Abuse and Neglect In Out-of-Home Care

The term "out-of-home care" covers a wide range of child caring arrangements. These include day care homes and centers, foster care, hospitals, treatment centers, detention homes, group homes, and correctional centers. These facilities serve a wide range of children, and have varying goals and objectives. Some provide care for part of a day for working parents. Some provide board and care on a temporary basis for children in temporary need. Some are permanent homes for children with chronic disabilities and some are alternatives to psychiatric hospitalization or incarceration.

National estimates of the number of children in out-of-home care vary. Children in day care are thought to number 17.5 million. Approximately 400,000 children are in foster care (Harrell & Oren, 1980). Estimates for children in residential care range from 400,000 (Harrell & Oren, 1980; Savelis, 1983; to 500,000 (Horenci, 1979).

In 1984, the federal Child Abuse Prevention and Treatment Act was amended to require states to provide for reporting of maltreatment by persons providing out-of-home care. Bethaver (1987) reports that 46 states now require reporting of maltreatment in foster care and residential institutions, and a growing number are requiring reports of maltreatment in day care settings. This article will examine out-of-home abuse and neglect in three major settings—day care for preschoolers and after school care, foster care, and institutional and residential settings. The national picture will be examined, then compared to Virginia.

Institutional And Residential Care Settings

Attempts to determine how many children are abused or neglected in institutional care are limited. Of the 50 states studied in 1986, 23 have estimates of child abuse and neglect in institutional care. In 1984, the federal Child Abuse Prevention and Treatment Act was amended to require states to provide for reporting of maltreatment by persons providing out-of-home care. Bethaver (1987) reports that 46 states now require reporting of maltreatment in foster care and residential institutions, and a growing number are requiring reports of maltreatment in day care settings. This article will examine out-of-home abuse and neglect in three major settings—day care for preschoolers and after school care, foster care, and institutional and residential settings. The national picture will be examined, then compared to Virginia.

In the spring of 1985, the U.S. Senate Subcommittee on the Handicapped and the Appropriations Subcommittee on Labor, Health, and Human Services, and Education held hearings on the maltreatment of mentally disabled children and adults. The three-day "reporting of horrid stories culminated in a nine-month Senate investigation conducted by Senator Lowell Weicker's staff to assess the quality of care and treatment provided to mentally disabled individuals in public institutions. Senator Weicker (R. Connecticut) comments, "What we found during this investigation was utterly pretty unacceptable."

continued on page 3
April Was Child Abuse Prevention Month!

Each April, Child Abuse Prevention Month, individuals and groups gather together in communities to raise awareness about the problem of child abuse. Billions are launched, conferences are held, and parenting tips appear on shopping bags and bank statements. Local libraries often display books on child abuse, and churches sponsor programs about valuing and nurturing children.

At the end of April, the topic of violence against children is dismissed until a tragedy occurs. Then our sense of outrage that such things can happen to a child is aroused. But it, then, should we direct this outrage? At the abused? Social services? The courts? The teacher who should have reported the abuse, but didn’t? The neighbors who heard and were silent? At what point does each and every one of us step back and ask: “Who owns this child abuse problem anyway?”

Fingers normally point quickly to social services. Too often they are accused of “taking children away from their home and tearing families apart.” Or conversely, “not doing anything”—just leaving the child to suffer in a violent home.

The reality is that Child Protective Services is mandated to investigate child abuse reports. CPS also provides services to families who are serious founded cases. Strict guidelines and policies are in place for CPS to follow when determining what is child abuse and what is not. What individual and community standards define as child abuse and neglect often is not the same as what is written in the CPS code.

Great gaps exist between community expectations of CPS and the reality of what they can legally do; between the need for comprehensive services for abusive families in crisis and the availability of those services; and between the need for programs aimed at preventing child abuse before it occurs and the actual priority of prevention services.

Who is to fill these gaps? The state? No. The answer is all of us. We all need to accept the problem squarely and contribute to its solution. Looking to the state, to social services, and to the others to persons with us in preventing and solving child abuse and neglect is more realistic.

How do we do our part? If each one of us joined together with neighbors, civic associations, churches, community groups, or schools, we could implement programs and support services that could reduce the incidence of child abuse and nurture fragile families. Specifically, we could:

- Call the Child Abuse Hotline 1-800-552-7096 when we suspect abuse
- Ask for help when we feel ourselves losing control
- Aid a relative or neighbor under stress by offering to baby-sit occasionally
- Donate time and money to child abuse prevention and treatment programs
- Educate ourselves by learning where the gaps in services for families are in our communities, and how they can best be filled.

In addition, we all need to ask ourselves some hard questions about our individual, personal responsibility:

- Am I willing to join my local child abuse prevention multi-disciplinary team?
- Am I willing to become a foster parent or grandparent?
- Am I willing to present prevention and education programs at a local school?
- Am I willing to work within my church or synagogue to set up parent classes or programs for new parents?
- Am I willing to drive a parent under stress to a Parents Anonymous meeting or sponsor a chapter if none is available?
- Am I willing to advocate for more community services?

The challenge is for all of us to start making the transition from assigning blame to accepting responsibility for the prevention of child abuse and neglect. Individually, we can make a difference; collectively, we can change the tide of violence against children.
Abuse and Neglect in Out-of-Home Care

What we found left us, and the American public, with a sense of outrage and shock that many of our newest citizens are routinely victims of abuse, neglect and living conditions that none should tolerate” (1987, p. 1027).

Types of Abuse and Neglect

There are many parallels but a number of important differences between the type of maltreatment occurring within a child's own family and those occurring in out-of-home care. Incidents of physical, sexual or emotional abuse are parallel in incidents in families. Physical injury can occur during alterations or because of lack of supervision that allows one child to harm another. Sexual abuse can occur because one child aggresses against another or a staff member is the perpetrator. A hand-raised child may suffer neglect because of inadequate physical care. In addition to maltreatment similar to what occurs in families, two forms of abuse unique to out-of-care are noted by Elenna Gil (1982). One is “program abuse” which occurs when programs operate below acceptable service standards or rely upon harsh and unfair techniques to modify behavior. One form of program abuse cited by Shagunshree (1984) is abuse of medication. Medication, used to subdue children without attention to long-range effects or the problems of overdependence, is one example. Use of medications without medical authorization is another. One creative set of house parents visited in one study achieved sedative effects without medication by overfeeding their charges until they were obese.

The second form of maltreatment unique to institutions and residential settings is “system abuse” which is perpetrated, not by a single person or agency, but by the entire child care system, beyond its limits. This abuse is usually unintentional and is related to the shortcomings of agencies and their ultimate inability to guarantee the growth of each child in care. Thus, misplacement and diagnosis due to inadequate assessment resources may be seen as a form of institutional abuse. Maintaining a child in an inappropriate environment when other facilities are available is a further example. Subjecting a child to constant moves that disrupt any chance to bond to a caretaker is a frequent problem in both residential and foster care. Constant turnover of staff achieves the same result. One study (Cohen, 1986) indicated that over 80 percent of the workers had been in the jobs for less than one year. This charge is too the child's ability to cope and without adequate planning is yet another example of poorly structured and inadequately abusive systems.

Failure to offer the child positive growth experiences in care is clearly one of the most serious problems in another form of system abuse. Most residential facilities do little to actualize the potential of each child placed in their care. Rather, the policies and procedures are designed to inhibit the child's spontaneity and creativity and to promote absolute conformity, instead of independent living and critical thinking (Savella, 1983). While such policy does not fit legal criteria for abuse or neglect, the effects on the child are a major concern.

Marlene Stronge, child welfare services specialist at the Virginia Department of Social Services, Lynchburg Regional Office, spent six of her growing up years in a variety of orphanages and convent schools. She poignantly describes the effects of system abuse. “What I remember most is that my needs were secondary to the institution's needs. It's something that was reinforced daily. Everything was preplanned, with no input from the children. There was the lack of choice in eating foods. One couldn't decide to take a walk or even voice an idea to the institution. Parents had to adhere to rules in contacting their child. There were certain visiting days only, whether the parents had the parents' work schedules. Parents had to wait to visit if they arrived early or if we had not finished lunch.

Nancy Wilmink, supervisor of child welfare services in Hanover, Virginia, noted similar conditions in today's institutions. "The programs do not meet the child's needs. Licensed, children are taught to live in institutions."

Causes of Institutional Maltreatment

One way of considering maltreatment within institutions is to assume that the perpetrator is individually responsible for the abusive incident. Most cases of abuse that are detected are handled in this manner, with the particular employee in question either fired or disciplined in some manner. This simplistic approach does not reflect the multiplier effect that such administrative maltreatment, often abuse or neglect is a symptom of other flaws in facilities and how they are managed.

First, let us examine the victims. Children in residential or group care are not a random sample of the child population. Rather, they are a subset of children who are placed because they are difficult, unmanageable in other, less restrictive settings or are suffering from serious emotional problems, substance abuse or mental retardation. Many have been subject to abuse and neglect in their natural homes. Children with severe problems are a challenging population, often difficult to manage and equally difficult to love.

Book Review


Available free of charge from Virginia Department of Social Services 8007 Discovery Drive Richmond, Va. 23229-8839

This issue of the statistical report is an essential resource! The report includes much more information than in prior years and should be a valuable resource for professionals and lay persons alike. The manual outlines the structure of child protective services in Virginia and details current services available to families as well as the process of receiving and investigating complaints. A historical perspective gives trends in Virginia's abuse/neglect statistics. A section on foster care and adoption summarizes the permanency planning process and gives detailed data on numbers and types of placements and the characteristics of children in care. A series of appendices lists central office personnel, gives statewide organizations, lists toll-free numbers, shows samples of reporting forms, lists types of maltreatment and dispositions of complaints by locality and charts goals for children in care by locality.
Abuse and Neglect in Out-of-Home Care

Wilkinson speaks about conditions in the correctional system. "In the prison system, the staff are locked in with the children. Many of these youngsters are manipulative, hostile, and prone to violence. Unless the staff are able to instill a sense of self-discipline and self-control, they will react poorly. Recruiting and keeping staff is a problem for the facilities here. Thus, understaffing is a problem. One staff person alone at any time is a problem."

The direct care staff who have the most contact with the children are those with the least training. Professional staff may be available from 9 A.M. to 5 P.M., but are scarce when children are home from school on evenings and weekends. Staffing patterns may place few staff with children at the times when management is most difficult.

As a professional career, direct children care is great. Pay is low and benefits, where available, are meager. Staff are expected to work long hours and in some cases live with their clients. The administration may place conflicting demands upon the direct care workers, or request that certain objectives be accomplished without training the workers in how to accomplish the goals. Administrators may be unreasonable or unavailable to staff needs and concerns. Children may act in an abusive manner towards staff. Small wonder that burnout is great, and that many in child care positions regard the jobs as simply temporary.

Poor working conditions can be exacerbated by lack of clear agency policy. A lack of policy and procedures for making behavioral expectations clear to staff as one risk factor for abuse (Morter, 1982). Furthermore, lack of planning and clear program goals can contribute to abuse or neglect. For example, a lack of recreational and leisure activities for the children could lead to boredom and acting out, requiring more disciplinary action by staff.

The residential facility is likely to be isolated from the community, both in terms of location and interaction. Children in institutions rarely have regular contact with community recreation, local churches, public facilities or community members. This allows incidents of maltreatment to occur repeatedly without detection (Solomon, Abel, & Epley, 1981).

Thus, the abusive parent, direct care workers are overstressed, isolated and wear-they-higher-altitude symptoms. They may be poorly trained, inadequately screened and hired with little attention to their educational and social background. The system does not value them, as demonstrated by low pay and poor working conditions, which can erode staff morale and further add to the job stress (Durkin, 1984). The staff workers' risk for abuse may be further heightened by a lack of bonding to a particular child. Unlike many abusive parents, institutional staff may not have a valued and ongoing relationship established with each child in care. Some attention has been directed at determining which factors are associated with an individual worker's willingness to use physical force with the children in their care. A study by Kellner and Beers-Vav-Hull (1982) yielded 19 factors which influenced a worker's use of force. Of the 19 factors, five accounted for most of the differences. Other workers who were treated in a smaller community were more likely to enforce the use of force. Willingness to use force increased as resentment against children increased. Those who seldom participated in decision-making and who worked in facilities that placed the needs of the program above the needs of the child were more likely to use force. These factors were more influential for men than for women, since women rarely selected moderate or severe alternative.

Finally, lack of supervision and monitoring were cited as causative factors in institutional abuse. Frequently, lack of funds made consistent professional backup for direct workers impossible. Administrative systems and policies may be inconsistent or lessened. One source (Savelli, 1983) noted that licensing was often "a ceremonial act" (p. 474). Another noted instances where licensing violations were allowed to remain unchanged for a period of two years. The unfortunate reality is that group homes and residential facilities do not have adequate resources to do a proper job. An in-depth study by Cohen (1986) found that 15% of the Los Angeles group homes surveyed rated their own quality of care as mostly "false" or "poor." Almost all homes reported some form of physical, sexual, emotional, or other abuse. The recreation, and medical care. Over 85 percent had adequate physical plants and equipment. However, administrators consistently stated that they were not receiving enough funds to complete the necessary improvements. Because of financial terms, all experienced high turnover rates in staff.

Reporting As mentioned before, underreporting of institutional abuse and neglect seems to be a serious problem. The reasons for the low report rate are many and complex. In general, reports tend to come from those outside the institution or residential home. Since the facilities are relatively isolated, much abuse is unseen and therefore unreported. Institutions vary in internal policy about what is reported to outside authorities. Several studies have indicated that conditions that were reportable to child protective services (CPS) were instead handled informally or dealt with by administration as failings in worker performance, rather than as an infringement on the child's rights and well-being. Even cases coming to the attention of licensing officials are frequently treated as standards violations, rather than child abuse (Gil, 1983; Kellner and Beers-Vav-Hull, 1982; Kellner and Rabb, 1984).

Reliance on the part of the institution to report inappropriate forms of abuse is difficult. The facility stands to lose its good reputation, referrals, and perhaps its license. Indeed, Kellner (1987) reports on an agency with a history of over a hundred years of service that closed and reopened after allegations of sexual abuse by a staff member. While other factors may have played a role, Kellner states that it was clear that the report and the subsequent scrutiny had an intense effect on the day-to-day operation of the facility.

The facility often cannot play a role in the reluctance of some staff to report abuse actions or conditions. However, the research (1987) relates several cases of adverse employment actions.

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1987 Statistics - Founded CPS Complaints

<table>
<thead>
<tr>
<th>Category</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Lack of Supervision</th>
<th>Emotional Abuse/Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care Centers</td>
<td>1/4</td>
<td>1/4</td>
<td>1/2</td>
<td>1/4</td>
</tr>
<tr>
<td>Day Care Homes</td>
<td>1/1</td>
<td>1/1</td>
<td>1/2</td>
<td>1/2</td>
</tr>
<tr>
<td>Group Homes</td>
<td>0/0</td>
<td>1/2</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>3/2</td>
<td>1/1</td>
<td>1/1</td>
<td>3/2</td>
</tr>
<tr>
<td>Correctional Centers</td>
<td>5/4</td>
<td>4/7</td>
<td>5/2</td>
<td>6/5</td>
</tr>
<tr>
<td>Other</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
</tbody>
</table>

The first figure represents the number of children found to be abused. The second figure is the number of investigations in which complaints were substantiated.
Available for Adoption

Jackie

Jackie is an active child who enjoys being out-of-doors, riding her bike or just running around. She gets along well with her peers. She especially likes being with her mother. Jackie is very inquisitive and seems to love to hear herself talk. She can be very entertaining. She still enjoys stringing in your lap and having stories read to her. She also enjoys "dressing up" and putting her hair fake-style. Jackie is interested in talking about being adopted but is very cautious about the process. She definitely knows that she does not want to be without her brother. She wants to be able to talk with her current foster mother and foster sister and brother.

Joel

Joel is a happy, friendly youngster who loves to be on the go. He is talkative and very curious about others and his surroundings. He is presently in a non-categorical class for seventh and sixth year olds and is testing in the EMR range. He receives speech therapy once a week through the school. Joel has a progressive muscular dystrophy which will cause increasing motor disability and eventually confine him to a wheelchair. The specific timing of these events is uncertain, but the average child has noticeable motor problems by the time he is seven years old and it usually wheelchair-bound by age 15. He is seen on a month basis at the Children’s Hospital. As of yet, Joel does not show any noticeable signs of motor problems. He is quite lovable and he, like Jackie, loves to be held and read to. He is not accepting of movement to another home as is his sister, but insists that he "goes where Jackie goes." A single or two-parent family with time to devote to both children is desired.
Can Institutional Abuse Be Prevented?

A policy towards residential care based upon what we do not want done to children is a tragic admission of defeat. Positive strategies must be identified to attack the root causes and conditions that allow and perpetuate facility abuse. The following suggestions have been offered to lower the abuse potential of institutions:

- Adequate funding is essential.
- Upgrade treatment and child care staff. Salaries and opportunities need to be improved in order to attract more competent people into the direct child care field.
- Staffing patterns should avoid long hours without breaks or insufficient staff at times when residents do not have structured activities.
- Adequate recreational and leisure activities need to be available for the children.
- Staff should be thoroughly trained in behavioral management techniques. Policies on use of restraint, seclusion and medications should be clear and be written.
- Direct care staff should receive regularly scheduled supervision and peer group meetings for support.
- Supervision should be designed to encourage sharing of problems so that high-risk situations can be identified and corrected.
- Staff should be trained in how to recognize and report abusive incidents.
- Written policy on handling abuse and neglect complaints should be on file and also given to each employee.
- Children should be educated about how to recognize and report abusive incidents. Behavioral expectations and consequences should be made clear to the child.
- Children should be taught how to handle their own aggressive and sexual impulses. Sexuality education should be part of the curriculum.
- Community involvement in the facility should be sought and encouraged.
- Direct care staff should be treated as professionals, and encouraged to go to conferences and obtain training.

Do careful assessment of children. Don't accept a child that staff are not prepared to deal with.

Those placing children in facilities should carefully monitor the placement. Children should be seen and interviewed alone to assess how they are adjusting.

The child's parents and relatives, whenever possible, should be part of the treatment program.

Organize a community child advocate for individual children or for a group of children.

Corrections and improvements should occur in a timely fashion and sufficient regulatory personnel should exist to enforce standards. Violations should be held with all children to determine their impressions about the level of care received at the facility.

Steve Ankl S
out the state to train CPS practitioners, regulatory personnel and facility staff with the procedures covered in the handbook. Also, part of the day was spent strengthening the communication and working relationships between the three disciplines with an emphasis on understanding clearly each other's roles and responsibilities.

VCPP interviewed Carolyn Fogarty, acting chief of Bureau Operations, and Linda Struck, assistant coordinator for the Interdepartmental Licensing and Certification of Residential Facilities for Children. "We would like to see a duet at work in investigating," states Fogarty. "This would include joint on-site work and information sharing." Struck explains the role of licensing. "Licensing looks at possible violations of regulatory standards which may have contributed to an abusive situation. These include, but are not limited to, such areas as adequate supervision, hiring practices and training."

All sources agree that institutional complaints are more time-consuming and require a highly skilled investigator. Elise L. Little, director of the Office of Human Rights explains, "The investigator must be extremely skilled in interviewing and observation. A mentally retarded client may not communicate well. A psychotic teenager may be delusional, raising credibility questions. The investigator needs to be knowledgeable about and comfortable around disturbed children.

Elise Little

Investigators also need to be familiar with special procedures and policies of institutional care. Michael Ryan, chief of services and a licensed clinical social worker with the Department of Social Services in Alexandria, gives some examples. "A family home does not have restraining or restraint regulations, nor will it contain an isolation room. The investigator needs to know how staff should be using restraint in a non-abusive way."

The recommended procedure is to have one worker at each local agency designated to investigate institutional complaints. "They are not very frequent," comments Davis, "and therefore it becomes more difficult to keep the worker's skills in this particular area active." An option such as having regional specialists do the investigations is not possible in Virginia since the code allows only local workers to conduct the investigations.

The handbook recommends that the designated worker spend a day at each facility in his/her jurisdiction to familiarize the worker with the operations of the residence, the staff and the facility's general guidelines. Included in the handbook is a suggested protocol for this type of visit. Linda Russell, social work supervisor in Amherst County, is experienced in institutional investigations. Her personal recommendations go one step farther. She suggests having a contract with each institution to specify the procedures for investigation. "If you have no contract with a place, then there is no agreed upon procedure. You can encounter a tremendous amount of resistance if the administration is not clear about your role."

"When a complaint is received, CPS has the sole authority to investigate," Davis explains, "Licensing is called in as a collateral and a support." In difficult cases, some CPS workers have called upon the police for assistance. "They have been very helpful," states Russell, "for in some situations, you can not gain access alone."

Workers cite many reasons that these investigations are difficult. Ryan has participated in a number of institutional investigations. He notes, "Going into a professional resource where the people working there are oriented to the well-being of children. You are, in a sense, investigating your peers." Russell comments that there is a great deal of uncertainty, "You may be dealing with one child or 50."

The administration of the facility must be contacted and kept informed of the various steps of the investigation. The worker needs to interview the children in question, as well as the staff person and any witnesses. Russell stresses the need to interview the child privately. The staff will want to sit in on your interview but if you allow this the child knows that something will occur.

Wilmak also speaks regarding the issue of retaliation. "It may happen either way. A group of kids may collude and not want you above an incident in order to retaliate against a staff person they do not like. They can even inflict their own injuries. Kids in corrections do best what is maladaptive. On the other hand, kids are afraid that staff will penalize them in their progress through the program and will lie about incidents to protect staff. Staff can also collude to protect each other. The long and short of it is that there is real potential on both sides to not give a true picture."

Most workers find the investigation phase to be frustrating and limited. "We don't have the same authority over institutions that we do over families," states Russell. "There are some under contract to the state; others to the federal government."

Reviewed by Joanne Grayson

New Publication Available

'Preventing Sexual Abuse'

This publication is designed to be a creative forum for exploring perspectives on issues in child sexual abuse. The S.A.F.E. Institute (Sexual Abuse: Free Environment) has recently released this publication and plans to sustain, develop, and improve it for a multidisciplinary audience.

The first issue deals with a controversial topic - false allegations in disputed custody cases. Upcoming issues will cover treatment of victims and the psychology of the offender.

'Preventing Sexual Abuse' is published quarterly. Subscription rates are $25 for one year, $40 for two years and $60 for three years. Canadian subscriptions are $35 and include postage. Institutions subscriptions set $35 per year.

More information is available from:

S.A.F.E. Institute
1225 S.W. Murray Rd.
Portland, Ore. 97219
Tel: 503-644-6660


This handbook was developed by an interagency task force. The volume aims to clarify the roles and responsibilities of child protective services and the licensing bodies in the dual investigation of child abuse and neglect in out-of-home child care settings. It also details standards, procedures for each investigation step, clearly noting when CPS is to share information with providers and other interested parties.

The manual is enhanced by a set of appendices that explain the interdepartmental licensing and certification program, outline core standards on discipline and behavioral management, specify indicators of child abuse and neglect, outline interviewing techniques and list regulatory department contact persons.

The handbook should prove to be an invaluable resource for CPS, facility personnel and regulatory staff. The hope is that the manual will assist in a true interdisciplinary approach that will maximize a joint -

- protection of children.

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Abuse and Neglect In Out-of-Home Care

...ment and it is difficult to get anyone to inter-
..."Ryan agrees, "CPS does not have administra-
tive authority to say what will happen. This is where licensing can come in."" Wilmink adds, "No matter what I might think about corrective action, the Depart-

ment of Corrections takes the position that they don't hire people in the central registry and they won't keep someone on if there is a found complaint. Knowing that an employe..." Wilmink..."

...ments to the capacity of Department of Mental Health, Mental Retardation, and Substance Abuse Services, there were 371 allegations of abuse or neglect. Of these, 272 were determined to be valid, 273 were judged as inappropriate, and in 21 cases it was determined that action was needed but that no abuse had occurred. In 1987 there were 25 licensing complaints involving CPS in the 140 facilities regulated by the Interdepartmental Licensure and Certi-

...fications Program (CORE). In the 34 facili-
ties licensed only by Department of Social Services, there were 15 complaints of which seven were determined to be valid, seven were not valid and one was not clearly deter-

...mined. CPS figures show that 30 investiga-
tions resulted in 54 children found to be abused, neglected or sexually abused (see chart).

Prevention

What has Virginia done to make instruc-
tions safer? Eric D. Little is director of the Office of Human Rights of the Department of Mental Health, Mental Retardation, and Sub-

...tance Abuse (MH/MA/SA). She talks about a network of protective features built into MH/MA/SA facilities, "It starts with a very strong statement from the Commissioner's office saying he will not tolerate abuse. If an employee is found guilty, it will result in termination. If it already has been committed, the police will be called," Little explains that each employee is also instructed in the definition of abuse and is trained in alternative ways of handling patients. Regulation also acts as a deterrent, accord-
...ing to Struck and Fogarty. Regulation sets standards for training, supervision of staff, ratios of children to staff and safety. Facilities licensed under CORE have standards con-

...ering discipline. These standards strictly forbid any form of corporal punishment. The existence of small facilities and stable staff makes abuse less likely. Debbie Wheeler, executive director of Boys' Home in Covington, discusses her experience, "I grew up in Boys' Home, and I never wit-

...nessed any abusive conditions. I think there are more checks and balances here." Boys' Home uses scheduling at one technique for reducing stress. "Our staff work four days and are off three. The entire staff work together for one day each week. That way we coordinate and communicate."

Donnie Wheeler and the 1987 graduates of Boys' Home.

Recruitment and training of staff is an area that corrections sees as important in abuse prevention. Lynne Williams, acting facility director at Barret Learning Center, explains, "We do check the police and registry checks. However, the most crucial variable is attract-

...ing people who are treatment oriented. Cor-

...rections is trying to use its image as a "disci-

...pline and control" mentality job."

Williams is also enthusiastic about the Department of Corrections training initia-

...tives. "The Division is doing training on ado-

...lescence. We are also receiving training on a new restraint procedure. We are re-

...writing programs to become more positive and more treatment oriented. This is not being done because of a concern about abuse but it is an abuse prevention method."

...An advocacy system, such as used by MH/MA/SA facilities can prevent abuse or at least detect it quickly. Little explains that each department facility has a local human rights system. Every patient is educated about his/her rights and told how to contact an advocate. Advocates are not supervised by the facility but are authorized to mediate problems. If mediation fails, there is a system of appeal.

The Human Rights Committee is con-

...cerned with a broader range of issues than abuse and its deliberations can occur simul-

...aneously with a CPS investigation. John Oliver, an attorney with the Chesapeake City Attorney's Office, is a citizen appointee to the State Human Rights Committee. He remarks, "We function as an effective internal advo-

...acy system. Our existence and work have sensitized staff to human rights concerns."

Corrections also has structural advocacy for juvenile. Williams notes that each stu-

...ent at Barret Learning Center is given a handbook explaining their rights and how to address infractions. I'm a real advocate of the grievance procedures," comments Wil-

......lars. It gives me wonderful feedback about the institution."

...Continued on pg. 20

John Oliver

National Study on Abuse In Out-Of-Home Care

The American Bar Association's Criminal Justice Section and the Young Lawyer's Division's National Legal Reform Committee for Child Advocacy and Protection began a study in August 1986. It coordinated a survey asking the CPS response in 1987 to Out-Of-Home child maltreatment. The project was funded by the National Center on Child Abuse and Neglect (NCAN) of the U.S. Department of Health and Human Services.

...The study is a national survey of the CPS response to Out-Of-Home abuse and neglect complaints. Data from all 50 states were analyzed. Protocols from all states have been analyzed. In addition, six jurisdictions with a coordinated response have been studied in depth.

...The study's methodology and sampling techniques are described in detail in the study's methodology section. The study's methodology section is divided into two parts: the first part of the study's methodology section, titled "Study Design," describes the study's methodology and sampling techniques; the second part of the study's methodology section, titled "Study Results," presents the study's findings.
**Award Nominations for Child Abuse and Neglect Advocates Sought**

The Virginia Governor’s Advisory Board on Child Abuse and Neglect is seeking nominations for the 1988 Certificate of Appreciation Awards. These awards recognize persons whose activities in the area of child abuse and neglect have shown exceptional merit. Deadline for submission to the Board is July 15, 1988.

**Eligibility**

The nominee(s) must be a resident of the Commonwealth of Virginia or have made their contribution while a Virginia resident. Nominations are being sought from five categories: private practitioners, volunteers, governmental officials, individuals in public service and corporations, businesses, or civic groups.

**Specific Criteria**

Nominees’ contributions are to be truly outstanding, clearly setting them apart from their peers. Award recipients will be characterized by an evident quality of caring that permeates throughout all of their activities. The impact of the recipient’s efforts on those affected will be of major importance, and any lasting contribution to overall program quality will also be considered.

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For nomination forms and further information contact committee chairman Beverly Brown, Assistant City Manager, Union and Tabb Streets, Petersburg, Va. 23803, (804) 731-2381, or the Virginia Department of Social Services, 8007 Discovery Drive, Richmond, Va. 23229-8699, (804) 662-9081.

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**Maryland’s Institutional Abue Prevention Project**

In 1982, the HELP Resource Project, part of the state office of Child Protective Services, received a federal grant to pilot an institutional abuse prevention project. The original project had several components including a volunteer advocates program and training for child care staff. The training component called for both a “hands-on” approach (Cybernetics of Treatment) and a program incorporating passive restraint techniques (Therapeutic Crisis Intervention).

When Adrienne Siegel, current coordinator of the program, took the job in 1986, she attended training at Cornell University’s Family Life Development Center for a week to learn how to teach Therapeutic Crisis Intervention (TCI). Using the training as a base, Siegel designed a three-day training program for Maryland. While the other components of the original project have not continued, TCI has been ongoing.

The TCI training focuses on skills needed in times of crisis to turn the incident into positive growth and change. Staff are taught to recognize and handle pre-triggering conditions. They learn how verbal intervention can either escalate the situation or calm it. Restraint is taught as a protective measure, not as a punishment. Like any skill such as CPR, restraint must be practiced. The actual restraint and self-protection are followed by a “letting go” process, then a “life-space interview.” Both are designed to increase awareness of their own feelings and reactions.

Siegel remarks about the staff she interacts with:

“Sometimes worker morale is low. The staff may be afraid of the children’s aggressive behavior. The degree of violent acting out and the numbers of drug-addicted youth seem to be on the increase. TCI has been ongoing. The pay scale is very low and some places have trouble filling positions. Shifts are long and turnover is high. The Rahmen is good,” states Siegel, “because it shows that someone cares, not only about the children, but about the people who care for the children.”

Maryland’s abuse and neglect laws are covered in the course. “TCI training does not address sexual abuse prevention,” notes Siegel, “as in Maryland we don’t have a separate law regarding emotional abuse. However, it is very important for staff to recognize abuse as such and to report it to the proper authorities.”

Siegel trains staff who have contact with children in residential facilities. She travels to the facility and typically trains groups of 15-20 people. Since 1984 Siegel has trained approximately 1700 staff.

More information is available from:

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Abuse and Neglect in Out-of-Home Care
continued from page 8

Day Care
In 1980 there were 7.5 million preschool children whose mothers were in the labor force. The percent of mothers working is expected to rise to 75 percent by 1990, with the fastest growing segment of working mothers being those with children under age two. Marian Edelman, director of the Children's Defense Fund, notes that two-thirds of women in the work force are there because they are widowed, divorced or their husband's income is under $15,000. Thus, poor and middle income women must work and someone must care for their children.

Some children (a minority) are cared for in homes and centers that are regulated. The goals of regulation and licensing include the prevention of abuse and neglect and the protection of safe and healthful conditions. Unfortunately, reductions in federal funding for day care are leading to the closing of many day care centers and licensed homes.

Because of the lack of sufficient quality affordable day care, 26 national organizations have joined in the "Ad Hoc Day Care Coalition." This coalition has published a 19-page report entitled "The Crisis in Infant and Toddler Care" (1985) (see review, this issue). According to this report, a national crisis exists in regard to day care for infants and toddlers. For most families, quality care is either unavailable or too costly. Thus some young children receive care ranging from minimal to abusive to life-threatening.

The end result of the lack of policy is that the most frequent child care arrangement is an unlicensed day care provider. A 1981 study indicates that of an estimated 1.8 million day care homes, only about 73,000 were licensed or registered. The number of licensed family day care providers has since increased to approximately 150,000 in 1984 and to around 200,000 as of late 1987. The number of unlicensed day care homes has risen proportionately, with as many as 1.3 million children nationwide in unlicensed homes according to a 1987 study by the Children's Foundation (Washington Post, January 7, 1988).

Incomes of Abuse in Day Care
The incidence of abuse in day care is unknown. A parent recognizing or suspecting abuse may simply choose another provider, thus avoiding the stress and pain of an investigation. There is a general consensus that there are rising numbers of children being neglected and abused in day care according to Helen Back of the Children's Defense Fund (Washington Post, November 17, 1987).

Not everyone agrees with Black's analysis. "The incidence of abuse in day care is vastly overstated," asserts Amy Wilkins, program associate with the Child Care Division of the Children's Defense Fund. Wilkins notes that the 1985 statistics compiled by the American Humane Association indicate that in less than one-half of one percent of found abuse cases, the perpetrator is a day care provider. "The McCarron case and other highly publicized cases have created hysteria on the part of parents, press, and policy-makers."

Virginia's Picture
The day care picture in Virginia reflects the national scene. At the 1986 Virginia Forum for Children, a number of day care problems and issues were identified:

- Lack of child care, especially for infants, during non-traditional hours for shift work and in rural areas.
- Lack of professionalism in the day care field: little training, high stress, and poor retention of qualified providers.
- Limited use of subsidized day care
- Need for funding stability.

The committee also noted the impact of lack of quality, affordable day care on the safety and well-being of children.

According to the 1980 census, in Virginia 49.8 percent of mothers with children under six were in the labor force. Approximately 240,000 preschool children needing care were served by approximately 60,000 day-care available in licensed child care facilities and family day care homes, plus around 5,000 slots in 90 church programs which are license exempt and several hundred slots in certificated family day care or in centers operated by hospitals, universities or municipalities (Virginia Department for Children, 1985). Thus, the majority of children of working mothers in Virginia have been cared for in interest unregulated care or in self care.

In 1987 in day care homes and centers, CPS recorded two found cases of physical
abuse, seven of sexual abuse, 25 cases of lack of supervision and 14 of emotional abuse. Those 48 identified cases represented 14 investigations, thus, some investigations found sev-
ereal maltreated children (see chart). These figures reflect only day care centers and licensed home providers, not unlicensed pro-
viders. Licensing recorded 136 complaints against licensed providers, found 33 of these to be valid with 43 not clearly determined. Seven facilities had negative action taken by licensing or by re- 

As previously stated, authority for investiga-
tion of abuse in day care rests with CPS workers in local social service departments. However, the authority of CPS may overlap with that of the Division of Licensing, func-
tioning as the regional level in Virginia Department of Social Services. In general, CPS must investigate, determine facts, report to central registry and protect the child. The Division of Licensing must determine whether the facility has violated licensing standards. Thus, coordination between CPS and the Division of Licensing is required.

Sandy Geniese, CPS supervisor for the Virginia Beach Department of Social Serv-
ces says, as a worker, investigated the full spectrum of abuse and neglect in day care centers and both licensed and unlicensed family day care homes. Geniese says, "Sex-

ual abuse is probably the most frequent form of abuse complaint received. The abuser is most often the father of the victim, a boyfriend or a tenured friend. Occasionally pa-
tients will continue to use a named child even after an abuse investigation has led to the up-

The Role of Licensing and Regulation

Regulations related to day care have the goal of ensuring health, safety, and an environ-

In 1986 Congress passed a law encouraging states to require day care center employer employees for previous criminal records. An increasing number of states have required day care center employers for training of day care workers. A number of states dia pas such

laws, with mixed results. Despite good inten-
tions, screening by prior records may do little good and sometimes can create additional problems (Cunningham, 1985). Most sexual offenses, despite long his-
tories of abuse, have no criminal records. Thus, what we are screening may infringe on the civil rights of workers and applicants; cause administrative nightmares since crimes are constructed differ-

eNTLY and require extended legal and financial legal-

A major problem not addressed by screen-
ing is that the abuser in a child development center or home may not be the operator or a staff per-

son but is instead a male relative or friend of the day care provider. The abuser may be a 

Teen Virginia has a law making criminal record checks for day care employees mandatory. Geniese notes that the screening affects only the minority of providers in licensed or regu-
lated situations. "Even with licensed cases in private day care homes, there is no effective way to prevent other children from being placed in those homes and becoming abused. Ordinary citizens can't get information from the central registry and we only screen pro-

_mtions, participation of parents of children of 

In the Ad Hoc Day Care Coalition notes that while all states have some standards for licensing of day care centers and 44 states have standards for family day care homes, state regulations are generally deficient to a point, 30 states are covered in the study. The standards for residential centers, a more recent volume. The standards on residential centers include a section on reporting a child for placement, creation of training programs.

Standards for Residential Centers for Chil-
dren, 1983, 12, 95.

Standards for Foster Family Service (Child-
dren), 1984, 14, 75.

Standards for Day Care Service (Children), 1984, 105, 1125.

Abuse and Neglect in Out-of-Home Care

Choosing and Using Day Care

- Look at the center's design, for example, doors should have windows on them so a one-way mirror is visible.
- Don't be overly influenced by cost and location. These are usually the top two criteria of parents but quality should come first.
- Ask if all the staff are licensed.
- Find out about the center's policies on screening and training of employees, field trips, discipline and whether there is a policy requiring the presence of two workers in any given area.
- Find out about the director's training and the turnover rate for center employees.
- Find out who the child will be in contact with at the center in addition to teacher(s) such as bus drivers or maintenance people.
- Ask about volunteers - what is their role and how are they screened?
- Observe children in action in the center or home.
- Talk to other parents who use the same facility. Ask for a list of parents currently using the facility.
- Ask your child what happened each day showing genuine interest and a willingness to learn.
- Teach your child about good touch/don't touch and to report touch that is negative or confusing.
- Question unexplained bumps and bruises.
- Is the child reluctant to attend? If so, explore why.
- The best protection is an observant, inquisitive parent.

Book Review

Crisis in Infant and Toddler Care. Prepared by the Ad Hoc Day Care Coalition, documentents the unmet need for high quality care for infants and toddlers in the United States. The report notes the crucial importance of high quality care, given the rapid physical, emotional, and developmental changes in the early years and the dependence of infants on caregivers. Specific suggestions are made for federal, state, and community action to improve existing programs, along with new initiatives, to reach seven fundamental goals. The goals include increasing the options for parental leave from employment in the child's first years; improving the quality, availability, and affordability of child care; promoting the training and professional recognition of child care providers; encouraging consumer awareness in the selection are monitoring of child care, and improving involvement between parents and providers.

Reviewed by Peggy Pritz
licensure and day care programs on the premises of hospitals and military bases are not subject to licensure.

There are other forms of day care in Virginia. Extended day care including before and/or after-school programs are not licensed by the Department of Social Services but are regulated by the local municipalities if operated on the school premises. Unregulated part-time drop-in programs are available in a number of communities, often as a form of co-op care or "mother's assisting out" programs.

Religious Exemptions

Currently, 12 states exclude child care programs operated by religious organizations from complying with state regulations. Quotes from two different Baptist ministers capture two opposing viewpoints:

"It is a sin against God for any ministry of the church to be controlled by the state,"--a California minister.

"As long as we can say a blessing at mealtime, I don't see why we would oppose regulation."--a Virginia minister (Phillip, 1987).

Virginia does not automatically exempt from licensure those child care programs sponsored by religious organizations. Rather, a compromise law passed in 1979 allows religious organizations to apply for an exemption. The proposal makes no mention of religious characteristics or standards and the exemption must be renewed every five years.

Three licensed nonprofit centers brought suit against the Commonwealth, challenging the exemptions as unconstitutional on grounds of "equal treatment under the law," and as violating religious institutions. In May 1987 Judge Richard L. Williams found in favor of the plaintiffs and ordered the Department of Social Services to cease issuing exemptions and to begin immediately the licensing of all exempted programs.

In filing an appeal the Attorney General asked Judge Williams to stay his decision. The judge responded that the religious organizations with current exemptions could maintain them during the appeal process but the department was prohibited from issuing any new exemptions.

DeAnn Lineberry of the Virginia Department of Social Services Communications Office comment, "Only a small group of centers sponsored by religious organizations had chosen to request exemption but these centers tended to have relatively large capacities. Of the 14 centers already exempt prior to Judge William's ruling, there is a total capacity of 11,000 children.

Four provisions of day care standards have been highlighted by exempted religious organizations as being particularly troublesome: financial disclosure is seen as an intrusion. The prohibition of corporal punishment is thought to interfere with the Biblical instruction, "spare the rod, spoil the child." Child abuse reporting requirements are said to interfere with effective ministry. Finally, the stipulations that staff be free of convictions of child abuse is felt to be an oppression to the concept of forgiveness (Phillip, 1987).

Foster Care

The goal of foster care is to provide a nurturing home for children and protect them from abuse and neglect. Foster care is felt to be the first choice placement for children who cannot remain in their own homes. Foster families are screened by the Department of Social Services prior to a child being placed in their home. Thus, it comes as an unpleasant shock when a child is abused, neglected or sexually molested in foster care.

Jean McFadden

Incidence

There is controversy about the number of children in foster care with physical estimates ranging from 200,000 to 500,000 children (Besharov, 1985). In Virginia about 5,600 children are currently in foster care according to the Virginia Foster Parent Association. How often does abuse or neglect occur in foster families? Figures are difficult to obtain. One study of New York's system found eight children per 1000 abused in foster care, compared to three children per 1000 in the general population (The Vera Institute of Justice, 1982). A study in Arizona found that seven children per 1000 in foster care were reported for suspected abuse/neglect during a period of two per 1000 in the general population, Bolton, Laner, and Gai, 1981). According to Jean McFadden, executive director of the National Foster Care Education Project in Michigan, state rates vary considerably, from two to per 1000 foster children.

Risk Factors

Why do foster children appear at greater risk for abuse? Entry source appeared to impact on the answers. There appear to be five major factors determining risk to foster children. These are: 1) overcrowding and overextending foster homes; 2) lack of support for foster parents; 3) lack of training for foster families; 4) the majority of children in foster care are seriously disturbed and/or have a history of abuse; and 5) failure to screen out foster parents with a higher risk of abuse. Carol Burnham is a mother of six adopted children and has been a foster parent for 13 years. She is emphatic about the problems in the foster care system. "The problem I see," states Burnham, "is that we are losing foster parents at horrendous rates. State-wide in Virginia we have only 5,400 homes for 5,600 foster children. This trend is happening for several reasons, including the difficult nature of today's foster children and the lack of adequate compensation to cover the children's expenses. These problems were reported in an earlier VCPN issue (see, "Is There a Crisis in Foster Care?", Volume 2).

The result of fewer homes is that foster families are asked to take additional children. "The abuse cases I am aware of," notes Burnham, "have happened when the family has more children than it can handle." Research supports this assertion. A study by Bolton et al., (1981) found "heavy and continuous child care responsibilities to be a major factor in foster care abuse cases. McFadden agrees, "Often the abuse occurs in good families." The support for the family provided good care for years. However, the family has received support for only one month."

Foster Care Journal

Building professional foster care teams.

Foster Care Journal is a publication of the American Foster Care Association, Inc., P.O. Box 271, King George, Va 22445. The Foster Care Journal is distributed for foster parents and professionals/foster care workers. A recent issue covered topics of long-term foster care, deciding about placement options, assessing foster families, and condividences in fostering sexually abused children. Foster Care Journal is published six times a year (March, June, July, August, October, and December). The cost is $15.00 a year.
Abuse and Neglect in Out-of-Home Care

Nancy Abell

Monitoring is a difficult job for Virginia's foster care workers. With a standard caseload of 42 children (who have attached to them 84 parents, 84 foster parents and a variety of professionals), there is not sufficient time to monitor cases properly. The CFW recommends a caseload of 25. Some Virginia workers have case loads as high as 58.

Lack of pairing for foster parents and foster care workers appears to be a crucial variable. Foster parents need to understand the types of behavior to expect from foster children and how to prepare their entire family for change," notes Sharon Tenneson, foster care supervisor for the Fairfax County Department of Social Services. Since foster parents are prohibited from using corporal punishment, alternative discipline methods need to be taught.

Foster parents often are unprepared for the extent and type of setting out. "The majority of children in foster care have been maltreated in their natural home. Some children have learned to interact with others by provoking abuse," states McFadden. Foster parents and workers cited behavior such as destroying property, defecating or voiding in corners or on household items, smearing feces and constant bawling of other children as examples of provoking behavior.

Bonding with a foster child may also be difficult. Brenda Wight, foster care worker from Sontag Department of Social Services comments, "Foster children are full of emotional scars. And therefore, are hard to get close to." Whenever choices are achieved can be disrupted by the effects of visitation according to Lydia Jennings, social worker with Danville Department of Social Services.

Sexually abused children present additional risks. Such children may act seductively towards adults. "All family members, including foster fathers and older children in the family need to be prepared to handle sexually provocative behavior," notes Boucham. A sexually abused child may mock other children.

Lydia Jennings

Children. Abell cites an example, 'If you saw your 10-year-old foster child performing acts you might think it, too. Thus, all family members, and not just foster mothers, need to be involved in foster family training.'

Virginia currently does the mandatory training for foster parents. According to Boucham, some localities offer initial (pre-service) training but no fidelity mandates and provide ongoing in-service training. Recognizing the pressing need for training, the Governor has requested and the general assembly has approved $435,000 for foster parent training (see separate article). The Foster Parents Association is studying how to ramp the training state-wide on an equal basis. "We also want training for our workers," remarks Burcham 'The worker who looks sophisticated is the one who can't respond if the family has trouble or who says, 'Just take

Strategies for Preventing Abuse in Foster Care

- Perform careful through screening of foster parents.
- Be careful matching of children and homes.
- Obtain background check.
- Require both pre-placement and in-service training for all foster parents and their spouses.
- Maintain close contact with foster families, including foster fathers.
- Do not allow corporal punishment or other high-risk discipline.
- Have professional consultation readily available to foster parents on an "as needed" basis.
- Offer treatment services to disturbed foster children.
- Visit foster children alone regularly.
- Provide a child advocate for foster children.
- Conduct exit interviews with all children leaving foster care.
- Do additional monitoring of any foster family who has been reprimed for subjected abuse in whose abuse has been confirmed.

risk kid too many. They burn out. It's poor placement practice," Nancy Abell of Loudon County Social Services points out that foster parenting, unlike day care or residential work, is a 24-hour per day job. "The children are part of the family and invade all the intimate details of one's life." The constant responsibility creates additional stress.

Failure to monitor and support placements is a frequent contributor to abuse or neglect (Benavou, 1985; Covarr & Orgen, 1983; Gill, 1986; Teppper, 1985). Topper interviewed eight foster families with substantiated complaints of abuse/neglect. The foster parents felt that the agencies had failed to assist them with difficult children even when they had asked for help. Several felt unable to refuse taking a specific child for fear of negative agency response. The abusive foster parents felt overwhelmed and inadequate but could not candidly discuss problems with workers.

Failure to adequately monitor placements has been a crucial variable in agency liability in cases of foster care abuse according to Benavou (1985). Judge jury verdicts against agencies have been levied when the agency has failed to respond to signs of serious problems in the placement. Proper monitoring includes frequent contact with the foster family and a knowledge of their stresses and usual level of functioning. Several resources note that the foster father is most often the abuser, yet workers tend to make most contact or contacts with foster mothers. Contact and monitoring should occur during the hours that the foster father is also at home.

Children in foster care should be talked with alone and frequently enough that they are comfortable with and trust their worker. Lack of a close relationship with the social worker may account for the finding that foster children are unlikely to tell their social worker if they are being abused (Covarr & Orgen, 1983).
Virginia Begins a Statewide Foster Parent Training!

The need for foster parent training is virtually undisputed. Children in foster care have experienced abuse because of abuse, neglect or sexual abuse. Others are handicapped or chronically ill. Some have severe behavioral or emotional problems. Less than a third of foster children are classed as having no special needs. Responding to this acute need, Governor Baliles requested, and the General Assembly approved, $433,000 for the biennium to develop and implement a foster parent training program.

Regina Sparger, training specialist, has spent the last two years coordinating the state’s advanced worker training. She has been assigned the task of developing and implementing the foster parent training program. Sparger, a former CPS worker from Wythe County, is enthusiastic about the opportunity. “It’s real exciting! The long-term effect will be to make foster parents part of the professional child-helping team, rather than simply a custodian. We are striving to create a therapeutic home, capable of nurturing, guidance, and skilled help for the child.”

Sparger began her work last fall, assisted by a statewide committee of foster parents, adoptive parents, local workers, and central office staff. The group has been reviewing curricula and learning objectives. “Pregnant,” states Sparger, “there are many fine curricula available.”

A more difficult problem, according to Sparger, is deciding upon a delivery system. “A mother of areas do have excellent preschool and even in-service foster parent training,” comments Sparger, “but these are concentrated, for the most part, in populous areas.” The majority of localities do not provide formalized foster parent training or a combination of factors such as a small pool of foster parents, limitations in reimbursing foster parent tutors for the cost of traveling to training, scheduling problems and lack of time to arrange the training.

The committee is carefully considering options, hoping to pilot test the training this July. Sparger anticipates the training will be received well throughout all localities, but notes that it is not a mandated service, so utilization may vary.

“It is not a simple thing to develop a statewide training program. Rather, the task requires a great deal of preparation,” states Sparger. “The foster parents seem to want the training badly. And we know from existing programs that the concept works and results in better care for children. We know it is worth every bit of trouble to create a program!”

More information about the foster parent training is available from Regina Sparger, Training Specialist, Virginia Department of Social Services, 6007 Discovery Drive, Richmond, VA 23229-8699, Tel. (804) 662-9081.

**Book Reviews**

**Foster Parenting Abused Children**, by Elina G. Gil, 1985, pp 43
Available from: National Committee for Protection of Child Abuse 330 South Michigan Avenue Suite 250 Chicago, IL 60604-4537 (312) 663-3020

This book attempts to arm foster parents about child abuse and neglect, why abusive behavior occurs, and the effects of abuse on a child. By understanding how children react to abuse or neglect, foster parents can be better prepared to help the child adjust. This book is an excellent addition to the literature and should be required reading for foster parents. It contains excellent advice on coping with difficult situations.

Reviewed by Joann Grayson

**You're A Foster Parent: A Guide to Parenting Children in Foster Care**, by The Foster Care Committee of the Virginia Commission for Children and Youth, 1979, pp 60
Available from: Donovan for Children, 570 West Office Building Equipment Road, Richmond, VA 22219

This book covers a wide variety of issues that foster parents encounter. Some topics include helping children deal with меня  and preparing them for their future. The book is well written and easy to understand. It is an excellent resource for foster parents.

Reviewed by Joann Grayson

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continued on page 16
Abuse and Neglect in Out-of-Home Care

How are cases handled if the abuse is founded or suspected? Just as in intrafamily abuse, factors such as risk for further abuse, length of removal and the length of time the child has been with the family must be considered. Most workers interviewed, however, are likely to remove the child. "The negative part of removal is that we are failing to show the child the problem can be worked out," states Templeman.

Removal is a logical option, given both the research literature and the liability issues. A study by Tippett (1985) and others suggests that founded complaints are significantly more likely in homes that have had prior investigations for abuse or neglect. Most departments continue following a procedure similar to that of Portsmouth Department of Social Services, explained by Tom Gregory, CPS coordinator. "Generally, a foster child that is abused is removed. An exception might be an older child that has been with the family for a long time and the risk of further abuse is low. Counseling or other appropriate services would be provided. Consideration must be given to both the risk of harm to the child and any emotional trauma that removal might bring. Additional placements with the family would most likely not occur."

VCYNI required about assistance available to foster parents if a complaint is filed against them. In England the British Foster Parents Association has provided a handbook for foster parents accused of abuse/neglect and assist them with legal representation and a support network of knowledgeable foster parents. Burnham explains Virginia's system.

"Foster parents have very few rights. They can hear the charges against them. If they are unhappy with the investigation, they may file a grievance. There is no legal assistance unless the foster parent hires their own attorney. There have been families ruined."

There is no handbook or information for foster parents specifically addressed to abuse complaints. Unless the child remains in the home services are not provided for foster families. Burnham feels this policy is shortsighted. "Social services should offer the same treatment services to foster families they offer to regular families."

Summary

Prevention advocates do face obstacles in protecting the child in out-of-home care. Children in out-of-home care are an especially vulnerable population due to their young age or due to risk characteristics leading to placement. Foster parents and facility staff may lack adequate training and support. Investigations of abuse in out-of-home care are complex and emotionally charged. Intervention and prevention are just beginning to appear as topics of interest in the literature.

Despite difficulties, the professionals VCYNI interviewed were optimistic. Russell captured the spirit in her remarks. "Dealing with institutional abuse is a matter of getting around roadblocks. You need self-confidence. Remember, you do have the authority to intervene. You don't have to leave kids unprotected."

References Available Upon Request

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