

On the Safe Side

**Preventing Child Abuse
in Residential Care**



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Services for
Children

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Dear Residential Care Professional,

The California Association of Services for Children (CSC) is pleased to provide you with this copy of *On the Safe Side*, a handbook about identifying and preventing abuse in group homes and residential care facilities.

CSC is comprised of 65 nonprofit agencies which offer 24-hour group and residential care, foster family care, day treatment, and special education services to more than 15,000 children and youth in California each year. Our members believe that quality care includes developing careful policies and procedures to keep our environments safe and healthy for all the children we serve.

Group and residential care are vital resources which can protect children and change lives. But it is dangerous for a program to assume that problems with child abuse or neglect can't happen here. Preventing child abuse means taking a close look at ourselves, and taking action—it is not an *extra* which can be put off until tomorrow.

On the Safe Side compiles the knowledge and experience we have gathered from public and private agencies across the United States during a three-year grant from the National Center on Child Abuse and Neglect. It has been written with several audiences in mind: small group home managers, residential care administrators, and line child care staff. Not all sections will be equally useful to everyone, and it may not be possible in all situations to implement all the strategies we recommend. But one obligation is crucial: to guarantee every child's right to safe, nurturing care.

Our discussion of legal matters, particularly the reporting of child abuse, reflects the provisions of California law. Be sure to find out how laws and regulations differ in your state if you live outside California.

We applaud the fine work you do in caring for children each day, and we hope you will find this book thought-provoking and useful.

Sincerely,

Timothy L. Fitzharris, Ph.D.
Executive Director

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Preventing Child Abuse in Residential Care

On the Safe Side



*California
Association of
Services for
Children*

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All staff working directly with residents are mandated reporters under California's child abuse reporting law. When abuse is suspected, reports *must* be made to the local child protection agency within 24 hours of discovery of the incident.



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If a child abuse allegation is substantiated, the agency must carefully review what went wrong in order to prevent another occurrence. Both staff and residents must have an opportunity to voice their feelings and concerns about what happened. Be prepared to learn from problems and mistakes.





Residential and Group Care

Every child deserves a childhood—a safe time and place in which to grow, to develop skills, to love and trust other people, and to be loved and trusted in return.

But when children and adolescents come into group and residential care, they have already been robbed of a significant portion of their childhood. Safety is probably the last thing they have learned to expect. Our challenge is to create an environment where children can learn to take the risk to love and trust again, where they can develop an inner sense of control and regain a place for themselves in the world. *Our gift is to return to them whatever part of childhood is left.*



"These children are one very small part of a very large system. They are not cocktail party talk..."

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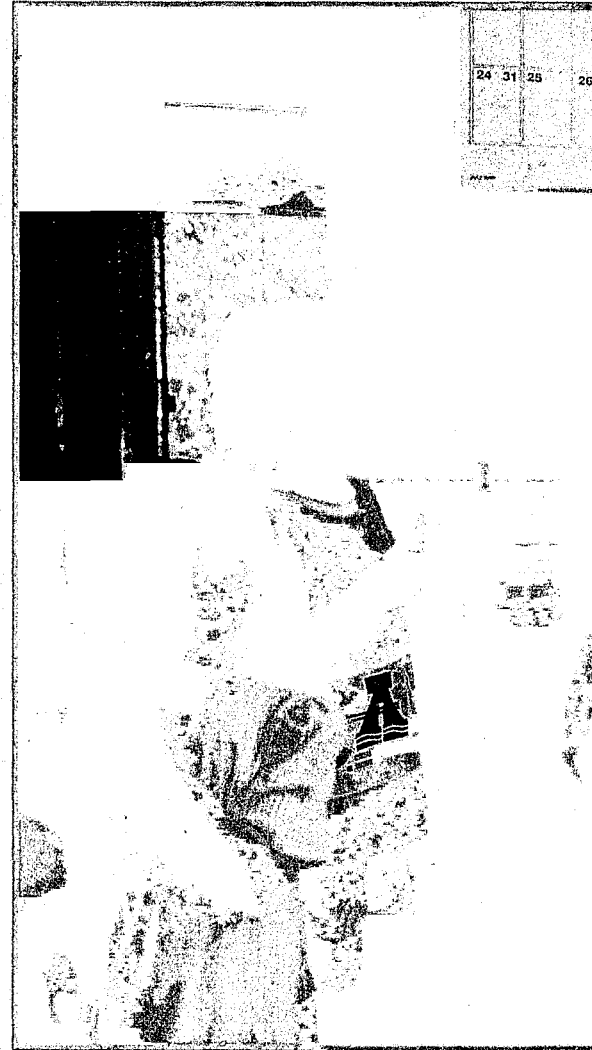
hildren generally come to residential and group care for one of two main reasons.

Dependent or neglected children have experienced some kind of family breakdown—most often, a history of physical, sexual and/or emotional abuse. The child's own behavior, as a result, may have become violent, frightening, self-destructive, or uncontrollable. By the time dependent children arrive in residential care, they have often experienced several *placement failures*—perhaps as many as six or seven foster homes which for one reason or another could not manage their behavior. Or they may have been transferred from a psychiatric hospital or another residential treatment facility.

Wards of the Juvenile Court are children whose behavior has sparked an arrest; many who come into residential care have broken the law, often more than once. Typically, they have a history of family breakdown and abuse as well. Aggressive, criminal behavior has become their response.

In recent years, children and youth have begun to enter group and residential care through the mental health system. These youngsters exhibit behavioral and emotional problems which require out-of-home placement, but they are not involved in the juvenile justice system.

While these groups of children tend to be rather different, they share common traits. In general, a history of abuse leads to *acting-out behavior*, and to other emotional and developmental problems. Children in residential care are moderately to severely disturbed—impulsive, insecure, aggressive, violent.



W orking in residential and group care is full of risks; it can bring out the best and the worst in all of us. Violent, disturbed children hold tremendous power over other people, and create great fear. Their behavior is at times primitive and completely uncensored; they may seem to constantly try to elicit more abuse from caregivers. Their histories can trigger horror and revulsion. People who work with these children may want to push this knowledge out of conscious awareness, or keep the children and their pain at arm's length.

Child care work takes courage: it means living in the middle of raw emotion, frenetic energy and the incredible sadness of the children served. Child care workers often see and hear things they've never witnessed before, such as an abused eight-year old terrorizing a group of younger children, or



an exploitive and violent teen peer-culture.

Child care work takes knowledge: knowledge about child development, the dynamics of child abuse, guidance and discipline, health and safety, crisis intervention. Professional training is essential, and in a field like this, learning never ends.

Child care work takes skill: it takes a patient state of mind, and a clear understanding of the difference between feeling and action—an understanding which abusive parents often lack. It is possible to feel angry at a child without acting it out or striking out impulsively. No one can erase the abuse which has already happened, but it is possible to help the youth in care to avoid becoming abusive parents themselves. The generational cycle of abuse *can* be broken. Victims need not become victimizers.

Despite this courage, knowledge, and skill, group care can be isolated, lonely work. The responsibility is enormous, the stress is high, the pay and status are low. *For administrators*, group and residential care is difficult and risky. *For children*, it may be the last opportunity. *For child care workers*, it can feel like a thankless, dead-end job. The work is full of good-byes, loss and grief, but also full of the challenge to stay refreshed and committed.

The self-image of child care workers is often a product of how the public views their work. There are two common, and equally mistaken, views of residential care: that it is a panacea for all disturbed children, or that it is by definition another form of abuse—some kind of dungeon straight out of a Charles Dickens novel.

The best residential facilities and group homes hold themselves to very difficult standards: to help a child, and to accomplish what a child's parents could not. This may not always be a realistic expectation—but the mission of residential care is an attempt at a healing process, an attempt to go back into a child's history, to deal with what went wrong, and to help the child move beyond it. It is also an attempt to protect the community, and to prevent wasting adult lives in an endless cycle of mental illness, family violence, and crime and punishment.

Residential care is not meant to be a permanent setting, or a permanent response to a child's needs for home and safety. A child should stay in care just long enough to incorporate new skills and behavior, and to master the ability to get along with other people. The hope is always that a child can move to a less structured environment—best of all, back home. *Parents, as well as children, deserve a second chance.*



"On a day-to-day level my personal sense of success is measured by whether the day is free of major catastrophes. On a longer term basis I think what's really gratifying is to feel like you moved a child in some way... that your actions were somehow instrumental in having a child overcome a difficult issue in his or her life."

Physical injuries and severe neglect are easier to detect than the subtle effects of sexual or emotional abuse, yet all forms of abuse endanger a child. The act of inflicting injury, or allowing injury to happen, is what determines the need to intervene—not simply the degree of injury.

Child Abuse and Neglect

Definitions



Abuse is a violation of a child's trust.

Physical Abuse may be defined as any act which results in a nonaccidental physical injury. Inflicted physical injury most often represents unreasonably severe or unjustifiable corporal punishment. This usually happens when an adult is frustrated or angry and strikes, shakes, or throws the child. Intentional, deliberate assault, such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child, is also included in this category of abuse.

Sexual Abuse means sexual assault or sexual exploitation of a child.

Sexual assault is a crime of violence, rarely motivated by a desire for sexual gratification, but rather by a desire for power and control. Sexual assault includes rape, incest, sodomy, lewd and lascivious acts upon a child under 14, penetration of a genital or anal opening by a foreign object, oral copulation, and child molestation.

Sexual exploitation refers to all conduct which allows, assists, promotes, encourages, or coerces a child to engage in pornography or prostitution.

Sexual abuse need not involve physical contact; offenses such as voyeurism and obscene phone calls are also abusive. Sexual abuse may consist of a single incident, or many acts over a long period of time. Both boys and girls, ranging in age from infancy through adolescence, can be victims.

Emotional Abuse may include excessive verbal assaults (ridicule, screaming, threats, blaming, sarcasm), unpredictable responses, or constant discord in a child's presence. Lying to children, and promoting fears and hatreds, are emotionally abusive. The scars of emotional abuse are often invisible, but they can lead to psychological, emotional, behavioral, and intellectual handicaps.

Neglect is essentially the negligent treatment or maltreatment of a child by a caregiver leading to harm or threatened harm to the child's health or welfare. The term includes both acts and failures to act on the part of the responsible person.

Severe neglect means the negligent failure of a caregiver to protect a child from severe malnutrition or medically diagnosed nonorganic failure to thrive. It also includes the intentional failure to provide adequate food, clothing, shelter, or medical care.

General neglect is the failure of a caregiver to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

Institutional Abuse includes any of the above acts of abuse or neglect, when committed by the personnel of an agency or facility which has been entrusted with the care and protection of children. Institutional abuse can be perpetrated by a system (for example, a child protective system which allows a child to drift through multiple placements without clear goals or planning); by a program (for example, inap-

propriate conditions or administrative policies at a facility); or by an individual within the institution.

Since the law holds residential facilities and group homes to a higher standard of conduct than it sets for families, institutional abuse also includes some acts which may be permissible within a family—most notably, any and all acts of corporal punishment.

Other acts of institutional abuse include: use of mechanical restraining devices; overuse of psychotropic medication or other drugs as a means of keeping children under control; and periods of isolation or seclusion as punishment or 'treatment.'

Institutional neglect results from improper supervision, understaffing, overcrowding, or inadequate attention to a child's nutritional, hygienic and medical needs.

Emotional abuse of children in group care includes: ridiculing children and/or their background, culture or race; consistently treating members of a peer group unequally or unfairly; 'scapegoating' one child for group misbehavior; and failing to provide appropriate intervention or emotional support in response to suicide threats or other crises.

These definitions can serve as general guidelines in identifying suspected child abuse and neglect. You may encounter cases which are not so easy to define, and leave you doubtful about what should happen next. In these cases it may be helpful to obtain consultation from a child protective agency. This handbook provides guidelines on how to observe children, what to look for, how and when to report child abuse, and how to evaluate your own facility to make certain that abuse doesn't happen there.



"Residential care is a little like the reclaiming business... you have to reclaim that which has been abandoned and abused."

Can it happen here?

The answer is both hard to admit and hard to avoid. *Yes, it can.*

Child abuse could happen in any group home or residential facility, because group care is intense, delicate, risky work.

Causes of Institutional Abuse

A look at the risks

Children who have been abused often trigger abusive responses in others. It can be all too easy for adults to lose control of their emotions and behavior, and to make harmful mistakes. Preventing institutional abuse, therefore, means taking a hard look at the risks in the work, and taking steps to reduce them, to create the safest environment possible both for the children and for the staff. Following are some of the most common areas of risk in group care. Many are discussed in greater detail elsewhere in this handbook.

Closed Doors. Walk into a group care program, and you can probably tell whether communication is clear and open or not. Is something missing? Beware of these excuses: *"We lack the resources to do more."* *"Abuse is an internal issue; we can rely on our own professional judgment to clear it up."* *"Outsiders can't possibly understand what we go through."* A slick or defensive posture that no outside help is needed, or that "everything is fine here," can lead to a conspiracy of silence—an attempt to cover up problems rather than to face and resolve them.



Ethics. There must be a clear sense—among both staff and children—that differences are welcomed but violence is not. It's important to create an atmosphere of love and respect in group care: it's not automatically built-in. The commitment to a safe environment must be shared by all staff.

Intake. It is critical to have an admissions policy which matches the needs of children with the agency's expertise. Poor intake decisions (such as inadequate assessment, bringing children into a program not geared for them, or expanding a program too rapidly) can create high-risk, out-of-control situations for both children and staff.

Hiring. Not everyone can or should become a child care worker. Some types of people are at especially high risk of becoming abusive in a group care situation: those who are poor at monitoring their emotions, especially anger, and tend to act them out impulsively; those who expect children to fulfill their own personal needs for love and self-esteem; those who are uncomfortable exercising authority, or accepting authority from others; and those few who do come



into the field intending to take physical, sexual or emotional advantage of children.

Discipline and Punishment. In tense situations, which are inevitable in group care, management of children's difficult behavior can turn into punishment—a neg-

ative, violent response, and the very opposite of the therapeutic goal of helping a child to change and grow. The most common examples are yelling and threatening; excessive use of 'time outs' or isolation; intervening too soon or too late; physical restraint which goes too far and inflicts pain or injury; and improper intervention when trying to control fights and other disturbances.

Great, but dangerous, Expectations. Frustration can lead to abusive behavior when adults have a poor understanding of both normal and abnormal child development, or expect too much too fast from children and themselves. Child care work can involve many frustrating cases: severe emotional handicaps which yield little observable progress over a long period of time; children's sudden regression after a period of apparent progress; bizarre behavior which doesn't respond well to treatment; deviousness; a drive toward self-destruction; delinquency and violence. These frustrations can turn gradually into a pattern of blaming children, even wanting to retaliate.

Punishment can also come from taking

children's behavior personally, as an assault on one's authority—for example, anger, homesickness, rebelliousness, protests that "I hate it here." Violence can't be permitted, but these natural feelings must be.

Training and Supervision. A lack of opportunities for growth leads to stagnation, which can build to an unsafe environment. Staff need sensitive, clear supervision, and they need support: help in learning to take care of themselves, permission to admit when they feel tired or vulnerable. They need a secure base of knowledge to fall back on when one approach fails. A staff person may need more time off, or a different job assignment. Perhaps the staffing pattern is incorrect—too many or too few adults for the group of children. A good way for managers to test these needs for support is to try working 'on the line' for two hours!

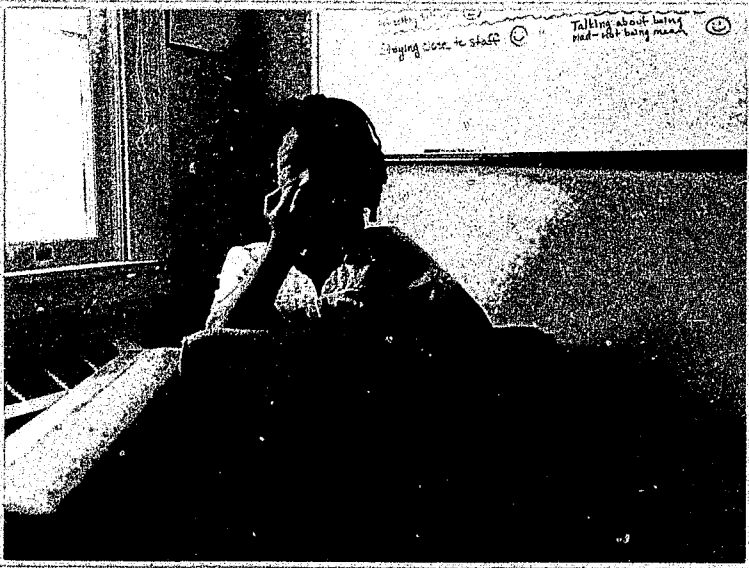
Wear and Tear. Child care work is stressful every day. Good health means learning to take care of yourself, finding outlets for fun and ways to recover when a shift ends. But much of the stress is systemic: in most agencies, child care work means high demands and low pay. If better pay and benefits are not possible, appreciation must be shown to staff in whatever ways the administration can manage. Administrative policies should be supportive of staff and portray positive role modeling, so that the staff can continually nurture the children and youth in care. The only way to avoid burnout, to keep caring, and to welcome the next new child to enter the door, is to build an environment where the staff feel cared for.



"A lot of kids in residential care come from families that have had lots of problems. And the different kinds of abuse that the kids have suffered at home are often the same as what their parents suffered... It's hard to understand if you've come from a family that is loving and where you've been raised with love and attention... It's hard to imagine what these kids have been through."

Most children in residential and group care have been abused before coming to an agency. When you see *signs of abuse*, therefore, it doesn't necessarily mean that the abuse is still taking place.

Signs



When you see marks or bruises on a child, it is important to ask how they happened. When you observe changes in a child's behavior, look for patterns—rather than isolated incidents. (Any one of the *behavioral indicators* listed below, by itself, could be a normal response for a child.)

We need to be careful observers of children—and above all, we need to take children's disclosures of abuse very seriously.

Physical Abuse

Physical Indicators

- Unexplained bruises or welts
- Unexplained burns
- Unexplained fractures or dislocations
- Unexplained lacerations or abrasions
- Unexplained bite marks
- Unexplained scars

Children typically hurt themselves accidentally on the elbows, knees, chin, nose, forehead, and other bony areas. Bruises and marks from abuse, however, typically occur on other parts of the body: the soft tissue of the face, back, buttocks, arms, legs, or genitals. Head injuries are the most common cause of child abuse-related deaths.

Behavioral Indicators

- Reports injury by caregiver
- Feels deserving of punishment
- Wary of physical contact with adults
- Unusual fear of a caregiver or staff member
- Extremes in behavior, from withdrawal to aggressiveness
- Depression
- Delayed speech
- Inappropriate or precocious maturity
- Intensely negative behavior designed to get attention
- Isolation/poor peer relationships
- Seeks affection indiscriminately, or inappropriately
- Poor self-image
- Over-compliance
- Excessive clinging
- Consistent irritability
- Chronic physical ailments which lack a medical cause
- Self-destructive behavior
- Delinquency or runaway
- Alcohol or drug abuse

Sexual Abuse

Physical Indicators

Difficulty in walking or sitting
Torn, stained or bloody underclothing
Pain, swelling or itching in genital area
Pain when urinating or defecating
Bruises, bleeding or lacerations in external genitalia, vaginal or anal areas
Vaginal/penile discharge
Sexually transmitted disease
Pregnancy

Behavioral Indicators

Reports sexual assault by a caregiver
Bizarre, sophisticated or unusual sexual behavior or knowledge
Unusual fear of a caregiver
Unusually close relationship with a caregiver
Isolation/poor peer relationships
Withdrawal, fantasy or infantile behavior
Change in performance in school
Poor self-image
Depression
Sudden eating or sleeping disturbances
Compulsive masturbation; excessive or unusual rubbing of the genital area
Excessive clinging
Confiding in someone but not telling the whole story ("We have a secret, but I can't tell," "I want to tell you something but I can't," etc.)
Self-destructive behavior
Delinquency or runaway
Alcohol or drug abuse

Emotional Abuse

Physical Indicators

Speech disorders
Lags in physical development
Failure to thrive
Sallow, empty facial appearance

Behavioral Indicators

Habit disorders: sucking, biting, rocking
Antisocial behavior
Destructiveness
Hyperactive or disruptive behavior
Neurotic traits: sleep disorders, inhibited play, unusual fearfulness
Depression
Poor self-image
Isolation/poor peer relationships
Behavioral extremes: compliant and passive, or aggressive and demanding
Lags in mental or emotional development
Self-destructive behavior
Delinquency or runaway
Alcohol or drug abuse



"Most of the finer things you do in this work, nobody sees. So, some of the reward is just knowing you are doing a good job. But there is a thanklessness to the job..."



"We are working with a pretty desperate group of kids, so when you hear the kids are doing well, that feels good."



Positive Guidance and Discipline

Many people associate discipline with control and punishment, or even with physical force—something negative and unpleasant. But *'discipline'* comes from the Latin word for *'teaching'* or *'guidance'*. Discipline doesn't mean a power struggle, or imposing control on children from the outside. Discipline is teaching: a way of guiding children to find the inner controls they need to manage their own lives, and to live peacefully. Children have a fundamental right to safe, nurturing care.

Every time we praise children for a job well done, guide them through a daily routine, or redirect their inappropriate behavior, we are helping them to change. But it's hard for a child who has been hurt to handle change—and it can be hard for child care workers to remember that change will be slow.

"We try to let the kids know clearly that we're here as an emotional support too, and I talk to kids every day about how they are feeling and about what they are going through."



Children's Needs

Self-esteem. An abused child needs a sense of identity and belonging, some simple reminders that *"I'm glad you're here."* The child has probably had enough failure; we need to identify areas in which the child can succeed.

Validate the child's basic self-worth even when rejecting the child's negative behavior: *"It's OK to be angry, and I still like you, but you can't throw that chair."* Start each day 'new'—don't carry over yesterday's punishments or bad feelings—and find positive things to comment on. Share these comments with parents, if possible; they may need help in seeing their child in a positive light.

Trust. Children naturally believe that all authority figures will be like their own parents. An abused child may withdraw from you, or expect you to be hostile, critical, or dangerous. Establishing trust may be slow; you will have to prove that you are not abusive.

By setting consistent routines and clear limits, you are letting children know that you are predictable, not neglectful or chaotic. Don't make promises that cannot be carried out. And don't expect too much too soon: children will feel safer if they can become close to you at their own pace.

Freedom to explore. As much as children need limits, they also need to test them—to experiment, to rebel and, of course, to make mistakes. That's part of growing up.

Don't get pulled into a stand-off over non-essential matters when a compromise won't hurt. *Help* children to see their mistakes as a chance to learn and to start over.

Self-expression. A major part of children's exploration is learning to communicate clearly; they need to be free to express themselves in words and actions, as long as they do not harm others.

Encourage participation in decision-making at the

group home or residential facility, to air grievances and to enable children to be heard.

Friendship. Making friends, and being a friend, can be extremely hard for children who are more familiar with mistreatment. As a child care worker, you can be an excellent model of the respectful give-and-take of close human relationships.

Intimacy. Children and adolescents need to feel secure inside their own bodies—especially when sexual feelings begin to appear. Although their questions about sex may leave us tongue-tied, they need information which will help them to respect their own bodies and others', and clear limits to handle sexually inappropriate behavior. In particular, children who have been sexually abused need to learn non-sexual ways of enjoying their bodies and relating to others, and to learn the difference between sexuality and exploitation.

Caregivers' Skills

Self-awareness. In caring for children who have been abused, you will need to be aware of your feelings, able to express yourself clearly, and prepared to withstand great testing of limits. Without such self-awareness, you may lose the fine line between discipline, punishment, and abuse.

Ask yourself a few questions: What are my strengths and limitations as a child care worker? Am I comfortable with the role of authority? Which children am I most, and least, effective with? How do my own beliefs, attitudes, or moral values affect my work? Do I have any racial or cultural prejudices? How do I respond when I am angry? Am I confident? Am I consistent? Am I able to say, both to adults and to children, 'I don't know'?

"I think there's a level of intensity with this job... Something is always happening. And there is the stress of living with kids and the unpredictability of their behavior."



A working knowledge of human development. All children develop at their own pace. Don't assume that a child will match what the charts say about his or her age group. Abused children are often advanced for their age in some areas, and delayed in others. Even when they seem to have moved beyond an earlier stage, they may sometimes regress.

Your knowledge of child development must be adaptable to the needs of each child in your care: What kinds of experiences have shaped this child? Which issues is she struggling with? Which approaches work best with him?

Observation. The most reliable way to understand a child's development is to watch carefully and to write down what you see, as simply as you can.

Keep a journal or a log, even if it is only a series of brief notes: changes, achievements, new approaches you've tried, and so on. Sometimes children change so slowly that we hardly notice; a journal can help you realize how much progress you've made. *Observe* other staff members, too, and if possible, take the opportunity to observe yourself occasionally on videotape, or by role-playing situations at a staff meeting.

Communication. Children observe us as closely as we observe them, including when we are at our worst. Most of the time, our behavior communicates more powerfully than our words.

Notice your body language: stance, eye contact, tone of voice, difference in height, use of a child's personal space. Be careful not to physically intrude, or move too fast, especially with a child who has been physically abused. With a child who has been sexually abused, monitor your body language very carefully; the child can easily misinterpret your responses as sexual behavior.

Active listening can be an effective tool in verbal communication. With this approach, we aim to help children clarify for themselves the feelings that underlie their behavior, by reflecting back to them what we hear them saying—without making judgments. For example: "So you're really mad that he said that behind your back. You feel like using your fist on him." We can often defuse a volatile situation by exploring a child's feelings, by asking open-ended questions which encourage the child to think. In this way, we help children to "talk out," rather than "act out," their intense emotional experiences.

Teamwork. This is not a job to be done in isolation! We must talk to each other. Teamwork means knowing when and how to ask for help from another staff person, and stepping aside if someone else can better handle a situation.

A child care worker must be self-confident enough to give and receive honest criticism, with supervisors and with co-workers alike. Not only does this make our work go more smoothly; it models for children the ways in which people can disagree without harming each other. A good team also congratulates and thanks each of its members for work well done.

Some Do's and Don'ts of Discipline

Express limits calmly and clearly. When one child is coming after another with a chair, for instance, the first thing to say—as forcefully as possible—is, "Put the chair down." Keep your emotions still; the focus should be on what the child needs to do at that moment.

Explore the feelings behind the behavior after any immediate danger has been resolved: "Why were you swinging that chair? What was going on inside you just

"We made the structure predictable for the children, but it also works for the staff. Everyone knows what will happen, at what time."



then?" Discipline should be a two-way conversation, instead of simply issuing commands—a way of teaching children to identify their feelings and acknowledge them out loud. (And when they do so, it may not be the appropriate time to comment on other behaviors, such as swearing.)

Consider what the behavior means to the child, not just how it appears on the surface. Negative as it may appear, a 'survival skill' such as aggression or loudness has worked for the child in the past, and it will need to be replaced slowly.

Distinguish between types of misbehavior. Manipulation, testing, rebellion, and obnoxious habits are inevitable in childhood and adolescence. Shrug these off with good humor if no one is being hurt. Save your energy for signs of deeper disturbance: disruption, violence to oneself or others, and major violations of agency rules.

Don't take it personally when children test you. Recognize your vulnerable points, the things which bug you, and don't get pulled into a personal battle. It may work best sometimes to walk away from the situation altogether.

Use "I" statements to express your own feelings to children honestly and directly, or to state your expectations. For example, "I feel embarrassed when you do that," not "Why did you do an embarrassing thing like that?"

Anticipate trouble spots, such as transitions, and prepare accordingly: "It will be time to clean up in ten minutes." "Since you're going home next week for a visit, let's talk about what you need to do to get ready."

Don't focus on negative behavior; it has a negative effect. If children only get your attention when they are aggressive, they will end up using aggression as a way to be noticed. Take the time to notice and praise children for improvements and desirable behavior.

Don't offer a choice if there isn't one, or make a demand sound like a question. "Let's clean up now, OK?" or "Are you ready for bed?" are sure-fire set-ups for the answer, "No." Then you're stuck!

Create a non-violent atmosphere in which people work out disagreements peacefully: "This is a safe place. We can talk about being angry."

Notice your tone of voice: yelling at children is often as destructive and painful as physical violence. Never use name-calling, threats, or ridicule; these are all forms of emotional abuse.

Consider the child's age and stage of emotional development. If the same situation always creates conflict, perhaps you are asking for something beyond the child's capacities. Many 'behavior problems' are really the result of an adult's misunderstanding of what to expect.

Offer choices and alternatives. Allowing children some control will help them become more responsible for their actions. "If you're mad, you can scream into this paper bag, or you can punch these pillows."

Use brief 'time outs' to prevent an escalation of out-of-control behavior. 'Time outs' are not a replacement for dealing directly with a situation. They are a tool to help a child regain control. Prolonged isolation is inappropriate and harmful.

Use psychotropic medication cautiously. Very disturbed children may need medication at times, but it must always be prescribed and closely monitored by a physician, and be based upon children's needs, not upon the need for control. Medication is not a substitute for good behavior management or adequate staffing.

Fit consequences to the situation at hand. Punishment is essentially a power play; it doesn't teach anything in and of itself. Consequences must offer a child a 'way back,' a chance to make amends for harm done. Apolo-

"Sometimes I would like more for the children than they are ready to do and then I get disappointed if they are not successful in whatever it is that I have set up."



gizing, or doing another child's chores for a week, will make more sense to a child than sitting for two hours to 'think' about what she has done.

Provide information about drugs and alcohol. A firm policy against the use of drugs and alcohol is essential, but we need to be open to discussing the subject with young people: why drugs are so powerfully attractive, and why they are dangerous.

Put agency discipline standards in writing, with input from the entire staff, the children, and if possible, from parents. Make sure everyone has a copy. Written standards should outline acceptable behavior and allowable sanctions—but they shouldn't lead to a rigid, impersonal reliance on rules and procedures.

Recall your own childhood. Do you remember being held, praised, talked to lovingly? These impulses deep in your heart can be trusted: let them be your guide.

Crisis Intervention

As child care workers we need to anticipate that children will experience moments of crisis—powerful emotions that may lead them to endanger themselves or others. In order to be 'proactive' rather than 'reactive' in crises, including medical emergencies, an agency must develop plans and policies in advance.

When a crisis emerges, separate the child from the group as quickly as possible. Respond calmly; shouting, or too much talk, will only escalate the emotion. Listen to the child and acknowledge the feelings of the moment. Stay physically close without being intrusive; watch for cues from the child, and change the plan if need be. Avoid physically restraining the child whenever possible.

Be informed of any medical conditions or prior injuries which might be aggravated during restraint.

Therapeutic restraint, however, may be unavoidable when children are abusive or dangerous to themselves or others. Restraint is a protective measure; it must never be a means of punishment or retaliation. Everyone in the residential or group care agency needs training in acceptable techniques of restraint and how to practice teamwork. Just as importantly, use what you know about each individual child: for example, will restraint by a man, rather than by a woman, trigger old issues and therefore be inappropriate, even harmful?

Don't waste your breath when a child is too angry or upset to listen; during a crisis, old hurts may be resurfacing very intensely. Adult intervention can teach a child healthier ways of responding to pain, but it will work only if he or she can understand it. When restraining a child, keep your words simple until the child calms down. If more than one adult is restraining the child, only one should be talking.

Afterwards, this adult must take time to help the child look at, and recover from, the incident. What just happened, and why? Let the child talk first, without interrupting or passing judgment; then offer your version of what you saw and why you had to step in.

Whenever possible, help the child identify patterns: Has this happened before? Why doesn't it work? Is there a better choice I can make next time? Before the child re-enters whatever activity has been interrupted, agree on a plan: some kind of commitment, however modest, to change. Then let it go; the crisis has passed. But crisis intervention can take a heavy emotional toll; be sure to get the support you need in order to recover.



"Sometimes there is a sense of futility...like you feel you are dealing with the same kind of issues over and over again and they never get resolved."

Wear and Tear



No two ways about it: *child care work is stressful!* Sometimes it is physically dangerous. It is always emotionally draining. There is the fatigue which comes from hard physical labor. And no matter how carefully you plan, or anticipate trouble, the children's lives are fraught with crisis: fights, fears, illnesses, explosions of emotion, even runaways or arrests.

Some of the stress is unavoidable; it comes with the territory. Learning to handle it can even help you to grow, to change, and to face new challenges. But stress shouldn't take a toll on your health, force you to leave the field for a different job—or cause you to harm a child. The goal is to avoid becoming overwhelmed or exhausted by things you can't change, so that you have the energy to change the things you can.

"It's not a job that is easily left at the office at 5 o'clock... My friends say 'how do you do something like that, how do you do it?' I like doing it but you would have to experience it to realize what it is. But I think it is frustrating that my friends don't realize the importance of this kind of work."



Personal Stress

Take a look at yourself after a stressful day. What's going on inside you emotionally? What do you do to let go of tension? Do you have enough satisfactions away from your job to 'recharge your battery'? Are you bringing outside stress into the workplace? Do you ever feel tempted to take frustrations out on children in your care?

Take a look at your personal habits. Are you taking time to exercise, and to relax? Is the amount of caffeine, sugar, fat, or alcohol in your diet adding stress?

One of the greatest stresses in residential care can be a lack of recognition. Have you been thanked recently? When you tell people what you do for a living, do they understand? Where do you look, then, for affirmation and positive feedback about your work? Remember: it can be dangerous to expect all the gratification to come from the children or from your co-workers. Child care work itself has to be exciting and gratifying to you, and the satisfaction has to outweigh the stress—or no change in external circumstances will matter very much.

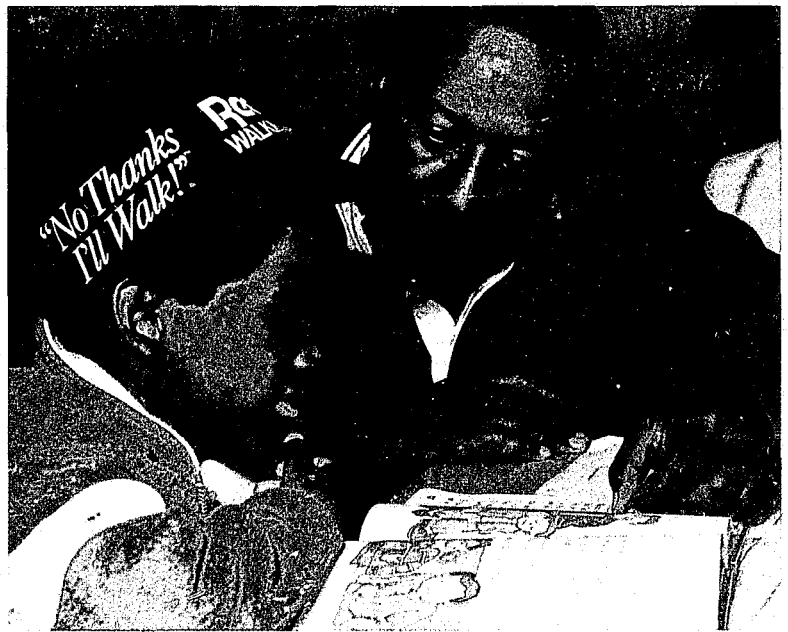
The Job

Some stresses can only be relieved through changes in the work environment. It's hard to relax if you never get a ten-minute break or an adequate vacation. It's hard to improve your eating habits if mealtimes are the most hectic part of your day. It's hard to keep a confident, peaceful state of mind if you feel that no one values your suggestions.

Take a look at your working conditions.

How satisfied are you?

- *Wages:* Are you able to make ends meet for yourself and your family? Do you receive raises regularly?
- Are you treated with *respect* by your supervisor, your director, your co-workers?
- Do you have a written *job description* outlining your responsibilities and level of authority? Is it accurate?
- Does your agency have written *personnel policies*? Do you have a copy?
- How are *decisions* made in your agency—about admissions, individual treatment plans, evaluation of children's progress, agency policies? Are these decisions



explained to staff, and is there then an opportunity for input?

- Is there a clear, written *grievance procedure* for addressing staff complaints?
- Do you receive an adequate paid *vacation*? Can you take extra unpaid time off?
- Is there adequate *staffing* at all times?
- Are there enough *sick days*? Do you come to work sick because you feel you can't take time off?
- Do you have *health insurance*?
- *Length of shift*: How many hours do you work each day or week? Are you regularly expected to work overtime, or do you have a choice? Is overtime paid or unpaid? Can shifts be rearranged or overlapped? (The Peer Review standards followed by member agencies of the *California Association of Services for Children* state "Child care workers shall be paid time-and-a-half for all hours worked beyond forty hours in one week.")
- Are there racial or cultural *tensions* among adults or children in the program? Are there sanctioned outlets for addressing such conflict?
- Do you have regular, private *meetings* with your supervisor?
- Do you know how to reach supervisory staff if an *emergency* arises at night or on a weekend? Are home telephone numbers of key agency personnel available?
- How often do *evaluations* occur? Are both criticism and praise offered honestly and fairly? Are you encouraged to be an active part of the evaluation process?
- How often do you have *staff meetings*? Are they productive? Does everyone get a chance to talk about the hard issues of the job, the children and families they're concerned about, or are meetings more often a list of dry 'business' matters?
- Are there times set aside during the year for more *intensive reflection* and planning, such as retreats, staff conference days, or in-service training?



Stress Signals: A Self-Check

The human body adapts to stress in many ways: the heart pumps faster, the lungs work harder, muscles tense up, blood vessels constrict, more adrenalin is released. These are natural responses which help us cope with emergencies or danger. But when people are under chronic stress, their bodies, emotions and behavior may undergo harmful changes. Look for these warning signs: do any of them apply to you?

- | | |
|--|--------------------------------------|
| Frequent headaches | Apathy, boredom, indifference |
| Backaches | Difficulty in concentrating |
| Muscle tension (hands, face, jaw, shoulders, buttocks) | Sudden mood changes |
| Nervous tics or twitches | Overeating or undereating |
| Muscle spasms | Weight gain or weight loss |
| Skin rashes or itching | Sleeping too much or too little |
| Lower immunity to infections and illness | Breakdowns in personal relationships |
| Indigestion, constipation, diarrhea | Sexual problems |
| Agitation | Increased smoking |
| Depression | Increased use of alcohol or drugs |
| | Ulcers |
| | Heart disease |

The Environment

There may be ways to change your environment to reduce some of the stress that both you and the children feel. *Take a look at your living unit arrangements* and ask yourself a few questions:

- ◊ Is the living unit *large enough* for the number of children who are using it at any given time? Is there space for vigorous indoor activities on rainy days when children cannot go outdoors? Are quiet and noisy activities kept away from each other?
- ▷ Is the living space *pleasant* and inviting?
- ▷ Does each child have a *private space* to go to, and to keep personal belongings?
- ▷ Is the space *well-lit*, well-ventilated and well-maintained?
- ▷ Is there a *private space for staff*, off-limits to the children? Is it well-maintained?
- ▷ Is there *adequate recreational equipment*? Is it safe and well-maintained?
- ▷ Are you using any *toxic materials*, such as art supplies, cleaning fluids, disinfectants, or pesticides? Are these materials accessible to residents? Can they be replaced with non-toxic materials?

Unresolved stress will ultimately affect the children and staff around you. Long-term unresolved stress can lead to burnout—or even worse, abusive behavior toward children and other adults.

A long list of things to change may leave you feeling overwhelmed or powerless. Talk to other staff members, and to agency administrators, and identify the most common stress points. Be sure to separate problems that don't involve money from those that do. Next, begin with something relatively easy to change. A small victory helps—and it will give you energy to face the bigger problems which will require harder work.

"I think part of what was most stressful for me when I started working in child care was being over-involved and over-identified. Everything was work. I lived, ate, breathed, and talked about my job throughout my off-time. It was all consuming for probably the first six months to a year. That was not healthy for me at all . . . and maybe not even healthy for the children."

"On my off time, I don't want to talk about the kids. I need to have that distance and that time for myself. That's part of my rejuvenating time."



Working in isolation. Do you find yourself wanting to pick up a telephone just to hear an adult voice? Working alone with a group of children is hard enough—but staying isolated from other adults can be harmful. It's essential to have consultants and professionals you can call on for advice and help, especially in times of crisis. Consider joining a professional association, forming a group home managers' support group in your area, or taking a course at your local community college. Call other managers on the phone, or get together occasionally to share notes. Don't let problems simmer. Other managers who have gone through similar crises can be your best allies and advisers.

Running a business. Besides caring for children, you are also responsible for book-keeping, paying taxes, collecting fees, and shopping for food and supplies. If business skills are new to you, a community college, a professional association, or an accounting or tax consultant can help.

Making ends meet. To avoid unplanned vacancies in your group home, it's important to anticipate transitions and discharges well in advance so that you can begin planning

intakes. But know your own limit as to how many children you can care for well, and don't exceed it—even if it's less than your licensed capacity. Talk to other managers and share ideas on reducing costs, finding food bargains, and cutting down on waste. Can neighbors or other community members donate skills or time?

Balancing work and family needs. Does your work day never end? Has the concept of a 'personal life' lost its meaning? Time alone with your spouse or with your own children is a struggle to arrange, and can often be wiped out by a sudden crisis. Privacy may be non-existent—your possessions, your family relationships, even your sex life, may all be subject to children's curiosity and probing.

Reliable relief workers are indispensable, so that you can take a morning, afternoon or weekend off. Share a 'rotating' substitute with other group home managers. Pay helpers—including family members and relatives—as well as you can; this can help them to be more reliable, and to take the job more seriously. *Now go take a vacation!*



SUGGESTIONS

Hiring and supervising people who work with children is a big responsibility. Under the law, residential facilities and group homes are held to a higher standard of caution than other employers; child care workers, for example, must pass a criminal record clearance. Be sure to plan your hiring process carefully so that you have a good basis for making a sound decision.

"When we look for staff, we look for people who are open, who are nurturing, who are capable of parenting."





"There is more to being able to work with kids than just being a friend. You have to set limits. People who work in residential care must do that."

The Application

A standard application form gets all the needed information, and ensures fairness. Develop a form which, among other things, asks for:

- previous employment history, and employer references
- previous addresses
- character references from non-related persons who have known the applicant for a substantial time
- educational credentials verification
- a criminal record statement.

Checking References

Contact previous employers by telephone. When you check a reference, make a note of the date, to whom you spoke, and their comments. This way, you will have a record if any questions arise in the future. This is especially important if the job of checking references is shared by a number of people.

INTERVIEWING

If at all possible, observe applicants in the environment where they will be working, to get an idea of their child care skills and their interactions with co-workers. You might ask serious candidates to work for a few hours—but anyone who works for any amount of time must be paid at least the minimum wage. Take time to discuss the experience with the applicant afterwards. You may wish to keep a record of your impressions and place it in the applicant's file.

These are some qualities to look for when hiring child care staff:

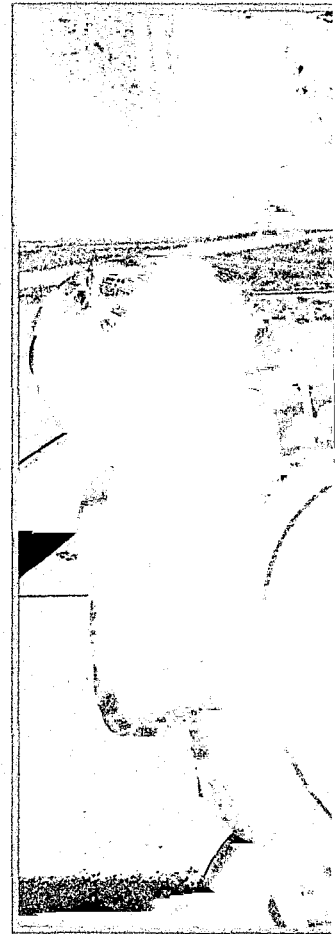
- openness: a genuine interest in and concern for young people
- dependability
- self-confidence and assertiveness
- self-awareness
- good health and a high energy level
- a sense of humor and the ability to relax
- an ability to tolerate conflict and discord
- a cooperative team spirit: the ability to express viewpoints honestly, and to accept compromise
- emotional stability and good impulse control
- the ability to make quick, sound decisions, often independently.

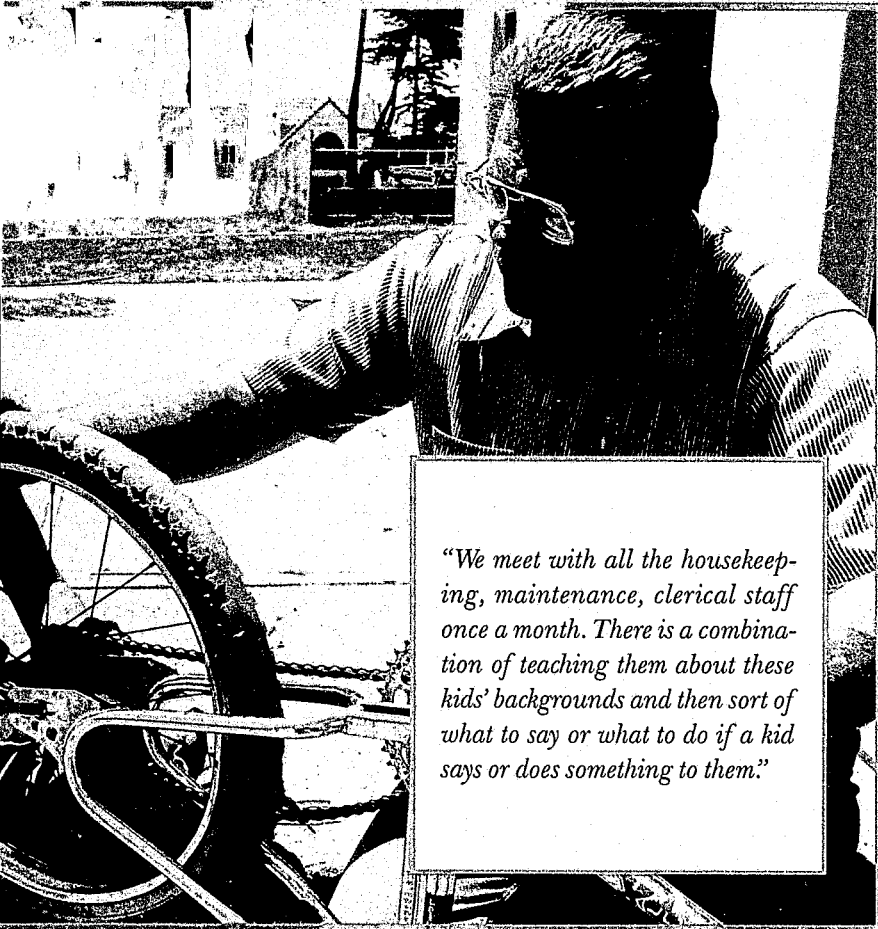
In addition, seek to create a balanced staff—both male and female, of different races and cultures—which will reflect the diversity of youth in the facility.

When interviewing, try to ask all applicants roughly the same questions, and keep notes on how they respond. Certain questions may help you screen out a potentially abusive person. Ask why they want to work with children; what behavior makes them angry, and how they handle their anger; why they think some parents abuse their children; and situational questions (*"How would you respond if...?"*).

When observing and interviewing an applicant, watch for possible indications of a potential for abuse:

- unresolved, negative childhood experiences
- unrealistic expectations of young people
- poor ability to plan ahead or to anticipate the need to intervene
- inflexibility
- low self-esteem, isolation, or a tendency to internalize problems
- punitive tendencies
- difficulty in expressing emotions appropriately
- inability to relate to youth except as peers
- lack of a personal support system
- overinvestment in children for personal needs. (Example: a pedophile may appear altruistic and eager to rescue children.)





"We meet with all the housekeeping, maintenance, clerical staff once a month. There is a combination of teaching them about these kids' backgrounds and then sort of what to say or what to do if a kid says or does something to them."

Do *not* ask questions, verbally or in writing, which discriminate against classes of people protected by federal or state law. In California, employers *may not* make inquiries which discriminate as to race, religious creed, color, national origin, ancestry, physical disability, marital status, or sex.

Try not to conduct interviews or make your decision *alone*. In large facilities, hiring should be a shared responsibility. In small group homes, another local group home manager might be asked to sit in. The person who will supervise the new employee should participate in the interview process. Above all, trust your instincts. If you have doubts about someone you're considering for a job, *don't ignore them*.

SUGGESTIONS

HIRING

When you hire someone to work with children, two forms required by California law must be signed and retained in the employee's personnel file. These forms are provided by *Community Care Licensing*:

- a declaration, under penalty of perjury, stating whether the employee has been convicted of any crime (other than a minor traffic violation)
- a statement that the employee is aware of the California child abuse reporting law, and agrees to abide by it.

Licensing Clearances

Criminal Record Check. Fingerprints of all staff and volunteers in group homes and residential care facilities must be submitted to Community Care Licensing for a criminal record check within 72 hours of employment. Group home licensees and facility administrators must also have fingerprints cleared before a license can be issued.

Certain criminal convictions make an applicant unsuitable for child care; others do not. If a background check reveals criminal convictions other than minor traffic violations, Licensing may notify a facility to deny or terminate a child care worker's employment.

Child Abuse Registry. The Child Abuse Registry at the Department of Justice is a list of the names of all persons in California who have been accused of child abuse. When group homes or residential care facilities hire a new employee, they must submit the person's name to the Department of Social Services for a Registry check.

Employment or a license cannot be denied, based upon a report from the Child Abuse Registry, unless child abuse has been substantiated. Even when child abuse has not been proven (i.e., may or may not have occurred), an accused person's name will remain in the Registry unless the accusation is officially ruled to be 'unfounded' (i.e., could not have occurred).

A basic child care curriculum might cover the following areas:

- ▽ introduction to the group home or residential facility
- ▽ first aid and other emergency safety procedures
- ▽ normal child development
- ▽ problems in child development
- ▽ dynamics of abusive families: why abuse happens
- ▽ behaviors of abused children
- ▽ the impact of separation on children
- ▽ helping children handle change: small, everyday transitions as well as major ones
- ▽ behavior management techniques: discipline as a teaching tool, and allowable sanctions
- ▽ crisis intervention
- ▽ therapeutic restraint
- ▽ developing safe peer interactions among children
- ▽ the role of child care staff
- ▽ the role of supervisors
- ▽ self-awareness
- ▽ teamwork
- ▽ child abuse reporting.

Whenever possible, develop a management system whereby staff are gradually given greater levels of responsibility as they acquire more training and experience.



"On an intellectual level, I never feel like I can really master the work... As soon as I master one piece then a new piece comes up."

"Sometimes after a kid has cried a lot, I really feel like crying too, but I need to control my emotions, because I don't want to encourage the kid to try to make me cry. Yet I want them to know it's okay to cry."

"Training keeps everybody's juices going. It gives a context for some of the issues that our staff see... Training costs money because you have to pull people 'off line' or bring them in on their off days... but it's worth it."

SUPERVISION



"So many things come into play for a child to wind up in the appropriate placement.... The right place at the wrong time is the wrong place."

Intake Policies

When a child "drifts" through a series of placements because of a lack of proper assessment, planning or goal-setting, that child has been abused. Institutional abuse is not always a violent act by one adult against one child; it can be systematic or programmatic. Careful intake policies are crucial.

Above all, aim for a match between a child's needs and the agency's program. Don't take a child you aren't equipped to care for, just to keep the program full. All group and residential providers should choose a target population—for example, a certain age range; boys, girls or both; short term vs. long term placements. Consider whether the program will accept youths with a record of delinquency or severe disturbance. Which kinds of psychological disorders and behaviors can the program treat?

Distorted or confused perceptions of a child often lead to inappropriate placement decisions. Before you admit a new resident, review with the placement worker whatever background information is available. Talk with prior caregivers, therapists, and the child's parents or foster parents.

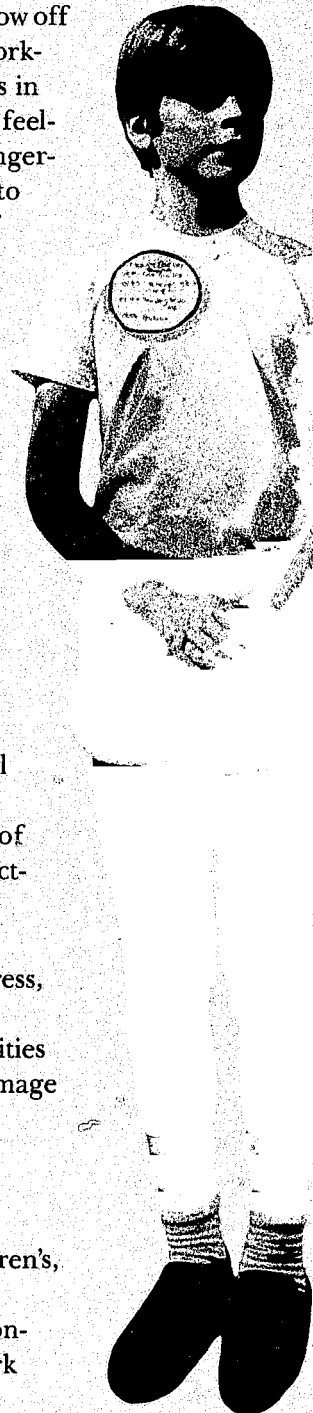
The supervisor in group and residential care is the key link between the agency and the children. A supervisor is responsible for giving feedback and support, planning, problem solving, assigning and monitoring work, setting standards, evaluating staff, and handling performance problems. To be effective, a supervisor must have a clear vision of the agency's goals and policies, and the ability to model positive caregiving and communication skills to staff.

A good supervisor is also a teacher and an enabler. Child care workers need to know that they can 'blow off steam' to a supervisor without being criticized. Working with troubled children may arouse emotions in staff which they thought they were incapable of feeling. If these are bottled up, they can become dangerous for the children in care. It is important to develop an atmosphere in which it is safe for staff to discuss such feelings—to examine and control them rather than to deny them. Supervisors should also have a support system for themselves, someone to whom they can 'blow off steam' as well.

Warning Signs

At times, every supervisor will probably see cases of a caregiver acting inappropriately or unskillfully; this must be commented on and corrected. Negative behaviors in a child care worker can build slowly and subtly over time into abuse. Inappropriate and/or abusive behaviors to watch for include:

- ▣ any use of corporal punishment or physical force, including grabbing or shaking
- ▣ passivity around children, such as a habit of watching them from a distance but not interacting or intervening until there is a crisis
- ▣ yelling, threats, ridicule, or name-calling
- ▣ frequent impatience, or a low tolerance of stress, noise, and messes
- ▣ a rigid belief in adult control of children's activities
- ▣ repeated 'acting out' or extensive property damage on one person's shift
- ▣ hostility about being observed on the job
- ▣ an inability to accept suggestions or criticism
- ▣ use of one form of discipline for all situations
- ▣ isolation or secrecy about one's own, or children's, behavior
- ▣ crises in the caregiver's personal life which consistently get in the way of concentration on work
- ▣ low self-esteem or frequent depression.





In order to prevent a problem from worsening, intervene at the time of an incident—don't sit back and wait. Keep a record of what you observe, and talk to the person directly. The more constructive your approach, the better: ask, 'How can I help?'

If you observe or suspect an act of abuse by a staff member, you are obligated to report it to a child protective agency. For specific information on California's law, see page 41.

Group care is hard work, and each of us needs relief at times. A positive atmosphere where help is offered—and where staff can ask for help when they need it—is the surest protection for the staff, the agency, and the children in our care.



"Soon after doing a little bit of work here you are confronted with a lot of your own history... All the things that happened to you as a child are suddenly right there in front of you in a way that just doesn't come up in other jobs."

"Support is the most important thing an agency can provide—whether it is from the immediate supervisor or by the way the agency makes someone available when we need it..."



"This kind of work makes you appreciate what a good family could do for kids."

Working with Families

Whenever possible, treat parents as partners in developing and carrying out a treatment plan which will help their child. To emphasize more effective parenting, the agency might refer the family to counseling, or provide it in-house. If there is any chance of the child returning home, parents *must* feel invested in this process. Without their involvement, any changes which the group care program creates are unlikely to be long-lasting.

Openness to families is a way to prevent abuse. We must take families' concerns about program issues, or allegations of abuse in the home or agency, very seriously—and be prepared to respond. Don't discount such complaints; pursue what parents perceive or what they have heard.

Not all families, of course, will be involved in their child's care. Some have abandoned their child, or have had their parental rights terminated, or are under a "no contact" order. Others will be so disturbed, aggressive or withdrawn that a partnership is not likely to work. But as long as it doesn't interfere with treatment, and there is no order to the contrary, parents need clear, frequent information about their child's care—and they deserve attention and respect.

GRIEVANCE PROCEDURES

For Residents

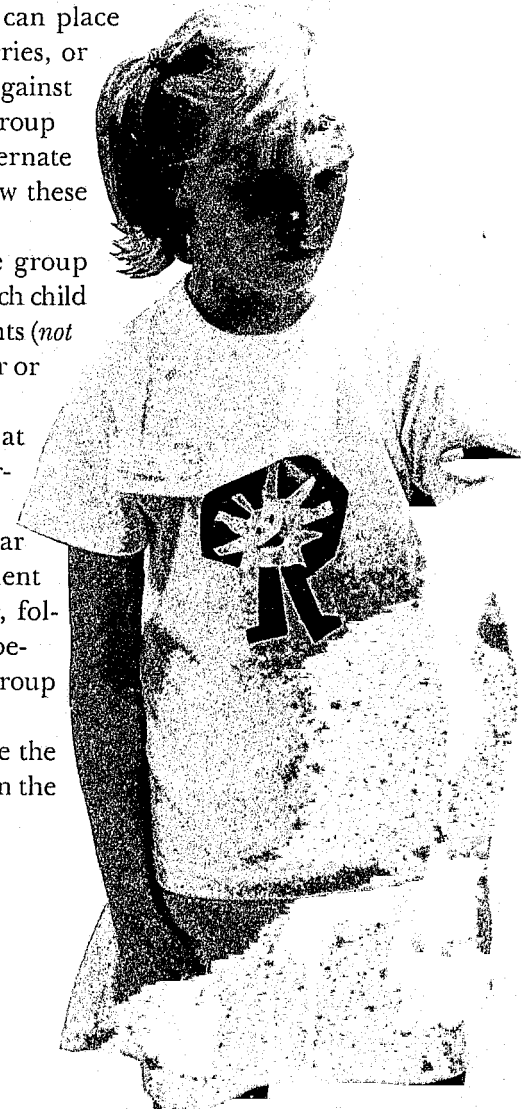
Children and youth who come into group and residential care have life histories filled with grievances which have been ignored or belittled, or for which they have been punished. As treatment providers, we are obligated to create a procedure for residents to articulate complaints, problems, or allegations of abuse without fear of reprisal. Secondly, we need a plan for responding to such complaints, taking them seriously, and always keeping an eye out for reportable incidents of suspected abuse.

The grievance procedure must be appropriate to the developmental and expressive level of the youth in care. A clear grievance procedure has therapeutic value, protects both children and staff, and teaches children that:

- they are not powerless; they will be heard.
- problem-solving techniques can be learned and made to work.
- disagreement can be healthy, and self-control can replace the acting-out of anger.

Suggestions

- Put a box where residents can place notes concerning their worries, or safely disclose allegations against staff. An administrator or group home manager—and an alternate—should be chosen to review these at least once a week.
- Identify one person in the group home or cottage to whom each child can privately direct complaints (*not* the child's primary counselor or child care worker).
- Use a family-meeting format where residents are encouraged to air complaints.
- Insist on and arrange regular meetings between each resident and the placement worker, followed up with a conference between the worker and the group home staff.
- In emergency situations, use the posted telephone number on the "Children's Rights" form.



For Staff

In group and residential care, conflict is inevitable. Like residents, staff must be able to articulate concerns and complaints without fear of reprisal. Each staff person must have a supervisor who is available and receptive when issues arise in day-to-day work. When problems develop between staff and supervisors, a program director or other administrator should be available to listen and troubleshoot. Sometimes it will be necessary to re-examine an agency policy or procedure. At other times a case of possible abuse of a resident by a staff member may emerge. In any event, an open-door policy can reinforce rather than undermine an agency's chain of command, and minimize any 'underground' discussion of problems.

Suggestions

- Schedule agency-wide meetings to explain policies and procedures, and to open up discussion of problem areas. If staff coverage is difficult to arrange, these meetings may need to be held several times. Don't leave anyone out.
- As a manager, do not decline to meet with a staff person. Listen to the problem, and if nothing else, direct the person back to his or her supervisor.
 - Review policies annually to make sure that they are useful and are being followed.

"The most important tool in working in a situation like this is to have open communication among staff. They are the glue that keeps this place together."



"For those that have made decisions to be child care workers, the rewards are working with kids."

Communicating with the Public

Residential and group care is not typically understood or valued by the general public. Many hold the misconception that these facilities are a waste of tax dollars, or that the residents are 'hopeless cases.'

Open houses, participation in community events, and ongoing contact with the local media to publicize achievements or new goals, can correct misconceptions and establish a positive relationship with neighbors and local businesses. In addition, it is crucial to build a good working relationship with local law enforcement officials *prior to* having to meet with them about a problem situation. Once community contacts are in place, an agency will be better able to explain itself, get support, and recover if and when a crisis should arise.

ACCREDITATION and PEER REVIEW

"I'm looking at developing criteria of good work which also means deciding for our agency what good work is, and what our values are."



"Our board is involved in major policy decisions and agency direction. They are all community people and professional people who have accepted a very serious mandate in terms of direction of the agency and its financial solvency."



The Board of Directors

An active and involved board of directors can provide the basis for a strong and healthy agency. While most large facilities are required to have a board of directors, small group homes should consider organizing one, or setting up an advisory committee. An active board of directors can support an agency through fundraising, increasing public visibility, and ensuring that policies and procedures to protect both residents and staff are in place.

Encourage board members to visit agency programs. Make sure that they have a chance to interact with residents and staff. Listen to the questions they have about what they see: their function as 'extra eyes' is useful in creating the kind of open environment which prevents institutional abuse.

Even the best-run agencies have difficulties at times. Inevitably, managers of both large and small facilities feel the need to talk with other providers in the field. Such informal networking can be a prevention strategy—solving problems at an early stage, rather than having a solution imposed from the outside, later, because of a serious complaint or incident.

Accreditation of your agency, or a peer review by other providers, is a more formal process whereby an outside person or group evaluates a program according to a set of standards, and makes recommendations for change based upon a review of the entire agency.

California Association of Services for Children requires its members to undergo a Peer Review process at least every three years. The Peer Review is conducted by a team of an executive and an assistant director, or two executive directors, from member facilities within the association. Personnel standards, program, finance, building and facilities, and the board of directors' functions are extensively evaluated.

While the idea of 'outsiders' coming into an agency may be nerve-racking at the onset, the peer review process can be extremely helpful. Sometimes, as managers, we miss potential problems because we are so intent on keeping the program running. Timely questions and suggestions from peers can prevent small problems from growing.

It's critical that providers in this field require and maintain high standards. We are entrusted with the care, treatment and protection of very vulnerable children and youth. We mustn't wait for public agencies to impose and enforce minimum standards. A strong, honest review process is an important means of reinforcing our commitment to building a safe environment.



Before the Need Arises—

*What everyone should know
about reporting child abuse*

Most group homes and residential care facilities have developed procedures to follow in case of a natural disaster, such as a fire, flood, or earthquake. But many agencies and child care workers confront the issue of an allegation of child abuse only *after* disaster has struck—when an accusation has been made. By that time, the crisis may have become an overwhelming maze of rumors and misunderstandings which can cause serious harm to the program, the child, and the accused person.

To help staff respond calmly to such a stressful situation as reporting child abuse, every agency should have careful internal procedures or 'protocols' in place. These should be reviewed with staff and the

Board of Directors at least twice a year—not just during initial training and orientation. Determine whether everyone at your agency knows:

- **their responsibilities** under California's child abuse reporting law (*see page 41*), and where the child abuse reporting forms are kept. It's important to have the forms on hand at all times, because written reports must be made within 36 hours.
- **California regulations** prohibiting corporal punishment in group homes and residential facilities.
- your agency's **policies** related to:

- ▷ *discipline* and allowable behavior management techniques, e.g., the use of force, time out, restraint, isolation, and medications;
- ▷ *supervision* and safety;
- ▷ children's and families' *rights*;
- ▷ *daily record-keeping*, such as logs, charts, and progress notes.
- your agency's **procedures** for internal reporting of 'critical incidents'—that is, anything out of the ordinary—including accidents, injuries, any mark or bruise on a child, serious illnesses, possible abuse, runaways and absences without leave, sexual activity between residents, self-abuse by a child, property damage, and any use of physical restraint. Your agency should have:
 - ▷ an *emergency contact list* for nights,

weekends, and holidays: for example, staff would notify their on-duty supervisor, or in the case of group homes, the on-call emergency person. Any serious accident or illness should also be reported to Community Care Licensing immediately.

- ▷ an *incident report form*, giving the names of the child and the facility, the date, time, and nature of the incident, and any action taken.

- **which people must be admitted** to the facility at any time, namely: police, a child's placement worker, and your licensing evaluator. Hopefully, these people will come only in emergencies or for a serious reason (for example, a licensing evaluator will visit prior to renewing the agency's license, or to investigate a complaint or possible violation). Admit such people, and then notify an administrator or supervisor immediately to inform him or her of the situation.
- your agency's **chain of command**, specifying the roles of administrators, the clinical staff, the board of directors, and others.
- your agency's **designated person**, as well as an alternate, to provide consultation and assessment, and to make sure that suspected child abuse is reported. This person should be an upper-level administrator who:
 - ▷ has immediate, direct access to the executive director;
 - ▷ clearly understands child abuse issues, the psychopathology of the children in care, and how these two interrelate;
 - ▷ is willing to talk openly about such an 'unmentionable' subject as child abuse;
 - ▷ can be the agency's liaison to law enforcement, Children's Protective Services, the local child abuse council and other agencies.

Remember: if this person fails to report suspected abuse, this does not remove others' individual legal responsibility to report (*see page 41*).



"I think the level of caring and advocacy for the kids and concern about the quality of life for them are the common threads that run through residential child care services staffs."

Reporting

Rights and Responsibilities of Group Care Providers

What is the purpose of the child abuse reporting law?

Because children often can't protect themselves, the law offers them greater protection than adults in certain situations. The state reserves the right to intervene in a family, or in an out-of-home care situation, when there is a danger to a child's health, welfare, and safety.

If you are in a position to identify child abuse and neglect because of frequent contact with children, their families, and their caregivers, you are required by law to report it.

In California, all '*child care custodians*' are '*mandated reporters*'—required by law to report known or suspected instances of child abuse.





"People who do this kind of work have a viewpoint that they can have an impact on a piece of society."

Who is a 'child care custodian'?

Almost all people who work directly with children are defined as child care custodians, and are therefore mandated reporters of known or suspected child abuse. This includes all licensees, administrators, teachers, teachers' aides, and other employees of child care institutions. 'Child care institutions' include group homes, foster homes, and residential care facilities.

Other child care custodians include—but are not limited to—teachers, administrative officers, and supervisors of child welfare or attendance of any public or private school; administrators of a public or private day camp; employees of child day care facilities; Headstart teachers; licensing workers or evaluators; and any person who is an administrator or a counselor in a child abuse prevention program in any public or private school. Other mandated reporters of child abuse, besides child care custodians, include social workers, probation officers, and all medical and dental practitioners.

All 'child care custodians' hired since 1985 must sign a form, provided by their employer, stating that they are aware of being mandated reporters and will comply with the provisions of the child abuse reporting law. These signed statements must be kept by the employer.

When does the law require me to report child abuse?

As a mandated reporter you must make a report if you have knowledge of or observe a child in your professional capacity, or within the scope of your employment, who you know or reasonably suspect has been the victim of child abuse or neglect.

This is a 'reasonable person' standard commonly used in the law. It means that you should use your professional training and experience, and your personal knowledge of the child, family, and child care facility, to make an informed decision.

Reportable situations include suspected abuse both within the residential care facility or group home, and within the child's family (such as past abuse which the child discloses to you, and abuse which you suspect has occurred during a child's home visit). An accidental injury is usually not reportable unless you believe the adult in charge failed to provide reasonable or appropriate supervision.

Consensual sex between minors, or between a minor over the age of 14 and an unrelated adult, is not reportable as sexual abuse *per se*. But it is essential to assess such situations carefully, because of the fine line between "consent" and abuse. Have there been threats, coercion, or force? Does this particular youth have the maturity to make such a consensual decision? Does a past history of abuse make this youth more vulnerable to exploitative relationships?

Emotional abuse—the infliction of mental suffering or emotional harm—may be reported, although reporting is not mandatory unless the emotional suffering resulted from willful and knowing cruelty.

How do I distinguish between acceptable discipline and child abuse?

It's often difficult. But although the law permits parents to use corporal punishment, it holds employees of out-of-home care facilities to a higher standard. California licensing regulations for community care facilities forbid "*corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication, or aids to physical functioning.*"





"...Each level of staff has to feel empowered, challenged, nurtured, and cared for...and valued... and trusted."

What if I am unsure about whether or not to report?

If you have a 'reasonable suspicion of child abuse or neglect,' you must report. In order to determine whether your suspicion is reasonable, consider the following:

- If you observe physical injuries, ask for an explanation from the child and/or from other caregivers who have been with the child.
- Carefully observe the child if he or she seems unduly distressed.
- Seek advice from your supervisor or agency director, an experienced professional, or another person who knows the child. Staff members of Community Care Licensing or the local child protective agency can help you assess a situation.

If I have abused a child, should I report myself?

If you work within an agency, tell your supervisor about the incident immediately. Know, however, that this person then

has an obligation to assess the situation for reasonable suspicion of abuse, and to report any such reasonable suspicion.

If you work in a small facility without an immediate supervisor, you may wish to call a licensing or child protective worker for consultation. It may indeed be best to report the incident(s) yourself, and let an outside professional decide whether it does indeed constitute abuse.

To whom must I report?

You must report to your local 'child protective agency.' The particular agency involved will

vary from county to county; it will either be the police or sheriff's department, the probation department, or the county department of welfare or social services (for instance, Children's Protective Services or Child Welfare Services). If you are unsure about where to report, ask your local *child abuse council*.

As a general rule, call the *child welfare agency* (for example, Children's Protective Services). If a child is in immediate physical danger, call your local *law enforcement agency*.

The initial telephone report should be made as quickly as possible—and *must* be made within 24 hours of discovery of the incident. A written report *must* be submitted within 36 hours. Department of Justice forms may be obtained from your local child protective agency.

What information should a report contain?

A report should contain:

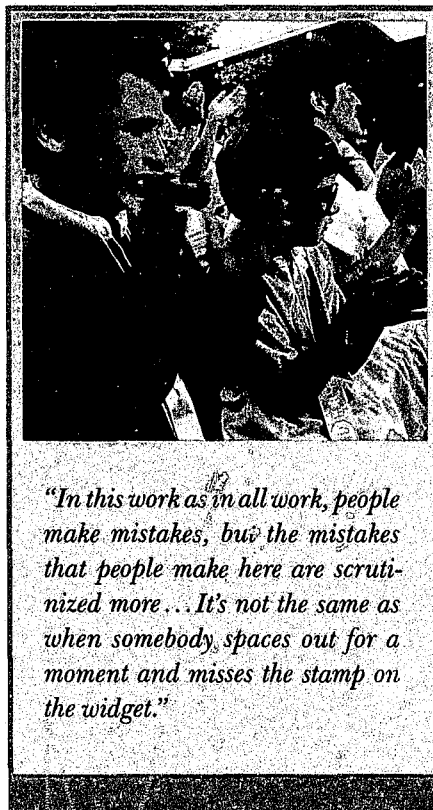
- the name of the individual filing the report. (Mandated reporters may not make anonymous reports, although other reporters may.)
- the name of the child.
- the child's present location.
- the nature and extent of the injury or incident.
- the location where the incident occurred.
- any other relevant information which led the reporter to suspect abuse.
- the child's placement worker and the county having jurisdiction over the child, if the child is a dependent or ward of the court.

The more detailed your report, the more likely it is that the child protective agency will respond quickly and appropriately. If you believe the child is in immediate danger, make this very clear to the police or sheriff, and explain why.

Can I be sued for making a report?

All mandated reporters are immune from civil or criminal liability for making a report,

even if it is not substantiated by the investigator. This means that even if someone sues you for reporting, the court will dismiss the case when it is revealed that you are a mandated reporter. If a person who is not a mandated reporter files a report of child abuse, that person cannot



"In this work as in all work, people make mistakes, but the mistakes that people make here are scrutinized more... It's not the same as when somebody spaces out for a moment and misses the stamp on the widget."

be held liable unless he or she knowingly filed a false report.

As a further protection to mandated reporters, if you are sued for making a report and you incur legal fees in defending that lawsuit, you may present a claim to the State Board of Control for reasonable attorney fees of up to \$50,000.

Every person making a report, of course, has a moral and ethical duty to report only in good faith—that is, where knowledge or reasonable suspicion exists.

What if I fail to make a report? If a mandated reporter fails to report known or suspected instances of child abuse, that person may be subject to criminal liability. Failure to report is a misdemeanor, punishable by up to six months in jail or a fine of \$1,000 or both. Failure to report might also result in civil liability if a child is harmed after the mandated reporter gains knowledge of the abuse and fails to report. Above all, failing to report can jeopardize a child's safety.

What if my supervisor won't let me report? The duty to report is an individual duty. You must file a report even if your boss discourages you or tries to prevent you from reporting, if you know or reasonably suspect that abuse has occurred. Your employer cannot discipline you or fire you for doing so. If a supervisor tries to stop you from reporting, or fires or demotes you for reporting, she may be subject to criminal liability, punishable by up to six months in jail or a fine of \$1,000 or both.

Can staff report as a team? When two or more persons jointly have knowledge of child abuse, only one report must be made. Residential and group facilities may

adopt their own procedures to facilitate the process, avoid confusion, and inform supervisors of reports, as long as the designated person does make a report. If not, your individual duty to report still holds. It is critically important for all staff to know and understand the agency's reporting procedures before an incident arises.

What other administrative steps should the agency take, besides reporting, when reasonable suspicion of abuse exists?

- Protect all residents.
- Notify the following people and agencies after the report has been made: the child's placement worker, the child's natural parents or legal guardians, Community Care Licensing, and your agency's Board of Directors.
- Make an immediate administrative decision regarding the employee about whom an allegation has been made. Options include suspending the employee with or without pay, or re-assigning the employee by changing staffing patterns. Licensing may request that the person not work with children until the investigation has been completed.

A temporary 'administrative leave' is one option to help protect both the employee's rights and the agency's liability. The agency administration will also have to discuss and decide under what circumstances the person can return to work.
- Obtain legal help from a lawyer familiar with residential and group care issues.
- Decide how, and how much, other staff members, children, and families will be informed. No one benefits when rumors fly. In some cases, the investigating agencies may request that a residential or group home director not inform the other employees. In other situations, they may contact staff directly.
- Obtain consultation and support. It may be very useful to bring in consultants who can work with the



staff, and/or the children, to help calm fears, defuse rumors, and resolve misunderstandings. A support group for the staff as a whole may boost morale — especially if non-accused people feel that they are also under suspicion. Discuss as a group how to answer the children's questions about what has happened.



"The kids take the same kind of notes on us that we take on them. I mean they know what we are good at and what we're not good at."

What should we do about non-reportable events, such as accidental injuries?

report file. An incident report should include the names of the child and the facility, the date and time of the incident, the nature of the incident, and any action taken. Any serious accident or illness should be reported to Community Care Licensing, and the child's placement worker and parents, immediately.

If you become aware of an unexplained injury to a child (which does not rise to the level of suspected abuse), make sure it is noted in writing. You should also record any unusual bruises or marks which children have when returning from a home visit.

The reporting law sounds clear—but it's not always easy to put it into action. Am I the only one who has doubts and dilemmas?

insensitively handled investigation can traumatize a child as much as the incident of abuse — yet no investigation may guarantee that the abuse will continue.

If I can take care of the situation, why does the outside world need to know? A "closed system" — an agency or facility

In order to prevent misunderstandings, each agency should keep a written record of all accidents and injuries, and maintain a written *incident*

report file. An incident report should include the names of the child and the facility, the date and time of the incident, the nature of the incident, and any action taken. Any serious accident or illness should be reported to Community Care Licensing, and the child's placement worker and parents, immediately.

If you become aware of an unexplained injury to a child (which does not rise to the level of suspected abuse), make sure it is noted in writing. You should also record any unusual bruises or marks which children have when returning from a home visit.

No, you're not alone. It helps to be aware of some of the common barriers to reporting, and hopefully to move beyond them. You may have some of the following thoughts:

I'm afraid that the child's situation will get worse. It's true that an

victims, as yet unidentified, could be involved. If the suspected abuse is current, we also have to protect the other children in the group home or residential facility: it's not up to us to make systemic policy decisions.

I'll bring problems on myself and my agency. It's true that, even if the allegation turns out to be unfounded or false, it can have long-lasting effects on an agency. Rumors of abuse could surround the agency anyway. Referrals from placement workers could come to a halt. It can be nearly impossible to keep a child abuse report confidential in the community. And yet for the most part, when agencies are reliable about making reports about themselves, and responding to incidents in a calm, professional manner, there is far less room for rumors and scandals.

Recognizing these barriers is a first step. Have any of them affected your past decisions about reporting — or could they affect your future decisions? Many of the barriers can be avoided if your agency has developed clear policies and procedures before suspicion of abuse arises, and if you have developed good working relationships with child placement workers and local law enforcement officers.

Remember — you don't have to make the decision alone. You can enlist the help of other professionals to clarify your thinking and draw conclusions about a situation. The "bottom line" is that children need and deserve our protection.

The legal material in this handbook is for general information only. If you have individual legal questions or concerns, you should consult an attorney about the specific aspects of the case.

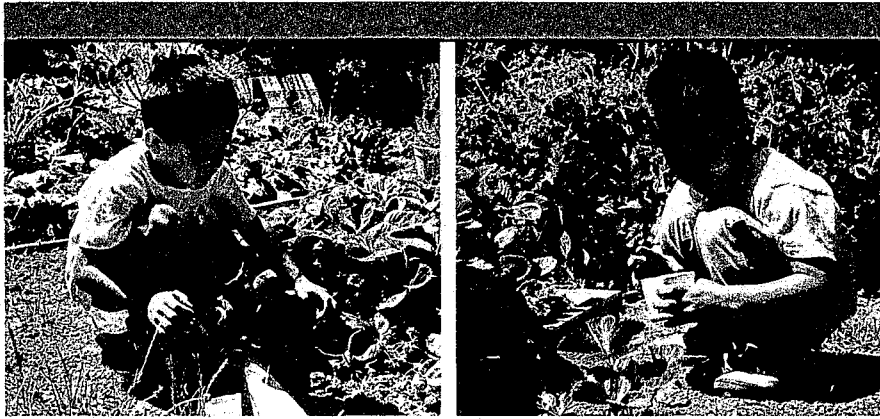


Aftermath of Reporting

**Who responds to
a child abuse report?**

After a report has been made, a child welfare agency and/or law enforcement agency must respond to it.

When a report is made to a child welfare agency, the intake worker will usually ask for detailed information over the phone in order to determine whether the given facts add up to a reportable case. If the report is accepted, it is referred to an investigator who will cross-report to the local law enforcement agency and determine how quickly to respond.



"It's up to the social workers and the child care workers to make it a better world so that these things don't happen to children."

When reports are telephoned to law enforcement, they are usually received by a dispatcher who then relays the information to an available patrol officer. As a result, there is a response to almost all reports within a few hours, except for general neglect cases, which are referred to the local child welfare agency. However, since the dispatcher answering your call will probably do little or no screening of the information, the responding officer will assess all information when he or she arrives.

Some law enforcement departments, especially in large urban areas, have centralized child abuse units composed of higher-ranking officers who specialize in child abuse cases. If you report directly to such a unit, the detective who takes the report will screen the information in much the same manner as a child welfare agency. In most cases, a patrol officer will be sent out under the guidance of unit specialists.

Law enforcement agencies are responsible for investigating reported abuse in a group home or residential facility. Community Care Licensing will also be involved. But most often, there is no way to know for certain which agency will respond first to the child abuse report.

For instance, if a child welfare agency is called first, the worker may summon the police to make an immediate assessment of the safety of the child. On the other hand, if the agency receiving the report feels there is no emergency, it may not respond for several days.

No matter which agency you call, *make it very clear if you feel that an immediate response is needed.*

How does the investigator decide what to do?

The first task of the investigator is

to determine whether the report is valid. When physical injury is reported, investigators must decide whether it constitutes abuse, or whether it can be attributed to a different cause, such as an accident or illness.

It can be complicated if physical injuries are not present or easily observable—or if the investigator has only the child's statement to go on. This is often the case in reports of sexual abuse or past incidents of physical abuse.

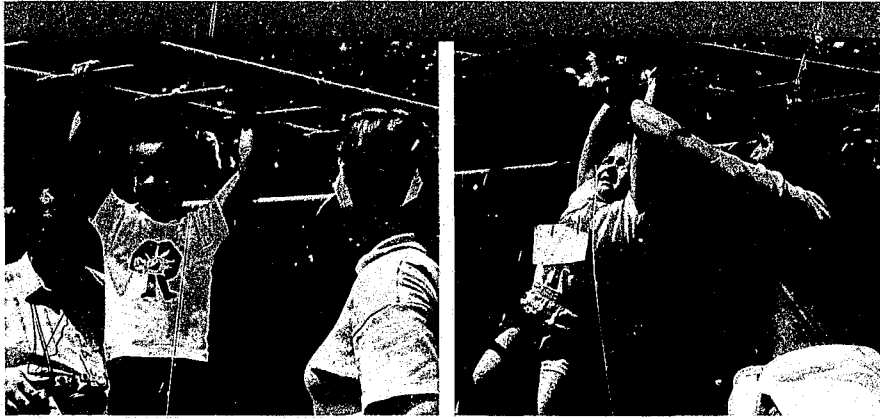
An investigator may decide that the initial report is '*unfounded*,' meaning that it is inherently improbable, false, involves accidental injury, or is not child abuse. If this happens and you still believe that abuse has occurred, continue to observe the child's situation, and report new information as you receive it.

Law enforcement agencies will be primarily interested in pursuing criminal actions or allegations. Therefore, in cases of severe injury or of sexual abuse, police will try to identify the abuser and gather as much evidence as they can easily obtain. The case is then turned over to a detective, who will conduct the full investigation required for criminal prosecution.

Child welfare agencies will be primarily interested in evaluating the child's out-of-home-care situation, to determine whether the child should be transferred to other care. The child's placement worker is responsible for arranging such a transfer.

Community Care Licensing evaluators will be primarily interested in preventing further possible violations of licensing regulations.





"I was a little afraid in the beginning that I wouldn't be able to do the job... it had a lot of responsibility."

If the suspected child abuse appears to involve only a complaint — having to do with non-criminal acts or omissions — law enforcement investigators will generally refer the report to Community Care Licensing and to the child welfare agency.

Who is questioned during an investigation? Will I be interviewed?

Several initial interviews are required in order to determine the circumstances leading to the report, when the alleged abuse occurred, the nature and extent of the abuse, and whether an incident of child abuse has occurred in the facility before. The investigator must interview:

- the person(s) who made the report.
 - the alleged victim(s). Whenever possible, this interview should be conducted by trained personnel who are sensitive to the psychological and emotional needs and background of children the victim's age.
 - potential witnesses, as warranted by the circumstances. These include:
 - the administrator(s) and employees of the facility;
 - the licensee or owner of the facility;
 - the placement worker for the child;
 - other selected children in the facility, and their placement worker(s);
 - authorities and teachers at any school the child may attend;
 - the facility's licensing worker; and
 - anyone who may have witnessed the abuse, or who may provide history or other related information concerning the victim or participants in the abuse.
- In some cases a medical opinion may be required.

When appropriate, the interview with the child may be conducted in the group home or institution. (In any event, the investigator will want

to view the premises.) The child should be interviewed in private; he or she may, however, wish to have a clinically sensitive support person present. Information about the reported abuse should be solicited in a concerned, reassuring, non-punitive manner — and without "prompting" the child with leading questions or statements. The child might be examined for injuries, including those which might be hidden by clothing. Any statements the child makes should be paraphrased or recorded.

As a child care worker you may have unique insights into the situation. If an investigator comes to interview you, you may provide any relevant information, even if you did not make the report. You may be questioned about any statements the child may have made about abuse, and asked for your observations of the child's behavior.

If you made the report, you may share with investigators any information that led you to suspect child abuse; and you are obligated, by law, to share all information requested by the child protective agency at the time of your initial report. You are not criminally or civilly liable for any report you are required to make as a mandated reporter of known or suspected child abuse. If you are under investigation as the subject of a report, you may wish to have an attorney present at the interview.

Police and child welfare agency workers do *not* need a warrant to enter an agency in order to investigate an allegation of abuse or in an emergency — for example, to remove a child. In addition, state and county licensing



“After I’ve been involved with a confrontation with a kid, and maybe I had to hold him because he was getting dangerous to himself... and maybe he’s been crying... and then when it’s over, I always wonder if I did a good job... if I did everything I should have done...”

personnel are always allowed by law to make regulatory inspections without warrants at any time.

In what other ways do investigators gather evidence?

Investigators will contact the Department of Justice Child Abuse Registry to obtain any relevant information available, including whether other incidents have been reported involving the same residential facility, the same child, or the same alleged perpetrator of abuse.

Photographs may be taken of all visible physical injuries, even if the injuries appear slight. Photographs showing the child’s general appearance may also be taken, especially in cases of serious neglect or failure to thrive. Physical evidence—such as implements used to inflict the abuse, articles of clothing, and fingerprints—will be collected and preserved. Diagrams, photographs, and measurements of the premises will be made, in particular of the scene of any alleged incident of severe abuse. A medical examination of the child by a licensed physician may also be required.

What steps might be taken to ensure children’s safety?

The alleged perpetrator(s) can be taken into custody by law enforcement if probable cause to arrest is found. If probable cause to arrest does not exist, the suspect(s) may still be suspended, or requested to leave the group home or institution voluntarily, until the investigation has been completed. If the suspect is a child or youth

placed in the facility, and the case is serious, removal of that child might be considered. The suspect would be placed under arrest and taken to

local juvenile hall. A child may be removed from a facility by a law enforcement officer, the child’s placement worker, or the child’s parent or guardian—whichever is appropriate. A parent may not remove a child who is a court ward or dependent, however, without prior approval of the judge who ordered the placement.

An alleged child victim might be removed from care and placed in protective custody if the child’s condition or surroundings reasonably appear to jeopardize his or her welfare. The responsibility for alternative placement of the child then lies with the agency which placed the child in the facility.

In addition, Community Care Licensing may conduct on-site monitoring of a licensed facility until the investigation has been completed, especially if staff or administrative personnel are suspected to be involved in the alleged abuse.

Do I have the right to know what happens after I report?

Yes. A mandated reporter has the right to find out the results of the investigation, and any steps which may have been taken with the child, the family, and the group care facility.

If the investigating agency doesn’t notify you, you may call them to find out what has happened. Always obtain the name and phone number of the investigator.



“People make mistakes; people sometimes let their anger get out of control; people do things that are wrong; people say things that are wrong... They’re human... We’re all human.”

Whom else must the investigators inform about the case?

Responding investigators must make cross-reports to other child protective agencies immediately by telephone, and in writing within 36 hours of the initial report, even when no other steps have yet been taken. For example, law enforcement must cross-report to the child welfare agency, and vice versa. The District Attorney’s office will decide whether or not to file criminal charges, based upon the investigators’ findings.

Both agencies must also report to the Department of Justice Child Abuse Registry. The Child Abuse Registry maintains files on the names of any person suspected of child abuse, and of any suspected child victim.

When the investigation has been completed, the following people and agencies must be notified of action taken and the final disposition of the matter:

- Department of Justice, Division of Law Enforcement;
- the child placement agency involved;
- Community Care Licensing;
- the probation department and the welfare department in the county in which the facility is located;
- the administrator of the facility; and
- the parent or guardian of the child involved, if the child is not a dependent child or ward of the court.

What actions might be taken when the investigation is complete?

The child placement agency *may* discontinue use of the group home or residential facility, and it may notify other child placement agencies that

it has done so. If the child is a dependent child or ward of

the court, the child placement agency may also notify the child’s parent or guardian.

The licensing agency *may* revoke

or suspend the facility’s license.

The county probation and/or welfare department *may* recommend to the juvenile court whether the child’s placement should be changed, and whether the suitability of the placement of all children in the facility should be reviewed.

The administrator(s) of the group home or institution *may* make appropriate personnel, policy, or procedural changes within the facility.

The parent or guardian *may* remove the child involved, if the child is not a dependent child or ward of the court.

What if it seems that nothing, or something inappropriate, has happened?

If you believe the child is still in danger, tell the investigator and explain why. A follow-up to your initial report is not required, but it’s a good idea.

A call may help ensure that the child, and the group home or residential facility, receive the support services they need. The Department of Justice, Division of Law Enforcement, has the responsibility to monitor all investigations of suspected child abuse in group homes or residential facilities, in order to ensure that investigations are making reasonable progress. Keep a record of all your contacts and conversations with any workers involved in the case.

Mistakes will sometimes happen, but this doesn’t make it wrong to report child abuse. Use the system—and insist on making it work.



FALSE ALLEGATIONS

Why They Happen, How to Respond

While child abuse happens in residential and group care, and is unacceptable, some allegations of institutional abuse are false. It is devastating to be accused of child abuse, especially if one feels dedicated to providing the very opposite for troubled children—nurturing, therapeutic care. A false accusation can be an unbearable assault on one's character, skills, and motives. In order to respond calmly and effectively, we need to examine the possibility of child abuse allegations—both true and false—in advance.

False Allegations by Children

Children come into residential and group care with many critical needs. A child who has been physically, sexually, or emotionally abused needs to learn how to trust adults and other children. A delinquent child needs help in controlling angry and impulsive behavior.

The caregiving role of a child care worker in the child's day-to-day living situation is crucial, because it's in the living unit or cottage, in everyday interaction and communication, that much of the therapeutic process takes place. But this intense interaction can become confused and distorted in a child's mind—often because safety and intimacy are so new and unfamiliar after years of abuse or neglect. The most painful way, no doubt, that this confusion can show itself is when a child accuses a caregiver or another child of abuse.

Children in residential and group care often have poor peer relationships; making friends can feel awkward, scary, and dangerous. When children accuse each other of being abusive, we need to take it seriously, never underestimating the power which children can hold over each other. What may seem like a small trauma to us may in fact be a huge crisis for the child. We need to win children's trust by listening and responding, and by helping them to communicate better and interact non-violently with each other.

It is still a commonly held view that children cannot and do not make false allegations of abuse—especially sexual abuse—and yet hard experience has sometimes taught otherwise. Here are some of the most common patterns and root causes.

Re-enactment. In order to 'master' a past trauma, we all tend to go through it in our heads again and again. Children in our care

who have been physically or sexually abused often continue to perceive the world as though they are experiencing abuse every day. A child may unconsciously re-create abuse in an attempt to take control and overcome it. A child who has learned to expect abuse from adults may try to elicit it from us in order to 'get it over with', or because it is familiar.

Poor reality testing. An emotionally unstable child may confuse fantasy with reality, the 'yesterday' going on in his or her head with the 'here and now'. In this confusion the nurturing caregiver frequently becomes somebody else, 'transferred' from the child's traumatic past. Normal displays of affection, such as an arm around the neck, a backrub, or a goodnight hug, may be mistaken for a seduction scene. Appropriate behavior control, such as *therapeutic restraint*, may be misinterpreted as physical abuse.

Fear of attachment. A child care worker's nurturing attention may stir up powerful fears in a child of getting too close. A loyalty conflict may be involved, a fear that closeness to a new adult role model or authority figure is a betrayal of Mom or Dad. Low self-esteem, a feeling of not deserving loving care, may lead a child to push an adult away. A false allegation is one way to do this.

A cry for help. An allegation of abuse certainly gets adults' attention, and it can distract their focus, for awhile, away from what's going on inside the child. Generally, children do not consciously make false allegations in order to punish their caregivers. But in some cases, a child who feels angry, resentful, misunderstood, or abandoned may not know how else to express these feelings and be heard.



"I know that at times the kids are acting out to get me to hurt them ... it's kind of negative attention. But that may be the only way they ever got attention at home."



Whenever a child alleges abuse by an adult, or by another child in the facility, an assessment must be made to determine whether or not there is a reasonable suspicion of abuse. If so, it must be reported. When this happens, make sure you follow your agency's procedures for internal assessment.

If the child has not been abused, the treatment team has an obligation to help the child resolve what has happened. The false allegation must not impede the child's treatment and care; instead, it should be used as a "therapeutic window," an opportunity for the child to go back and "clean up" whatever has happened with the accused person. An allegation of abuse should be resolved as quickly and calmly as possible, without stirring up a crisis atmosphere. This isn't easy to do!

The child who has made a false allegation may well need therapeutic back-up and support for the rest of the day, or for the next few days. Confronting the allegation may take the child into past fears, fantasies,

and terrors; make sure the child has help in working through these feelings, not simply burying them again. Help the child to find "a way back," an alternative to acting out, regressing, or hurting himself or others. Help him undo the falsehood by telling the truth or by apologizing, perhaps with a letter or picture: some kind of transition back to everyday life. Then, when the matter has been cleared up, end it—it needs to be over with. It is unwise to handle a false allegation with punishment or negative consequences.

False Allegations by Adults

Parents and relatives often feel frightened or jealous about having "lost control" of their child's life. A false allegation of abuse may be an effort to sabotage the treatment process, to punish the agency, or to get the child back.

The allegation may arise out of the parent's own pathology and pain; through a



misunderstanding of treatment; or around visitation times. The best prevention is open communication: involve parents and/or other relatives as partners in the treatment process from the start.

Neighbors may accuse the agency of child abuse when they're concerned or angry about something else; for example, that the yard is messy, or that the children seem noisy, rude, or out of control. Neighbors may fear violence from the children, misunderstand what brought the children into the program, or see things which they don't understand, such as therapeutic restraint. Again, the best prevention is to keep the lines of communication open: neighbors need to be treated politely, and need to know to whom they can talk when they have a complaint.

Staff members may accuse other staff of abuse when they feel criticized, wrongly accused, or disciplined—or when they have been fired. A false allegation can be a way of directing pressure at the agency, and away from themselves.

If an allegation by a parent, neighbor, or staff member seems to have a reasonable basis, it must be reported. But even in the absence of reasonable suspicion, it's often best to notify at least your licensing evaluator, and perhaps the police, that a complaint or abuse report is forthcoming, and to explain your view of the situation. Keep an open network of communication with everyone concerned with your facility; you will earn increased trust and respect by coming forward at once, instead of waiting to be investigated.



False allegations of abuse are disasters we all hope will never happen to us. But the best protections we have are to understand the risks involved in providing residential and group care, and to have procedures in place before the need for them arises.



"I'm really careful how I hug the kids or if I ever put one of the younger ones on my shoulder... I always put the girls 'side saddle' rather than around my neck... These kids are very precocious when it comes to a lot of things... and as a male counselor I have to be careful not to encourage certain behaviors in the girls."



“When you work with teen parents you have to teach responsibility, because otherwise they treat the baby like a doll . . . We know that this is a crucial time not only for the pregnant teenager, but also for the baby . . . When you serve two populations— young moms . . . and their babies—you’re teaching parenting skills to the mother and also trying to give extra love and care to the baby . . .”



Recovering

from Crisis

What if the incident happens? How do you respond? What are the consequences? What are the options? What are the alternatives? What are the resources? What are the supports? What are the services? What are the referrals? What are the referrals? What are the referrals?

The Children

If a staff member was dismissed because of the incident, it's likely that he or she wasn't able to say goodbye.

Children must have information about what happened; if not, they may believe that the person left because they were "bad" or too hard to handle, or because they got too close.

Tell the children the truth. For instance: "John had to leave because he didn't follow our rules against hitting kids." Or: "Ellen had to leave because she wasn't able to take care of you properly—but that was her problem, not yours." A group discussion can be useful. Remember that just as abused children love their abusive parents, they may feel a strong connection with a worker who has abused them. Give them permission to voice feelings of sadness, loss, confusion, abandonment, even rage.

"We're only talking about half of one percent of all kids nationwide so it's not a real important social issue for most people."



The Staff

Child abuse by a staff member has an impact on the whole staff; don't presume that an incident will remain secret, whether in a large or a small agency. Acknowledge the incident at a staff meeting, although you don't have to go into detail. Restate agency policy and ethics about staff behavior toward children, and the obligation to report suspected abuse.

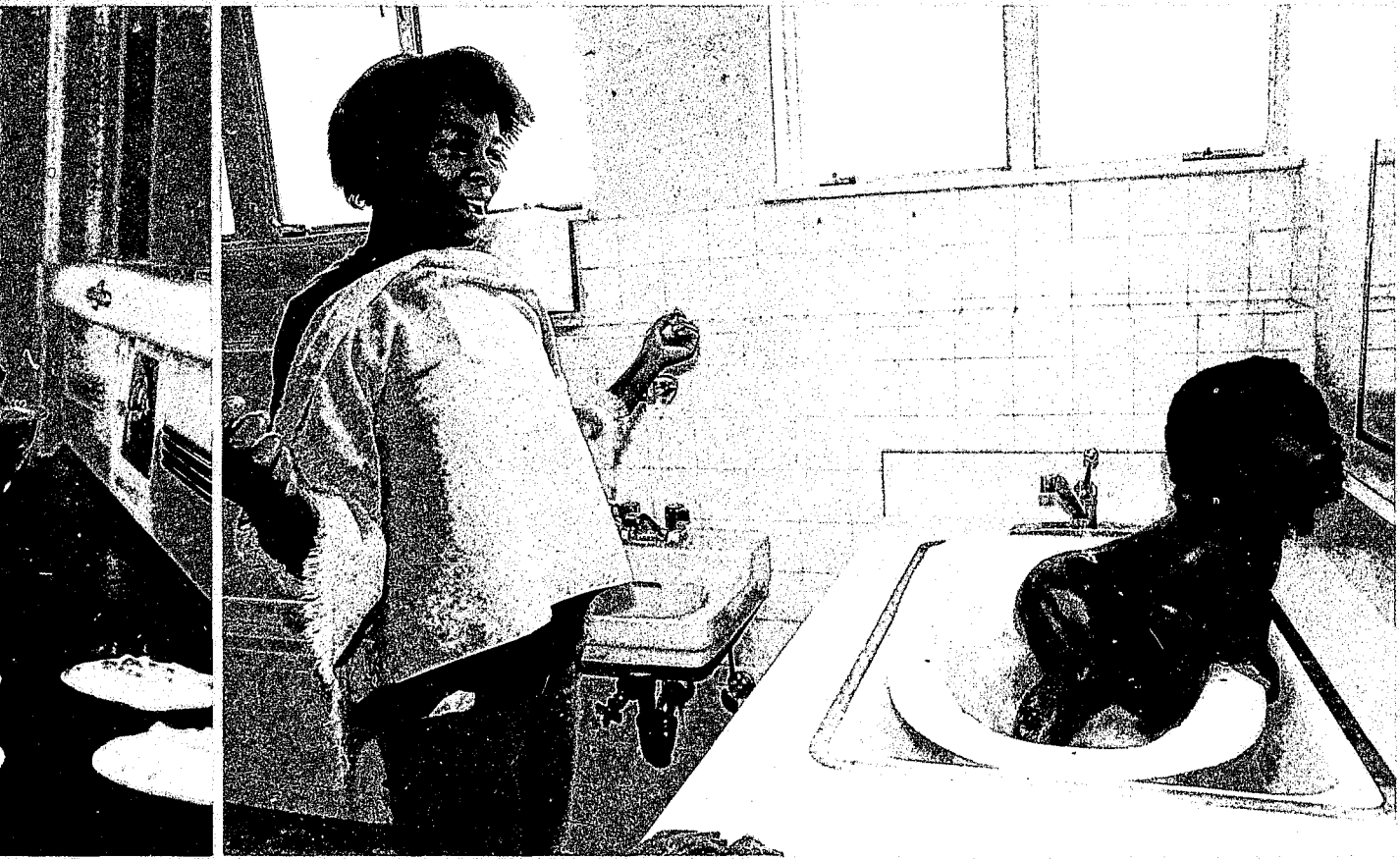
Take time to hear the staff's concerns about what has happened; this process of listening and responding can be both reassuring and healing. This is a good time to admit that given the "right" set of circumstances, anyone might act out anger against a child. What are the pressure points of the job, and how can they be eased? If the issue has been sexual abuse, talk about the delicacy and risk of working with sexually abused children. After the meeting, make sure that the lines of communication are still open, so that further discussion can happen in team meetings or in individual supervision.

The Administration or The Small Group Home Manager

Revue the entire incident step by step. Was the child abuse report made in a timely fashion? Was this incident preventable? If not, why not? Was the staff person's behavior predictable? How? Was something lacking in the hiring or supervision process? What safeguards can be instituted now to prevent another incident? If the staff person was not dismissed as a result of the incident, how can additional training and supervision be provided?

An air of suspicion and mistrust may last a long time; 'bad publicity' may linger. Are any steps necessary to repair community relations? Don't underestimate the importance of letting people know that you have taken action to correct a problem. It's probably better to admit the problem than to hope that people won't find out.

In a large agency, the board of directors should meet to review personnel standards and policies, and to determine whether the agency has met its legal responsibilities.

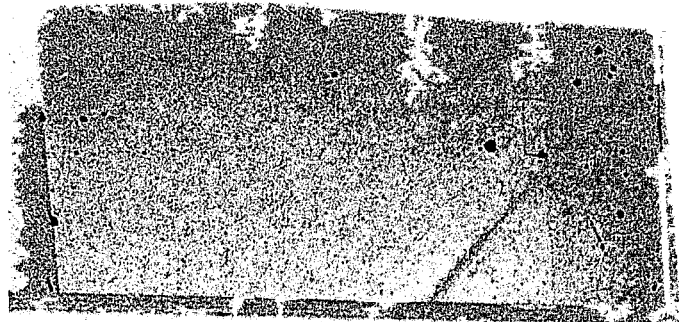


The Danger

Sadly, for a small group home there may be no such thing as recovery from child abuse. One incident of abuse—even one that is not firmly substantiated—may be enough to erode the community's trust in the program, and end referrals from placement workers.

If there is to be any chance of moving on, everyone in the residential or group care program must be prepared to learn from problems and mistakes; ignoring them is dangerous. Acknowledge that this is a high-risk business, that mistakes are going to happen, and that we can only do our best. Share information and support with other providers in your area. There is no magic formula for coping with the results of institutional abuse, but *none of us can afford to go it alone*. Together, we can redouble the effort to keep children healthy and free from harm.

I feel part of my job is to show the kids that I'm different from the kinds of adults they've dealt with before. I think we are not only substitute parents but we also represent adults everywhere. And I think they need to begin to trust adults and know adults can be good people. I don't think that's easy for these kids, though."





RESOURCES

Following are selected resources about residential care.

"People don't want to know about these problems. These kids have no advocates."



Assuring a Safe Environment in Residential Facilities for Children and Youth. Proceedings of Transfer of Knowledge Workshop. California Youth Authority and California Association of Services for Children. Sacramento, California. 1987.

Child Abuse Prevention Handbook. Office of the Attorney General. Sacramento, CA. 1985.

"Clinical Issues and Cautions in the Assessment of Abuse in Out of Home Care." Transfer of Knowledge Workshop. 1987. Mary Lou Carson, L.C.S.W.

"Guidelines for Protecting the Child in Residential Group Care." The Ohio Association of Child Caring Agencies, Inc. Columbus, Ohio.

"Institutional Child Protection: Issues in Program Development and Implementation." Nolan Rindfleisch, PhD, and Donna Hicho, MSW.

"Introduction to Child Care Work: A Basic Training Curriculum." Child Welfare Institute. Atlanta, Georgia.

Making a Difference: A Handbook for Child Care Providers. California Child Care Resource and Referral Network. San Francisco, California. 1987.

The Other 23 Hours. A.E. Treischman, J. Whittaker, L. Brendtro. Aldine Press. Chicago. 1969.

Peer Review Standards. California Association of Services for Children. Sacramento, California. 1988.

Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions. U.S. Department of Health and Human Services. 1980.

Sexually Abused Children: Prevention, Protection and Care. A Handbook for Residential Child Care Facilities. Elizabeth L. Navarre. Indianapolis. Indiana Association of Residential Child Care Agencies. 1983. Revised July, 1986.

Therapeutic Crisis Intervention for the Child Care Worker. Michael J. Budlong, ACSW, and Andrea Mooney, M.Ed. Ithaca, NY. Family Life Development Center. Cornell University. 1983.

Weeping in the Playtime of Others. Kenneth Wooden. McGraw Hill. New York. 1976.

The **California Association of Services for Children (CSC)** is a nonprofit organization of sixty-five charitable agencies which serve abused, neglected, emotionally disturbed, delinquent, and developmentally delayed children. Founded in 1960, CSC provides legislative and administrative advocacy, training, peer review, management consultation, and research for its members. CSC member agencies serve approximately 15,000 children each year.

Member Agencies

Alternative Family Services, *San Francisco*
Aviva Center, *Los Angeles*
Booth Memorial Center, *Los Angeles*
Boys and Girls Mental Health Centers, *El Cajon*
Boys Republic, *Chino*
Burt Children's Center, *San Francisco*
Canyon Acres Residential Center, *Anaheim*
Catholic Social Service of Napa and Lake Counties
Charila Services for Girls, *San Francisco*
Childhelp USA, *Woodland Hills*
Children's Bureau of Los Angeles
Children's Garden, *San Rafael*
Children's Home Society of California, *Los Angeles*
Children's Receiving Home of Sacramento
Concept 7 Services for Children, *San Juan Capistrano*
Crittenton Center for Young Women and Infants, *Los Angeles*
David and Margaret Home, *La Verne*
Eastfield Ming Quong Children's Center, *Campbell*
Edgewood Children's Center, *San Francisco*
Ettie Lee Homes, *Baldwin Park*
Family Life Center, *Petaluma*
Five Acres, *Altadena*
Florence Crittenton Services of Orange County, *Fullerton*
Florence Crittenton Services of San Francisco
Fred Finch Youth Center, *Oakland*
Good Samaritan Homes, *Sacramento*
Guadalupe Home for Boys, *Yucaipa*
Hanna Boys Center, *Sonoma*
Hathaway Children's Services, *Los Angeles*
Hillsides, *Pasadena*
Hollygrove, *Los Angeles*
LeRoy Boys' Home, *La Verne*
Lilliput Homes, *Stockton*
Lincoln Child Center, *Oakland*
Long Beach Youth Centers
Maryvale, *Rosemead*
McKinley Home for Boys, *San Dimas*
Mount St. Joseph-St. Elizabeth, *San Francisco*
Odd Fellow-Rebekah Children's Home, *Gilroy*
Olive Crest Treatment Centers, *Anaheim*
Optimist Boys' Home and Ranch, *Los Angeles*
Pacific Lodge Boys' Home, *Woodland Hills*
Rancho San Antonio, *Chatsworth*
Re-Ed West Center for Children, *Carmichael*
Rehabilitation Mental Health Services, *San Jose*
Rosemary Cottage, *Pasadena*
Sacramento Children's Home
St. Anthony's Children's Home, *San Bernardino*
St. Harriet's Children's Home, *El Monte*
St. John's School, *Whitewater*
St. Katherine's Home for Boys and Girls, *Corona*
St. Vincent's School for Boys, *San Rafael*
San Diego Center for Children
San Francisco Boys' Home
Sierra Vista Children's Center, *Modesto*
Stanford Home for Children, *Sacramento*
Sunny Hills Children's Services, *San Anselmo*
The Casey Family Program, *Walnut Creek*
The Sycamores, *Altadena*
Trinity School for Children, *Ukiah*
True to Life Counseling and Company, *Sebastopol*
Vista Del Mar Child and Family Services, *Los Angeles*
Vista San Diego Center
Youth Activities-CYO, *San Francisco*

"Sometimes I get really sick of this job and sometimes I feel if I see another tough kid come through the door I'm going to scream. But I take a lot of pride in trying to run a good program."