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Child Neglect

Katherine Earle

University of Richmond

The constant change, fast pace, urbanization, and mobilization of our society has propagated the creation of many new and marvelous inventions. However, the waste products of increased individual stress and discontent have, in turn, created an atmosphere conducive to such things as child abuse and child neglect. It may not be determined if abuse and neglect are more prevalent now than in the past, but fortunately they are being more frequently reported, the first step in correcting the situation. Recently the issue of child abuse has been widely discussed and has come to the attention of the community and the government. However, the nebulous nature of the issue of neglect has caused some hesitation and concern among child protective service workers. As it stands now, agencies are free to interpret and deal with neglect as they see fit. This individualized approach creates much inconsistency within and between states, and therefore lowers the effectiveness of any single program designed to combat neglect. This paper was designed in order to address the multitude of basic questions inherent in this issue and provide a comprehensive outlook on what causes, constitutes, and can be done about neglect. The overview will bring together pertinent information in the field and yield a concise report of professional opinion.

Definition and Characteristics

Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

(Polansky, Hally, Polansky, 1975, p.19)

The most striking elements of child neglect are child care that is persistently inadequate matched with a failure to seek out services available in the community to meet the child's needs. In other words, not only do the parents personally fail to provide for the child, but they also fail to contact someone who could (Lewis, 1969, p.14). Research has shown the majority of neglect cases to be found amongst the lower socio-economic groups and the relationship between poverty and neglect cannot be denied. Neglect is seen in the poverty-level government housing projects in big cities as well as on the road with migratory workers; and perhaps the most neglected are those children living on Indian reservations (Polansky et al., 1975, pp. 11-12). The outstanding factor in many of these families is the chaotic nature of their lives and households. Constantly besieged by problems, they have little or no structure or routine concerning daily matters such as preparing meals and washing and ironing clothes (Cherry & Kuby, 1971, p. 569).

The mother is generally the main object of child neglect controversy because it is her socialized role to be the nurturer and care-giver. Also, in many of these cases the mother is the sole parent responsible for the children. In any condition, the

family pattern is established and becomes difficult to break. The neglectful parent is characteristically immature and internally disorganized and when faced with the external stresses of poverty, circumstances which normally competent adults would find formidable, she fails to cope (Polansky et al., 1975, P.12). This type of personality has trouble meeting the demands of child-rearing, and finds outsiders suspicious and the unknown fearful so she does not go for help. Life for the family becomes a depressing ordeal, with little opportunity to experience genuine enjoyment or pleasure (Cherry & Kuby, 1971, P.569).

While neglecting parents are often poor, they should not be thought of as representative of the poor population. Many poor parents do not neglect their children; those that do have been overwhelmed by their bleak situation and lack of personal ability to handle it (Cherry & Kuby, 1971, p. 568). These parents tend to have larger families, a missing spouse or marital problems, inferior financial and child care resources, and less support from friends and family (Polansky et al., 1975, P. 12). Mothers may be too disturbed to seek attention for their children, or more likely, they have had repeated negative experiences with the system (authority figures which they distrust anyway) which cost them too much financially and emotionally (Cherry & Kuby, 1971, pp. 570-571). It soon becomes obvious that denying the problem is a much easier task than searching for an alien solution (Bishop, 1964, p. 86). Even though society in general supports the notion that caring for one's own offspring should be instinctual, neglecting parents rarely perceive their behavior as reprehensible

because they are restricted in their frame of reference (Lewis, 1969, p.114). Because of the blight of their everyday lives, they do not see the warmth, the dependable structure, the interpersonal relationships, and the essential meeting of needs, as the goals of family life (Gordon, 1959, pp.24-25).

The community has a definite responsibility to provide the services needed by the poor and disadvantaged. If these services are not made available and well publicized, then the community is guilty of community neglect: "persistent, inadequate, insufficient provision of resources for child care by community authorities and where the behavior and attitudes of such authorities offer little or no likelihood of improved provision of resources without some outside intervention" (Lewis, 1969, p. 114). Any community which abides social discrimination, under-employment, poor schooling, poor housing, and limited cultural opportunities could be held responsible in the instance of child neglect. Parents in the need of outside assistance in furnishing guidance and care for their children should be able to get help of a financial, counseling, or supportive nature from the community.

Neglect Contrasted to Abuse

To fully understand what constitutes child neglect it is best to differentiate it from child abuse. There are real definitional problems here because the difference is often seen as a matter of degree. However, the most widely accepted and easily understood

explanation is that while abuse is an act of commission, neglect is an act of omission. "Abuse constitutes an exploitation of the rights of parents to control, discipline and punish their children, while neglect represents the failure to perform parental duties, including those of supervision, nurturance and protection." Several studies have shown that the stresses emanating from environmental poverty are more related to the incidence of neglect while intrapsychic and interpersonal kinds of stresses are more related to the incidence of abuse. Therefore, neglect and poverty are linked, but abuse is found randomly spread across socioeconomic groups. (Giovannoni, 1971, pp. 649-651). Abusing parents are generally married, self-supporting, living together, and maintaining housing and a standard of living within the acceptable norm of their community. The converse is usually true of nonabusive, neglectful parents. Also, abusers tend to be more pathologic in their behavior and prognosis for treatment is poor. (Bishop, 1964, p.88)

The statistics on the incidence of child neglect are as vague, if not more so, than the statistics on child abuse. The figures are influenced by how successful the state human services departments are in encouraging people to file complaints and make reports. Most states are trying to establish a central registry of the reports coming in from professionals, doctors, nurses, teachers, neighbors, or any concerned citizens. The problems with reporting occur when the state has not clearly defined neglect in a professional and legal sense and so neglect cases become hard

to differentiate from abuse cases. The estimates of the incidence of abuse vary from three:one to ten:one. Of course, the ratio may actually vary the most from state to state. (Polansky et al., 1975, p.10)

Physical and Emotional Neglect

Neglect may be seen as two separate problems: physical neglect and emotional neglect. Physical neglect conditions are more highly visible and are characterized by inadequate clothing, unwholesome selection, preparation, and storage of food, insufficient attention to personal hygiene and medical needs, and often school truancy. Emotional neglect conditions tend to be less visible, but equally damaging. These include irregular household routines and patterns for eating and sleeping. Also, children experience an overall lack of appropriate discipline, guidance, supervision, and warm, consistent affectional relationships. (Lewis, 1969, p.115)

Physical neglect can be devastating if it begins during the critical period of brain development in the child. Under poverty conditions, when the mother cannot or does not seek proper nourishment for herself and her unborn child, the child's brain will not attain maximum growth. The most vulnerable period for the brain is from week twenty of pregnancy to about two years after birth. Lasting damage can occur from both the lack of adequate nutrition and the lack of stimulation. It has been noted that damage through malnutrition effects manual skills and language and verbal-concept development. Malnourished children who suffer from an early age will go through life never being able to catch up physically and

mentally with their more fortunate peers. (Lewis, 1975, pp.29-32)
The other conditions of physical neglect, such as inattention to medical and personal needs, will only serve to aggravate the existing situation and isolate the children and family further from supportive contacts.

In essence, all cases of physical neglect could be catagorized as emotional neglect as well because of the emotional component of all behavior. The child is denied the experiences of love, trust, and security. In some ways it is hard to blame the parents because they are entangled in their own personal conflicts. (Gordon, 1959, p. 26) They are often sadly lacking in the maturity and emotional stability necessary for child rearing due to the fact that they never experienced love and security themselves. Emotionally neglectful parents already suffer from isolation and rejection and the situation worsens when the community discovers the neglect and further condemns them. Thus, the neglect may be perpetuated. (Wells, 1976, pp.21-22)

Child neglect cases should be evaluated individually as they arise. The family dynamics in each situation must be carefully observed. One problem which arises is the matter of "cultural differences" as to what is acceptable child care and discipline. While some are more strict than others, most societies value love and tenderness and do not condone deprivation, abuse, and neglect.

A child's behavior may be the strongest signal of emotional neglect. Without proper emotional support, the child may fail to develop a sound personality. As a result of feelings of rejection, ridicule, inferiority, and hostility the child may evolve into an

emotionally disturbed child. The behaviors characteristic of the disturbance include poor social relationships, aggression, under-achievement, truancy, pyromania, sadism, enuresis, encopresis, immaturity, etc. The emotional disturbance becomes emotional neglect when the parent fails to acknowledge the problem and take action to correct the unhealthy situation.

(Whiting, 1976, pp. 2-5)

Protective Services in Neglect Cases

Protective service workers must be constantly aware of the present danger which a child may face and the long range effects of that danger which will become more pronounced in the future. (Polansky et al., 1975, p.4) It is important to be available to immediately alleviate a tense situation, but the most good that protective caseworkers can do is to correct the conditions under which neglect is allowed to occur. Other services aimed at children (i.e. medical, educational, recreational) function under the assumption that by definition parents are mature adults who will care for their own offspring. However, there are some parents who are unable to take on this responsibility. (Cherry & Kuby, 1971, p. 572) Neglectful parents seem to find it hard to reach out for help from community agencies. It is the responsibility of the protective service workers to make these programs more appealing and available to the emotionally handicapped parents. (Bishop, 1964, p.89)

Protective service workers must understand and be able to work well with the community in general. This implies the need to be fully aware of all services available to the families involved in neglect cases. There must be direct communication between agencies and between the agencies and the community in order to provide the most helpful and efficient services.

(Bishop, 1964, p.83) As preventive measures, the community should furnish family planning, counseling in handling and coping with family life, and neighborhood services to aid in stressful situations so parents can take a break in their hectic lives without leaving a child alone (Gil, 1971, p.647).

Caseworkers take over the job of evaluating the life situation after neglect has been identified. They examine the parents' attitudes towards themselves, their children, and their spouses, and then decide how best to approach the problems. The kinds of things they often deal with include improving the parents' awareness of school problems, health problems, and the child's need for attention and interest. Parents can be encouraged to more adequately handle personal frustrations and marital conflicts so as to avoid entangling the child. The protective services are based on the idea that "parents who are not functioning adequately are not necessarily incapable of functioning and that they have a right to a chance to find out, not only for the sake of their children who need them but for their own self-fulfillment."

(Bishop, 1964, pp.83-86)

The intervention into neglect cases must be done in an authoritative, yet understanding, manner. Breaking through the apathetic and defeatist attitude of the parents while offering real concern and practical help can be quite a problem when faced with an extremely negative reaction on the part of the parents. The reaction to the invasion of privacy can be quite strong; however, the agency has both the authority and duty to make inquiries, to propose ameliorative action, and if necessary, to seek legal support. Tax-supported agencies receive this authority by law or regulation and voluntary agencies usually receive it by charter. The agency worker does not usually have the right to enter a home to investigate nor to remove children, this would be in violation of the parents' right of due process. However, it is the responsibility of the agency to follow through with legal action if protection or removal of a child is necessary, but parents deny access to the home. (Bishop, 1964, pp.84-85)

Neglect cases are very special because they involve unrequested intervention in a family's life, usually met with hostility and resistance (Gordon, 1959, p. 26). The protective service caseworker cannot just withdraw at that point. The caseworker must show consistent concern for both the parents and the children through regular home visits. By recognizing even the smallest achievements towards change and accepting the natural negative feelings generated by the circumstances, the caseworker may make progress. (Bishop, 1964, p. 86) Sometimes the resistance itself

may be a good sign because it shows some hope of interest on the part of the parents, some expression of self-concern. This is a more favorable reaction than blanket resignation or acquiescence because it can be directed to more constructive purposes if the caseworker emits feelings of respect and understanding towards the parents. (Gordon, 1959, p.26)

While sometimes the intervention itself will motivate the parents into better functioning, more often the effects of intervention follow a pattern. Usually the first reaction to intervention is a surface change in behavior. Obviously this is done to avoid legal action and no real commitment is behind it; however, it is a crucial positive step because it shows that the parents understand or recognize another standard. Hopefully a second reaction will follow which constitutes a change that the parents really want to make and will maintain. Few refuse the intervention outright because they may be faced with court action to remove the child. Passive refusal may be evidence of a lack of the physical or psychic energy needed to deal with multiple problems. (Bishop, 1964, pp.84-87)

As a rule child protective services try to avoid removing a child from his home environment if it holds some amount of positive value for him (Montgomery, Shulman, Pfenninger, 1972, p. 588). Keeping the child with the family should not have precedent over seeing to it that he is adequately loved and cared for, though. Institutional or foster placement for a child should not be considered until other alternatives have been exhausted. The label

of success is normally attached to protective cases ending with the child comfortably in his own home. The aura of failure surrounding cases ending in out-of-home placement or petitions to the court is not truly valid because what is best for the child should be the primary consideration. (Bishop, 1964, p. 88)

If caseworkers have done everything in their power to guide the parents into use of community services and correction of harmful conditions while the child remained at home, if caseworkers have been repeatedly unsuccessful in their efforts to strengthen parental functioning, and conditions still did not improve, then this is not failure because placement or court action is the best alternative. (Gordon, 1959, p.24)

Along with the practical help aimed at improving the physical environment of the home, counseling services are usually available to neglectful parents. One fairly successful method is a group therapy type program where parents can get together and talk with others suffering similar problems. Since isolation is one function of their situation, talking to others makes them feel less hopeless and alone. The group provides each member with strength and support, warmth and a certain degree of social control which they do not get from their own relatives. The therapy gives parents the opportunity to express their anger, to complain about how difficult it is to meet the demands of their children while their own needs remain so utterly bottomless. The aim is for the parents to talk through their problems instead of denying them, with the end result being a better grip on reality. (Bellucci, 1972, pp.113-114) Another program involving verbalization of emotions is one where the

parent meets with a therapist on a one to one basis. This verbal accessibility technique involves encouraging willingness to talk, providing security while helping with expressing of emotions, and understanding the client's background and cultural attitudes in order to keep it all in perspective. The therapist analyzes what the client says and how it is said, as well as the client's progression towards better communication of emotions. Verbal inaccessibility is considered to be less hopeful, with a poor prognosis for treatment. Verbal accessibility is a much brighter sign, a good indication of the possibility for future growth and change in level of functioning. (Polansky, Borgman, De Saix, Sharein, 1971, pp.352-355)

Homemaker Services in Neglect Cases

Homemaker services have been found to be one of the most effective of the child protective services. The homemaker goes one step further than the protective caseworker and actually goes into the home to perform and teach homemaking skills. The major requirements for the position of homemaker are maturity, common sense, and compassion. The homemakers vary in age, education, and background, but all share the ability to cope in stressful situations and keep things under control. They go through an intense training program in home management, cooking, cleaning, budgeting, health care, and child development. Courses are taught by nurses, home economists, and other professionals. Homemakers must also be familiar with the variety of other programs available for neglecting

families and be competent in working with other agencies to provide the best possible service. (Hood, 1979)

The homemaker often goes into a family situation in a substitute mother role, where the mother is not functioning adequately due to physical, emotional, or mental instability. In this role the homemaker can give the guidance and comfort of a stable maternal figure to both the child and the parents. The homemaker accepts the conditions as long-standing, serious, and potentially overwhelming, without any judgemental attitudes. (Foresman, 1965, p. 23-24)

It is her duty to serve as a model of socially acceptable behavior, to teach and show how to perform household chores and to actually do them herself which stimulates respect. Rather than just telling people what to do, she does it. Every area must be covered including: shopping, preparing nutritious meals, washing children and clothes, cleaning house, washing dishes, disposing of trash, correcting of dangerous conditions, etc. If there is something the homemaker cannot do herself, she sees to it that the proper help is contacted. If cleaning supplies, health supplies, or clothing is needed, she arranges to get them. The homemaker also offers attention, positive reinforcement, and ideas for establishing home routines and appropriate discipline measures. (Hood, 1979) Interest in the child's extrafamilial activities (i.e. school, play) is greatly encouraged (Bellucci, 1972, p. 112).

The relationship between the homemaker and the caseworker should be complimentary and constructive. The homemaker actually lives the situation for a while in order to make an accurate appraisal. She ingests the factual information and the intense feelings as to what are the most pressing problems. Her insights can be shared with the caseworker, who then assimilates all of the facts with her own knowledge and information to make the appropriate casework decision as to what action to take.

(Foresman, 1965, p. 24) If the homemaker is confined to the home, as in cases where very young children must be cared for, the caseworker makes the contacts with other agencies, schools, doctors, or whatever is necessary. Volunteers can also be a great help here by running errands or bringing in special diets through meals on wheels so the homemaker can concentrate on other chores. (McDowell, 1964, pp.64-67)

Homemakers usually work an eight hour day, forty hour week. They are assigned to a certain number of cases and they work out a schedule every week as to what hours they will be spending each day on each assignment. There are also homemaker services available for weekends and for emergencies. Agencies handling homemaker services have been overloaded with requests so there is often a backlog of cases waiting for service. The success of the program is stimulating further funding for expansion. (Hood, 1979)

Law in Neglect Cases

When an agency finds it necessary to instigate legal proceedings against a parent, it has usually tried every available alternative. Involving already unstable families in a court action can only promote more stress, but it does serve the function of protecting the child and if that is what must be done, it will be done. Neglect laws alternate from state to state and are usually included in varying detail with the abuse laws. (see Appendix A for Virginia law). Meier (1964) is quoted as saying that all neglect laws embody these essential elements: "(1) the definition of a child; (2) identification of the persons qualified to petition to the court who allege that a child is being neglected; (3) specification of the meaning of neglect; (4) description of the nature of the legal procedures to be followed and identification of the court of jurisdiction; and (5) a statement of the ways in which the court may dispose of the neglect petition" (Polansky et al., 1975, p. 4). The three main elements that should be considered in preparing for court action on neglect are the legal responsibility of the person in question, the ability of that person to provide what is considered to be normal care, and the appropriateness of the standard imposed on the person considering the socioeconomic situation (Downs, 1963, p. 133).

Legal ideology centers around the issues of rights and duties, for every right there is an associated duty and for every duty there is an associated right. Parents do have the sanctioned

right to the care, custody, and control of their offspring, but they also have the duty to perform these activities adequately and responsibly. If they fail in these duties, then the law has the right to intervene. This is a controversial issue because terminology is so often vague. A clear assessment of minimal parental duties should be formulated by child welfare workers in conjunction with law makers. Along with this, each state must establish guidelines as to what exactly constitutes neglect. (see Appendix B for information on Virginia) (Downs, 1963, pp. 131-133).

One problem evident in legal proceedings is the lack of standardized, efficient, usable reports. Besides the problem with vague terminology, local departments often use a variety of reporting procedures, thereby confusing the issue further. This problem stimulated the establishment of a central registry, with standardized reporting methods, in some states. The computerized system in Virginia is becoming a model for many other states. The central registry, maintained by the State Department of Welfare, gathers all the information from the local offices. A toll-free hotline for reporting suspected abuse or neglect is also a functioning part of the system. (Wells, 1976, p. 23) The major advantages of this hotline are confidentiality of reporting and legal immunity for callers. The central registry is a relatively new system, so it has not been used to its maximum potential. However, to date it is able to give a running

up-to-date report on the facts about abuse and neglect in the state. The computer print-outs report abuse and neglect along a variety of previously established variables used in investigation reports (see Appendix C). The registry can be used to pinpoint areas where special services are needed such as family life education, child development, or parent effectiveness classes. The system will really start paying off when you are able to compile all the information and profile the potentially dangerous situation analogous to each community. By disaggregating the data in this fashion and looking at each factor separately, the computer will then be able to find every possible relationship between factors and possibly establish which are causal. This standardization will help law makers and administrators in their planning and decision-making on present and future cases. (Eudailey, 1979)

As more child neglect cases are reported and handled, caseworkers, homemakers, and policy-makers will become more familiar with the particular needs and inadequacies involved. New workshops concentrating on special areas of involvement are constantly being promoted. The establishment of universal guidelines would be very beneficial because there is no reason why agencies should be working at cross purposes, which is sometimes found to be the case. With the interest of the children at heart, crusading protective workers can often miss opportunities for help from other agencies because of the lack of established procedures or models for handling cases. For example, only now is the Virginia Child Protective Services working on a model for the use of homemaker services, when homemaker services have been used for several years. This is not to say that all intervention is haphazard due to a lack of guidelines, but guidelines do promote consistency and efficiency. Future policy should include a finer demarcation between child abuse and child neglect in order to see that the best possible services are available to address the particular problem, not to try to generalize to the degree done in the past. It also seems important to not only have the protective service oriented individuals aware of the incidence of neglect and methods of intervention, but information should be more widely spread throughout the community, the schools, and the medical profession. Hopefully, a concerted effort to get a broad variety of active proponents involved will help in the handling of the issue in the future.

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CODE OF VIRGINIA

CHAPTER 12.1.
CHILD ABUSE AND NEGLECT LAW

Sec.		Sec.	
63.1-248.1.	Policy of the State.	63.1-248.9.	Authority to take child into custody.
63.1-248.2.	Definitions.	63.1-248.10.	Authority to talk to child or sibling.
63.1-248.3.	Physicians, nurses, teachers, etc., to report certain injuries to children; penalty for failure to report.	63.1-248.11.	Physician-patient and husband-wife privileges inapplicable.
63.1-248.4.	Complaints by others of certain injuries to children.	63.1-248.12.	Appointment of attorney as guardian ad litem for child.
63.1-248.5.	Immunity of person making report, etc. from liability.	63.1-248.13.	Photographs and X rays of child; use as evidence.
63.1-248.6.	Local departments to establish child-protective services; duties.	63.1-248.14.	Court may order certain examinations.
63.1-248.7.	Establishment of Child-Protective Services Unit; duties.	63.1-248.15.	Prima facie evidence for removal of child custody.
63.1-248.8.	Central registry; disclosure of information.	63.1-248.16.	Creation of advisory committee.
		63.1-248.17.	Cooperation by State entities.

SECTION 63.1-248.1. POLICY OF THE STATE. --- The General Assembly declares that it is the policy of this Commonwealth to require reports of suspected child abuse and neglect for the purpose of identifying children who are being abused or neglected, of assuring that protective services will be made available to an abused or neglected child in order to protect such a child and his siblings and to prevent further abuse or neglect, and of preserving the family life of the parents and children, where possible, by enhancing parental capacity for adequate child care. (1975, c. 341.)

SECTION 63.1-248.2. DEFINITIONS. --- The following terms, when used in this chapter, shall have the meanings respectively set forth below unless a different meaning is clearly required by the context:

- A. "Abused or neglected child" shall mean any child less than eighteen years of age whose parents or other person responsible for his care:
1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;
 2. Neglects or refuses to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child;

3. Abandons such child; or
 4. Commits or allows to be committed any sexual act upon a child in violation of the law.
- B. "Department" shall mean the State Department of Welfare.
 - C. "Local department" shall mean the department of public welfare or social services of any county or city in this Commonwealth.
 - D. "Report" shall mean an official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected abuse or neglect.
 - E. "Complaint" shall mean any information or allegation of abuse or neglect made orally or in writing other than the reports referred to above.
 - F. "The court" shall mean the juvenile and domestic relations district court of the county or city. (1975, c. 341.)

SECTION 63.1-248.3. PHYSICIANS, NURSES, TEACHERS, ETC., TO REPORT CERTAIN INJURIES TO CHILDREN; PENALTY FOR FAILURE TO REPORT. ---

- A. Any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed as a social worker, any probation officer, any teacher or other person employed in a public or private school, kindergarten or nursery school, any person providing full or part-time child care for pay on a regularly planned basis, any duly accredited Christian Science practitioner, any mental health professional and any law-enforcement officer, in his professional or official capacity and any professional staff person, not previously enumerated, employed by a private or State-operated hospital, institution or facility which children have been committed to or placed in for care and treatment who has reason to suspect that a child is an abused or neglected child, shall report the matter immediately, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If neither locality is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered. If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the State Board of Welfare. The person required to make the report shall disclose all information which

is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department investigating the reported case of child abuse or neglect any records or reports which document the basis for the report.

- B. Any person required to file a report pursuant to subsection A of this section who is found guilty of failure so to do shall be fined not more than five hundred dollars for the first failure and for any subsequent failures not less than one hundred dollars nor more than one thousand dollars. (1975, c. 341; 1976, c. 348.)

SECTION 63.1-248.4. COMPLAINTS BY OTHERS OF CERTAIN INJURIES TO CHILDREN --- Any person who suspects that a child is an abused or neglected child may make a complaint concerning such child, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If an employee of the local department is suspected of abusing or neglecting a child, the complaint shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. Such a complaint may be oral or in writing and shall disclose all information which is the basis for the suspicion of abuse or neglect of the child. (1975, c. 341; 1976, c.348.)

SECTION 63.1-248.5. IMMUNITY OF PERSON MAKING REPORT, ETC., FROM LIABILITY. --- Any person making a report pursuant to Section 63.1-248.3, a complaint pursuant to Section 63.1-248.4, or who takes a child into custody pursuant to Section 63.1-248.9, or who participates in a judicial proceeding resulting therefrom shall be immune from any civil or criminal liability in connection therewith, unless it is proven that such person acted with malicious intent. (1975, c. 341.)

SECTION 63.1-248.6 LOCAL DEPARTMENTS TO ESTABLISH CHILD-PROTECTIVE SERVICES; DUTIES. ---

- A. Each local department shall establish child-protective services under a departmental coordinator within such department or with one or more adjacent local departments which shall be staffed with qualified personnel pursuant to regulations promulgated by the State Board of Welfare. The local department shall be the public agency responsible for receiving and investigating complaints and reports, except that in cases where the reports or complaints are to be made to the juvenile and domestic relations district court. In such cases, the court shall be responsible for the investigation and in cases where an employee at a private or State-operated hospital, institution or other facility is suspected of abusing or neglecting a child in such hospital, institution or other facility, the local department may request the Department to assist in conducting the investigation in accordance with rules and regulations approved by the State Board.
- B. The local department shall insure, through its own personnel or through cooperative arrangements with other local agencies, the capability of receiving reports or complaints and responding to them promptly on a twenty-four hours a day, seven days per week basis.

- C. The local department shall widely publicize a telephone number for receiving complaints and reports.
- D. The local department shall upon receipt of a report or complaint:
 - 1. Make immediate investigation;
 - 2. When investigation of a complaint reveals cause to suspect abuse or neglect, complete a report and transmit it forthwith to the central registry;
 - 3. When abuse or neglect is found, arrange for necessary protective and rehabilitative services to be provided to the child and his family;
 - 4. If removal of the child or his siblings from his home is deemed necessary, petition the court for such removal;
 - 5. When abuse or neglect is suspected in any cases involving death of a child or injury to the child in which a felony is also suspected for which the penalty prescribed by law is not less than five years imprisonment, report immediately to the Commonwealth's attorney;
 - 6. Send a follow-up report based on the investigation to the central registry within fourteen days and at subsequent intervals to be determined by department regulation;
 - 7. Determine within forty-five days if a report of abuse or neglect is founded or unfounded and transmit a report to such effect to the central registry;
 - 8. If a report of abuse or neglect is unfounded, transmit a report to such effect to the complainant and parent or guardian and the person responsible for the care of the child in those cases where such person was suspected of abuse or neglect.
- E. The local department shall foster, when practicable, the creation, maintenance and coordination of hospital and community-based multi-discipline teams which shall include where possible, but not be limited to, members of the medical, mental health, social work, nursing, education, legal and law-enforcement professions. Such teams shall assist the local departments in identifying abused and neglected children, coordinating medical, social, and legal services for the children and their families, helping to develop innovative programs for detection and prevention of child abuse, promoting community concern and action in the area of child abuse and neglect, and disseminating information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat child abuse and neglect. The local department shall also coordinate its efforts in the provision of these services for abused and neglected children with the judge and staff of the court.

- F. The local department shall report annually on its activities concerning abused and neglected children to the court and to the Child-Protective Services Unit in the Department on forms provided by the Department. (1975, c. 341.)

SECTION 63.1-248.7. ESTABLISHMENT OF CHILD-PROTECTIVE SERVICES UNIT; DUTIES. --- There is created a Child-Protective Services Unit in the Department of Welfare. This Unit, pursuant to regulations of the Board of Welfare, shall have the following powers and duties:

- A. To evaluate and strengthen all local, regional and State programs dealing with child abuse and neglect.
- B. To assume primary responsibility for directing the planning and funding of child-protective services. This shall include reviewing and approving the annual proposed plans and budgets for protective services submitted by the local departments.
- C. To assist in developing programs aimed at discovering and preventing the many factors causing child abuse and neglect.
- D. To prepare and disseminate, including the presentation of, educational programs and materials on child abuse and neglect.
- E. To provide educational programs for professionals required by law to make reports under this chapter.
- F. To establish standards of training and provide educational programs to qualify workers in the field of child-protective services.
- G. To help coordinate child-protective services at the State, regional, and local levels with the efforts of other State and voluntary social, medical and legal agencies.
- H. To prepare an annual report to be submitted to the Commissioner of Public Welfare and the Governor. This report shall include a compilation of data from the central registry and will integrate the reports of the local departments.
- I. To maintain a Central State Registry of all reports of child abuse and neglect within the Commonwealth.
- J. To provide, by Department regulation, for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians. (1975, c. 341.)

SECTION 63.1-248.8. CENTRAL REGISTRY; DISCLOSURE OF INFORMATION. --- The central registry shall contain such information as shall be prescribed by Department regulation. The information contained in the central registry shall not be open to inspection by the public. However, appropriate disclosure may be made in accordance with department regulations. (1975, c. 341.)

SECTION 63.1-248.9. AUTHORITY TO TAKE CHILD INTO CUSTODY. --- A physician or protective-service worker of a local department or law-enforcement official

investigating a report or complaint of abuse and neglect may take a child into custody for up to seventy-two hours without prior approval of parents or guardians provided:

- A. The circumstances of the child are such that continuing in his place of residence or in the care or custody of the parent, guardian, custodian or other person responsible for the child's care, presents an imminent danger to the child's life or health to the extent that severe or irreparable injury would be likely to result; and
- B. A court order is not immediately obtainable; and
- C. The court has set up procedures for placing such children; and
- D. Following taking the child into custody, the parents or guardians are notified as soon as practicable that he is in custody; and
- E. A report is made to the local department; and
- F. The court is notified and the person or agency taking custody of such child obtains, as soon as possible, but in no event later than seventy-two hours, an emergency order pursuant to Section 16.1-251; provided, however, if a preliminary removal order is issued after a hearing held in accordance with Section 16.1-252 within seventy-two hours of the removal of the child, an emergency removal order shall not be necessary (1975, c.341; 1977, c.559.)

SECTION 63.1-248.10. AUTHORITY TO TALK TO CHILD OR SIBLING. --- Any person required to make a report or investigation pursuant to this chapter may talk to any child suspected of being abused or any of his siblings without consent of his parent or guardian. (1975, c. 341.)

SECTION 63.1-248.11. PHYSICIAN-PATIENT AND HUSBAND-WIFE PRIVILEGES INAPPLICABLE. --- In any legal proceeding resulting from the filing of any report or complaint pursuant to this chapter, the physician-patient and husband-wife privileges shall not apply. (1975, c. 341.)

SECTION 63.1-248.12. REPEALED BY ACTS 1977, c.559.

SECTION 63.1-248.13. PHOTOGRAPHS AND X RAYS OF CHILD; USE AS EVIDENCE. --- In any case of suspected child abuse, photographs and X rays of said child may be taken without the consent of the parent or other person responsible for such child as a part of the medical evaluation. Photographs of said child may also be taken without the consent of the parent or other person responsible for such child as a part of the investigation of the case by the local department or the juvenile and domestic relations district court. Such photographs and X rays may be introduced into evidence in any subsequent proceeding. (1975, c. 341.)

SECTION 63.1-248.14. COURT MAY ORDER CERTAIN EXAMINATIONS. --- The court may order psychological, psychiatric and physical examinations of the child alleged to be abused or neglected and of the parents, guardians, caretakers or siblings of a child suspected of being neglected or abused. (1975, c. 341; 1976, c. 186.)

SECTION 63.1-248.15. PRIMA FACIE EVIDENCE FOR REMOVAL OF CHILD CUSTODY. --- In the case of a petition in the court for removal of custody of a child

alleged to have been abused or neglected, competent evidence by a physician that a child is abused or neglected shall constitute prima facie evidence to support such petition. (1975, c. 341.)

SECTION 63.1-248.16. CREATION OF ADVISORY COMMITTEE. --- There is hereby created an advisory committee to be composed of seven persons appointed by the Governor for three-year staggered terms, and permanent members including the Executive Director of the Virginia Commission for Children and Youth, the Superintendent of Public Instruction, the Commissioner of the Department of Health, the Commissioner of the Department of Mental Health and Mental Retardation, the Commissioner of the Department of Welfare, the Director of the Division of Youth Services and the Attorney General of Virginia, or their designees. The advisory committee shall meet quarterly and as the need may arise, to advise the Department, Board of Welfare and Governor on matters concerning programs for the prevention and treatment of abused and neglected children and their families. (1975, c. 341.)

SECTION 63.1-248.17. COOPERATION BY STATE ENTITIES. --- All law-enforcement departments and other State and local departments, agencies, authorities and institutions shall cooperate with each child-protective services coordinator of a local department and any multi-discipline teams in the detection and prevention of child abuse. (1975, c. 341.)

CHILDREN UNATTENDED GUIDELINES

A pilot study was conducted in 1977 by the Bureau of Child Protective Services at the request of the Protective Services Regional Specialists. A questionnaire was sent to 33 selected professionals in Child Development, Family Relations, and Social Work. The questionnaire was designed for workers to help set up guidelines to clarify when a child was "neglectfully" left unattended. Nineteen of the 33 questionnaires were returned and the data was compiled and reported to State Child Protective Services staff.

A more extensive study was then conducted using the same questionnaire. It was sent to all 124 protective service coordinators in the State and 92 were completed and returned. The findings were consistent with the earlier findings:

1. Can children below the age of six years be left home alone unattended?

One hundred percent of the respondents agreed that a child under 6 should not be left unattended. The only time they qualified this statement was to consider emergencies and special cases involving only a few minutes.

2. In what situation can children over 6 years of age be left home alone?

Respondents felt that children over 6 may be left at home alone under special conditions including: if a responsible neighbor is available, if child knows where parents are and how to contact them, if child knows how to use the phone in case of emergency. Important factors are the child's age and maturity level.

- 57% agreed child may be left for less than 1 hour during day.
8% disagreed.

- 51% agreed child may be left for a couple of hours during day if child is at least 10.
17% disagreed.

- 31% agreed child may be left for a couple of hours at night if child is at least 10.
40% disagreed.

- 66% agreed child should not be left overnight.
6% disagreed.

3. At what age could children be home alone if a nearby neighbor was notified and available?

- 65% agreed child over 9 may be left.

- 64% agreed child may be left for up to 2 hours.

- 12% agreed child may be left for 3-4 hours.

- 40% agreed child should not be left overnight.

- 30% agreed child over 15 may be left (without supervision)

4. At what age could a child be responsible for his/her younger siblings?

- 59% agreed child over 12 can care for siblings.
- 41% agreed child 12-14 can care for infant.
32% agreed child 15-17 can care for infant.
- 48% agreed child 12-14 can care for child under 3.
24% agreed child 15-17 can care for child under 3.
- 54% agreed child 12-14 can care for child 4, 5, 6.
16% agreed child 15-17 can care for child 4, 5, 6.
- 48% agreed child 12-14 can care for child 6-10.
19% agreed child 15-17 can care for child 6-10.
- 28% agreed child can care for siblings for 1-2 hours.
25% agreed child can care for siblings for 3-4 hours.
14% agreed child can care for siblings for longer.

The responses indicated that a child put in the position of caring for younger siblings may be potentially neglected if he/she is too weighted with responsibility to have time to pursue own interests and activities.

5. If you have children of your own and use babysitters, what are your own age guidelines?

Respondents with children set their guidelines for engaging babysitters largely on maturity. The majority of respondents using sitters for children ranging in age from under 2 - 13/14 felt comfortable using 15-17 year old sitters. On the average respondents kept sitting time to 3-4 hours. The exception to this was working women who had special arrangements for care of their children such as day-care centers or all-day adult sitters. Younger sitters were also used if mature and if other adults available. It should also be noted that older sitters may also be ineffective if too old to react quickly (for example grandparents).

6. What about children with special needs?

Consensus was that each child must be considered separately according to specific handicaps and needs. Respondents generally preferred adult supervision at all times, emphasizing use of adults with special training and understanding.

SUMMARY

The preceding information can be very helpful as general guidelines, but not as policy since there are so many unknown variables.

While we know that children being left home alone unattended is a difficult situation to deal with, our workers are being asked to judge whether these situations are deemed neglectful or not. Of course, while each situation must be dealt with individually, the most appropriate way to make an adequate judgement is to assess the total situation in which the child is left in examining the following variables:

1. Child's Age/Maturity/Intelligence

Is the child old enough to handle the responsibilities? Does he know where to get help? Does he know emergency telephone numbers and can he use the phone? Do meals and other responsible tasks have to be completed? Is he responsible for other children?

2. Location of Home

Is it in a rural area away from immediate help, or is it in an urban area where help is readily available? Is the neighborhood safe? Are other adults nearby?

3. Time of Day/Length of Time/Frequency

When is child left alone? How long is child left? For short periods or for hours at a time? How often is child left? Once in awhile or regularly?

4. Situation

Why has this occurred? Has it been willful neglect or has it been due to lack of resources or unavailability of babysitters?

INVESTIGATION REPORT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF PUBLIC WELFARE
CHILD PROTECTIVE SERVICES

DATE OF COMPLAINT		TIME		CASE NO.												
HOUSEHOLD ADDRESS (STREET, CITY, ZIP)				LOCALITY		WORKER										
				AREA CODE		TELEPHONE NO.										
MEM	FULL NAME (LAST, FIRST, MIDDLE)			SEX	RACE	ROLE	BIRTHDATE									
PARENT SUSPECT	01															
	02															
CHILDREN	A															
	B															
	C															
	D															
	E															
	F															
APPENDIX C																
MEM	FULL NAME (LAST, FIRST, MIDDLE)			SEX	RACE	ROLE	RELATIONSHIP TO CHILDREN									
OTHER HOUSE- HOLD MEMBERS																
MEM	FULL NAME (LAST, FIRST, MIDDLE)			SEX	RACE	ROLE	BIRTHDATE									
NATURAL PARENTS NOT LIVING IN HOUSEHOLD	NP1															
	NP2															
ADDRESS (STREET, CITY, ZIP)																
MEM	FULL NAME (LAST, FIRST, MIDDLE)			SEX	RACE	ROLE	RELATIONSHIP TO CHILDREN									
OTHER HOUSE- HOLD MEMBERS																
ADDRESS (STREET, CITY, ZIP)																
MEM	FULL NAME (LAST, FIRST, MIDDLE)			SEX	RACE	ROLE	RELATIONSHIP TO CHILDREN									
OTHER HOUSE- HOLD MEMBERS																
ADDRESS (STREET, CITY, ZIP)																
SOURCE OF COMPLAINT				INVESTIGATION STATUS												
01	ANONYMOUS	09	PRIVATE DOCTOR/ NURSE	17	PRIVATE SCHOOL/ DAYCARE	A	B	C	D	E	F					
02	SELF-REFERRAL	10	PRIVATE DENTIST	18	YOUTH SERVICES											
03	PARENT/GUARDIAN	11	PUBLIC HEALTH DEPT.	19	COURTS											
04	SIBLING	12	HOSPITAL/CLINIC	20	CORONER											
05	RELATIVE	13	LAW ENFORCEMENT AGENCY	21	CLERGY											
06	LANDLORD	14	PUBLIC SOCIAL SERVICE AGENCY	22	OTHER:											
07	FRIEND/NEIGHBOR	15	PRIVATE SOCIAL SERVICE AGENCY	23												
08	BABYSITTER	16	PUBLIC SCHOOL PERSONNEL	24												
TYPE OF ABUSE/NEGLECT (CHECK UP TO 8 PER INVOLVED CHILD)				MANNER OF INFLECTION												
PHYSICAL ABUSE	A	B	C	D	E	F	01	DEATH OF CHILD	A	B	C	D	E	F	01	BEATING
							02	BRUISES, CUTS, LACERATIONS							02	TYING
							03	BONE FRACTURE							03	BITING
							04	SKULL FRACTURE/ BRAIN DAMAGE							04	STRANGLE
							05	INTERNAL INJURY							05	SUFFOCATE
							06	BURNS/SCALDS							06	LOCK IN/OUT
							07	DISLOCATION/ SPRAINS/SHAKING							07	EXPOSURE TO ELEMENTS
							08	POISONING							08	OTHER
SEXUAL ABUSE							09	INCEST								
							10	OTHER SEXUAL ABUSE								
CODES	SEX		ROLE		RACE		RELATIONSHIP TO PARENT		RELATIONSHIP TO CHILD		RELATIONSHIP TO PARENT		RELATIONSHIP TO CHILD			
	U - UNKNOWN M - MALE F - FEMALE		A - ALLEGED ABUSER/ NEGLECTER V - ALLEGED ABUSED/ NEGLECTED CHILD N - NOT INVOLVED		0 - UNKNOWN 1 - WHITE 2 - BLACK 3 - AMER. INDIAN 4 - ORIENTAL 5 - OTHER		C - NATURAL CHILD A - ADOPTED CHILD F - FOSTER CHILD S - STEP CHILD X - NO RELATION R - RELATIVE		Y - NO RELATION G - GRANDPARENT R - RELATIVE N - NEIGHBOR L - PARAMOUR OF PARENT D - DAYCARE PERSONNEL		T - TEACHER B - BABYSITTER I - INSTITUTION STAFF O - OTHER					

LOCAL AGENCY

