Defining Child Abuse: At What Level Should We Intervene?

Since the early days of concern for the treatment of children, society's understanding of the problem of child maltreatment has increased significantly. Several national organizations have been formed to serve as watchdogs of society's handling of maltreated children and to serve as a conduit for the most up-to-date research and knowledge in the field. Each state has an agency such as social services and juvenile courts with federal and state mandates for the responsibility for child protection.

One might assume, then, that the term "child abuse and neglect" is well defined for those responsible for a child's safety. In fact, it is not. There are as many definitions for child abuse and neglect as there are vantage points.

In the early years after the legislation, the focus was not on definitions so much as on the process of reporting. Across the nation much effort was spent educating mandated reporters about their legal duty to report, about how to recognize signs of abuse and neglect, and about how to report. Education efforts were effective, as reports in Virginia and across the country quadrupled over a ten year period.

As reports multiplied, definitions underwent change. In many states, definitions broadened to include not only physical abuse, but also neglect, sexual abuse, and emotional maltreatment. Meanwhile, professional literature seeking to refine definitions or explore definitional problems dwindled (Giovannoni, 1989). Although research focused on definitional issues has been limited, there is controversy and disagreement among those seeking to define child maltreatment. Disagreements over definitions impact research, reporting behavior and practice.

Readers should note that defining child abuse is not the same as the process of investigation of a complaint. Investigation is a process that involves gathering and interpreting a variety of data relevant to the complaint. Only after an investigation is performed can a reasoned judgment be made concerning whether or not abuse has occurred.

This volume of VCPN examines issues and problems concerning how child abuse and neglect is defined. Definitions impact our service system and, ultimately, our response to troubled families.

Research

Definitions impact directly on research. If researchers use differing definitions, then studies cannot be compared. If samples of families used for research are not representative of (similar to) those in child protective services (CPS) caseloads, then research findings can't be generalized or applied. If children being examined are not grouped (for example, by age, type of abuse, severity of damage), then results can be misleading.

Lack of Similar Definitions

Researchers generally agree that there are thousands of different definitions of child abuse and neglect. The reasons are multifaceted and complex. First, how the problem is defined depends on orientation and training: legal, medical, psychological, social work, sociological, or educational (Besharov, 1981; Giovannoni, 1989; Westat, 1978; Wilson, 1991; Wolfe, 1987). Wolfe states that "efforts to define child abuse and neglect have been fraught with controversy and shortcomings. This controversy exists in part because the nature of child maltreatment does not lend itself to clear definitions that apply to each situation without considerable discretion" (p. 14).

This problem was identified as early as 1976 when Westat, Inc. received a grant to conduct a national incidence study. After a thorough search of the literature, the project staff concluded that there was not one precise definition of child abuse and neglect, and that, possibly, there could not be one. "... Differences of opinion will always remain as to what a definition should encompass" (Westat, 1978, p. 1.4). According to Besharov (1981), it is incidence studies that most dramatically demonstrate the lack of comparability of research findings. "Since a study's findings are a direct consequence of the definition it uses, estimates of the total number of children abused and neglected each year range from 60,000 to 4.5 million... Comparing these findings is indeed like comparing apples with oranges" (1981, p. 354).

Given the lack of commonly accepted definitions, researchers must choose to create definitions for each study and select cases to fit the definitions or choose to accept the varying official designations by courts, CPS and mental health. Use of "officially labelled" cases will almost guarantee that the children studied will be dissimilar as official designations are "the result of a negotiated process" (Giovannoni, 1989, p. 28) that...
Governor's Advisory Board on Child Abuse and Neglect

Award Nominations for Child Abuse and Neglect Advocates Sought

Each year, the Governor's Advisory Board on Child Abuse and Neglect recognizes outstanding child advocates and presents them with a Certificate of Appreciation Award. Nominees can be from corporations, public agencies, private practice, government, or can be volunteers. Those receiving awards have made outstanding contributions and have shown strong commitment to protecting children.

NEW AWARD!
The GAB has established a new award specifically for those working in child protective services in the Virginia Department of Social Services system. The Dr. Anthony Shaw Award for Distinguished Child Protective Services Professional will be awarded for the first time this year. Dr. Shaw was the primary author of Virginia's 1975 Child Abuse and Neglect Legislation. He created Virginia's first child abuse and neglect multidisciplinary team at the University of Virginia Hospital. He was also the first chairperson of the Governor's Advisory Board on Child Abuse and Neglect. Currently, Dr. Shaw is Professor of Pediatric Surgery at UCLA.

Nominations for the 1993 awards are due August 16, 1993. Nomination forms are available from Ann Childress, Child Protective Services Unit, Virginia Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1295 or (800) 552-7096 TDD, FAX (804) 692-2215.

Defining Child Abuse

continued from page 1

includes factors extraneous to the abuse. However, if cases are chosen without regard to official labelling, the results may not apply to the CPS caseloads.

Imprecision

"One characteristic that all definitions have is imprecision" (Besharov, 1981, p. 385). Giovannini agrees. She comments, "they all share a commonality: They are vague" (1989, p. 11). This problem continues to exist today and is highlighted when one examines definitions used by major national organizations. For instance, the definition of sexual abuse published by the National Resource Center on Child Sexual Abuse reads, "An adult who has a caretaker responsibility for a child, and engages in sexual activity with the child. (Sexual activities may include genital exposure, intimate kissing, fondling, masturbation, fellatio, cunnilingus, digital or penile penetration, etc.)" Obviously, "etc." is not very precise.

Some do not view imprecision as a problem and oppose developing specific wording. Judges, in particular, prefer ambiguous wording that allows exercise of judicial judgment in individual situations (Giovannini, 1989). The National Association of Public Child Welfare Administrators Guidelines (1988) note that courts have concluded that it would be difficult, if not impossible, for the legislature to draft highly specific statutes which would protect children and still give juvenile courts needed flexibility (see resource review, this issue).

Regardless of the practice implications, the difficulties for research remain. If whatever definition used for research is imprecise, then there is much room for error.

Heterogeneity

While some researchers attempt to identify and isolate specific variables for study, many fail to do so. Instead, researchers tend to lump together information about a caseload of a particular agency under study, labelling all as battering parents. While the findings may not be invalid, "assuming that the population being studied is somehow representative of all maltreating families and generalizing the study's findings to all forms of child maltreatment is a prescription for strikingly conflicting conclusions" (Besharov, 1981, p. 187). Giovannini (1989) agrees, noting that if the sample is heterogeneous, resulting research will fail to inform correctly and fail to assist in understanding child maltreatment.

The problems of definitions for research are best summarized by Giovannini, Conklin, and Iyama (1978) who state that "the implications for research are clear. If it is not possible to state what is meant in operational terms by abuse and neglect, how does one specify what is being studied? How are populations to be selected and how are crucial variables to be measured?" (p. 5). There is no easy answer to the dilemma. However, Giovannini (1989) does suggest one option. Researchers might limit studies to officially labelled cases, but choose from this pool those cases that meet further definitional criteria.

Practice

Imprecision and the lack of standard definitions impact practice as well. What cases should be reported? What cases should be investigated? How should funds and other resources be allocated? All are questions directly affected by definitions of child abuse and neglect.

Compounding the definitional problem, most states have three sets of statutes addressing child maltreatment. Criminal statutes define criminal acts for the purpose of prosecution. Dependency statutes, sometimes termed "children in need of services" or CHINS, define a category of children who may be wards of the court. Child abuse reporting laws mandate which situations must be reported to CPS. Different states may use vastly different definitions in their statutes. Even within a given state, there can't be an assumption that definitions used for CPS will match those used for criminal prosecution or dependency determinations (Giovannini, 1989).

Reporting

Each state has a child abuse and neglect reporting law which stipulates mandated reporters. In Virginia, mandated reporters include persons licensed to practice medicine or any of the healing arts, hospital residents or interns, persons employed in the nursing professions, persons employed as social workers, probation officers, those working for private organizations such as scouts, teachers
or other persons employed in a public or private school, kindergarten or nursery school, persons providing part-time child care for pay on a regular basis, accredited Christian Science practitioners, mental health professionals, law enforcement officers, and professional staff persons employed by a public or private hospital, institution or facility in which children are placed. Failure to report suspected abuse within 72 hours constitutes a misdemeanor.

Studies indicate, however, that a vast number of professionals do not report every suspicious case. For example, information from the National Center for Child Abuse and Neglect indicates that about half of the cases of serious physical abuse are not reported (NAPCWA, 1988). Non-reporting places children at risk for harm.

The factors for non-reporting are numerous and varied. They include sex of reporter, with women being more likely to report than men (Finlayson & Koocher, 1991; Kendall-Tackett & Watson, 1991), ignorance of detection methods (Jennings, 1989; Nightengale & Walker, 1986), ignorance of legal requirements for reporting (Jennings, 1989; Kalichman, et al., 1990; Swoboda et al., 1978), fear of lawsuit (Hutchinson, 1993; Jennings, 1989; Swoboda et al., 1978; Zellman, 1990), work experience, with more experienced workers being more likely to report (Nightengale & Walker, 1986), experience with professionals with children of their own being more likely to report (Nightengale & Walker, 1986), concerns of mental health workers about interference and disruption of the therapeutic relationship (Hutchinson, 1993; Swoboda, et al., 1978), perceived lack of benefit to the child and family (Hutchinson, 1993; Zellman, 1991) and, lack of evidence that abuse exists in spite of the legal explicitly stating that suspected cases are to be reported (Berliner, 1990; Finlayson & Koocher, 1991; Kalichman, et al., 1990; Zellman, 1990). In fact, Kalichman et al. (1990) report that their study found that "the greatest predictor of reporting tendency was respondents' confidence that abuse was occurring. Subjects with higher levels of confidence were more likely to report abuse. This finding...suggests that clinicians may fail to report because they are concerned about the validity of their suspicions, despite laws mandating the reporting of suspected abuse" (p. 75).

Another factor in noncompliance is the presence of unclear legal definitions which results in confusion and ambiguity (Blisharoff, 1991; Finlayson & Koocher, 1991; Giovannoni, 1989; Walker, et al., 1989; Zellman, 1991). Finlayson and Koocher (1991) summarize the concern in their review of the literature. "Child abuse reporting laws have received both criticism and support in the mental health community. Those critical of reporting laws posit that reporting thresholds, as defined by statute, are completely subjective and difficult to implement. Other concerns focus on a lack of specificity in the statutes about what behaviors constitute abuse and neglect." (p. 464). The American Psychological Association Ad Hoc Committee on Child Abuse Policy voiced similar concerns. Their report states, "...there are problems with the vagueness and uncertainty built into legal definitions of what constitutes child abuse and therefore, what needs to be reported and how much discretion practitioners or researchers have in interpreting terms like 'reasonable suspicion'" (Walker, et al., 1989; p. 5).

Many advocates are calling for reforms in the statutes and in policy. However, there are important differences in what they are wanting to see done.

Changing Definitions:
To Narrow or To Broaden

Patricia Schene, Ph.D., Director of the Children's Division of the American Humane Association, feels that the issues surrounding definitions are very complex. She states, "The issue is a very large one. What is in the public interest? What should public policy be? There is a relationship between definition and response."

Schene adds, "Many people feel that we should be intervening in every legitimate case. If it is a suspicious case, you don't want to say to the person reporting, 'You go check it out first,' or to a neighbor, 'Go into the family and find out more facts and then come back.' Many people say that's the job of CPS; legitimate, good faith reports should be investigated. Something should happen as a result of that report. Others say, 'We can't do it; the system is overloaded. We can only concentrate on the more serious.' That's a major controversy right now" (National Resource Center on Child Sexual Abuse, 1990, pp. 10-11). And, indeed, it is.

Besharoff (1981) was one of the first to raise concern about vague definitions leading to over-reporting. He suggests that unfounded cases represent an extensive, traumatic and invasive investigation by CPS into the lives of families. The system is flooded with inappropriate cases and, therefore, CPS workers are unnecessarily conducting painstaking investigations. The result is that some children in real danger are not getting the attention they need. To support his claim he cites the large number of unsubstantiated reports (approximately 60-65 percent).

Hutchinson (1993) reminds us that as early as the 1970's when Sussman and Cohen were asked by the Office of Child Development to revise the 1963 Model Reporting Act, they "concluded that expansion of the definitions and the range of required reporters was probably not in the best interest of children..." Sussman and Cohen recommended that the only grounds for reporting should be serious physical harm, sexual molestation, or serious impairment of physical or mental condition due to neglect. They warned against the 'maximization of reporting' based on broad definitions, suggesting that the costs of such reporting may be too great, particularly for poor families" (p. 57).

In a recently released report, the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of the American Public Welfare Association (APWA), recognized that CPS receives a large volume of inappropriate reports. Pressure to investigate so many reports limits the ability of CPS to provide service for and supervise children at risk of serious abuse (NAPCWA, 1988).

This view finds support in the field. It was expressed by Charles Wilson, MSW, Director of Child Welfare Services for the Tennessee Department of Human Services during a recent think tank session (National Resource Center on Child Sexual Abuse, 1990). He suggests that there are many parental acts that fall into a "grey area" and wonders where the line should be drawn. "All these issues get cloudy. CPS has got to be able to define the lines of what it will respond to and what it won't. CPS must have the authority to say, 'We are sorry; that doesn't sound like a good situation, but it is not child abuse.' We are going to respond only to child abuse. Otherwise, we are diverting resources from the kids who are seriously at risk in order to intervene in all sorts of families to try to make everybody good parents" (p. 40).

In their article, Wells et al. (1989) attempt to take this issue outside the realm of available financial resources when they state, "even if there were significant increases in funding for CPS, there still would be reason to proceed with efforts to develop criteria for screening to ensure that mandatory protective service investigations are limited to cases in which actual abuse, neglect, abandonment, or exploitation is alleged... To protect children at risk and identify non-maltreating families in need of other services, policies are needed that more specifically set forth the definitions of child abuse (including what does not constitute abuse or neglect) and that outline the mechanisms for conducting preliminary assessments and investigations" (p. 48).

Finkelhor (1990) disagrees with those seeking to narrow definitions. He outlines several points to counter arguments for narrow definitions. First, Finkelhor maintains he is unable to find convincing evidence that parents and children are traumatized by
investigations. Rather, he suggests that in many unsubstantiated cases contact with the family probably doesn't occur, and that when it does it often has a positive effect. Second, Finkelhor cites the National Incidence Study conducted by Westat in 1988 which found that reports of less serious abuse are not increasing while reports of the most serious abuse known to professionals had not been reported to CPS. From this he concludes that rather than an over-reporting problem, we are faced with a problem of under-reporting. Therefore, there is no need to narrow definitions of child maltreatment or decrease the number of reports.

Zellman's (1990) study reinforces the idea that professionals are making judgments which keep them from reporting. "The most frequently endorsed reason for failing to report was a lack of sufficient evidence that abuse or neglect had occurred. This reason, which was rated as very important by almost 60 percent of respondents, was also found to be the most important reason for not reporting in an earlier survey of physicians" (p. 13). This finding and the several above mentioned reasons professionals don't report support Finkelhor's argument that under-reporting occurs.

This viewpoint receives support from clinicians. Lucy Berliner, MSW, who works at the Sexual Assault Center at Harborview Medical Center in Seattle, Washington, asserts her view that the role of child protection is to protect children from harm. "What I get concerned about is the harm issue. We emphasize that CPS gets involved, not because people don't have a right to treat children that way, but because if children are molested, abused or neglected, it will be harmful. That's where the business of seriousness comes in. Do we want to acknowledge that children have the right to experience mild child abuse, but they have the right to be protected from serious child abuse? We don't really want to be going in that direction," she says (National Resource Center on Child Sexual Abuse, 1990, p. 41).

Jon Conte, Ph.D., Associate Professor at the School of Social Work at the University of Washington in Seattle, supports this view. He strongly believes that the issue of narrowing the definition of abuse and neglect is a cost driven one. "If it's cost," he says, "let's see if there aren't other ways to save cost. If it's based on faulty notions about the problems of CPS, then we ought to re-evaluate the original data, and compile new data rather than narrow the mandate."

Robert Shepherd, Professor of Law at T. C. Williams Law School in Richmond, Virginia, puts a slightly different twist on the definition issue. He suggests a different standard of definition depending on the level of intervention. He believes most reports come from lay people rather than professionals, and that lay individuals have an instinctive idea of what child abuse is. The definitional issue is more one for protective services than the reporter. "When using definitions, we do not have to use the same one for all levels of abuse or neglect," he says. "I am fairly liberal when considering reporting which triggers an initial, relatively non-intrusive intervention. Then, the definition narrows when triggering more intrusive interventions within the family. It narrows still more when considering removing the child and court intervention. It is narrowest when considering criminal charges."

Virginia's Picture

Virginia's statute (63.1-248.2) defines what is to be considered abuse and neglect. The Department of Social Services develops policy related to that definition. Its policy manual gives a summary of the legal definition:

An abused and neglected child is one under the age of 18 whose parent(s) or other person responsible for his/her care:

1) causes or threatens to cause a non-accidental physical or mental injury;
2) causes a high risk of death, disfigurement, or impairment of bodily or mental functions;
3) fails to provide the care, guidance and protection the child requires for health, growth and development;
4) abandons the child;
5) commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

The department's policy lists those persons considered responsible for the child's well-being and then provides seven specific categories which fall under the broad title of child abuse and neglect: physical abuse, physical neglect, medical neglect, educational neglect, mental abuse and neglect, sexual abuse, and bizarre discipline. Provided under each category are definitions for reporters and workers. It is neat, precise and concise. Does policy make the job of the reporter and worker easy?

In more extreme cases, the answer is "yes." There is general agreement on the far end of the spectrum about what constitutes abuse, neglect, and sexual abuse. In
less extreme cases, the literature contains debates and issues, rather than consensus.

VCNP was interested to learn more about how Virginia’s CPS workers and mandated reporters were viewing ‘gray area’ situations. VCNP interviewed CPS workers from 55 Virginia agencies and interviewed 15 mandated reporters. Each was asked to respond to 18 “gray area” situations. Two surveys were used with a total of 36 situations. Respondents were asked the likelihood of reporting each situation (or if a CPS worker, the likelihood that they would accept the complaint for investigation). Respondents were also asked if they felt mandated reporters would be in violation of the law if they failed to report. VCNP queried about factors important in each situation and about other agencies that should assist if the situation was not appropriate for referral to CPS.

It shouldn’t hurt to be a child.

Physical Abuse

Policy defines physical abuse as an injury, threat of injury, or creation of a real and significant danger of substantial risk of death, disfigurement or impairment of bodily functions. Such injury or threat of injury, regardless of intent, is inflicted or allowed to be inflicted by non-accidental means. It lists injuries that are included in physical abuse, such as burns, bruises, cuts, and lacerations; bone fracture; brain damage; and internal injuries.

What is the distinction between physical discipline and abuse? The Virginia Department of Social Services conducted a survey in 1989 to assess public opinion about several aspects of child abuse and neglect. When asked if physical punishment, such as hitting and spanking, is an effective method of discipline, 1% of those surveyed strongly agreed and 50% agreed.

The public opinion survey also asked if parents should have the right to discipline a child any way they see fit. Only 16 percent of respondents felt that parents should be accorded this degree of latitude. Thus, a large majority favor limitations on parents and recognize a distinction between physical discipline and abusive behavior.

Many experts advocate the elimination of corporal punishment. For example, May (1992), a child psychiatrist, summarizes in his pamphlet Child Discipline: Guidelines for Parents the evidence that spanking is not a useful approach to discipline. McCormick (1992) maintains that “the cycle of violence begins in early childhood with the use of corporal punishment” (p. 3165). While physical discipline is inadvisable, it is not currently considered abusive unless its use causes injury as detailed in policy.

A second issue is the perception of “non-accidental.” VCNP wondered how injury to a child, acquired when a parent intervened in a fight between children, or when trying to restrain a child, was viewed.

CPS workers were asked if they would investigate a complaint if a disobedient and defiant 16-year-old, prone to runaway behavior, sustained a dislocated shoulder when parents tried to physically prevent a runaway during a verbal argument. All seven of the workers responding to this situation indicated that they would “definitely accept” this referral and that failure to report this injury as suspected child abuse would be a definite violation of the reporting law. While most (80 percent) of the mandated reporters agreed, 20 percent stated this was outside the legal mandate to report.

When questioned about a 13-year-old child who acquired a broken finger when his stepfather broke up a fight between siblings, the response was quite different. Only 26 of the 49 workers responding would probably or definitely accept this complaint (53 percent) while nearly 16 percent felt this was definitely outside the legal mandate of CPS and about one-third would not accept on the information given. Most of the workers (70 percent) felt that failure to report this situation would not be a violation of the reporting law. Mandated reporters were similar, with only 30 percent saying they would report this situation.

Physical Neglect

Virginia Department of Social Services policy defines physical neglect as “the failure to provide food, clothing, shelter, or supervision for a child to the extent that the child’s health or safety is endangered. Neglect includes situations where the caretaker’s own incapacitating behavior, disruption of family functioning, or absence prevents the caretaker from performing child caring tasks. Specific situations which can be considered neglect include inadequate food which may result in illness, disease, developmental delay or impairment; inadequate or inappropriate clothing for environmental conditions; inadequate or inappropriate shelter, such as that which may cause injury or does not protect the child from inclement weather; inadequate or inappropriate personal hygiene which might result in disease or social ostracism; and inadequate or inappropriate supervision including leaving children unattended with inadequate plans for safety or plans which are inappropriate for age, maturity or judgment; or abandoning children altogether.”

Again, several issues arise. Most apparent is the question, when should intervention occur? This directly relates to the issue of definition — broad or narrow? Addressing the argument that CPS workers need to investigate every “legitimate case” Charles Wilson, MSW, Director of Child Welfare Services for the Tennessee Department of Human Services, suggests that the definition of “legitimate case” has changed due to lack of resources. “Ten years ago, a legitimate CPS intervention was the case of a child with head lice whose mother wouldn’t buy him the necessary shampoo. Today we have narrowed the definition. Today we cannot take time out of a severely physically abused child’s case or a sex abuse victim’s case to go tell a mother to buy shampoo. We have stopped doing that.” Wilson expressed other concerns. What is poverty and when do poverty-related issues intrude into child abuse and neglect? When is poverty a basis for intervention? When is homelessness? “All of those issues feed into a sense of crisis in the system,” Wilson asserts (National Resource Center for Child Sexual Abuse, 1990, p. 17).

Carol Clabo, Child Protective Service Supervisor in Tulsa, Oklahoma, is concerned, however, that while the definition is being narrowed to exclude cases that used to be viewed as neglect, several other situations are being redefined as neglect because there are no agencies to handle them or the agencies that would handle them do not do.
Defining Child Abuse

continued from page 1

outreach. "We are getting the adolescents whose parents are walking away from them because of behavioral problems. One of those cases takes up fifteen times the amount of resources as the head lice case. They are not really appropriate for CPS. They are appropriate for somebody. Yes, there are elements of neglect and sometimes even abuse, but we are being asked to do things that our system was not designed to because other agencies cannot or will not do it," (National Resource Center on Child Sexual Abuse, 1996, p. 20). Ilabo states that many families are being investigated for neglect when what they really need are services.

James Garbarino, Ph.D.

James Garbarino, Ph.D., of the Erikson Institute in Chicago, also has strong feelings about how CPS is being used today. "Right now I believe the only tool we have is a hammer, so everything is being treated like a nail," he asserts during a recent interview with VCPN staff. "In other words, the only place professionals feel they can go is to Child Protective Services when CPS should actually be the choice of last resort. The current system does not have an appropriate intervention tool. I want to see home health visitors for everyone. Each school should have a home health visitor who can visit any and every child. This would forestall CPS intervention until that time that it is really necessary."

When the responses to the VCPN questions about neglect are reviewed, there are inconsistencies regarding appropriate situations for intervention.

For example, in Virginia drivers must restrain children under four in car seats while driving. Fail to do so and has not traditionally been a CPS issue. Indeed, Virginia Department of Social Services publications state this situation is outside the mandate. However, nearly 30 percent of CPS workers said they would initiate an investigation if this complaint was referred to them. Mandated reporters were similar, with 20 percent saying they would report to CPS in this situation.

Allowing children to smoke or consume alcohol is another murky area. A parent may feel unable to prevent an older teen from smoking or drinking. Some parents allow children to drink alcohol as part of religious celebrations or with the family at meals or during family celebrations. Half of the mandated reporters would report a parent who permitted children to smoke or drink and 67 percent of CPS workers said they would investigate this complaint. In the case of a parent suspected of abusing drugs or alcohol with the child showing signs of neglect (hungry, lack of lunch money, teeth in poor condition), most CPS workers (85 percent) would investigate and all mandated reporters would report.

Lack of Supervision

Many questions arise about "lack of supervision." First, are children in self-care at risk of being termed neglected? If so, we are talking about over two million children (Cole and Rodman, 1987). These are children who spend time home alone or with another sibling on a periodic basis. Padilla and Landreh's (1989) review of the literature refers to two studies which stated percentages of children in self-care after school arrangements: 1) Vandall and Gorasaniti (1988) found 23 percent of the third graders in their study were home alone or with a sibling; 2) Hedlin, et al. (1986) found that of the children in their study, 50 percent of children in grades kindergarten through three, 65 percent of those in grades four through six, and 80 percent in grades seven and eight were at home without adult supervision at least one day a week.

During a recent interview, family therapist Eliana Gil, Ph.D., stated that she is concerned with the numbers of children who are left unsupervised. "There are many more unsupervised children now than there were ten years ago. We seem to have relaxed our standard for supervising children by quite a bit. I remember when there was tremendous concern for the child left alone who was under 12 years old. Now we might be concerned for the child under eight. Personally, I believe any child under eight is too young emotionally to be unsupervised. I am especially concerned about children placed in roles whereby they are expected to supervise other children."

When is lack of supervision neglect? That is a difficult question to answer. "Legally, it is unclear how self-care relates to child neglect. While well-designed child care arrangements are not usually regarded as neglect, vague state laws may place some parents at risk for a charge of neglect" (Rodman and Cole, 1987, p. 102).

What variables need to be considered when attempting to determine if a child's self-care constitutes caretaker neglect or not? Most experts agree that the age of the child is a crucial variable to consider. However, there is not a clear consensus about which ages to consider. Some suggest six years old as the lower limit while others, like Gil, suggest eight years old. Garbarino (1990) feels that few people are comfortable leaving children younger than nine years home alone on a regular basis while most people are comfortable leaving a 13-year-old home alone on a limited basis. However, he notes, there appears to be a disparity between belief and practice. Rodman, Pratt, and Nelson (1986), while stating that a child's age presents a difficult definition issue, suggests that ages six to thirteen represents the best current guide for defining self-care children. "These school-aged children are arguably old enough to care for themselves for limited periods of time yet young enough to require adult supervision most of the time" (p. 294). They suggest that children left supervised who are under six are definitely being neglected, and that children over 12 are able to spend 1-2 hours alone each day.

Deborah Daro, Ph.D., of the National Committee for the Prevention of Child Abuse, addressed this issue in a recent interview with VCPN staff. "We just completed a survey of 1250 randomly selected adults and found that very few approved of leaving children even as old as 12 years of age alone, even for a few hours during the day. This response seems unrealistic. Parents cannot be with a child all of the time when they are home with them! An older child needs some sense of autonomy and to gain confidence in his or her ability to make independent decisions. Supervision levels should be based on the child's needs rather than the convenience or needs of the parent," she stated.

Neglect issues arise for the older group of children as well. Who is responsible when older children left in self-care are involved in the risky or antisocial behaviors? Garbarino (1990) reports a study which found that "sexual experimentation as well as drug and alcohol use was twice as high for 14-15-year-olds on their own after school
for more than 11 hours per week than for youth with more direct adult supervision” (p. 9). What about the unsupervised teenager who commits a crime? Are the parents to be held responsible for their lack of supervision under the child abuse and neglect laws?

There are other variables to consider when determining if a child in self-care is managing adequately or is neglected. Garbarino (1990) includes variables such as “degree and format of indirect adult supervision (e.g., telephone), the duration and frequency of that supervision (e.g., daily or sporadic), and the nature of the child’s residential environment (e.g., low crime rural vs. high crime inner city)” (p. 9). In addition, Garbarino (1990) points to child variables and parenting styles that can influence a child’s ability to manage a self-care situation.

“The child’s personal resources matter: more competent children probably can manage better than less competent children. The parent’s ability to provide a sense of supervision and caring matters: those who use authoritative child rearing strategies and convey a sense of acceptance and competence to the child prepare their children better than those who adopt authoritarian or permissive child rearing and who deal with the child in a cold and rejecting way” (p. 9).

The inability to define the problem makes it very difficult to assess the consequences. Therefore, little is known of the effects of self-care arrangements. Some researchers find negative consequences, others find the arrangements to be benign, while still others find positive results (Garbarino, 1990; Rodman and Cole, 1987; Rodman, Pratto and Nelson, 1988).

The policy statement used by the Virginia Department of Social Services does not specify age or time spent alone. It does, however, address a range of variables such as the child’s maturity, physical condition and mental abilities. Policy includes children at risk for sexual exploitation, physical injury, status offenses, criminal acts by the child, and a child’s substance abuse.

Those surveyed in Virginia appear quite sensitive to lack of supervision. All mandated reporters said they would report a 9-year-old in self-care for an hour after school as suspected neglect if the 9-year-old’s grades were dropping, if the child asked a neighbor for a snack and if there was an incident of minor vandalism. All but one CPS worker was willing to investigate such a complaint. Interestingly, a 10-year-old in self-care all day in the summer while her mother worked would be reported by only 60 percent of mandated reporters and only 43 percent of agencies would take this complaint. In the case of a 7-year-old who burned himself while cooking alone at home (his 14-year-old sibling who was in charge had left him alone in the house), 90 percent of the mandated reporters would report and all CPS workers said they would investigate.

Another situation of potential harm is allowing young teens to date older persons.

Respondents were asked about a situation where a parent allowed a 14-year-old daughter to date men in their early 20’s. In this situation 60 percent of mandated reporters said they would make a suspected neglect complaint, but only 47 percent of agencies would accept and investigate this situation.

Clearly, there was not much agreement among our respondents about how CPS should respond to complaints of teenagers encouraged or allowed by parents to engage in risky behavior. Consensus was more clear in the cases of lack of supervision. Some studies have suggested that large numbers of children under 10 (40 percent or more) are left in self-care for at least an hour or more each day. As the numbers of children in self-care has grown, communities have had to struggle with defining when lack of supervision becomes neglect.

Louise Gueney, Ph.D., Professor of Counseling Psychology at Penn State University, believes schools should be doing much more than they are. "When a child is missing school, the school should get the ball rolling and get it done quickly. School truancy is often a symptom of a much bigger problem, and it needs to be investigated quickly. Here we use a team approach to the problem, with a home school visitor actually doing the investigation. She then brings the case to the team, and it is discussed for disposition. This is a problem that should not be treated lightly, especially in older children," Gueney asserts.

**Medical Neglect**

Medical neglect is considered refusal or failure by the caregiver to obtain and/or follow through with a complete regimen of medical, mental or dental care for a condition which if untreated, could result in illness or developmental delay. Medical neglect does include children receiving spiritual treatment under the tenets and practices of a recognized church or religious denomination (See "Medical Neglect: A Spiritual Issue?”, this issue).

**Educational Neglect**

In the case of educational neglect, CPS becomes involved only after the school has exhausted its resources under their mandated responsibilities to children (Section 22.1-254-257, Code of Virginia). Then, a child is considered educationally neglected if (s)he is not enrolled in school, the child does not attend school because of a caretakers action or inaction, and, if the caretaker will not permit the school to assess the child for special services. Examples of repeated actions or inactions by a parent/guardian which interfere with school attendance may include the parent keeping the child home for anything other than illness or the child’s failure to attend because the parent refuses to provide supplies or lunch or clothing.

Virginia excludes truancy as absence for which the parent or guardian is directly responsible. National child abuse expert, Gil, agrees. Gil suggests that the school is initially responsible to handle truancy complaints. “However, if the notattendance continues, there is serious potential for harm to the child. If the school has persisted and the parents are unresponsive, then the school should turn the case over to CPS for investigation.”

**Emotional Abuse and Emotional Neglect**

Emotional abuse refers to actions or inaction resulting in impairment of the child’s psychological or emotional health or development. Emotional neglect is evident when a child demonstrates psychological or emotional dysfunction as a result of the caretaker’s action or inaction.

Most agree that emotional maltreatment is very difficult to define and identify (Garbarino, et al., 1986; Garrison, 1987; Hart and Brasard, 1987; and Rosenberg, 1987). While definitional problems are not unique to emotional abuse, they become particularly difficult in the case of nonphysical injury. In their review of the literature, Hart and Brasard (1987), find that the attempts to describe and define emotional abuse concentrate on broad categories. These include verbal and emotional assaults, passive and passive-aggressive inattention to needs, prevention or punishment of development of self-esteem and interpersonal skills, interference with development of personal autonomy and integrity, and impairment of the victim’s ability to function within an expected range of performance.

continued on page 10
Medical Neglect: A Spiritual Issue?

A very serious issue under medical neglect is children under treatment by a religious practitioner or parents who refuse treatment for their children because of religious beliefs. This issue has an interesting and stormy history.

Several religions eschew medical treatment for illness. However, it is the Christian Science faith which has actively lobbied for legislative exemptions to several laws because of religious beliefs. Due to lobbying efforts by the Christian Science Church, the United States Department of Health, Education and Welfare put a religious exemption to medical neglect under federal mandate in 1974. In order to receive federal funding for their child protection programs, states were required to exempt parents from findings of neglect if they failed to provide their children medical care because of religious beliefs.

Rita Swan, Ph.D., president of Children's Healthcare Is a Legal Duty, Inc. (CHILD) reported during a recent conference that "the religious exemption laws have contributed to hundreds of preventable deaths of children." Swan, a former Christian Scientist who in 1977 lost her infant son to meningitis, has become a catalyst for opposition to these exemptions (Monopoli, 1991). She and others exerted significant pressure on the Department of Health and Human Services to remove the exemptions. Because the Department lacked statutory authority for the requirement, DHHS removed the requirement for exemptions of parents from findings of medical neglect from the Code of Federal Regulations in 1983. However, DHHS could not require that religious exemptions from civil or criminal prosecution for child neglect be removed from state laws. Exemptions then were optional.

DHHS further clarified its position in 1987 by stating that states must require reports of suspected neglect, investigation by child protective services agencies and authority for the agencies to obtain court orders for medical treatment if "there is harm or substantial risk of harm to the child's health or welfare" (Monopoli, 1991, p. 333). This requirement includes situations where the parents did not provide medical care for religious reasons. However, due to optional exemptions there remained in some states statutory protection against civil and/or criminal charges of neglect for a parent refusing medical care for a child for religious reasons.

Parents refusing medical care for children are not exempt from criminal action in most states. This dichotomy can be confusing to parents who are led to believe, through exemptions in child abuse reporting laws, that they are free to practice faith healing with no consequences.

There have been several criminal convictions of parents whose children were harmed or died due to their religious practices. One recent, highly publicized case was Robyn Twitchell's death due to an obstructed bowel. The Massachusetts family used a religious practitioner who attempted to heal the child through prayer. The parents were tried and convicted of involuntary manslaughter on July 4, 1990. They were sentenced to ten years probation. The judge who conducted the inquest into Robyn Twitchell's death voiced serious concern about the ambiguousness of the exemption. He stated, "On its face, it could easily lead a religious family to believe its beliefs have won public endorsement and validation. To the extent that local statues preserve the confusion, they should be reviewed and corrected so that all concerned can receive a clear view of their rights and obligations to replace the hazy one now prevailing" (Monopoli, 1991, p. 326).

The Twitchells were not the last to be prosecuted. "In the past two years, there have been four similar convictions of Christian Scientists who failed to seek medical attention for their children" (Monopoli, 1991, p. 326).

Margaret McLaughlin (1990) gives a moving account of her experiences as a child raised in a Christian Science family. She recounts the horror she experienced watching her younger brother suffer all his life with bronchial asthma. He died during an asthma attack at age 19. She expresses the pain she experienced watching her sister suffer humiliation from being teased by peers because of her stunted growth and intelligence. She was diagnosed at birth with hyper-thyroidism, a condition that could have been successfully treated with proper medication. It wasn't. Today she is four feet, two inches tall, intellectually handicapped and unable to be self-supporting. McLaughlin was told that she was a "good Christian Scientist" because she was healthy and intelligent. She was taught to deny illness, that pain did not exist, and that her fear for her siblings was in part causing their condition to worsen. McLaughlin was left with feelings of powerlessness. All she says, because of strict religious beliefs about disease and religious exemptions from immunizations and medical care in many states.

Virginia’s statute contains the exemption even though it is optional. Rita Katzman, Program Manager of the Child Protective Services Unit with the Virginia Department of Social Services, says there has been no advocacy movement to drop the exemption. However, the federal government, upon review of the child abuse and neglect statute, voiced some concern that Virginia's statute may be ambiguous. "The reviewers were not concerned that the exemption is there," states Katzman. "However, they were concerned that our statute might be unclear as it pertains to equal protection for all children. In other words, they wanted to be sure that all children are subject to the same standards regardless of the parents' religious beliefs."

The department asked for an Attorney General's opinion and was assured that Virginia's statute clearly protects all children equally because of the flexibility in the exemption that allows for a court to order treatment. If a child is seen by a doctor and the parents refuse treatment, CPS can become involved and ask the court to order medical treatment. "We gave this information to the federal reviewers and their response was that the statute met guidelines," Katzman explained.

Advocates maintain, however, that court action is only feasible if the child is in the

SPECIAL THANKS TO
Erika McCullough
Nicole Frauenfeld
Steven Nissen
Jennifer Swecker-Miller
Rebecca Situik
hospital or is seen by a doctor. When the parents and the religious practitioner are the only people seeing the child, this approach is inadequate. Swan (1993) suggests that exemptions result in two classes of citizenship for children: "Those who have permanent rights to medical care because their parents have a legal duty to provide it, and those who have no rights to medical care until and unless they come to the state's attention" (p. 2).

Both Swan and Monopoli advocate for the removal of all exemptions from child abuse and neglect laws in every state. Monopoli (1991) suggests three approaches to ensure removal: judicial, legislative, and regulatory. She describes the judicial option as one whereby the United States Supreme Court could rule that child abuse and neglect statutes "serve a legitimate state interest, that exemptions therefor for spiritual healing are not mandated by the free exercise clause of the first amendment and may moreover violate the establishment clause of the first amendment and the equal protection clause of the fourteenth amendment," (p. 352).

Legislative options would include state legislatures repealing exemptions and strengthening child abuse and neglect laws. "These statutory exemptions are not constitutionally mandated and it is within the purview of the state legislatures to abolish them ... States should also move to strengthen child abuse and neglect reporting laws so that these cases are brought to the attention of the courts before it is too late to order life-saving medical treatment," (Monopoli, 1991, p. 352).

Finally, Monopoli describes the regulatory option as the responsibility of the Department of Health and Human Services, "because it bears some of the responsibility for the states' enactment of statutory exemptions, the Department of Health and Human Services should exempt them out of existence" (p. 352). However, according to David Lloyd, Director of the National Center on Child Abuse and Neglect, DHHS does not have this option. DHHS has taken some steps. In 1989 and 1990, DHHS reviewed the statutes, regulations and policies regarding medical neglect of children due to parental religious practices. In 1992, DHHS began notifying states that they, like Virginia, must provide Attorney General opinions that the child abuse and neglect reporting and investigation laws apply in such situations, or must make legislative changes to maintain eligibility for federal funding.

The religious exemption clause is a controversial issue. Advocates for child protection suggest it results in unequal protection. Parents practicing good faith healing techniques believe in their freedom to do so without state intervention. Statutes in many states protect that freedom while providing for court ordered child protection when deemed necessary. Reaching national consensus will not be easy given the emotional attachment to both sides of the issues.

References Available Upon Request

Child Abuse Medical Consultation Line

Since November 1, 1992, a child abuse/neglect medical consultation line has been available to Virginia physicians. This free, 24 hour service provides medical consultation, including information, assistance in medical assessment, treatment, disposition planning or follow-up to Virginia physicians who need help in medically evaluating an abused or neglected child. This service, initiated by the Virginia Department of Social Services, is funded through the Department with a grant from the Federal Medical Neglect/Disabled Infants Program, NCAN.

Under the same grant, the Children's Medical Center at Medical College of Virginia is also developing hospital protocol for interdisciplinary case management of suspected child abuse/neglect. The protocol, which includes a standardized format for physical examination and medical documentation, will be available later this year. Child protective services staff can contact the project to arrange for a child abuse or neglect medical evaluation.

Task Force Study of CPS Investigations of Out-of-Family Caretakers

In December, 1991, the Virginia State Board of Social Services convened a task force to study policy regarding CPS (child protective services) investigations of out-of-family caretakers. Out-of-family caretakers include employees of schools, day care centers, group homes, institutions, camps, scouts, and church groups.

The CPS Task Force examined many complex issues related to out-of-family caretakers and members held conflicting perspectives. Still, a number of recommendations were developed: These were:

1. Out-of-family investigators should be credentialed by Virginia Department of Social Services (DSS) after focused training through the Virginia Institute for Social Service Training Activities. Minimum competencies should be determined by an interagency group representative of various out-of-family settings.

2. Investigators be required to consult with, exchange information with and receive technical assistance from DSS.

3. DSS should routinely monitor a random sample of third-party cases to determine compliance with state standards.

4. The standard of evidence for a founded case should be changed from clear and convincing to preponderance of evidence and eliminate the need for the "reason to suspect" category.

5. A standing committee should be formed to address and resolve issues arising from implementing the recommendations.

For more information, contact:

B. J. Northington, Virginia Department of Social Services
8007 Discovery Drive
Richmond, VA 23229-8699
(804) 602-9205
Defining Child Abuse
continued from page 7

There is growing agreement that psychological maltreatment is a core issue in child maltreatment. The strength of this position rests on the following widely supported assumptions: "a) psychological maltreatment is inherent in all forms of child maltreatment; b) the major negative effects of child maltreatment are generally psychological in nature, effecting the victim's view of self, others, human relationships, goals and strategies for living; and c) the concept clarifies and unifies the dynamics that underlie the destructive power of all forms of child abuse and neglect" (Hart & Brassard, 1987, p. 161).

However, how does one measure emotional maltreatment? Does one look for specific child behaviors that result from emotional maltreatment, or are there constellations of parent behaviors that must be assessed? Rosenberg (1987) suggests that "psychologists and legal scholars have long debated whether we should describe maltreatment in terms of parental behaviors or the child's emotional damage" (p. 167). The dilemma has been approached from both directions. Garbarino, et al. (1986) have proposed five forms of parental behavior thought to constitute psychological maltreatment — rejecting, terrorizing, ignoring, isolating, and corrupting — which are then operationalized developmentally from infancy to adolescence. Hart and Brassard (1986) have operationalized seven acts of psychological maltreatment — the five developed by Garbarino plus degrading and denying emotional expressiveness — relating caretaker behaviors to child characteristics across three developmental levels.

Parental behavior, in and of itself, may be an inadequate predictor of emotional damage to a child (Rosenberg, 1987). In contrast, Baily (1988) maintains that emotional maltreatment can be defined by parental behavior alone because damage from emotional abuse may not be apparent for years.

Recently, in an interview with VCPN staff, David Finkelhor, co-director of the Family Research Laboratory at the University of New Hampshire, addressed this issue when asked his opinion about when the state should intervene into emotional neglect cases. He said, "The main criteria most people use for intervention is that of the child manifesting signs of distress. I am not sure it is the best criteria, however." He gave an example of how this criteria for intervention may be problematic. "Take, for instance, the grey area of showing a child pornography. I think people start to feel strongly about reporting this as emotional maltreatment when the child begins acting out, such as engaging in inappropriate behaviors with other children, or developing enuresis, or not wanting to go home from school. The problem is that this position does not take into account children's varying levels of tolerance. Some children will show symptoms early, while others may not show symptoms until the parental behavior has become prolonged and chronic."

Kathleen Faller, Ph.D., Professor of Social Work and Director of the Family Assessment Clinic at University of Michigan, however, presented a different view. "Before CPS gets involved, there needs to be some demonstrable behavior on the part of the family and a demonstrable impact on the child. CPS cannot become involved unless a causal link can be made between parental behavior and harm to the child. This is partly a practical issue. The CPS system is overwhelmed. It makes no sense to overload the system with emotional abuse cases. We need to use voluntary services with parents who have trouble with child-rearing."

Virginia's statute requires reporting in cases of "mental injury" or "impairment of ... mental functions." Policy defines emotional abuse as an act of commission, while emotional neglect is an act of omission. Taken together, they constitute emotional maltreatment. Virginia's definition requires the presence of child dysfunction that is the direct result of the parents' actions.

VCPN's survey presented several examples of possible emotional abuse. There was general agreement about situations where parents provided for basic physical needs but left small children alone in a play pen or darkened room much of the day. Eighty percent of CPS workers would investigate such complaints and 75 percent of reporters would file a complaint. Many respondents cited the lack of stimulation for the child and the potential negative effects on the child's development.

VCPN inquired about a situation where a parent holds a child responsible for marital problems and tells them so. It was a bit surprising to find that 40 percent of the mandated reporters would "probably" file a suspected abuse complaint, especially since the example gave no information on the child's reaction and did not even imply that the child was experiencing any difficulty. It was even more surprising that 40 percent of the CPS workers might be willing to investigate. The 60 percent of CPS workers and reporters who would not act felt the need to know whether or not there was evidence that the child was experiencing difficulty.

Another not unusual complaint involves spouses involved in custody disputes accusing each other of emotional abuse. In the case of a child who is depressed and doing poorly in school after four years of ongoing custody battles, none of the mandated reporters would refer this complaint to CPS. However, over half the CPS workers said they would accept such a complaint for investigation.

The final survey question examining emotional abuse asked about a teacher with a reputation of making even the toughest boy cry by subjecting students to constant sarcasm and humiliation. None of the mandated reporters would refer this complaint to CPS. All suggested the principal as the proper referral. In contrast, over 70 percent of the CPS workers said they would "definitely" accept this for investigation.

Sexual Abuse
Virginia's definition of child sexual abuse includes references to the Code of Virginia sections 18.2-61-67.10 and 18.2-351-371, stating that sexual abuse is any act included in these statutes which is committed or allowed to be committed upon a child by his/her parent or other person responsible for the child's care. It further defines sexual abuse as use of a child for sexual arousal, gratification or advantage. Policy includes forcing a child to watch sexual acts, use of children in prostitution and use of children for pornography.

Again, several questions were raised by VCPN staff and national experts were asked to respond. First, in today's media age, how should CPS be investigating complaints of exposing children to sexually explicit videos and materials? Our experts had differing views. Sue Marx, a senior attorney with the National Center for the Prosecution of Child Abuse, responded, "It's a crime for adults to corrupt the morals of a minor in most states. Further, such conduct could be a precursor to child sexual abuse. A report of an adult showing sexually explicit materials to a minor should be made to CPS." Susan Mayman, MSW, a private practitioner with several years experience with child sexual

1993 Legislative Update
Changes to Child Abuse Reporting Law

House Bill 2420 amends the child abuse reporting law to include as required reporters "any person associated with or employed by any private organization responsible for the care, custody or control of children including but not limited to scouting organizations." The bill also adds the requirement that reporting be done within 72 hours of when the required reporter first suspects abuse or neglect.
abuse victims and adult survivors, and a former CPS worker concurs. "I would report viewing pornography to CPS although I doubt they would investigate. This is a technique offenders use to break down a child's inhibitions. It may be a sign that a child is being set up to be sexually victimized." Gil felt strongly that this is a reportable situation. "If adults are exposing kids to pornographic videos, rather than kids showing kids, I would definitely report. This is a situation that can contribute to children mimicking the behaviors they see."

What about the child who witnesses family members having sex? That question caused a chuckle in many experts who said "it depends." It depends on whether a child inadvertently walks in on parents, which probably happens in many homes, or whether the child is being forced to watch. "I would want to get more information about intent," commented Mayman. Marx agreed, stating that there are many factors involved. "I would want to know how old the child is, how often this happens, how repetitive is the activity, and how involved is the child," she stated. Faller adds, "Coercive watching of sex acts is of considerable concern."

What about our respondents? Two similar vignettes were offered. In the first, a child from a poor family with a one-room apartment confides with a giggly that her parents were "doing it" again last night and the noise awakened the kids. Only 20 percent of the mandated reporters would file an abuse complaint in this situation. The 80 percent who would not report felt that the exposure was not intentional and that there was no indication of damage to the child. The factor of poverty making it difficult for the parents to be discreet was mentioned also. Should a complaint be sent to CPS, about 42 percent of the workers would be willing to investigate. Thirty-one percent of CPS workers felt that a mandated reporter who failed to report this case would be in violation of the reporting law.

The second case involved a mother described as being indiscreet with her boyfriends. Her child reports that she has seen her mother having sex several times. The results here were consistent. All mandated reporters said they would make a CPS report and all CPS workers said they would investigate.

One frequently reads or hears the opinion that child abuse reporting laws discriminate against the poor. It is interesting in this case that poverty was cited as a reason not to report. In these examples, there was a tendency towards reporting if the parent's behavior was perceived as open and blatant.

In our interview, Pinkelvoir viewed witnessing sexual activity or viewing sexually explicit material within the context of a relatively strict definition for child sexual abuse when reporting is the concern. "Because of the enormity of the serious sexual abuse problems, I am inclined to use a relatively strict definition of child sexual abuse. I recognize that there are many things that damage a child that may not be reportable. Watching pornography may be one of those things. Or, there are family lifestyle issues that we might consider psychological maltreatment. If the examples suggest a family style of living where there are no boundaries, then I believe we are dealing with emotional abuse rather than sexual abuse."

What about the case of an older sibling instructing a younger one about sex? Is this abuse? Should CPS investigate? Many children learn about sex from older children," says Faller. "I would look for several factors, such as whether there is a significant age difference or not. Is this mutual activity or is coercion involved? Is this mutual sexual exploration or is the older child obtaining sexual gratification from the younger one? What are the origins of the behavior? Is the older child acting as a teacher or has the older child been sexually abused and is acting out? I can see some advantages to CPS investigating to get the parents to pay closer attention to their children's behavior." Mayman felt differently about the age difference. "I would automatically report this to CPS," she says. "Some may look for an age differential, but I have had clients traumatized by a differential of a year. The significant variable to me is mutuality. Is this mutual sex play or is there a power differential?"

What about sexual experimentation between peers? Does it indicate child sexual abuse? Mayman responded, "I would look at the issue of mutuality as well as the developmental context of the situation. Certain ages are very curious about sex, around the ages of 4-7. However, it is unusual to see sexual experimentation in older children. If it is going on in older children, I would want to know more." Marx agrees, and adds, "Sometimes this can be indicative that a child is being sexually abused. It depends on the type of activity and whether there is coercion involved."

continued on page 14

Virginia Cares

Virginia's Department of Social Services has taken many steps to assist required reporters and CPS workers with definitional issues. Some of the recent efforts include:

* Medical Consultation Line (see Spotlight, this issue)
* Booklets for Mandated Reporters (see Reviews, this issue)
* Public education through Prevention Month
* 24 Hour Hotline for consultation and reporting (1-800-552-7096)
* Virginia Cares
  (see review, this issue)
* Training workshops

State level staff continually examines research. Policy is reviewed and updated. CPS staff training has been enhanced through a collaborative effort with Virginia Commonwealth University, the VISTA project. Interested readers can refer to VCPN, volumes 21 and 36 for more information on these initiatives.
Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families, by NAPCWA Steering Committee, 1988, 87 pages, $10. Available from:
National Association of Public Child Welfare Administrators
801 First Street, NE
Suite 500
Washington, DC 20002
(202) 682-0100

This document, the result of three years of work, demonstrates a significant milestone in the field of Child Protective Services (CPS). It represents consensus among national public child welfare administrators concerning major policy issues and aspires to develop national consistency.

Guidelines examines how CPS fits into the total child welfare picture, tracing the history of the child welfare movement. It covers the philosophy of CPS and basic rights of children and families. It defines abuse, neglect, and sexual abuse. Core services and tasks are delineated.

Management of the system is considered. Practical issues such as confidentiality guidelines, qualifications for CPS workers, workload standards, CPS training, evaluating outcomes, and resource allocation are included. A final section contains nine supplemental papers.

CPS workers, policy makers, and child advocates should obtain a copy of the Guidelines. It is a forward-looking resource.

Virginia Cares About Its Children
This information packet contains national and state statistics, information about reporting suspected abuse, and details symptoms and behaviors that might indicate abuse, neglect, emotional abuse, sexual abuse. There is also information about prevention programs such as "Never Shake a Baby" and support programs for new parents. What can parents and caregivers do to help? The packet has many suggestions!

To obtain your copy, contact the Child Protective Services Unit, Virginia Department of Social Services, 730 E. Broad Street, Richmond, VA 23219. (804) 692-1259.

Assistance for Educators in Recognizing and Reporting Child Abuse and Neglect, by Linda S. Struck, 1992, 45 pages, $1.65/copy (price subject to change). Available from:
Mr. Doug Cox
Virginia Department of Education
P.O. Box 6-Q
Richmond, VA 23216

This booklet covers the basics needed by school personnel. Chapters 1 and 2 deal with recognizing abuse or neglect and distinguishing abuse versus discipline and abuse versus accident. Chapter 3 covers how to report, liability issues, and criteria for accepting a report. Chapter 4 covers issues and concerns about reporting. Chapter 5 offers suggestions for responding to the child victim. An explanation about investigation is covered in Chapter 6. An appendix lists telephone numbers for local departments of social services and other resource agencies.

Working With Child Abuse and Neglect, by Vernon R. Wiehe, 1992, 224 pages, ($18.00). Available from:
F. E. Peacock Publishers
115 W. Orchard Street
Itasca, Illinois 60143
(708) 775-9000
FAX (708) 775-9003

Working With Child Abuse and Neglect is one of a series of "Working With" books published by F. E. Peacock. According to the publisher, the series treats special populations, prevalent social problems, and enduring practice issues. The books are designed, first, with college students and, second, the practitioner in mind. However, the author of this piece specifically includes volunteers as a part of his audience. He thinks the book can help them understand the problem and choose appropriate interventions as well.

The emphasis of this book is the application of social work theory and practice to the field of child abuse and neglect. In addition, Wiehe applies previously acquired basic research knowledge to evaluating treatment effectiveness in child maltreatment. He includes information on our nation's historical efforts to cope with the problem, political issues, the scope and impact of the problem, and prevention of child maltreatment.

One of the major benefits of this book is the appendices. Appendix A provides the Child Abuse Prevention and Treatment Act (Public Law 93-247); Appendix B lists several resources and national organizations concerned with child maltreatment; and Appendix C includes Canadian agencies concerned with child abuse and neglect. This book is well written and provides a broad range of information for the student, practitioner or volunteer.

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Write for "Request to Reprint" form.
Request or inquiry is addressed to:
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(703) 568-6482
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National Committee for Prevention of Child Abuse Fulfillment Center
200 State Road
South Deerfield, MA 01373-0200
1-800-839-2671

NCPA has several publications which discuss each type of child maltreatment. Physical Child Abuse (1992) by Paula Jaudes and Leslie Mitchell, (28 pages, $5.75) offers indicators and factors contributing to physical abuse. A complimentary publication is, Child Discipline: Guidelines for Parents (1992), by Gary May (23 pages, 1 to 24 copies $1.50 each).

Emotional Maltreatment of Children (1986) by James Garbarino and Anne C. Garbarino (30 pages, $5.75) is one of three publications about psychological maltreatment. Two others are scriptographic publications, Emotional Abuse and Neglect of Children ($1.00) and Words That Hurt Coloring & Activities Book ($1.00).

Preventing Child Neglect by Patricia Crittenden ($1.50) gives an overview, as does the scriptographic publication About Child Neglect ($1.00). Basic Facts About Child Sexual Abuse offers definitions and answers key questions. Finally, Educators, Schools and Child Abuse (1986) by Diane D. Broadhurst (30 pages, $3.50) offers an overview for educators.

Child Abuse: Implications for Child Development and Psychopathology
by David A. Wolfe, 1987, 156 pages, $15.50 (soft).
Available from:
SADE Publications, Inc.
P.O. Box 5084
Newbury Park, CA 91359-9824
(805) 499-9774
FAX (805) 499-0871

An understanding of child abuse requires familiarity with child development, socialization, learning principles as related to family interactions, and sources of anger and arousal. Wolfe's book tackles the task of carefully reviewing data and theoretical orientations related to child maltreatment, culminating in a developmental perspective of the abused child. Wolfe's views are sophisticated and recognize the diversity of severe parenting problems. His review of the research and his formulations should be of interest to all who work in child welfare.

Is Your Child a Latchkey Child?
Available from:
Virginia Department of Education
P.O. Box 8-0
Richmond, VA 23216-2060
This brochure was designed to assist parents who cannot be home with their children before and/or after school. It contains guidelines to help a parent identify whether or not a child can handle self-care, a list of things for parents to teach to children prior to beginning self-care, and tips for success in implementing self-care.

Child Labor Monitor
Published by: National Consumers League
815 Fifteenth Street, N.W.
Suite 928 N
Washington, D.C. 20005
(202) 639-8140

This unique newsletter, published four times a year, is devoted to providing up-to-date information on federal, state, and international efforts to end child labor exploitation. A one-year subscription is $12; single copies are $3.

The User Manual Series

National Center on Child Abuse and Neglect
The "New" User Manual Series
In 1977, NCCAN issued the "User Manual Series" designed to provide guidance to professionals who detect, treat and prevent child abuse and neglect. Since then, knowledge and intervention techniques have expanded and been refined. In response, NCCAN has updated the original series by revising existing manuals and developing others that address current innovations, state-of-the-art practices, concerns and issues.

New Publications Just Released
The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect
Child Protective Services: A Guide for Caseworkers
Working with the Courts in Child Protection
The Role of Law Enforcement in the Response to Child Abuse and Neglect
Protecting Children in Military Families: A Cooperative Response
Caregivers of Young Children: Preventing and Responding to Child Maltreatment

Many publications are planned for 1993-94. They include topics of children living with substance abusing parents, child sexual abuse, cultural competence in service provision, roles of mental health and health care providers, intervention for child neglect, crisis intervention, supervising CPS workers, community response, prevention strategies for residential facilities and helping strategies for substitute care providers.

Single copies are free of charge. For more information contact:
Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, D.C. 20013-1182
(703) 385-7565 or (800) FYI-3366

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VCPN asked survey respondents about a kindergarten teacher finding two boys engaged in oral sex during nap time. Required reporters were divided with about two-thirds saying they would report to CPS. CPS workers were inclined to not investigate, with approximately 40 percent willing to accept the complaint. Those declining said that the children were not caretakers of each other. Those accepting the case felt one or both of the boys had been sexually abused in order to be involved in the behavior.

How about a case of an 11-year-old who confides to a counselor that four years ago, when she was living in a distant city, she engaged in sex play with some younger children in the neighborhood? The 11-year-old now lives with her grandmother and her mother has moved out of state. Only ten percent of mandated reporters would call CPS about this situation. Eighty-five percent of CPS workers would not take the complaint on the information offered. Most cited lack of caretaker involvement as the primary determining factor.

What should happen if someone notes sexual acting out behavior in a child? Should it be reported to CPS? Gil wants to know more. "If sexual acting out behaviors are persistent, or if they escalate, and a child does not respond to treatment, or if parents are unresponsive to dealing with the child, or if there are other symptoms, I think the case should be reported to CPS." Mayman agrees, saying "Sexual behaviors can be related to other stressors in the family besides sexual abuse. I would want to do an extensive assessment and evaluate the context of any red-flag behavior: the frequency of the behaviors, are the behaviors hurting the child or others, and what other behaviors are evident, for example, are animals involved?"

VCPN asked survey respondents about a case involving a first grade child who masturbates frequently in class. The parents are concerned and willing to work with the school on stopping the behavior. No trauma or sexual abuse is known to the parents. None of the mandated reporters would call CPS about this case, and 83 percent of CPS workers felt the referral was not appropriate for their agency. Survey respondents felt masturbation was not uncommon for young children, that the problem was being addressed, that there was no known perpetrator, and no evidence of sexual abuse.

Those who would accept the complaint for investigation felt that sexual acting out was a sign that the child had been exposed to sexual activity or abused. A number of respondents wondered out loud about the relative frequency of sexual behaviors among young children. The literature examining normal sexual development in children is sparse and much of it is anecdotal or derived from small samples. Recently, a large scale community-based survey sampled 880 children ages 2 to 12 who were thought to be free of a history of sexual abuse. "Normative Sexual Behavior in Children," authored by W. N. Friedrich, P. Grambsch, D. Broughon, J. Kniper, and R. L. Beilke, was published in volume 88, number 3 of Pediatrics in September, 1991. The survey asked about 43 sexual behaviors and gives the frequency of occurrence for boys and girls in age groups 2 to 6 and 7 to 12. Both sexes and age ranges exhibited a wide variety of sexual behaviors at relatively high frequencies although a number of sexual behaviors were unusual and occurred at a low frequency. Studies such as this should help clarify what sexual behaviors should be considered "normal" and which sexual behaviors might cause suspicion of abuse.

"Right now, I believe the only tool we have is a hammer, so everything is being treated like a nail."

James Garbarino, Ph.D.

What about promiscuous teenagers? Should CPS be notified of teen sexual behaviors? Gil wonders, "Who gets to define promiscuity?" Mayman responds similarly. "There are so many reasons teens are engaging in sex now. Sexual abuse is only one of many reasons. I would certainly explore what is going on and I would keep it in the back of my mind, but without other defining indicators, I would not assume this is a case of sexual abuse." Faller also believes this situation is not automatically one for CPS. "Teen sexual activity may be a problem that needs attention but I don't think CPS is the agency to be involved. There may be a need for some agency to intervene with services such as education or counseling, however."

Another problem that is being encountered with increasing frequency are cases of teenage babysitters being accused of sexual activity with the children they are watching. Even though the teen babysitters are not adults, they are "caretakers." VCPN's survey contained a case of a teenage babysitter engaged in possible sexual abuse. The case described was a six-year-old who tells about a game of "hide the pennies" where the 15-year-old babysitter tells the six-year-old to hide the six-year-old's clothing. Then the babysitter searches for the pennies. About 20 percent of the mandated reporters surveyed would automatically report this situation to CPS. The other 80 percent would not unless the child indicated that the pennies were hidden in the genital area or expressed discomfort about the game. Few (less than 15 percent) CPS workers would accept this complaint without further information. Workers commented that there seemed to be no sexual intent implied, no allegations of abuse, and the information was unclear.

None of the CPS workers mentioned the babysitter's age as a factor in the complaint. It appears that all agencies surveyed are accepting referrals of abuse by babysitters if the referral meets criteria.

What about adult survivors? Do they have a right to confidentiality or should their perpetrators be reported to CPS? "Yes, they should be reported," says Mayman, "but the survivors should do it. This empowers them and allows them to take some control as adults when they had none as children. Reporting is particularly important when it is known that the perpetrator presently has contact with children. Since CPS is overwhelmed with reports, I doubt they would do anything more than take the name. But, this can still be empowering to the survivor." Gil agrees, saying, "I will not breach confidentiality to make this report. However, the survivor may be willing to report. Or, if a child is in danger, I will get the name and address of the child and any pertinent facts. Then, I will report that information to CPS if the client doesn't want to."

There is little in the child abuse reporting literature to guide mandated reporters concerning disclosures by adult survivors. On the one hand, there appears to be ample evidence that sexual abuse perpetrators will often continue to be active in seeking out child victims. The pattern does not end simply because a particular child victim is no longer available. On the other hand, adult survivors may be reluctant to seek treatment if they knew that their case would be reported under the child abuse and neglect reporting legislation. In Virginia, this should not be a concern since policy limits reports to investigations of children under 18.

VCPN examined responses to two situations. The first stated only that the adult survivor disclosed a history of ten years of sexual abuse of her and her sister by their father. The survivor did not want the abuse disclosed to anyone. Only 10 percent of mandated reporters would call CPS against the wishes of this client. Most cited confidentiality guidelines and lack of evidence of current abuse. Most felt that reporting should be the option of the survivor. Similarly, 86 percent of CPS workers would not investigate this complaint, but most felt a referral to law enforcement should occur. In spite of saying that they would not accept the referral, 32 percent of CPS workers felt it was "definitely" or "probably" a violation of the law if a mandated reporter did not violate confidentiality and make the referral.

The second case was identical to the first except the survivor mentioned that her
mother occasionally babysits for neighbors and grandchildren. Since her father is retired, he is around the young children. Given this added piece of information, all mandated reporters said they would violate confidentiality and report. CPS workers were divided about taking such referrals. Most (about 60 percent) would not, citing that there were no complaints from current minors and noting that the survivor is now an adult. Those indicating that they would investigate the complaint cited concern for children in contact with alleged abuser.

Bizarre Discipline

Any action in which the caregiver uses eccentric, irrational, or grossly inappropriate procedures or devices to modify the child’s behavior is considered bizarre discipline. The consequence for the child may be physical injury or mental difficulty, or the denial of basic physical necessities. An example might be locking a child in a closet for hours or acts of torture. VCPN did not try to obtain specific information about this category.

Overview of Findings

VCPN’s survey was deliberately designed to inquire about “grey areas” and ambiguous situations. The lack of agreement among both mandated reporters and CPS workers suggests that VCPN was successful in identifying some areas that are troublesome given current definitions. A few of the hypothetical cases not reported in the article resulted in general agreement and, thus, were not “grey areas.”

There are areas, other than the ones examined here, which may be troublesome. Some mentioned frequently by survey respondents were: a) the effect of spousal violence on children; b) the damage to children from living with parents addicted to or abusing drugs; c) the danger to children in driving with an intoxicated parent; d) the willingness of some individuals to fabricate abuse complaints in order to gain an advantage in a custody battle; e) protecting children abused by non-caretakers; f) convicted sex offenders who are allowed access to children.

continued on page 16
Defining Child Abuse
continued from page 11

It is possible that respondents would have shown more agreement about the necessity to report if the survey examples contained more information. Still, this non-scientific interviewing of a fairly small sample yielded some interesting results.

One trend that emerged was that mandated reporters were more conservative and cautious about labeling a situation as suspected abuse or neglect and requiring a report than were CPS workers. This observation is similar to published studies on reporting. The differences between CPS workers and reporters may be due in part to policy that requires CPS to investigate all valid complaints. If a mandated reporter is sufficiently concerned to call CPS, then workers may feel some pressure to look into the situation. Also, CPS workers are also likely aware of situations with ambiguous presentations that were, indeed, severe abuse. Therefore, CPS workers may be reluctant to disregard ambiguous circumstances or dismiss ambiguous complaints.

Part of the broadening of abuse and neglect definitions may reflect a growing body of literature documenting damage to some children exposed to a variety of stressors. People are more aware of the potential long-term damage of situations such as protracted custody disputes, child sexual activity that a child perceives as coercive, emotional maltreatment, effects of self-care and coercive or painful discipline. However, simply because a situation or parenting practice has risks does not mean that the technique or situation is abusive or neglectful. Says Lloyd, “The bottom line is that CPS is not a panacea for parent/child problems. The system was not intended to prevent all bad things from happening to children.”

It shouldn’t hurt to be a child.

A CPS report is not a benign event. Lloyd comments, “We are talking about coercive governmental intervention. We should, therefore, be careful to have clarity about reporting responsibilities.” There are costs to a CPS report. Society must pay the direct costs of worker salaries and agency expenses. The family and child must deal with the pain of being forced to share private family information with CPS workers (and perhaps law enforcement officers) chosen by others. These costs must be weighted against costs to the child of undetected abuse and neglect.

A number of experts, such as Daro and Garbarino, offer support for use of less intrusive help prior to making a report to CPS. These professionals feel that the resources of CPS should be saved for those cases that fail to respond to voluntary intervention or less formal community support. These professionals advocate offering attractive prevention services to high risk groups or to everyone so that positive growth and development can occur without the stigma of labelling a family as requiring a referral for suspected abuse or neglect. States Daro, “We need to give service rather than worry about reporting. CPS will never have the resources to deal with every report as fully as they need to as long as the number of reports remain at current levels.” Our resources are valuable. So are our children. Those within the system and those outside the system are facing and will continue to face difficult decisions about how to expend resources and when to intervene in family systems. Definitions will reflect these decisions and, thus, will continue to change.

References Available Upon Request

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Address Correction Requested