Discovering and Investigating Cases of Child Abuse; A Handbook for Indiana Teachers, Law Enforcement Officers, and Social Workers

An Honors Thesis

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Purpose of Thesis:

This handbook is on how to discover and investigate child abuse. It is designed to assist professionals in several different fields. The first portion is designed to help educators to understand the signs to look for in abused students, and what to do if they suspect abuse is occurring. The second portion is designed to help law enforcement officers understand their role in the whole process of investigating suspected cases of child abuse and neglect. The third portion is designed to give more specific instructions to the Child Protective Services worker on how to investigate and handle cases of child abuse and neglect. The handbook is designed to be carried on the person when they may foresee a need for it. It is intended to supplement previous training and explanations of policy and procedures.
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Preface

What is Child Abuse? Child abuse and neglect are defined in both Federal and State Legislation. The Federal legislation provides a foundation for States by identifying a minimum set of acts or behaviors that characterize maltreatment. This legislation also defines what acts are considered physical abuse, neglect, and sexual abuse.

There are no completely accurate figures available for the incidence and prevalence of child abuse and neglect. Investigations by Child Protective Services (CPS) agencies in 49 States determined that over one million children were victims of substantiated or indicated child abuse and neglect in 1995. This is only the number determined by one agency, and is based on only the cases of abuse that were reported. As one would expect, there are literally thousands of cases that go unreported each year. Behind each statistic is an innocent child, a child whose welfare may be in jeopardy.

There are four main types of child maltreatment; they are physical abuse, child neglect, sexual abuse, and emotional abuse. Physical abuse is, obviously, the infliction of physical injury. Child neglect is characterized by failure to provide for the child’s basic needs, and can be physical, educational, or emotional. Sexual abuse includes fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Emotional abuse includes acts or omissions by the parents or caregivers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders (NCCANCH 1997).
The Child Abuse Prevention and Treatment Act (CAPTA), defines *child abuse and neglect* as, at a minimum, any recent act or failure to act:

- Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation
- Of a child (person under the age of 18)
- By a parent of caretaker who is responsible for the child’s welfare (NCCANCh 1997).

CAPTA defines *sexual abuse* as:

- Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or
- Rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (NCCANCh 1997).
- Indiana’s Juvenile Code (Indiana Code 1971) defines child abuse and neglect in terms of those conditions which caused the child to be considered in need of services. A child is considered abused or neglected in the State of Indiana if, before his/her eighteenth birthday:
  - their physical or mental condition is seriously endangered/impaired due to the inability, refusal or neglect of their parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision;
  - their physical or mental health is seriously endangered/impaired due to injury by the act of omission of his parent, guardian, or custodian;
  - they are the victim of a sex offense or are allowed by their parent, guardian, or custodian to participate in an obscene performance or to commit a sex offense.
A Teacher’s Responsibility

Indiana law requires that anyone who suspects that a child may be abused or neglected must make a report to the local Child Protection Service or law enforcement agency (Indiana Code 1971). As a teacher, one may be more likely than others to notice that a child may be abused or neglected. There are several signs of abuse and specific behaviors to look for. There are also appropriate actions that should be taken when abuse is suspected. Teachers in all 50 states are now legally obligated to report even reasonable suspicions of child abuse.

Warning Signs To Watch For:

- repeated broken bones;
- bruises, lumps, welts;
- burns of all sorts;
- poor concentration;
- academic failure;
- poor peer relationships;
- accident-proneness;
- wariness around adults;
- frequent absences;
- increased aggression; and
- hanging around school before and after class (Brodkin & Coleman 1995).

There are also a variety of other signs that teachers should be aware of. These include things like an odor of alcohol on the child, or extreme hunger. Some suggest that a tired, poorly dressed child is also a tip-off to the possibility of abuse or neglect. Also note any bizarre or abusive parental behavior towards a teacher as being suggestive of abuse. Something as simple as the adequacy of food brought for lunch by
The child can even suggest parental neglect. Sometimes the child will simply tell you about the abuse. It is not up to you as the teacher to decide if they are telling the truth, exaggerating, embellishing, or lying. All suspected cases must be reported (Pelcovitz 1980).

To report any suspicions of child abuse or neglect, one can call the toll free number for their particular state. Indiana’s State Child Protection Service Hot Line is:

1-800-562-2407

Many schools have a liaison to handle reports. If a school policy is unclear, report to the principal. The contents of your report will include:

1. The names and addresses of the child and his/her parents, guardian, or custodian;
2. The child’s age and sex;
3. The nature and apparent extent of the child’s injuries, abuse, or neglect, including any evidence of prior injuries of the child or abuse or neglect of the child or his/her siblings. *
4. The name of the person allegedly responsible for causing the injury, abuse, or neglect;
5. Any other information that would assist in determining the possible cause of abuse (recent layoff, new baby etc.) (Indiana State Dept. of Public Welfare 1982).

In addition to informing the proper authorities of your concerns, it is important that you help the child deal with the immediate stress. It is crucial that you

*NOTE: It is unclear whether or not teachers are permitted to remove clothing or take photographs. Please contact your local authorities to receive more information
talk with the child and make sure that they feel relaxed and comfortable. If the child tells you what happened, there is a series of steps to follow immediately afterward. These include:

- Tell them you believe them.
- Tell them they did the right thing by telling you and should not feel guilty or ashamed. Assure him/her that you are glad that he/she is able to talk to you.
- Emphasize to them it was not their fault.
- Tell them that you are sorry it happened.
- Assure them that you will try your best to protect him/her from any future abuse.
- Explain that the offender did something that they are not supposed to do.
- Tell them that they might need to go to a doctor to make sure everything is all right.
- Suggest that other adults need to help him/her so it will not happen again.
- Tell them if they have any questions, to be sure to ask (Hillman & Solek-Tefft 1988).

There are also things that you, as a teacher, can do to help the child make it through this troubled time. Teachers can not do it all, but they can make a difference.

- Keep being there for the child; guide them, and believe in them.
- Reach out to caring adults that can get more involved in the child’s health and hygiene.
- Empower children to take charge of their lives where and whenever possible.
- Set up a home-school routing system to ensure the delivery of papers, report cards, and notes.
- Arrange homework support after school (Brodkin & Coleman 1994).

It is important to remember that parental abuse or neglect may hurt children, but they still love and depend upon their parents. Teachers should be careful not to diminish parents in children’s eyes. Teachers should also remember that often the perpetrator has warned the child not to tell, and the child is often reluctant about offering any information. However, if they feel strong support and acceptance, they will usually open up. You must also keep in mind though, that children often deny abuse is occurring in order to protect their parent or caretaker. They fear that if they disclose the abuse, that they will be taken from the home and the parent put in jail. Teachers should then report the suspected case, and let Child Protection Services handle it from there.
Law Enforcement’s Responsibilities

The role of law enforcement in child abuse cases is to investigate to determine if a violation of criminal law occurred, identify and apprehend the offender, and file appropriate criminal charges. The response of law enforcement to child abuse needs to be consistent. One must be consistent across cases in removing a child from the home (Bilchik 1997).

Considerations for Child Abuse Investigations

When You Receive the Referral

☐ Know department guidelines and State statutes. (Refer to Preface for Indiana laws)

☐ Know what resources are available in the community and provide this information to the child’s family.

☐ Introduce yourself, your role, and the focus and objective of the investigation.

☐ Assure that the best treatment will be provided for the protection of the child.

☐ Interview the child alone, focusing on corroborative evidence.

☐ Do not rule out the possibility of child abuse with a domestic dispute complaint; talk with the child at the scene.

Getting Information for the Preliminary Report

☐ Inquire about the history of the abusive situation. Dates are important to set the timeline for when abuse may have occurred.
Cover the elements of crime necessary for the report. Inquire about the instrument of abuse or other items on the scene.

Do not discount children’s statements about who is abusing them, where and how the abuse is occurring, or what types of acts occurred.

Save opinions for the end of the report, and provide supportive facts.

**Preserving the Crime Scene**

Treat the scene as a crime scene (even if abuse has occurred in the past) and not as the site of a social problem.

Secure the instrument of abuse or other corroborative evidence that the child identifies at the scene.

Photograph the scene and, when appropriate, include any injuries to the child. Rephotograph injuries as needed to capture any changes in appearance.

**Follow-up Investigation**

Be supportive and optimistic to the child and the family.

Arrange for a medical examination and transportation to the hospital. Collect items for a change of clothes if needed.

Be sure the child and family have been linked to a support service or therapy.

Be sure the family knows how to reach a detective to disclose further information.

**During the Court Phase**

Visit the court with the child to familiarize him or her with the courtroom setting and atmosphere before the first hearing.
• Prepare courtroom exhibits (pictures, displays, sketches) to support the child’s testimony.

• File all evidence in accordance with State and court policy. (Check with department)

• Unless they are suspects, update the family about the status and progress of the investigation. Remembering to be cautious about the type and amount of information provided, since they may share it with others.

• Provide court results and case closure information to the child and family.

• Follow up with the probation department for preparation of the presentence report and victim impact statements (Bilchik 1997).

When working with the medical profession, it is important to remember that they may find few personal or professional rewards in dealing with an abusive family. They may not wish to report an incident because it may be impossible to determine who caused a child’s injuries. Finally, they may not wish to testify in court because of challenges to their credentials or possible litigation. Investigators can help counteract physicians’ reluctance by fully involving members of the medical profession in the community’s team approach to child abuse, and by stressing the importance of medical evidence in preparing a case for court. It may also be helpful to remind physicians that all 50 States have enacted legislation regarding *immunity from civil or criminal liability for persons who, in good faith, make or participate in making a report of child abuse or neglect* (Bilchik 1997).
Physical Indicators of Physical Abuse

- Unexplained bruises or welts. (Especially in clusters, patterns, or shapes)
- Unexplained burns. (Including wet burns, dry burns, and rope burns)
- Unexplained fractures. (Any fracture in a child under the age of two)
- Unexplained lacerations and abrasions
- Unexplained abdominal injuries
- Human bite marks

Behavioral Indicators of Physical Abuse

- Is wary of physical contact with adults.
- Demonstrates extremes in behavior—behavior outside the range expected for the child's age group.
- Seems frightened of the parents
- States he or she is afraid to go home.
- Reports injury by a parent.

Physical Indicators of Neglect

- Constant hunger, poor hygiene, or inappropriate clothing.
- Consistent lack of supervision.
- Constant fatigue or listlessness
- Unattended physical problems or medical needs, such as untreated or infected wounds.
Behavioral Indicators of Neglect

- Begging or stealing food.
- Constantly falling asleep.
- Rare attendance at school.
- Coming to school early and leaving late.
- Addiction to drugs and/or alcohol.
- Engaging in delinquent acts.
- Stating that there is no one to care for or look after him or her.

(Broadhurst & Knoeller 1979).

Characteristics of Abusive Parents

- Seem unconcerned about the child.
- See the child as bad or constantly refers to the child in negative terms.
- Offer illogical, unconvincing, contradictory explanations or have no explanation of the child's injury.
- Attempt to conceal the child's injury or to protect the identity of person responsible.
- Routinely employ harsh unreasonable discipline that is inappropriate to child's age, behavior, and condition.
- Were abused as children.
- Cannot provide emotionally for themselves as adults.
- Have poor impulse control, meaning easily angered and inappropriate reactions.
- Expect children to fill their emotional void.
- Have low self-esteem.
- Are emotionally immature and do not understand the role of a parent.
- Are isolated, have no support system.
- Marry a spouse who passively supports the abuse.

**Characteristics of Neglectful Parents**

- Have a chaotic home life.
- Live in unsafe conditions.
- Abuses drugs and alcohol.
- Have low I.Q. and have trouble communicating.
- Have poor impulse control, without regard for long term consequences.
- Employed, but unable to find childcare.
- Have low self-esteem.
- Tend to be very passive.

(Broadhurst & Knoeller 1979).

**Child Sexual Assault Protocol**

**Interviewing the Victim**

- Assess the medical needs of the child so that emergency medical conditions can be attended to immediately.
- Determine what examinations are needed for collection of evidence.
- Determine venue.
- Establish what offenses, if any, have occurred.
- Establish date and time of offense.
- Contact child protective services, if not already done.

**Obtaining a Medical Examination**

- Contact a physician and/or sexual assault nurse examiner.
- Coordinate with CPS to determine who will accompany the child.
- Meet with the CPS worker, the physician, the child, and the parent/guardian at the hospital treatment room.
- Brief medical personnel concerning facts, allegations, suspect information, the mental state of the child, past histories, and what the police department and CPS are looking for in the examination and what evidence is to be collected.
- Photographs can be taken by police officers, investigators, CPS workers, physicians, nurses, or other parties (Bilchik 1997).

**Physical Indicators of Sexual Abuse**

- Difficulty in walking or sitting.
- Torn, stained, or bloody underclothing.
- Complaints of pain or itching in the genital area.
- Bruises or bleeding in external genitalia, vaginal or anal area.
- Sexually transmitted disease, particularly in a child under 13.
- Pregnancy, especially in early adolescence.
Behavioral Indicators of Sexual Abuse

- Appear withdrawn.
- Poor peer relationships.
- Unwilling to change clothes, for gym class etc.
- Engaging in delinquent acts, or running away.
- Display bizarre, sophisticated, or unusual sexual knowledge or behavior.
- State that he/she has been sexually assaulted.

(Broadhurst & Knoeller 1979).

Characteristics of Sexually Abusive Parents

- Have low self-esteem.
- Have inadequate coping skills and do not know how to handle crises.
- May have experienced loss of their spouse.
- May be experiencing overcrowding in their home.
- May have marital problems causing one spouse to seek affection from a child.
- May abuse alcohol or drugs.
- Lack of social or emotional contacts.
- Are isolated from family and friends.

(Broadhurst & Knoeller 1979).

Protective Custody

Officers who become involved in a child abuse case through social services should consider all information that has been provided to them. Based on this
information, officers should ask themselves: If I leave and obtain a court order to remove this child, is the child likely to be injured before I return?" If the answer is yes, then the officer should remove the child immediately. This should be done in accordance with State guidelines and departmental policy and procedure.

- Depending on the jurisdiction, the officer may be obligated to remove the child if direct disclosure of physical or sexual abuse is made, if such abuse is alleged, or if evidence of an abusive incident is present.

- Moreover, State law allows an officer to decide to remove a child based on observation of the facts and judgment of the information given. In some situations, an officer may remove a child because he or she feels that the child may suffer further physical or emotional harm or trauma or be hidden or abducted before a court order can be obtained (Bilchik 1997).

In most States it is not acceptable for law enforcement to take a child from one parent and place him or her in the custody of another parent or relative without a court order or verification of legal authority. The placement of a child in the custody of another individual is the sole responsibility of the department of social services and not law enforcement. However, if social services chooses to place the child in the custody of a parent or someone other than a licensed foster care facility, law enforcement should be aware of the jurisdiction’s policies and practices before participating in or agreeing to this placement.

It is highly recommended that removal or detention orders or other appropriate court paperwork accompany officers to the removal site and that this paperwork be explained to adversarial parents (Bilchik 1997).
In determining whether protective custody is indicated, the officer should consider if any of the following conditions exist.

- The maltreatment in the home, present or potential, is such that a child could suffer permanent damage.
- Although the child is in immediate need of medical or psychiatric care, the parents refuse to obtain it.
- A child's physical and/or emotional damage is such that the child needs an extremely supportive environment to recuperate.
- A child's sex, age, physical or mental condition renders the child incapable of self-protection.
- Evidence suggests that the parents are torturing the child.
- The physical environment of the home poses an immediate threat to the child.
- Evidence suggests that parental anger with the investigation will be directed toward the child in the form of severe retaliation against him/her.
- Evidence suggests that the parents are so out of touch with reality that they cannot provide for the child's basic needs.
- Evidence suggests that the parents' physical condition pose a threat to the child.
- The family has a history of hiding the child.
- The family has a history of prior incidents or allegations of abuse or neglect.
- The parents are completely unwilling to cooperate in the investigation and may flee the jurisdiction.
- Parents have abandoned the child (Broadhurst & Knoeller 1979).
Common Mistakes to Avoid

- Making premature accusations. Making an accusatory statement to the parent or guardian that the child is being taken into protective custody because someone has abused the child places police officers in a situation of liability. One should state, “Because of questionable injuries, marks, or allegations of inappropriate activity, the child is being taken to a licensed foster care facility until a complete investigation can be conducted.

- Attempting to rationalize the removal of a child. The best tactic is to remove the child and vacate the situation as quickly as possible. Officers should be aware that heightened emotions could lead to a dangerous escalation of the situation.

- Failing to provide all of the required forms. Police officers must be familiar with all the forms that must be completed by the parent at the time that a child is placed in protective custody (Bilchik 1997).

Removing the Child

If a law enforcement officer is called to assist in the removal of a child, it is the officer’s responsibility to ensure the child is removed with as little trauma or danger to the child and the social worker as possible.

- The police officer should meet with the social worker at a neutral location before going to the residence. The social worker should explain the situation in general, describe the layout of the residence, and specify who is expected to be there.

- Any necessary items, such as medication, should be brought with the child (Bilchik 1997).
In most situations, the child is not going to leave their parents willingly, even though they may have been abused.

Officers should not respond to a child's outbursts with anger or displeasure. They should do everything they can to help the child adjust to a new and scary situation.

Once the officer has removed the child from the residence and the child has had a chance to calm down, if the child is old enough to communicate, the officer should take the time to explain that he or she has not done anything wrong and was removed for his or her own protection (Broadhurst & Knoeller 1979).

Investigation

A routine records check involving the family should be the first step after receiving the report from another officer, teacher, neighbor etc. Information to look for includes: prior reports of suspected child abuse and neglect and their outcome, services already being provided to the family because of a previous report, and information on the reporter's reliability based on prior reports by him/her.

To conduct an effective investigation, law enforcement will need to visit the home, see the child, interview the parents, and collect evidence. There are two types of information that need to be gathered in order to corroborate or dismiss a report. Primary information includes those records of the investigators' interviews, their observations, photographs, and physical evidence. Secondary information includes that which has been gathered from collateral sources, such as: medical records, school records, and other agency records (Broadhurst & Knoeller 1979).
Interviewing the Parents

The parents should be told the reason for the interview, given the legal authority for the investigation, and treated with respect. It is important to remember that abusive and neglectful parents have difficulty trusting others and are fearful of authority. It is unlikely that the parents will admit to abusing or neglecting their children. Remember to keep the parents' rights in mind too, including their right to remain silent (Broadhurst & Knoeller 1979).

Interviewing the Child

- The parent should not be present while the child is being interviewed.
- Determine the emotional state of the child.
- Attempt to gain the child's confidence, and conduct the interview on a friend to friend basis.
- Do not appear to take sides against the parents.
- Use language that the child clearly understands.
- Children should be permitted to tell about incidents in their own way. They should not be pressed for details.
- Include a discussion of what will happen next, and how the information from this interview will be used (Broadhurst & Knoeller 1979).

Gathering Evidence

Observation is an integral part of the interview, but is obviously more subjective. The officer should record their observations accurately and in detail so that
they will be able to testify effectively. They should note the following:

- Physical conditions of all children, including their general appearance as well as any injuries.
- Safety of surroundings
- General condition of the home, including cleanliness and washing facilities etc.
- Availability of food and water
- Adequacy of heat, light, and space.

Experienced officers should also observe and record the behavior of parents and children, including their reaction to the officer's presence. Also note other nonverbal messages including eye contact, facial expressions, tones of voice, and physical closeness.

Photographic Evidence may be the best means of documenting child abuse and neglect involving serious injury or of showing the condition of a home. Photographs should be taken as soon as possible. It is important to remember to properly identify and mark photographs.

Physical Evidence should be collected as soon as possible. It might include the instrument used to inflict injury, or guns, or poison within reach of unsupervised children. Evidence of sexual abuse might include pubic hair, blood on clothing, and semen (Broadhurst & Knoeller 1979).
Arresting the Parents

Arrest of the parents or caretakers is by no mean the rule in child abuse and neglect. Arrest usually means prosecution, and that is not the best means of dealing with a parent. However, there are times when arrest is indicated. It may be immediately, or it may be delayed, pending consultation with CPS and others. Arrest may be indicated when:

- injury to the child is extremely severe
- evidence exists that a serious crime has been committed
- there is reason to believe that the parent or caretaker will flee the jurisdiction
- it is necessary to preserve the peace
- The person believed responsible presents an immediate danger to others

(Broadhurst & Knoeller 1979).

Court Referral

A law enforcement officer may choose to refer cases to juvenile court. When a child has been taken into protective custody, the officer will be required to appear in juvenile court to have the custody order considered. The juvenile court provides a coercive, but nonpunitive authority to function in cooperation with CPS.

Referral for criminal prosecution is appropriate in those cases where injury to the child has been severe or where parents are completely unwilling or unable to protect their child. Referral for criminal prosecution should occur only in the most severe or difficult cases. This decision should occur only after consultation with CPS (Broadhurst & Knoeller 1979).
The Social Worker’s Role

Overview of Child Protective Services

The CPS unit as part of the public social service agency is the key agency in each community’s child abuse and neglect response system. It provides an “involuntary” social service. It has the legally mandated responsibility for ensuring that preventative, evaluative, and treatment programs are responsive first to the needs of abused and/or neglected children and then to the needs of their families (Jenkins et al. 1979).

Identification

First, an abuse or neglect situation must be identified. This seldom occurs within the CPS agency itself. Although it is indirectly through them that this may occur. One duty of CPS is to increase public awareness and commitment to the problem of child abuse and neglect throughout the community (Jenkins et al. 1979).

Reporting

In Indiana, anyone who has reason to believe that a child is the victim of abuse or neglect is required to report this suspicion. The reporting phase of the child protective process is dependent upon the following factors:

□ The willingness and ability of the person or agency that has identified the incident of child abuse or neglect to initiate a report.
Public awareness of established reporting procedures.

The availability of a qualified person to receive the report who can obtain the necessary information to initiate the required response (Jenkins et al. 1979).

**Intake**

The worker receiving the report should obtain as detailed information from the reporter as possible. Information that one should obtain from the reporter include:

- The name, age, sex, ethnicity, and permanent address of the child.
- Present location of the child and location where incidents occurred if different from permanent address.
- Name of person or institution responsible for the child’s welfare (and address if different from the permanent address of the child.)
- Name and address of the person alleged to be responsible for the abuse and/or neglect.
- The family composition, including names, sex, ages of siblings and other adults normally present.
- The nature and extent of the suspected abuse or neglect, including any available information on prior injury to the child or siblings.
- The action taken by the reporting source or others including whether or not the child has been placed in protective custody.
- The reporter’s name, telephone number, and address, if he/she is willing to disclose.
- The type of reporting source including, mandatory, permissive, anonymous.
The draft Federal Standards recommend that intervention after the receipt of the report should occur immediately if the situation is an emergency; otherwise it should take place within 24 hours. An emergency situation can be defined as:

- All complaints of severe physical abuse.
- All complaints of sexual abuse.
- Complaints alleging that children under the age of eight have been left alone.
- Complaints alleging that children and their parents are in need of food or housing.
- Complaints alleging bizarre punishment, such as locking a child in a closet.
- Complaints alleging that the children or adolescents are suicidal.
- Complaints involving abandonment.
- Complaints from hospitals concerning children under their care.
- Self-referrals from parents who state they are unable to cope, or desire their children’s removal and placement away from home.
- Cases in which protective custody is authorized (Jenkins et al. 1979).
**Investigation**

Conducting a child abuse and neglect investigation is one of the most difficult tasks a CPS worker must perform. They are often viewed as an unwelcome intruder in a family's life. The CPS worker should initiate contact with the family as soon as possible following receipt of child abuse and neglect report and conduct an initial interview with them. The objectives of the interview should be limited and the workers should understand and remember that there will be numerous contacts with the family during which time further evaluation can take place. In nonemergency situations, the initial contact should be made within 24 hours of the report, and can usually take place in the residence of the child's current caretaker. CPS workers must be familiar with indicators of child maltreatment in the child and in the parents. (See pages 10-13 in the Law Enforcement Chapter) (Jenkins et al. 1979). In addition to the indicators in the Law Enforcement Chapter, there are a few more that CPS workers should be aware of:

- The child may be in a state of "frozen watchfulness." They remain emotionally withdrawn and uninvolved, but watch carefully what is going on around them.
- The child may show a fear of physical contact.
- The child may appear to be autistic. They do not relate in normal ways to their environment.
- The child may be aggressive toward other children.
- The child may be very eager to please, crave attention, and become affectionate with anyone, including strangers.

- Some children wear unseasonable or unnecessary clothes to hide their injuries (Rycus, Hughes, & Garrison 1989).

Prior to the initial contact, CPS workers should commit to memory the allegations in the report and the collateral information that has been gathered. The CPS worker should formulate the goals of the interview, which are to determine the safety of the child and to assess the validity of the report. It is also important for CPS workers to examine their feelings about the report in order to assess their ability to remain objective during the investigation (Jenkins et al. 1979).

Another phase of the preparation process involves preparation to deal with possible personal risk. Being prepared to handle certain situations may help prevent them from happening. The CPS worker should not hesitate to request aid from the local law enforcement agency if the situation is judged to be one of high personal risk to the worker. Ways to avoid personal risk include:

- Travel in teams or pairs.

- Develop relationships with community members.

- Avoid provocative and inappropriate comments or behaviors.

- Learn to use accepted methods of self-defense including mace and others.

- Avoid making accusations.

- Admit any mistakes (Jenkins et al. 1979).

On initial contact the CPS worker should identify themselves and state that a report has been received concerning the child. The worker should inform the
parents of their legal rights pertaining to the investigation. Workers are required to notify parents of the existence of records pertaining to them in the Central Register. They should also be informed of their rights in regard to the information in the report or records generated from the report. Parents should be aware that they are permitted access to relevant portions of the records which do not identify other individuals and that they have the right to make requests for additions, changes, or deletions (Jenkins et al. 1979).

Once the parents have expressed their feelings about the situation, the CPS worker can begin to solicit the necessary information. In general the most successful approach starts with encouraging the parent to express his or her side of the story. Questions should be supportive and neutral, so that parents can respond comfortably. The following techniques may help the interview go more smoothly:

- The CPS worker should maintain a neutral, matter-of-fact attitude about the alleged abuse or neglect.
- The worker should be supportive whenever possible, for example, “It must be very hard to keep the house clean when you have so many young children.”
- The CPS worker should provide validating statements and recognize positive intentions; for example, “You really got your child to the hospital in a hurry.”
- The CPS worker should keep the focus upon the welfare of the children and the parental caretakers. They should avoid talking about why report was made, and concentrate on what can be done about the situation.
- The CPS worker should keep attention upon what the parental caretakers themselves reveal and what is directly observable.
The CPS worker should be reassuring. Let parents know that they are approaching the situation with an open mind.

The CPS worker must be acutely aware of non-verbal communication and look for signs of hostility, fear, and affection among family members.

If possible the CPS worker should first talk to family members separately.

The CPS worker should use open-ended questions that do not require a simple one-word answer.

The CPS worker should recognize and label feelings, for example, "That must have been really confusing and frustrating."

The CPS worker should restate the parents' answers to make sure they understood. This also gives the parent a chance to reconsider or revise an answer.

The CPS worker should back off topics that are overly upsetting and return to them later.

The CPS worker should avoid agreeing with or seeming to condone everything, but should make it clear that facts and feelings are understood.

The CPS worker must convey a desire to alleviate the stress and help change the situation.

The CPS worker must not take verbal abuse personally (Jenkins et al. 1979).
Interviewing the Child

The purpose of the initial contact with the child is to assess the validity of the report and to make a determination concerning whether the child is in imminent danger. The child should not be interviewed if the experience will cause trauma to the child or further endanger the child’s safety in the home. The following guidelines can be used when interviewing the child:

- Only the CPS worker and the child should be present at the interview. The conversations should be conducted in a quiet, private, nonthreatening place, free of interruptions.

- The investigator should not appear to be taking sides against the parent. Children will generally become defensive if they feel one is criticizing their parents.

- Children should be assured that they are not in trouble, that they have done nothing wrong.

- Questions and discussion should be in language the child understands. The interviewer should not disparage the child’s choice of language; rather the interviewer should use the child’s term to put the child at ease and avoid confusion.

- The interviewer is not an inquisitor. Children should not be pressed for answers or details they are unwilling or unable to give. Answers should not be suggested to the child. Under no circumstances should the interviewer indicate horror, disgust, anger, or disapproval of parents, child, or the situation.
It is important for the CPS worker to observe the alleged injuries. If it is necessary for the child to remove his/her clothing, the procedure should be explained in a nonthreatening, comforting way.

The interview ought to include a discussion of what will happen next, and how the interviewer will use the information the child has given (Jenkins et al. 1979).

**Interviewing Other Family Members**

Everyone who lives with the family or is in some way an important part of their lives can be interviewed for their perceptions of the problem at hand, as well as their views concerning the family's strengths and weaknesses. Fathers, the mother's boyfriend, and other adult male members of a family in general, are often passed over by social workers. They are often hard to arrange interviews with, but again, are essential to the case (Jenkins et al. 1979).

**Observable Data**

Observation is an integral part of the interview, but is more subjective. It is the process in which the worker is literally looking for information that will be useful in assessing a report. There are two types of observable data: physical and behavioral. Physical information includes not only indicators of abuse or neglect on the child's body, but also the physical setting of the home, such as eating and cooking facilities, cleanliness of bathrooms and kitchens, as well as basic amenities.
such as beds, lighting, and space. Also note the degree to which the house is safe and healthy for a child. Are there unprotected open windows, exposed wiring, vermin, human or animal waste, and so forth? Other nonverbal messages that can be observed include eye contact between family members, facial expressions, communication or lack there of, and expression of feelings (Jenkins et al. 1979).

Secondary Information

This method of evaluating a report includes gathering information from collateral sources such as: medical records, school records, police records and photographs, and records from other agencies involved with the family. This provides a built-in mechanism for balancing the subjective aspects of interviewing and observing, and is crucial if and when a case is referred to the courts (Jenkins et al. 1979).

Medical Evaluation of the Child

During the investigative process, the child may require immediate and intensive emergency medical diagnosis and treatment. In such cases, medical intervention should receive priority over the investigative process. In nonemergency situations, medical evaluations may still be considered an essential phase of the investigative process (Jenkins et al. 1979).
Hospitalization

When abused or neglected children are hospitalized, special policies and nursing care procedures may apply. It is important that the CPS worker have an active knowledge of local medical facility policies as they may influence the worker's involvement with the child during the period of hospitalization. Examples of such policies include:

- The child should be placed in a room near the nurses' station to permit surveillance of visitors.
- Permission must be obtained from the attending physician for personnel from other than the pediatric ward to examine the child or view the injuries.
- If photographs, X-rays, and blood studies were not accomplished prior to admission, these procedures should be initiated as soon as possible.
- The child's medical chart will be kept at the nurses' station so that access may be controlled.
- Charts and records are to be read only by those having a legitimate need to do so.
- Visitors will be restricted as directed by the physician to decrease rumors and avoid information seekers (Jenkins et al. 1979).

Medical Records

The medical history of a child is an important document in the investigation of child abuse and neglect. However, such a history is often dependent upon the ability and willingness of the parent to provide the history. The lack of continuity
in health care has resulted in inadequate continuous documentation of a child's medical history in a single record. Available medical records should be reviewed for history of infant developmental indicators, immunizations, newborn checkups, lacerations, contusions, fractures, and trauma. When appropriate, medical information concerning the current incident should be entered in the medical record (Jenkins et al. 1979).

**Photo-documentation**

Photographs are important documents in child abuse and neglect cases and should be taken when physical evidence of abuse or neglect is visible on the child's body. X-rays should be taken of children to identify those injuries that are not visible. Photographs may be taken of the child, their injuries, the location of the alleged incident, or the condition of the home. State and local laws and policies may delineate who has the legal authority to take photographs in child abuse and neglect cases. If possible, the parent's authorization should be obtained prior to photographing the child (Jenkins et al. 1979).

Generally, the sooner the photograph is taken the more accurately it will portray the conditions at the time of the incident. However, in the case of contusions, the photographer may want to delay the photography until the injury is at its peak. When emergency medical treatment is required, the injury should be photographed prior to the administration of medical attention, if possible. The emergent nature of the injury will be the determining factor; the health of the child remains the paramount consideration (Jenkins et al. 1979).
In allegations of physical abuse, the worker should undress the child, and the child’s body should be examined for evidence of injury. To provide the least disruption to the child, if he or she is three years old or older, the worker should:

- Explain briefly to the child what you are doing, and why, if the child is old enough to understand. For very young children, combine undressing with a game, or conduct it as if you were changing the child’s clothes or diaper.
- If the child is first seen at school, let a school nurse undress the young child. If the child is first seen in a relative’s home, ask the relative to do so. For young children seen first in their own homes, ask the parent to undress the child. When there is no other adult present with whom the child has a relationship, allow the child to undress him/herself in your presence, with your help. DO NOT summarily strip the child without asking the child’s permission.
- Take off clothing from the top of the body first, and replace it before taking off the lower half. Do not leave a child standing naked, and try not to embarrass the child.
- If children are preadolescent or adolescent, they should not be undressed in the presence of a worker of the opposite sex, if at all possible (Rycus, Hughes, & Garrison 1989).

Tips for Photographing Victim

- Use a camera that is easy to use, has a built-in flash with quick recharge, and offers a comfortable operating distance from the subject.
- Use color film that has a film speed rating of 200. This type of daylight film allows for a greater depth of field (sharpness) with a minimum amount of blurring.
- Take two pictures of every view and angle, one for the file and one for court.
- Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button, or any other body part identifies the location of the wound.
Include two pictures of each wound or other injury, one that identifies a landmark and one that provides a close-up of the wound.

Position the camera so that the film surface or plane is parallel to or directly facing the injury.

Vary the perspective of the picture by taking various shots from different angles and distances.

Place a measuring device such as an adhesive metric scale directly above or below the injury to insure accurate representation of the size and depth of the injury.

If the injury is inside the mouth, use a plastic or wooden tongue depressor to keep the mouth open and the injury visible.

If there is an eye injury, use a pocket flashlight or toy to distract the child's gaze in different directions to show the extent of the damage to the eye area.

In cases of suspected neglect, the child's general appearance should be photographed, including any signs such as splinters, hair loss, extreme diaper rash, wrinkled or wasted buttocks, prominent ribs, and/or a swollen belly (Bilchik 1996).

**Case Decision**

To complete the investigative process, the investigator needs to assess the information gathered during the investigative process, and to make a decision about the existence of child abuse and neglect and, if it exists, about the degree of risk it presents to the child. The assessment should be a combination of hard evidence, professional judgment, and gut reaction. There are six basic types of decisions that are made as a result of the investigation, they include:

- Abuse or neglect does exist and the family will cooperate with voluntary services.
- Abuse or neglect does exist and the family will require a court order of protective services supervision and treatment.

- Abuse or neglect does exist and the danger to the child is so imminent that he or she should be removed from the home, either with parents’ consent or through court order.

- Abuse and neglect does not exist and no other services are needed; case closed.

- Abuse and neglect does not exist but the family should be offered other services.

- Abuse and neglect is suspected, but further information must be gathered to make a firm decision (Jenkins et al. 1979).

  These decisions may occur at any point during the investigative process. Ideally, the investigator will have the opportunity to share investigative findings with a team of professionals who will assist in the evaluation and decision-making process. Some cases are so complex that it requires the professional expertise of several disciplines to make a determination on the needs of the child and the family (Jenkins et al. 1979).

  If investigators use the following step-by-step process they will accumulate all information necessary to make an accurate case decision.

- The CPS worker should focus on the allegations in the report. Since the allegations are the reason for the investigation, the information gathering focuses on discovering whether they are true or false. The case decision must reflect this focus. The report must, at a minimum, address itself to the allegations in the initial complaint.
The CPS worker should determine the evidentiary facts obtained in the investigation that support or refute the allegations in the report and/or additional allegations of abuse or neglect determined by the investigator. Evidentiary facts, within the context of the investigative report, are allegations that can be supported by information gathered during the investigation.

The CPS worker should list the information that substantiates the evidentiary facts. Evidence can be in the form of statements of parents or other people interviewed during the investigation, the observations of the investigator, and records, photographs, and X-rays. The more contestable or subjective a fact is, the more evidence that will be required to prove it, for example medical evidence is used often to prove an injury could not have occurred as stated.

The CPS worker should conceptualize all professional judgments relating to the possible existence of abuse or neglect. In many cases, the worker conducting the investigation will reach conclusions concerning the existence of abuse or neglect that represent a professional judgment. The fact that some of these judgments may not be supported by hard evidence should not preclude the worker from making them or including them in the record.

Assessment of Risk to the Child

The investigator is also responsible for determining the child's immediate safety in the home, and for taking the necessary steps to protect the child from harm during the investigation itself and during the treatment. In determining whether protective
custody is indicated, the worker should consider if any of the following conditions exist:

☐ The maltreatment in the home, present or potential, is such that a child could suffer permanent damage.

☐ Although the child is in immediate need of medical or psychiatric care, the parents refuse to obtain it.

☐ A child's physical and/or emotional damage is such that the child needs an extremely supportive environment to recuperate.

☐ A child's sex, age, physical or mental condition renders the child incapable of self-protection.

☐ Evidence suggests that the parents are torturing the child.

☐ The physical environment of the home poses an immediate threat to the child.

☐ Evidence suggests that parental anger with the investigation will be directed toward the child in the form of severe retaliation against him/her.

☐ Evidence suggests that the parents are so out of touch with reality that they cannot provide for the child's basic needs.

☐ Evidence suggests that the parents' physical condition pose a threat to the child.

☐ The family has a history of hiding the child.

☐ The family has a history of prior incidents or allegations of abuse or neglect.

☐ The parents are completely unwilling to cooperate in the investigation and may flee the jurisdiction.

☐ Parents have abandoned the child (Jenkins et al. 1979).
Emergency Services

If the child is in imminent danger of further injury, the worker must take steps necessary to insure his or her safety. Emergency placement of the child should be considered only as a last resort because of the serious disruption it may cause in the family unit and the emotional cost to the child.

If alternatives to removal of the child have been considered or attempted and the need for emergency placement has been determined, the parents should be informed of the decision and the reason for placement. The parents should be urged to cooperate in placing the child. Voluntary placement in shelters, group homes, or foster care is generally available. A final alternative, often overlooked, is the voluntary or involuntary removal of the abusive parent from the home instead of the removal of the child (Jenkins et al. 1979).

Social Assessment

The social assessment is the process by which a CPS worker gathers information concerning the child, the family members, and the circumstances of their lives. The purpose of this process is to determine why abuse or neglect has occurred, and to identify the areas in which treatment can help. The end result is a summary or assessment of the family’s abuse and/or neglect related problems, the internal strengths they can draw upon to solve these problems, and the type of help they will need to do so. Information needed in a social assessment includes:

☐ Factual information on the family: names, ages, occupations and so forth.
A brief summary of the family's contact with other agencies as part of the investigation.

The family's perception of the incidence of abuse and neglect, the worker's perceptions, and notations of any discrepancies between the two.

Strengths and weaknesses in the family.

Ways in which the family interacts.

Significant historical data about the parents' upbringing which describe events that formed their ideas of child-rearing, parent-child relations, appropriate behavior for children and so forth.

A listing of the family's needs which should be met to assure the health and safety of the child (Jenkins et al. 1979).

Service Planning

Service planning, the second step in the case management of child abuse and neglect, consists of developing a plan to establish a safe environment for the child, and if at all possible, to maintain the family as a unit. The parts of the process are:

- Setting goals for service which, when achieved, will result in a safer environment for the child and a cohesive family unit. It should include a restatement of a problem and its cause in a way that suggests a solution.

- Formulating objectives. These are often positive statements of the identified problems, and should have a specific time limit.

- Identifying service alternatives, types of resources, programs, activities through which goals and objectives can be met. These resources include public welfare,
state employment agency, legal aid, public health nurses, therapy, foster care, emergency shelters and so forth.

- Selecting specific services based on the problems and needs of the family, objectives set and availability of services in the community (Jenkins et al. 1979).
- Reassessment. After a prescribed amount of time, review the plan, evaluate success, and make any appropriate revisions (Rycus & Hughes 1989).

**Case Monitoring**

When CPS initiates a referral to another resource in the community some cases can be closed. However, it is good practice to make certain that the family has developed a constructive relationship with the other agency prior to closing the case. In the majority of situations, however, the CPS worker would be responsible for monitoring the case after the family has been referred to another agency. Case monitoring is the process through which the client’s progress towards achieving goals is evaluated to ensure that the services are being offered and continue to be effective and appropriate, or that they are altered if they are not. The purpose of monitoring is to assure that the agencies involved with a family are delivering appropriate and needed services as set up in the treatment plan. Thus, the worker is responsible for maintaining contact with and communication between the family and all other treatment agencies (Jenkins et al. 1979).

**Recordkeeping**

Documentation of the activity relevant to a case is one of the most important tasks for which a CPS worker is responsible. It is imperative to maintain proper
records in each and every case. One reason for this is that every case of child abuse and/or neglect has a potential for going to court. Most child abuse and/or neglect cases which are taken to court are supported by extensive written records compiled by the caseworker. The written case record is the basic tool required for the preparation of a case presentation if and when juvenile court intervention is necessary. Because the case record itself is so vital, it is crucial that the caseworker know how to keep such records accurately and completely. CPS workers should follow these general guidelines with regard to recordkeeping:

- Records should be up-to-date at all times.
- The case record should contain answers to who, what, when, where, why, and how. The record should contain specific information on dates, times of day, person interviewed, locations, what was said, detailed observations and so forth.
- The worker should record factual information and observations, and judgments should be noted as such.
- Names, addresses, and telephone numbers of all potential witnesses should be included. Information concerning witnesses’ availability and willingness to appear in court should also be included.
- The record should also include copies of any and all releases signed by the parents for confidential information and copies of records from medical and social work sources.
- All records should be kept confidential.
The record must also include:

1. a copy of the reporting form
2. type of maltreatment
3. specific act or omission
4. perpetrator
5. vulnerability of the child
6. intent
7. chronicity
8. psycho-social information about the family
9. assessment of risk to the child
10. case decision
11. social assessment/case plan
12. monthly record of caseworker/client contacts
13. record of services provided
14. record of case manager/other agency contacts
15. court intervention
16. correspondence
17. summary of termination (Jenkins et al. 1979).

Termination

Terminating services in child abuse/neglect cases is a difficult decision that needs to be made jointly with all parties involved. The decision to terminate a case
that has received services should be based on evidence that the original problems causing the abuse/neglect have been resolved to the point that the family can protect the child. There also needs to be evidence that the family will voluntarily obtain assistance in the future if they face additional problems. In terminating services to a client, the worker should follow these general procedures:

- There should be a gradual decrease in worker/client contact.
- There should be a gradual weaning of the client's dependence on the worker in conjunction with the client's development of other supports.
- There should be a discussion between the worker and client regarding the progress that has been achieved.
- Clients should be informed of available resources to contact if they are in need of outside support to help them continue to maintain the changes that have been made during treatment (Jenkins et al. 1979).

The Courts

The juvenile court approach focuses on the child's need for protection and on providing any help and service to the parents that is necessary so that they can adequately care for the child. The court will terminate the parent-child relationship only after the parents prove to be unable to provide for the child. Its function is to protect the child from further injury, while working closely with social service professionals to treat the child and the family. There are a number of possible types
of juvenile court hearings, including:

- Protective custody hearings. In emergency situations the child is removed and placed in protective custody pending the outcome of a juvenile court hearing.

- Adjudicatory hearings. The evidentiary trial in which the state must prove to a judge that the child is abused or neglected.

- Dispositional hearings. This may occur on the same day as the above. The evidence presented at this hearing, focuses on the ability of the family to care for the child and on the recommendation of the worker as to the appropriate treatment for the family and placement for the child.

- Periodic reviews. A review hearing is held after the above to measure the progress of the case and determine any need to modify the previous court order.

- Termination hearing. This determines whether parental rights should be terminated and the child placed for adoption.

Some guidelines for testifying in court include:

- The CPS worker should present a professional appearance and attitude in court.

- The CPS worker should be thoroughly prepared and as objective as possible. Testimony should be limited to the facts, unless asked for an opinion.

- The CPS worker should answer only the question asked and should not volunteer additional information. All statements must be as accurate as possible, do not guess.

- During cross-examination, an attorney may try to confuse the CPS worker in order to make testimony appear inaccurate or biased. The worker should
remain calm, and answer the question as clearly and accurately as possible and avoid becoming flustered. Ask the judge for help if the questions are still too confusing (Jenkins et al. 1979).
Conclusion

Child abuse is an ongoing problem that affects many lives. This handbook was designed to help professionals in their respective fields when abuse or neglect is suspected. If we do not know what abuse or neglect looks like, we are not likely to see it. This handbook is intended to help the community learn more about child abuse and neglect. In addition it is important to remember the power of prevention. Children need to be taught that they do not have to be the victim. Parents need to be taught effective nurturing and disciplinary parenting skills. Why is it that we investigate parents who want to adopt a child, inspect their home, and require parenting classes, when it is biological parents that are the problem in society?
References


