum of neglect/abuse. It is apparent that there are different kinds of child abuse as well as different degrees, and that no matter which definition is used a judgement has to be made.

The definition used by the Ontario Child Abuse Registry (C.C.A.R.) for reporting purposes has now been reviewed as follows:

"Child abuse means acts of commission or omission on the part of the parent or caretaker or any other person of a child under sixteen years of age which results in injury to the child. This includes physical and sexual abuse, parental deprivation and failure to provide reasonable protection for physical harm.

SEXUAL ABUSE

The literature on child abuse contains very little about sexual abuse. Most of the following is drawn from an article by LeRoy Schultz which appeared in Child Welfare, March, 1973. It is possible that the families as well as the victims generally cover up this kind of involvement, and therefore the material for research is not available.

A continuum exists in sexual abuse ranging from true victimization at one end to seductive partner at the other. The type of treatment required depends upon the victim's location on this continuum, with the important factors centered around the degree of force employed and the nature of the victim-offender relationship prior to the offense. In sexual research the roles of young female victims have been described as: collaborative, non-objecting, encouraging (to the offender), as fully participating, and as seducers.

Most sexual offenses against children are with persons with whom they already have some relationship, such as a family member, a family friend, a neighbour or a teacher, so that physical force is usually not a factor. If no force is employed and the act takes place with an acquaintance it is probable that it will not be reported, thus the incidence of sexual abuse remains an unknown quantity. Also, even in cases where physical violence is present, some victims will not report out of a sense of shame, embarrassment, mistrust of "authorities", or fear of exposure to the community, relatives and friends.

Generally, sexual assault on children do not in themselves have an excessively unsettling effect on the child's personality development. Certainly where there has been physical force and penetration the child should be treated in the hospital, clinic or doctor's office. The effects in such cases may involve sex organ injury or rupture, general body injury such as bruises, bites or scratches, venereal disease, vulvitis or pregnancy. Again, as in other cases of abuse, the medical evidence may be necessary for use in court.

Psychosocial effects are not as easily assessed as the physical. The psychosocial negative effects seem to be related to:

- the amount of violence
- the depth of the child's relationship to the offender
- the family's and society's reaction to the offence.

The child's relationship to the offender is extremely important in understanding the offence dynamics and after effects. Most victim children allow or seek out affectionate behaviour from their offenders, many feel kind and loving toward them and have established meaningful relationships with them, usually over a period of years, with frequent sexual behaviour. This situation is particularly true in family incest, where a daughter will not place criminal charges against the father for fear of being responsible for parental separation or divorce, the loss of father, or seeing him sentenced to a correctional institution, or out of oedipal guilt. Female victims are sometimes blamed by their mothers for breaking up the family. The same holds true for the female adolescent victims who manifest strong resistance to bringing charges against "steady" boyfriends. Sometimes victims engaged in behaviour that was seductive, out of affectionate feelings, but were naive about its potential as a sexual stimulus, and once the offense was committed felt betrayed, shocked, and generally had a negative reaction. The child victim may also feel guilt if she reports some gratification from being the object of love and attention by an older person, whom her family and society suddenly condemn.

By far the greatest potential damage to the child's personality is caused by society and the victim's parents, as a result of (1) the need to use the victim to prosecute the offender, and (2) the need of parents to prove to themselves, family, neighbourhood and society that the victim was free of voluntary participation and that they were not failures as parents.

Society, through its system of administering justice, requires that a person charged with an offense has a right to trial and to confront and cross-examine those who have brought the charges. What does harm to the victim is the need to have her repeat the details of the offense several times to police, prosecutors, judge or jury, sometimes with the assaulter present. What perhaps in the child's mind is a short-lived traumatic event with no permanent consequences is thus placed out of proportion to its importance, and forces the child to re-orient his or her ideas toward an adult interpretation of the offense, and the child's role in punishing the offender.

It is clear from studies of child sexual victims that it is not the sexual assault that usually creates trauma, but the child's parents' behavior upon its discovery, and the effect of this on the child. Parents over-react,

develop hysteria, attack the assailant, attack the child victim, berate and punish the victim, demand that the child victim testify that the attack was unprovoked, or threaten court personnel unless the offender is sentenced speedily. As soon as possible after the offense, parents will need help to accept the offense in such a way that horror, panic and fright are not communicated to the child, so as to create trauma where none existed. In most instances sexual trauma, unless reinforced by court testifying or parental over-reaction seems to produce few permanent consequences .

Social Work Treatment

Once the sexual victim has received medical attention if it is needed, the social worker must deal with helping the family decide on the desirability of reporting detail of the offense to others, a desire to avoid publicity, social stigma or revenge from others, or a belief by the victim or parents that the incident created so much emotional disturbance that accurate recounting of the offense is unlikely. The pro and con of these issues must be assessed and discussed with victim and family to help them make a decision. A decision as to the effects upon the victim involves whether charges are filed and the child is a witness, as against the safety of the community of potential victims if the offender is not prosecuted. If the family and victim decide to bring charges, they should be instructed upon how to do this, and perhaps the social worker should accompany them to the police. If they have decided to report the incident, the family and victim should be instructed to do so as soon as possible. Some effort should be made to make sure that the "offense" is not a product of the child's imagination or that charges are being made out of spite or retaliation. Instruction should be given to preserve any physical evidence, such as blood or semen stains on clothing or sheets.

If the family or victim decides to prosecute, the social worker should prepare them for the court experience, to ease anxieties about legal proceedings. This can be done through traditional role playing, behaviour-rehearsal techniques, and mock trials. Efforts should be made to speed the legal proceedings and to insure privacy in court proceedings. The social worker should accompany the child and family at every court appearance.

Casework services for victim and parents should be supportive. The parents will need firm assistance in taking a constructive and non-damaging attitude toward the offense, its social repercussions, the possible effects upon the victim, and the role they can play in the reduction of trauma. They may need direction on "playing down" (de-conditioning) the significance of the offense. Many child victims are seeking affection not given by the family or are seeking substitute attachments to compensate for insecurity in the family. In such cases mothers may need advice on overcoming maternal affection insufficiency. Parents will need an opportunity to ventilate feelings, particularly if there is guilt about parental contribution or negligence.

Child victims may need sympathetic casework assistance in understanding what happened in simple anatomical, sexual terms, and in ventilating feelings of anger, guilt and helplessness.

Many child victims are from homes that are disorganized and lack adequate supervision. Some will require sex education. Some will have been socialized within homes and neighbourhoods with sex codes different from the code reflected in law; others will indicate poor impulse control related to deprivation, rejection and maternal inconsistency. These factors may later be the main problem for social work focus and the whole range of traditional protective services of correction and prevention. Incest cases pose a special problem for the family in that a girl victim may have developed a strong affection for her father over a long period of time. Authorities are often quick to separate these family members, with little preparation for the child's loss of the source of her affection.

Interviewing the Victim

An appointment should be prearranged with the victim and the parents in their home at a non-school hour. Having the interview in the victim's home provides a familiar, relaxed atmosphere, and places no burden of travel to a strange, perhaps frightening office or building. The purpose of the interview should be stressed in appropriate language. If the child has been informed by his parents that he has nothing to fear, i.e. that they endorse the interview, and has been told to cooperate with the social worker, much has already been accomplished. The victim and parents should always be interviewed separately, out of hearing and viewing distance of each other. The presence of another person may induce bias, distortions or omissions in the version of offense

and its consequence. The manner and choice of language should be natural and appropriate to the child's age, intelligence and social class. Slang or childish terms may be appropriate.

Reasonable neutrality is basic and the social worker should avoid appearing to take sides with or against the child, the child's parents or the defendant. Some sex victims feel outraged, demoralized, defensive or outcast. Mutual trust and confidence may be established by sympathetic questions, encouragement and assurance. Acceptance of the victim's opposition to the interview should be made explicit by the social worker. Some victims will welcome an opportunity to express their views freely once the purpose of the interview is understood.

The interview should begin with consideration of objective, tangible and physical elements of the offense. After establishing a degree of rapport, the social worker can proceed to emotional considerations, within the capacity of the victim to tolerate the discussion. The possibility of disturbing the interview relationship by questions that are too abrupt, rapid or demanding must be avoided. Conflicts, gaps or mistrusts should be clarified in a moderate, helpful, nonemotional manner.

Conclusion

- 1) Probably less than 5% of all child sex victims are assaulted by violence or penetration.
- 2) Most of the child sex victims who would be damaged by the court experience have indicated personality disturbances before the offense.
- 3) Most of the sexually assaulted children, where no violence was employed, were engaging in affection-seeking behaviour, and do not perceive the event as traumatic.
- 4) Guilt in sexual victims is often absent, but may be engendered by parents, courts or community after the fact.
- 5) Most sexual assaults do not affect the child's personality development, particularly where neither violence nor court appearance has occurred.
- 6) Where a court appearance is necessary to convict an offender who is dangerous to the community, and such an appearance results in mental or social damage, the child should receive victim compensation from the court.

- 7) With the increase in sex education in elementary schools, reported victimization may decrease.
- 8) With rapid value change regarding sexuality, the concept of what constitutes a sexual offense may change.
- 9) Communities need socio-medical services for the victims of sexual offenses, and specially trained social workers to handle the child victim's court appearance, to prevent or control trauma.

FOSTER CARE OF ABUSED CHILDREN

Foster home placement is usually the most appropriate resource for young children, and in order to give the best possible service it is desirable that there be a variety of foster homes from which to select. It goes without saying that society staff need the time to work with the foster parents, the child and the natural parents, and to see to the provision of whatever resources are needed to augment the care given by the foster parents.

Many of the abused children being placed have long histories of neglect, abuse and of family disorganization. Where they have suffered from prolonged emotional and/or physical abuse, it can be expected that they will have many problems. Some of these children will require specialized help in treatment centres and some will require specialized help in addition to the care provided in the foster home. Accurate assessment of their needs is important since many abused children who appear to be quite normal do have significant psychological problems. Because they have learned to repress their own feelings they may appear as quiet, unassuming children who do not provoke the concern or attention of people around them. Some of the major problems evidenced by these children are: learning disabilities, psychological/emotional problems and problems associated with inadequate socialization skills. Some are delayed in intellectual and physical development.

Foster parents should be given special training in identifying problems as well as in working with these children. They might expect various combinations of the following as characteristic of abused children:

- the child has a poor self image and expects failure
- lack of ability to play
- difficulty in responding to a relationship in an appropriate and trusting manner
- the child has limitations in expressing feelings, particularly pain, sadness or joy
- angry or critical feelings are sometimes denied
- the child is inappropriately compliant and overly concerned with pleasing
- some abused children are very hostile, aggressive and critical, using abusive language. This seems to be their mode of expression, particularly for anxiety.

- most such children reveal feelings about being bad, unlovable, insecure and they assume that their wishes for attention and any angry feelings are unacceptable.
- they have a tendency to regression and may be preoccupied with baby bottles, sweets, toilet training.
- all are anxious

Foster parents will need to understand the behaviour that is symptomatic of these characteristics and be prepared for the fact that many of these children are difficult to understand and more difficult to relate to. They do not offer immediate satisfaction, rather they might reveal distrust and anxiety for months before responding positively.

In addition to love, understanding and patience over a long period of time, foster parents will need to be prepared to:

- be reliable and consistent
- be accepting and non-critical of regression
- set limits that are minimal but realistic
- encourage development of a more positive self image in the child
- help the child to develop trust in an adult
- help the child learn to recognize, share and accept his own feelings as valid.

Work with the child is directed toward developing a positive self-image, a sense of trust in other people, and a sense of personal autonomy. By providing a safe and predictable environment, the child becomes less defensive, thus more energy is freed up to attend to unresolved conflicts and age-appropriate activities which are essential to mastery of normal developmental tasks. As a result of extensive experience with warm, accepting adults, the abused child becomes more able to utilize the human resources available to him and to give the foster parents a sense of accomplishment and reward.

Parental visits to the child in the foster home should be encouraged, and hopefully the foster parents will see their roles as fully participating team members in relation to both child and parents. They need to be sensitive to the fact that when the parent visits and sees the "better" handling of the child, that this can reinforce their own feelings of inadequacy as parents. When they see the attention being given to the child, they may feel a sense of jealousy. They may feel criticized by the child's need for help.

A parent can sometimes learn more about handling the child from observing the foster parents than from talking to the social worker. Foster parents should be given information about the situation so they are prepared to help both the child and the parents, but they should also be helped in handling their own feelings toward the parents so that they can view the parents as people in need of help. It is only logical to expect that foster parents will identify with the child, but they need also to relate to the parents in a way that the parents can accept. Foster parents are in a position to give nurture to the parents as well as to the child, and abusing parents usually need just this kind of treatment.

When considering the extent of the tasks taken on by foster parents, there can be no mystery about why foster homes close. It is essential that the society support foster parents in every way possible. One way is to provide such supports as special child care workers to assist the foster parents in helping the child.

It is important that these children not be moved from one foster home to another. It is difficult enough for them to learn to trust any adult, and termination of even tentative relationships confirm for them that it is not safe to trust.