A growing body of research points to a definite link between domestic violence and child abuse. Forty-five to seventy percent of battered women in shelters report that their batterers have also committed some form of child abuse. Considering only the smaller percentage of reports, this means that child abuse is 15 times more likely to occur in homes where adult domestic violence is also present. This connection makes it important for social workers and others to recognize the link between spousal abuse and child abuse and to respond with specialized services and protective resources when these two forms of maltreatment coincide.

Research has also reported that women who have been beaten by their spouses are twice as likely as other women to abuse a child. The tremendous stress associated with living in a violent situation may prompt such physical abuse of children by women at risk for such behaviors. Some physical or emotional abuse of children also results when battered women are so fearful of the abuser's reaction to childhood behavior that they over-discipline the children in an attempt to protect them from what they perceive to be the greater danger from the batterer. Child neglect can also result if a battered woman, in an effort to protect herself, withdraws from the family - even the children, or devotes all of her attention to placating the abuser.

It is estimated that 3.3 million to 10 million children witness domestic violence each year. Many child witnesses of domestic violence experience increased problems themselves, even if they are not physically abused or neglected as a result of the violence. Children may imitate the violent adult behavior they observe by victimizing younger siblings, peers, or animals. Other children may adopt the victim role, becoming passive and withdrawn in their interactions with other people. Child witnesses of domestic violence may also display an inability to control or express emotion, or to delay gratification. They may also come to view aggression and violence, aimed at power and control, as the only means of getting one's needs met.

For all of these reasons, it is important to coordinate interventions in child abuse and domestic violence cases. Cooperation between professionals working with abused and neglected children and responding to battered spouses is essential to ensure the safety of both children and women. If your agency has a domestic violence specialist on staff, it is important to work with that expert in any case in which both child abuse and spousal abuse are present. If not, you should coordinate with local domestic violence agencies that serve victims of spousal abuse directly. This should occur from the initial contact with the abused child and spouse, and continue through assessment of the precipitating incident and family interactions, through safety and service planning, in developing the overall case plan, and in evaluation of client progress.

Assessments should consider whether a parent has the capacity to care for her children outside of a violent situation. Service provision strategies must recognize the need for safety for both child and adult victims through services such as legal advocacy and shelter resources. Treatment services should not reinforce the idea that the battered spouse is somehow to blame for the violence directed against her (e.g., by labeling her a poor parent and mandating attendance at parenting classes). When the spouse is also a victim, individual counseling is more appropriate and less risky than joint family counseling with the abuser. Keep in mind that the ultimate goal is to end violence against both the children and the abused spouse.

When family violence issues come to the attention of the child protective services system first, it is important to assess the impact of the situation on the children and the potential danger to their safety and to develop a safety plan for mother and children. Some batterers attempt to prevent the abused spouse from seeking help by threatening that she will lose her children if she does so. Although you cannot say that the children will never be removed if family violence continues, you can reassure the mother - "it's not our goal to take children away from families and your safety is part of that."

Often in domestic violence situations, child safety depends upon the safety and protection of the adult victim. When community service providers work in partnership to protect the adult victim, children are also safer. The primary focus is ongoing assessment of child safety, safety of the adult victim, and accountability of the batterer. Collaboration with domestic violence programs, neighborhood service providers, the courts, and law enforcement may be needed for a comprehensive response.

The Guidelines are a product of the Casey Outcomes and Decision Making Project. Project partners: The Annie E. Casey Foundation; Casey Family Programs; Casey Family Services; American Humane Association, Children's Services; American Bar Association, Center on Children and the Law; Institute for Human Services Management. Guidelines developed and written by Tracey Feild, M.A. and Amy Printz Winterfeld, J.D.

Step 1. Assessment: Review the Safety and Risk Factors

Safety Factors: Review the written information in the investigation report and case record to assess whether the child's caregiver could be a victim of domestic violence (for safety reasons, it is very important to review this information out of the presence of the alleged domestic violence perpetrator).

- Is the behavior of either of the child's parents violent or out of control?
- Has a parent caused moderate to severe harm or made a threat of moderate to severe harm to the child or to the spouse or partner?
- Is the primary caregiver a victim of domestic violence that affects the caregiver's ability to care for or protect the child from immediate moderate to severe harm?
- Is the child fearful of people living in or frequenting the home, e.g., mother's paramour?
- Have there been previous incidents of domestic violence and the severity of the incident or the primary caregiver's inability to protect the child in that incident suggests that child safety may be an immediate and urgent concern?

Yes

If you answered yes to any of the above questions, work with the primary caregiver **away from the perpetrator of the domestic violence** to develop a formal written safety plan that describes:

- What actions will be taken to protect each child in relation to current safety concerns.
- Who is responsible for implementing each component of the safety plan.
- How the safety plan will be monitored and by whom.

Step 1. Assessment: Review the Safety and Risk Factors

Risk Factors

Once the immediate safety of the child and the abused spouse has been assured, use your agency's risk assessment or specialized domestic violence assessment and the questions below to assess the likelihood of future risk of child abuse or neglect. (For safety reasons, perform any assessment away from the domestic violence perpetrator.)

- Do family dynamics indicate a likelihood of future domestic violence?
- Are there previous reports (check police reports) of domestic violence or restraining orders in effect?
- Is the primary caregiver in denial of the family dynamic of domestic violence?
- Is the primary caregiver unable or unwilling to protect self and children in the event of future domestic violence?
- Has the primary caregiver/abused spouse reacted to previous incidents of domestic violence by abusing or neglecting the children?
- Is the family geographically isolated?
- Is there inadequate social support for the primary caregiver? Are relationships with extended family unsupportive or conflictive?

Yes

The greater the number of "yes" answers above, the greater the possibility of future harm to the child. You should carefully assess family dynamics and the willingness of caregivers to address domestic violence concerns, and develop safety and service plans accordingly.

Step 1. Assessment: Identify Case Issues and Concerns

For the purpose of developing a service plan, cases in which there is both domestic violence and child abuse or neglect fall into three general categories.

- The first category, **domestic violence against primary caregiver and children**, requires the most immediate response as it includes cases in which there is ongoing family violence.
- The second category, **abused caregiver abuses children**, may have elements of the first category since the children may be at risk for abuse by both caregivers. Even if the situation has so far involved only minor physical abuse by a primary caregiver who is herself responding to the stress of living in a household with domestic violence, it requires a timely response. Domestic violence tends to escalate in severity over time and the situation may become acute if nothing is done to respond.
- The third category, **abused caregiver neglects children**, may require planning for ongoing supportive services for the caregiver and children, as well as an immediate response to address the family dynamics of domestic violence.

Select the category that best fits the characteristics of the current case.

Note: Parents or caregivers who engage in domestic violence when children are present will be considered abusive or neglectful in some jurisdictions even without other overtly abusive or neglectful behaviors toward the children. Such behavior is certainly a risk factor in all cases.

1. Domestic Violence Against Primary Caregiver and Children

- Is there a pattern of family violence in which the primary caregiver is abused by her spouse or partner?
- Has the primary caregiver been hit, beaten, kicked, punched, attacked with a weapon, or has the batterer threatened to harm her children or injure her pets?
- Have the children been physically injured or threatened as part of the family violence, even if inadvertently or while defending their mother?
- Have the children emulated the batterer by attacking others in the home?

2. Abused Caregiver Abuses Children

- Does the primary caregiver react to the family violence by over-disciplining the children to protect them from the batterer?
- Has the primary caregiver physically injured the children?
- Does the primary caregiver acknowledge that the stress of living in a household with domestic violence issues has caused her to over-discipline the children to the extent that the children have been physically injured?

3. Abused Caregiver Neglects Children

- Does the primary caregiver appear to be so overwhelmed with attempting to cope with the domestic violence in the home that she is unable to respond to the children's needs?
- Does the primary caregiver recognize that family violence has impaired her ability to care for her children?
- Have the primary caregiver's attempts to respond first to the batterer's demands resulted in the children being left without adequate food, clothing, or shelter?

Step 2. Family/Cultural Issues: Assess Community, Family, and Cultural Issues

- Is it possible that community, cultural, or ethnic beliefs or practices that you are not familiar with are a factor in the parents' behavior?

However, keep in mind that domestic violence should never be excused as a permitted cultural practice.

No → Go to **Next Page**

Yes

- Find someone in your agency knowledgeable about the family's culture before proceeding. Develop your understanding of how the family's beliefs, values, interests and concerns may differ from your own and affect their behavior before you assess needs or begin planning services. When you understand how your cultural views and the family's culture and beliefs affect your assessment of the family's issues and needs, it may also affect how you plan to remediate them.
- If no one is available within your agency to help you understand the family's culture and belief system, identify community or neighborhood representatives (e.g., community leaders, community-based organizations, religious leaders, etc.) who could assist you in assessing needs and planning for families within this culture and in understanding the values and beliefs of this cultural group.

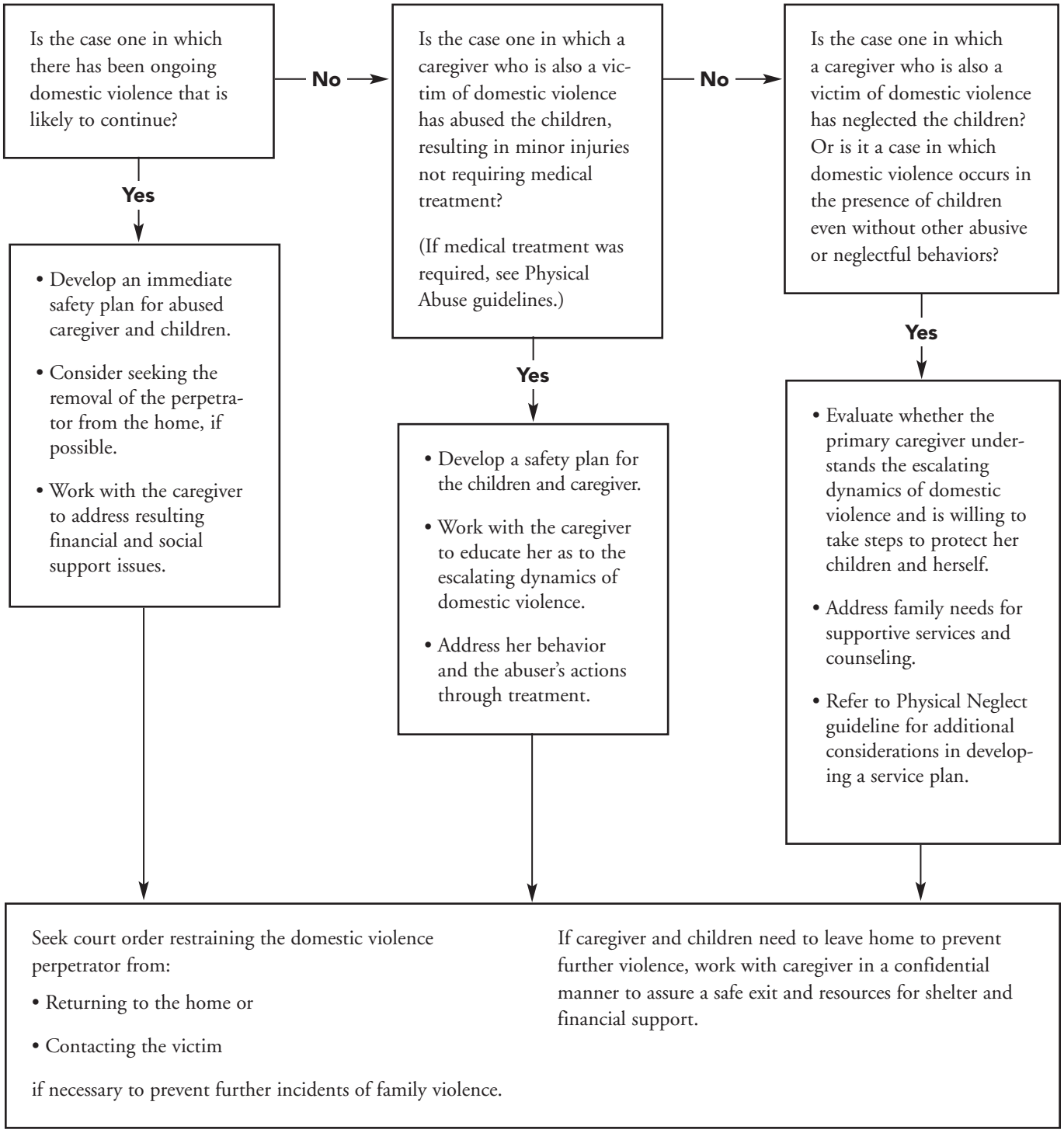
- Are there community and cultural beliefs that can be reinforced to discourage domestic violence by the offender?
- Are there specific formal community or cultural programs, supports, or services that can be accessed to protect the domestic violence victim and her children?
- Are there specific formal community or cultural programs, supports, or services that can be accessed to provide treatment for the offender?

Identify/review family (including extended family) strengths:

- Identify the strengths that can help the domestic violence victim and child overcome the domestic violence (e.g., other positive relationships of victim and child, education, employment, training and skills, support systems, etc.).
- Identify the strengths of extended family members who could help support the domestic violence victim and children.
- Identify informal community or cultural ties or resources, such as an extended kinship network, that can be accessed to support positive family functioning.

Consider how to reinforce the strengths and self-esteem of the domestic violence victim in developing case plan goals, services, and supports. Plan specific steps to bolster family strengths. **Remember that the strengths you successfully reinforce will remain with this family after the case is closed.**

Step 3. Case Direction: Plan Appropriate Response to Safety Needs of Child and Caregiver



Step 4. Permanency Planning: For Native American Children, Keep ICWA Requirements in Mind as You Begin Planning

Determine the child's Native American heritage — Is this child a member of a federally recognized Indian tribe, a child of a tribe member, or eligible for tribal membership?

No → Go to **Next Page**

Yes ↓

Notify the tribal court that the child is the subject of an open child welfare case. Keep in mind that the Adoption and Safe Families Act (ASFA) makes clear that immediate child safety is paramount, but long-term ASFA requirements for timely permanency do not supersede the preferences for maintaining tribal affiliation in the Indian Child Welfare Act (ICWA).

Regarding reasonable efforts:
Child safety is always paramount. Within that context, ICWA requires that active efforts must be made to provide remedial services and rehabilitative programs designed to promote continued tribal affiliation through the "involve[ment] and use [of] available resources of the extended family, the tribe, Indian social services agencies, and individual Indian caregivers." This requirement is for Native Americans living both on and off of reservations. ASFA provides that child safety is paramount. As consistent with child safety, your agency should consider ICWA preferences for placement with extended family, other members of the child's tribe, and other Indian families, before suspending active efforts to aid the family and before considering termination of parental rights (TPR).

Regarding termination of parental rights for American Indian children:
Parental rights may be terminated only where there is evidence beyond a reasonable doubt, including testimony of expert witnesses, that the continued custody of the child by the parent (or Indian custodian) is likely to result in serious emotional or physical damage to the child. Domestic violence could constitute such serious damage, so be prepared with an expert witness who can testify as to the damage or potential damage from the domestic violence, if the case proceeds to a termination of parental rights hearing.

Make sure your agency attorney reviews ICWA before filing any actions with the court regarding permanency for this child. Remember that although child safety is paramount, this should be assured while maintaining tribal affiliation whenever possible. Therefore, any permanency plan developed for a Native American child that provides for an out-of-home placement, including an adoptive placement, would be subject to the placement preferences in ICWA (which include placement with extended family, other members of the child's tribe, and other Indian families).

Step 4. Permanency Planning: Keep in Mind ASFA Safety and Permanency Goals and Required Timelines as You Begin Planning

For healthy development, children need consistent care and a feeling of belonging in a safe, permanent home. To help ensure permanency for children, the federal Adoption and Safe Families Act (ASFA), requires an initial focus on child safety, then development of a permanency plan for each child within 12 months.

- Can immediate child safety be assured only by placing the child outside of the home?

No → **Go to next step** for identifying case goals and services. Ensure that plan includes supports for child safety at home. Include monitoring for child safety in plan.

Yes ↓

Begin permanency planning efforts immediately. Develop a permanency goal and permanency plan for the child, in collaboration with the non-offending parent.

- Involve the non-offending parent, the child (generally if the child is 14 or older or mature enough to understand the situation), other relatives, or persons important to the child, in the planning process.
- Do "concurrent" planning, that is, plan at the same time for the possibility of reunification of child and parent or finding an alternate permanent home for the child with relatives, through guardianship, or by adoption.
- Focus on child safety as the paramount goal, but make reasonable efforts to return the child home, unless the parent has assaulted, seriously injured, or killed a child or another child of the parent or there are "aggravated circumstances" such that the child's safety would be endangered by reunification. "Aggravated circumstances" not requiring reunification efforts include any listed in your state's law and the following as defined by federal ASFA law: abandonment, torture, chronic abuse, sexual abuse.
- Ensure that the child's permanency plan includes: protection of the child's health and safety, type and appropriateness of the child's placement (see the Placement Level of Care guideline), any services to be provided to the child and the reason, services to be provided to the child's biological parents, foster parents, and identified permanency family.

↓

Under the ASFA, federal law requires compliance with the following timelines to ensure permanency for children in the custody of state child welfare agencies. State law timelines may be more restrictive.

- If reasonable efforts to return a child home are not being made due to aggravated circumstances, a court permanency hearing must be held within 30 days of placement.
- For every child in an out-of-home placement (including placement with relatives), a court permanency hearing must be held within 12 months of the date of the child's first placement out of the home to determine the child's permanency plan.
- If a child has been in placement for 15 out of the last 22 months, a court petition to terminate parental rights must be filed, unless:
  1. A relative is caring for the child.
  2. There is a documented compelling reason that termination of parental rights is not in the child's best interests.
  3. The state failed to provide the family with services, unless reasonable efforts to reunify the family were not required for the reasons listed above.

Step 5. Goals and Services: Identify Goals and Services

Case Type 1 - Domestic Violence Against Primary Caregiver and Children

(any case where both the child and parent have been injured by domestic violence)

Goal 1 **Ensure the immediate safety of the child and adult victims of domestic violence.**

Out of the presence of the domestic violence perpetrator, gather as much preliminary information as possible to determine the urgency of the response, without endangering the adult victim or the children.

- Was family violence or conflict the reason for the initial referral to CPS? (Sometimes runaways or truancy can be caused by domestic violence.)
- Did police respond to a domestic disturbance? (Check police records.) Was there an injured child or parent who required emergency medical treatment?
- Are there restraining orders in effect against either parent?

Yes

If you answered yes to any of the questions above, there is an urgent need to develop a safety plan for parent and child:

- Contact the adult domestic violence victim and the children away from the batterer. This is essential for their safety. Be aware that intervention can increase the risk to the victim and her children. Respect the adult victim's right to self-determination, but explain that help is available and may be the only way to deter further violence.
- Reassure the adult that your concern is to protect her and the children, not to take the children away from the adult abuse victim.
- Develop a concrete safety plan that includes information about where local domestic violence agencies and shelters are located, and what to do in an emergency. Consider the issues that follow in safety planning.

Step 5. Goals and Services: Identify Goals and Services

- If the adult victim is preparing to leave the abusive relationship:
  - Make a list of safe places to go (e.g., family, friends, shelter, police).
  - Plan to keep key documents (e.g., driver's license, birth certificate, car registration, green card) and other items (e.g., children's medication, keys) outside the home or have duplicates to avoid raising suspicion.
  - Develop a code word to use with children in the event of violence so they can call for help.
  - Teach children how to call 911 or other emergency numbers posted by the phone.
  - Put aside cash for emergencies or in a separate bank account if possible.

- If the adult victim has left the abusive relationship:
  - Change locks, install security system and outside lighting.
  - Inform neighbors that partner no longer lives here and call police if he is seen.
  - Tell child care providers who has permission to pick up children and supply court papers if necessary.
  - Obtain protective order and keep in a safe place, with copy at friend's or neighbors' home.
  - Make plan to call friends or family members for support.
  - Plan to attend support group or call hotline if tempted to return to the abuser.

Safety plans for children may include:

- Leave or hide if mom and dad/partner are fighting.
- Telephone a friend, police, or 911 for emergencies.
- Run to get a neighbor, friend, or older sibling to help summon assistance from other adults or police.
- If children do not know where to go for help, talk with them about specific individuals they feel safe with and what to say and who to call for help.

Step 5. Goals and Services: Identify Goals and Services

Goal 2 **Identify how the non-offending caregiver's assessment of issues and family strengths, and cultural and community factors, can support the safety plan and case plan.**

Review non-offending family's assessment of the domestic violence situation.

- Are there factors or issues identified by the caregiver or non-offending family members that were not identified by you?
- Is it possible that their assessment of the issues could be helpful in determining how to plan for the safety of the children and the abused adult?
- Do they have any specific ideas about how to plan for safety and resolve the domestic violence issues?
- Do any of their ideas seem reasonable?
- Can non-offending family members (including extended family, if victim safety can be maintained) help implement any of the ideas?
- Can you help implement any of their ideas, either through development of the case plan goals, provision of services or flexible funding?
- To the extent you can assure safety while reasonably including any of the protective caregiver's or non-offending family's (including extended family's) ideas in developing the case plan goals, services and interventions, you should do so. **Remember, however, that the batterer should take responsibility for his actions and not blame the victim for the domestic violence.**

Identify and review non-offending caregiver strengths.

- Identify the strengths that will help the adult victim and children to remain safe and become independent from the abusive spouse or partner if necessary. (Include relationships, employment, education, personalities, skills, support systems, etc.)
- If the adult victim's issues and needs overwhelm her strengths, identify non-offending extended family members who could help provide support for this family, while maintianing victim safety.
- Identify extended family strengths that could help the abuser become less violent.
- Consider all of the strengths identified, both of the family involved in domestic violence and of the extended family, in developing the case plan goals, services, and interventions. Plan specific steps to use and bolster the strengths of the adult victim. **Rely on the strengths of the non-offending caregiver and her extended family whenever possible to address issues. Remember the strengths that you successfully reinforce will remain with this family after the case is closed.**

Step 5. Goals and Services: Identify Goals and Services

Goal 3 **Hold the perpetrator of the domestic violence accountable for his behavior and provide treatment to help him change his behavior.**

Review the dynamics of the domestic violence situation and the causes of the abuser's behavior.

- What are the factors or issues in the family that seem to elevate the level of domestic violence?
- Are there stresses such as:
  - Job loss.
  - Drug or alcohol abuse. (Provide treatment and see the Substance Abuse guideline.)
  - Ask the family, "What is causing you the most difficulty?" (Interview the adult victim and the abuser separately.)
- Is there a family commitment to change violent behaviors, including a commitment from the abuser?

- If violence is long-term, address the violence first, then the underlying stressors.
- Assess the issues that affect the individual abuser, and plan treatment services to respond to those issues. Ensure an assessment by a domestic violence specialist if possible.
- Ensure that the abuser is held accountable for following through on treatment.
- If he is attending group therapy, help to ensure that the group holds him accountable for his actions. He may need treatment for anger management, substance abuse, or other mental health issues as well.
- If he is on probation, ensure that the probation department follows through with their monitoring responsibilities.
- Do not use couples therapy or relationship counseling as the treatment modality, as this reinforces the idea that the victim is somehow to blame for the domestic violence.
- Do not allow treatment itself (e.g., attending classes four nights a week) to become a stressor.

Step 5. Goals and Services: Identify Goals and Services

Goal 4 **Plan specific steps to address the children's needs with respect to the domestic violence.**

Review the dynamics of the domestic violence situation and determine whether you can plan for the child's and the adult victim's safety together.

No →

Develop a separate safety plan for the child or remove the child from the home if it is the only way to ensure the child's safety.

Yes ↓

- Assess any trauma to the child from the domestic violence (including witnessing domestic violence) and provide appropriate therapy or treatment.
- Do not force the child to have visitation with the abuser. Explain options for telephone or supervised visitation.
- If applicable, explain to the child why the abuser was removed from the home and that there are appropriate consequences for perpetrating violence against family members.
- Explain to the adult victim the negative example that continued family violence sets for future adult relationships of the children, who may identify with the abuser or become victims themselves.

Go to **Step 6** Page 16

Step 5. Goals and Services: Identify Goals and Services

Case Type 2
Abused Caregiver Abuses Children as a Response to Domestic Violence

Goal 1 **Ensure the immediate safety of the children and plan to address the children's needs with respect to the domestic violence.**

Gather preliminary information necessary to assess child safety:

- Does the child have a major physical injury? If yes: An immediate response is required - see the Physical Abuse - Major Injury guideline.
- Does the child have minor physical injury or emotional injury? If yes, **out of the presence of the adult domestic violence perpetrator**, perform a more in-depth assessment by determining:
  - Has the child witnessed domestic violence? Between whom in the family?
  - Where are the children when the domestic violence occurs and is there potential danger to them from the perpetrator of the domestic violence?
  - Is it the adult domestic abuse victim's pattern to abuse the children as a response to her own abuse?
  - Is this an isolated incident in which the adult domestic violence victim abused the children in response to an immediate stress caused by her own victimization?

If your "yes" answers to the questions above indicate a safety risk, there is a need to assure child safety, and to develop an ongoing plan to address domestic violence issues in the family:

- Ensure the immediate safety of the child.
- Develop a concrete safety plan for the child, with specific steps for what to do in an emergency appropriate to the child's age and maturity. This may include such steps as:
  - Leave or hide if mom and partner are fighting.
  - Telephone a friend, police, or 911 for emergencies.
  - Seek assistance from a trusted adult or ask older sibling to summon adults or police.
- Meet with the adult victim away from the batterer. Reassure the adult victim that your goal is not to separate the child and parent, but to respond to the stress of the domestic violence that caused them to act out against the child.
- Plan for services, supports, and treatment to address the needs of the adult victim and to address the ongoing domestic violence issues in the family by following the additional steps identified for Case Type 1 above, beginning with Step 5, Goal 2.

Go to **Step 6** Page 16

Step 5. Goals and Services: Identify Goals and Services

Case Type 3
Abused Caregiver Neglects Children as a Response to Domestic Violence

Goal 1 **Ensure child safety and plan for services and supports to address neglect issues.**

Out of the presence of the adult perpetrator of the domestic violence, gather preliminary information necessary to assess child safety:

- Are the child's basic needs (i.e., food, shelter, adequate clothing, adequate supervision) being neglected? If yes: An immediate response is required - see the Physical Neglect guideline.
- Has the adult victim seriously neglected the child's basic needs because he or she has been incapacitated due to injuries caused by domestic violence?
- Has the batterer prevented the adult victim from attending to the basic needs of the child?
- Has the child been seriously neglected because the batterer refused to care for the child or provide for the child's basic needs?
- Does the child have emotional or physical injury as a result of neglect (e.g., failure to thrive)? (See the Failure to Thrive guideline.)

If you answered yes to any of the questions above, there is a need to assure child safety, to meet the child's basic needs, and to develop an ongoing plan to address domestic violence issues in the family:

- Ensure the immediate safety of the child.
- Plan for services and supports to ensure that the child's basic needs will continue to be met.
- Meet with the adult victim away from the batterer. Reassure the adult victim that your goal is not to separate the child and parent, but to respond to their injuries and the stress of the domestic violence that caused them to neglect the child.
- Plan for services, supports, and treatment to address the needs of the adult victim. These might include domestic violence support groups; counseling on victimization, self-esteem, or depression; job training; or other support services.
- Plan to address the ongoing domestic violence issues in the family by following the additional steps identified for Case Type 1 above, beginning with Step 5, goal 2.

Step 6. Achieve Permanency: Assess Community and Cultural Strengths, Supports, and Services That Can Reinforce Permanency

For all case types, assess the following:

- Are there community or cultural beliefs that can be reinforced to encourage positive family interactions and parenting practices (e.g., cultural tradition of caring for one's spouse)?
- Are there specific formal community or cultural programs, supports, or services that can be accessed to address the issues in this case (e.g., support or treatment resources for persons from this culture)?
- Does the family have informal community or cultural ties or resources, such as an extended kinship network or membership in a community of faith, that can be accessed to support positive family functioning?

When possible in service planning:

- Incorporate mechanisms to reinforce cultural strengths into the service plan for the child and family.
- Incorporate culturally specific supports and services into the service plan for the family.
- If treatment services for the adult victim or batterer are a part of the service plan, locate treatment providers that are aware of cultural factors and incorporate these factors into their service provision.
- For all services that are part of the service plan, attempt to locate programs that are culturally sensitive.

Monitor case for at least 6 months after domestic violence episodes have stopped, or after the adult victim has severed all ties with the batterer. (The transition to life without the batterer will be difficult, and the adult victim could find herself in another relationship with the same negative patterns. She will need support and encouragement to overcome this pattern.)

Notes

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Notes

References

The Adoption and Safe Families Act of 1997. (Public Law 105-89).

American Humane Association (1997). *Linking a response: Protocols for a collaborative approach to child abuse and domestic violence (A Children's Division Issue Brief).* Englewood, CO: Author.

American Humane Association (1998, December). *Minutes of a domestic violence and child abuse and neglect focus group.* Focus group conducted at the American Humane Association, Englewood, Colorado. (unpublished notes).

American Humane Association (1999). *Protocol for assessing risk factors involving domestic violence (developed for the State of Idaho).* Englewood, CO: Author.

Baker, D. R. (1999). *Iowa child welfare law: A manual for social workers (1999 Update)* (2d ed.). Washington, DC: American Bar Association.

The Indian Child Welfare Act. (Public Law 95-608).

Massachusetts Department of Social Services. (1995, February). *Domestic Violence Protocol #PR-95-0.* Boston, MA: Author.

Magen, R., Conroy, K., Hess, P., Panciera, A., & Levy Simon, B. (1995, July). *Evaluation of a protocol to identify battered women during investigations of child abuse and neglect.* Paper presented at the 4th International Family Violence Conference, University of New Hampshire, Durham, NH.

Pantell, R. H., Fries, J., & Vickery, D. (1990). *Taking care of your child: A parent's guide to medical care* (3rd ed.). Reading, MA: Addison-Wesley Publishing Company.

Schecter, S. & Edelson, J. (1994, June). *In the best interests of women and children: A call for collaboration between child welfare and domestic violence constituencies.* Briefing paper prepared for the Wingspread Conference: Domestic Violence and Child Welfare, Racine, WI.

U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Principles for implementing the Adoption and Safe Families Act of 1997.* Washington, DC (unpublished flyer).

U.S. Department of Health and Human Services. (2002). *Child maltreatment 2000: 11 years of reporting.* Washington, DC: U.S. Government Printing Office.

Wayne County, Michigan Prosecutor's Office (n.d.). *Domestic Violence Protocol.*

Winterfeld, A. (1998) An overview of the major provisions of the Adoption and Safe Families Act of 1997. *Protecting Children,* Volume 14, (3), pp. 4-8.

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A total of 87,480 confirmed cases of sexual maltreatment occurred in the United States in 2000 (the most recent year for which data are available). Victims of sexual abuse were most often female (1.7 female victims per thousand female children in the U.S. child population), but males are also victimized (0.4 male victims per thousand male children in the U.S. child population) (U.S. Department of Health and Human Services, 2002).

In children, the first signs of sexual abuse may not be physical, but may be behavioral changes. These vary according to the age of the child, but may include the following:

(Adapted from Smith, 1997)

Birth to age one:

- Fear, excessive crying.
- Vomiting.
- Feeding problems.
- Bowel problems.
- Sleep disturbances.
- Failure to thrive.

Toddlers and younger children (two to nine years):

- Fear of particular people, places, or activities.
- Regression to earlier behaviors such as bed-wetting, stranger anxiety.
- Victimization of others.
- Excessive masturbation.
- Feelings of shame or guilt.
- Nightmares, sleep disturbances.
- Withdrawal from family or friends.
- Fear of attack recurring.
- Eating disturbances.

Preadolescents and early adolescents (ten to 15 years):

- Depression.
- Nightmares, sleep disturbances.
- Poor school performance.
- Promiscuity.
- Substance abuse.
- Aggression.
- Running away from home.
- Fear of attack recurring.
- Eating disturbances.
- Early pregnancy or marriage.
- Suicidal gestures.
- Anger about being forced into situation beyond one's control.
- Pseudo-mature behaviors.

Older adolescents (16 to 20 years) may show similar behaviors.

When a child shows some of these behaviors and other circumstances prompt concern about sexual abuse, a thorough investigation is needed. If the suspected abuse involved fondling or intrusion, determine whether to seek a medical examination of the child. Such an exam, preferably with a practitioner experienced in this area, should be sought immediately if the suspected abuse occurred within the past 72 hours or if the child has pain, bleeding, or discharge from the urethra, vagina, or rectum, or complains of pain when walking or sitting. Children should not bathe, change clothes, or go to the bathroom before the exam.

If a child has been abused by intrusion or molestation in past weeks or months, or repeatedly complains of abdominal pain or vaginal inflammation, they should receive a medical examination as soon as possible. If the child has been abused by exploitation (e.g., forced to engage in prostitution), a medical examination is also necessary. If sexual abuse is confirmed, the victim's siblings should also be examined as soon as practicable (Smith, 1997). A psychological examination may also be needed.

If you are the first person meeting with a child after allegations of sexual abuse, respond with care. Follow agency procedures and state law requirements. Utilize the services of a child advocacy center that provides for an interview of the child by specially trained personnel, if available.

If you are the person initially interviewing the child:

- Determine the best place to meet the child, away from the alleged perpetrator (and non-offending parent if necessary).
- Explain to the child why you are there and that you want to help them.
- Establish trust by discussing the child's interests.
- Observe nonverbal cues such as behavior, emotions, facial expressions.
- Use clear, age-appropriate language.
- Avoid leading questions.

Responding to sexual abuse may require that you seek medical or psychological treatment for the child, counseling for the non-offending caregiver, and treatment for the abuser. You will also need to assure that the perpetrator no longer has unsupervised contact with the child.

You may need to seek a court order removing the perpetrator from the home. The Adoption and Safe Families Act makes clear in Federal law (42 U.S.C. §671 (a) (15)) that sexual abuse is a circumstance in which reasonable efforts to maintain or reunite the child in the home are not required if allegations are substantiated. Consider too, however, that the child may be able to safely remain at home with the non-offending caregiver if the perpetrator leaves the home and has no access to the child.

The Guidelines are a product of the Casey Outcomes and Decision Making Project. Project partners: The Annie E. Casey Foundation; Casey Family Programs; Casey Family Services; American Humane Association, Children's Services; American Bar Association, Center on Children and the Law; Institute for Human Services Management. Guidelines developed and written by Tracey Feild, M.A. and Amy Printz Winterfeld, J.D.

Step 1. **Assessment:** Identify the Case Type

Was the abuse perpetrated by an adult or juvenile not previously known* to the victim?

This includes cases where the child:

- Willingly accompanied the offender and consented to sex.
- Willingly accompanied the offender, but forcibly engaged in sex.
- Unwillingly accompanied the offender and forcibly engaged in sex.

*"Not previously known" to the victim means that the victim:

- Was not acquainted with the offender.
- Did not recognize the offender from school or the neighborhood.
- Does not know where the offender lives.
- Does not know whom the offender hangs out with.

Yes

Is the child's behavior or the caregiver's inadequate supervision likely to put the child at risk of future sexual activity with strangers? (Is there a history of running away, use of illegal substances, prostitution, etc.?) If yes, use this guideline, then use guideline on Neglect — Inadequate Supervision.

No

Was the abuse perpetrated by someone known* to the victim?

*"Known" to the victim means that the victim:

- Is related to the offender, or
- Is acquainted with the offender, or
- Recognizes the offender from school or from the neighborhood, or
- Knows where the offender lives or works, or
- Knows whom the offender hangs out with.

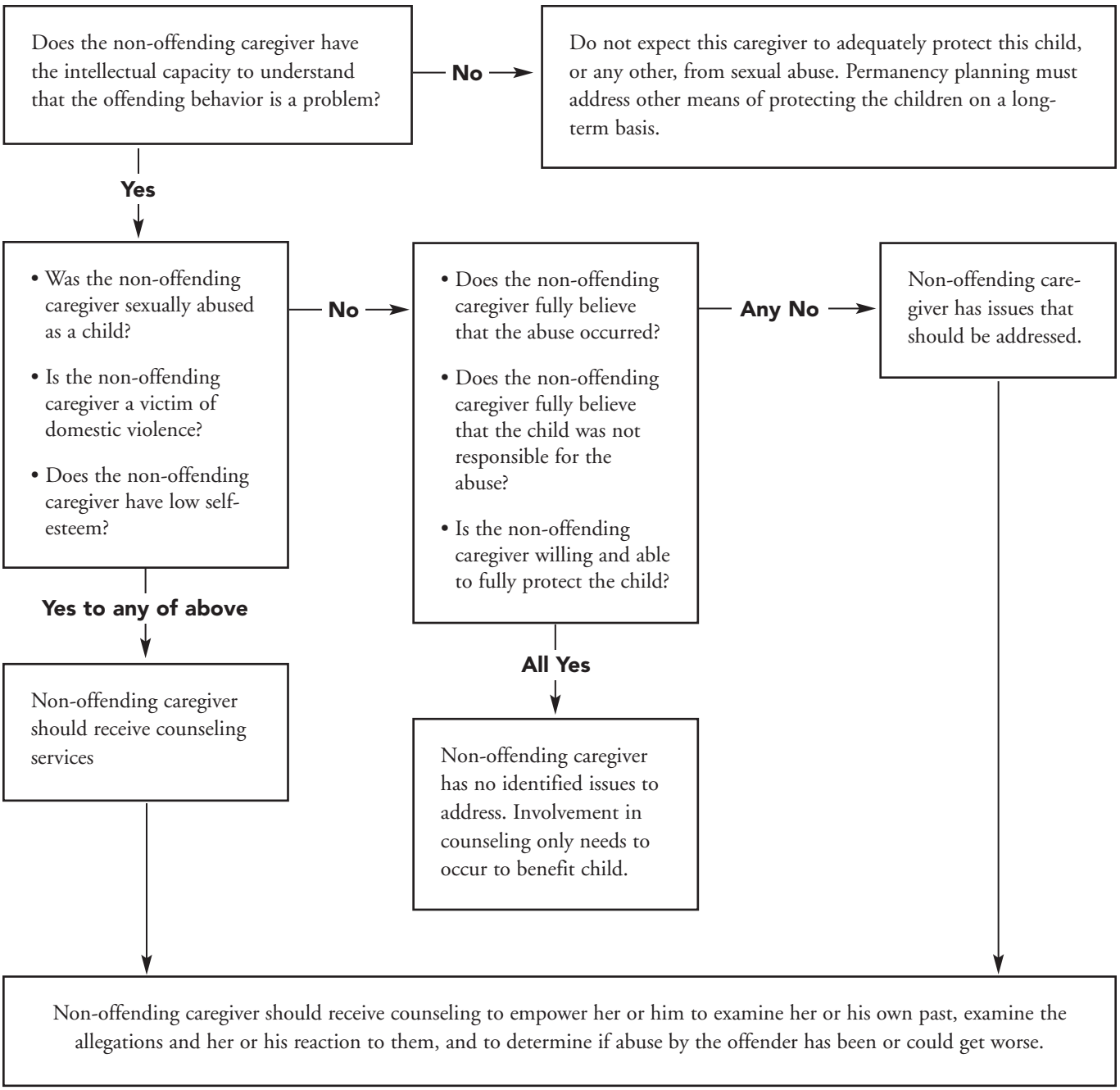
Yes

- Does the offender have a history of incest, child molestation, or pedophilia?
- Have there been sex abuse reports for siblings in the family?
- Does the offender live with the child or have regular access to the child?

Yes

"Yes" answers to any of the questions above represent higher risk to the victim and other children in the household.

Step 1. **Assessment:** Identify Non-Offending Caregiver Issues



Step 2. Family/ **Cultural Issues:** Assess Community, Family, and Cultural Issues

Assess community and cultural factors and your familiarity with them.

- Is it possible that community, cultural, or ethnic beliefs or practices that you are not familiar with are a factor in the caregiver's or offender's behavior? **Even if they are, remember that child safety is your first concern, and cultural issues, practices or beliefs cannot excuse sexually abusive behavior.**

No → Go to **Next Page**

Yes

- Find someone in your agency knowledgeable about the family's culture before proceeding. Develop your understanding of how the family's beliefs, values, interests, and concerns may differ from your own and affect their behavior before you assess needs or begin planning services. When you understand how your cultural views and the family's culture and beliefs affect your assessment of the family's issues and needs, it may also affect how you plan to remediate them.
- If no one is available within your agency to help you understand the family's culture and belief system, identify community or neighborhood representatives (e.g., community leaders, community-based organizations, religious leaders, etc.) who could assist you in assessing needs and planning for families within this culture and in understanding the values and beliefs of this cultural group.

- Are there community and cultural beliefs that can be reinforced to encourage positive parenting practices?
- Are there specific formal community or cultural programs, supports, or services that can be accessed to address the issues in this case?
- Does the family have informal community or cultural ties or resources, such as an extended kinship network or membership in a community of faith, which can be accessed to support positive family functioning?

Step 2. **Family/ Cultural Issues:** Assess Community, Family, and Cultural Issues

Review family's assessment of the reasons behind the sexual abuse.

- Are there factors or issues identified by the family that were not identified by you?
- Is it possible that the issues raised in the family's assessment of the situation could be partially responsible for the sexual abuse?
- Do they have any specific ideas about how to resolve the issues?
- Do any of their ideas seem reasonable?
- Can family members (including extended family) help implement any of the ideas?
- Can you help implement any of their ideas, either through development of the case plan goals, provision of services, or flexible funding?
- To the extent that you can reasonably include any of the family's (including extended family) ideas in developing the case plan goals, services, and interventions, you should do so as a high priority. **Remember they know each other better than you do.**

Identify and review family (including extended family) strengths.

- Identify the strengths that will help this family become independent from the child welfare system. (Include relationships, employment, education, personalities, skills, support systems, etc.).
- If the family's issues and needs overwhelm their strengths, identify extended family members who could help support this family.
- Identify extended family strengths that could help this family become independent from the child welfare system.
- Consider **all** of the strengths identified, both of the family involved in sexual abuse and of the extended family, in developing the case plan goals, services, and interventions. Plan specific steps to use to bolster family strengths. **Rely on family strengths whenever possible to address issues. Remember the strengths that you successfully reinforce will remain with this family after the case is closed.**

Step 3. **Permanency Planning:** For Native American Children, Keep ICWA Requirements in Mind as You Begin Planning

Determine the child's Native American heritage — Is this child a member of a federally recognized Indian tribe, a child of a tribe member, or eligible for tribal membership?

No → Go to **Next Page**

Yes

Notify the tribal court that the child is the subject of an open child welfare case. Keep in mind that the Adoption and Safe Families Act (ASFA) requirements for timely permanency do not supersede the requirements of the Indian Child Welfare Act (ICWA).

Regarding reasonable efforts:
ICWA requires that active efforts must be made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. Such efforts should "involve and use the available resources of the extended family, the tribe, Indian social services agencies, and individual Indian caregivers." This requirement is for Native Americans living both on and off of reservations. ASFA provides for efforts to prevent family breakup on a case-by-case basis. Your agency should consider ICWA legal standards for placement with extended family, other members of the child's tribe, and other Indian families, before suspending active efforts to aid the family and before considering termination of parental rights (TPR).

Regarding termination of parental rights for American Indian children:
Parental rights may be terminated only where there is evidence beyond a reasonable doubt, including testimony of expert witnesses, that the continued custody of the child by the parent (or Indian custodian) is likely to result in serious emotional or physical damage to the child. Active efforts to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family must have been made before a termination of parental rights may be sought. Remember that failure to adequately utilize appropriate tribal, extended family, and community resources could trigger the "failure to provide services" exception in the TPR filing requirement.

Make sure your agency attorney reviews ICWA before filing any actions with the court regarding permanency for this child. Remember that any permanency plan developed for a Native American child which provides for an out-of-home placement, including an adoptive placement, would be subject to the placement preferences in ICWA (which include placement with extended family, other members of the child's tribe, and other Indian families).

Step 3. **Permanency Planning:** Keep in Mind ASFA Safety and Permanency Goals and Required Timelines as You Begin Planning

For healthy development, children need consistent care and a feeling of belonging in a safe, permanent home. To help ensure permanency for children, the federal Adoption and Safe Families Act (ASFA), requires an initial focus on child safety, then development of a permanency plan for each child within 12 months.

- Can immediate child safety be assured only by placing the child outside the home?

No →

Go to next step for identifying case goals and services. Ensure that plan includes supports for child safety at home. Include monitoring for child safety in plan.

Yes ↓

Begin permanency planning efforts immediately. Develop a permanency goal and permanency plan for the child, in collaboration with the child's parent(s).

- Involve the child's parents, the child (generally if the child is 14 or older, and/or able to understand the situation), other relatives, or persons important to the child in the planning process.
- Do "concurrent" planning, that is, plan at the same time for the possibility of reunification of child and parent or finding an alternate permanent home for the child with relatives, through guardianship, or by adoption.
- Focus on child safety as the paramount goal, but make reasonable efforts to return the child home, unless the parent has assaulted, seriously injured, or killed a child or another child of the parent or there are "aggravated circumstances" such that the child's safety would be endangered by reunification. "Aggravated circumstances" not requiring reunification efforts include any listed in your state's law and the following as defined by federal ASFA law: abandonment, torture, chronic abuse, or sexual abuse.
- Ensure that the child's permanency plan includes: protection of the child's health and safety, type and appropriateness of the child's placement (see the Placement Level of Care guideline), any services to be provided to the child and the reason, services to be provided to the child's biological parents, foster parents, and identified permanency family.

↓

Under the ASFA, federal law requires compliance with the following timelines to ensure permanency for children in the custody of state child welfare agencies. State law timelines may be more restrictive.

- If reasonable efforts to return a child home are not being made due to aggravated circumstances, a court permanency hearing must be held within 30 days of placement.
- For every child in an out-of-home placement (including placement with relatives), a court permanency hearing must be held within 12 months of the date of the child's first placement out of the home to determine the child's permanency plan.
- If a child has been in placement for 15 out of the last 22 months, a court petition to terminate parental rights must be filed, unless:

  1. A relative is caring for the child.
  2. There is a documented compelling reason that termination of parental rights is not in the child's best interests.
  3. The state failed to provide the family with services, unless reasonable efforts to reunify the family were not required for the reasons listed above.

Step 3. **Permanency Planning:** Recognize Prognosis for Reunification as You Begin Planning Process

- Has the parent subjected the child to "aggravated circumstances" (as defined in state law, or check with supervisor or agency attorney; these could include abandonment, torture, chronic abuse and sexual abuse)?
- Has the parent committed murder of another child of the parent?
- Has the parent committed manslaughter of another child of the parent?
- Has the parent abetted, attempted, conspired or solicited to commit such a murder or voluntary manslaughter?
- Has the parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent?
- Have the parental right of the parent to a sibling been terminated involuntarily?

Yes ↓

Prognosis for reunification, or stability for this child in this household is not good. Check with supervisor or agency attorney, and if possible, move directly toward terminating parental rights.

No →

Is more than one of the following statements true?

- Child experienced both sexual and physical abuse in infancy, and there have been no significant improvements in the household.
- There have been three or more separate incidents of previous CPS interventions in this household for sexual abuse, physical abuse or neglect, indicating a chronic pattern of abuse or neglect, and there have been no significant improvements in the household.
- Child has experienced more than one form of abuse, neglect or sexual abuse, and there have been no significant improvements in the household.
- Caregiver diagnosed with severe mental illness, which has not responded to mental health services; symptoms continue.
- Caregiver's only visible support system and means of support is illegal drugs, prostitution, or street life.

(Katz and Robinson, 1991)

Yes ↓

- Prognosis for reunification, or stability for this child in this household is not good. Check with supervisor or agency attorney about moving directly toward terminating parental rights.
- Otherwise, begin concurrent planning immediately. Make sure to follow through on, and document all efforts at reunification, services provided to parents, and their compliance with case plan goals, so as not to unnecessarily delay permanency.
- Make sure to follow all agency risk and safety assessment protocols before attempting reunification.

No → Go to **Next Page**

Step 3. **Permanency Planning:** Recognize Prognosis for Reunification as You Begin Planning Process

Is the offender a household member?

No →

Reunification potential will depend on the ability of the household to adequately protect the child from the offender. Caregiver must be adequately protective of the child.

→ Go to **Next Page**

Yes ↓

Long-term permanency in the household will depend on a combination of offender issues and non-offending caregiver issues. Using the table below, select the attributes that best describe the offender and the non-offending caregiver.

Each person may not fit totally within a case type, but select the best fit. The combination of attributes of both the offender and the non-offending caregiver determine the case type.

Non-Offending Caregiver Attributes	Offender Attributes: Positive Attributes	Offender Attributes: Negative Attributes
Positive Attributes	**Case Type 1** • Offender has few incidents of sexual abuse; has accepted responsibility for the sexual abuse; and does not have problems with substance abuse, violent behavior, mental illness, or low functioning. • Non-offending caregiver is protective of victim when learns of abuse; has a good relationship with the victim; is not unduly dependent on the offender, and does not have problems with substance abuse, violent behavior, mental illness, or low functioning. • Offender probably removed from household, child may have been removed at child's wishes.	**Case Type 2** • Offender has many incidents of sexual abuse, or several very serious sexual abuse incidents; does not accept responsibility for abuse, may blame victim; and has a problem with substance abuse, violent behavior, mental illness, or low functioning. • Non-offending caregiver is protective of victim when learns of abuse; has a good relationship with the victim; is not unduly dependent of the offender, and does not have problems with substance abuse, violent behavior, mental illness, or low functioining. • Offender probably removed from household, child may have been removed.
Negative Attributes	**Case Type 3** • Offender has few incidents of sexual abuse; has accepted responsibility for the sexual abuse; and does not have problems with substance abuse, violent behavior, mental illness, or low functioning. • Non-offending caregiver doesn't believe sexual abuse happened and/or blames victim; has a poor relationship with the victim; is overly dependent on the offender; and has problems with substance abuse, violent behavior, mental illness, or low functioning. • Offender probably removed from the household, child should have been removed.	**Case Type 4** • Offender has many incidents of sexual abuse, or several very serious sexual abuse incidents; does not accept responsibility for abuse, may blame victim; and has a problem with substance abuse, violent behavior, mental illness, or low functioning. • Non-offending caregiver doesn't believe sexual abuse happened and/or blames victim; has a poor relationship with the victim; is overly dependent on the offender; and has problems with substance abuse, violent behavior, mental illness, or low functioning. • Offender removed from household, child removed from household.

Faller, 1993

Step 3. **Permanency Planning:** Recognize Prognosis for Reunification as You Begin Planning Process

Case Type 1

Few abuse incidents, protective non-offending caregiver

- Plan for reunification after:
  a) successful completion of treatment by offender and
  b) family therapy.
- Work with non-offending caregiver to identify family strengths that can help in this process.

Case Type 2

Many and/or serious abuse incidents, protective non-offending caregiver

- Prognosis for treatment of offender is poor.
- Criminal prosecution is warranted and important to protect society and the family.
- Make sure the household is adequately protected from the offender.
- Reunify when therapeutic services for non-offending caregiver have been successfully completed, or as recommended by therapist.
- Work with non-offending caregiver to identify family strengths that can help with this process.

Case Type 3

Few abuse incidents, denial by non-offending caregiver

- Prognosis for family reunification is guarded.
- Concurrent planning should begin immediately.
- Both parents need therapy; successful completion should be followed by couple therapy, therapy for non-offending caregiver and victim, then therapy with offender and victim.
- If these are successful, provide family therapy, then gradual reunification.

Case Type 4

Many and/or serious abuse incidents, denial by non-offending caregiver

- Prognosis for reunification is poor. Check with supervisor or agency attorney about moving toward alternative permanency goal immediately.
- Begin concurrent planning immediately.
- Seek relatives who fully believe child, are willing to protect child, and who may be willing to adopt child.

Go to **Next Page**

Step 4. Goals and Services: Identify Goals and Services

Goal 1 **Protect the child.**

- Can and will the non-offending caregiver protect the child from any unsupervised contact with the offender? And
- Does the child feel safe staying at home?

Either No →

Place the child with a relative who fully believes the child's allegations, and who is willing and able to protect the child from the offender, or place the child in foster care.

Both Yes ↓

Note: Usually the child is at greater risk of emotional maltreatment immediately after disclosure of sexual abuse because:

- The child may not be believed by the immediate or extended family;
- The child may be blamed for the sexual abuse, either due to "seductive" behavior, or because he or she "allowed it to happen" in order to get special favors from the offender; or
- The child may be rejected by the family due to the family's anger or embarrassment.

(Faller, 1993)

↓

- The offender and the victim should be separated, either by removing the offender from the home or removing the victim from the home.
- The decision to place the child or leave the child in the home should be based on risk to the child, the child's preference, and the following factors related to the non-offending caregiver:
  - Reaction to knowledge of the sexual abuse;
  - Quality of the relationship with the victim;
  - The level of dependency on the offender; and
  - The number and severity of the non-offending caregiver's other problems (e.g., substance abuse, violent behaviors, mental illness, low functioning).
- If the non-offending caregiver
  - Is protective of the victim when abuse is discovered,
  - Has a good relationship with the victim,
  - Is not unduly dependent on the offender, and
  - Does not have significant other problems,

Then the child could remain with the non-offending caregiver. If there is a significant problem in any of the four areas above, or if there are any problems in three or four of the areas, then the child should be placed with a relative who fully believes the child's allegations, and who is willing and able to protect the child from the offender, or the child should be placed in foster care.
(Faller, 1993)

Step 4. **Goals and Services:** Identify Goals and Services

Note:

- Aggressively pursue all medical and criminal report completion and prosecution of the offender. This may require considerable follow-up with hospital and medical personnel, police, and prosecutors, who are often reluctant to complete reports for these cases. If a Child Advocacy Center (CAC) is available in your community, utilize the center's services to facilitate multidisciplinary coordination and cooperation.
- If offender is a juvenile, seek legal sanctions and treatment through child welfare or juvenile justice systems.
- If family's anger or embarrassment causes them to refuse prosecution, speak to agency attorney about options. Try to emphasize to the family the importance of prosecution to act as a deterrent, and to help the child understand that inappropriate behaviors have consequences.

Step 4. Goals and Services: Identify Goals and Services

Remember:

- Incorporate mechanisms to reinforce cultural strengths into the service plan for the child and family.
- Incorporate culturally specific supports and services into the service plan for the family.
- If parent education is a part of the service plan, attempt to locate programs that are culturally sensitive.
- If treatment services for the parent are a part of the service plan, locate treatment providers that are aware of cultural factors and incorporate these factors into their service provision.

Goal 2 — Treat child's short- and long-term treatment needs.

- Refer child to treatment and counseling on an intensive outpatient or residential basis. Counseling should focus on trauma of abuse, self-esteem, and empowerment to protect self from future victimization.
- Refer child to victim assistance or support groups that may be available in your community.
- Presumably, medical needs have already been addressed. If not, refer child for medical examination if abuse occurred within 72 hours, or if child has pain, bleeding or discharge from the urethra, vagina, or rectum, or if child complains of pain when walking or sitting, or if subsequent disclosure seems to warrant an examination.
- Consult with child's therapist about advisability of child participating in any legal actions (criminal proceedings or sentencing) against the offender.

Goal 3 — Address non-offending caregiver issues (if any exist).

- Arrange for counseling for non-offending caregiver to address reasons behind own issues. Deal with issues such as self-esteem, childhood history of sexual abuse, empowerment.
- Refer non-offending caregiver to any victim assistance or support groups that may be available in your community.

Step 4. Goals and Services: Identify Goals and Services

Goal 4 **Address offender issues.**

Is the offender a juvenile?

No →

- Refer for evaluation and treatment.
- Work with agency attorney and/or prosecutor on prosecution issues.

Yes

- Have there been previous reports of sexual abuse concerning this offender?
- Has the youth exhibited inappropriate touching or watching other children while they sleep?
- Did this incident involve more than clothed touching of body parts?

All No → Youth should be evaluated and treated based on results of evaluation.

Any Yes

- Youth should be evaluated and treated in intensive outpatient or residential setting.
- Seek treatment options through the juvenile court or juvenile corrections system.
- Seek legal consequences for child's actions through the court.

Step 5. **Achieve Permanency:** Identify Safety Issues that Must be Addressed

Review family's contribution to safety of child:

- Has non-offending caregiver been fully cooperative and involved in child's treatment process?
- Has non-offending caregiver been cooperative with own treatment process (if required)?
- If offender is family member or part of household and is not incarcerated, has he or she participated in treatment?
- Have family members (including non-offending caregiver) developed ongoing safety plan for child (including a plan for how to address release of offender if currently incarcerated)?

No → Continue to monitor treatment process and compliance with plan for three to six months. If little or no progress, move toward alternative permanency plan.

Yes

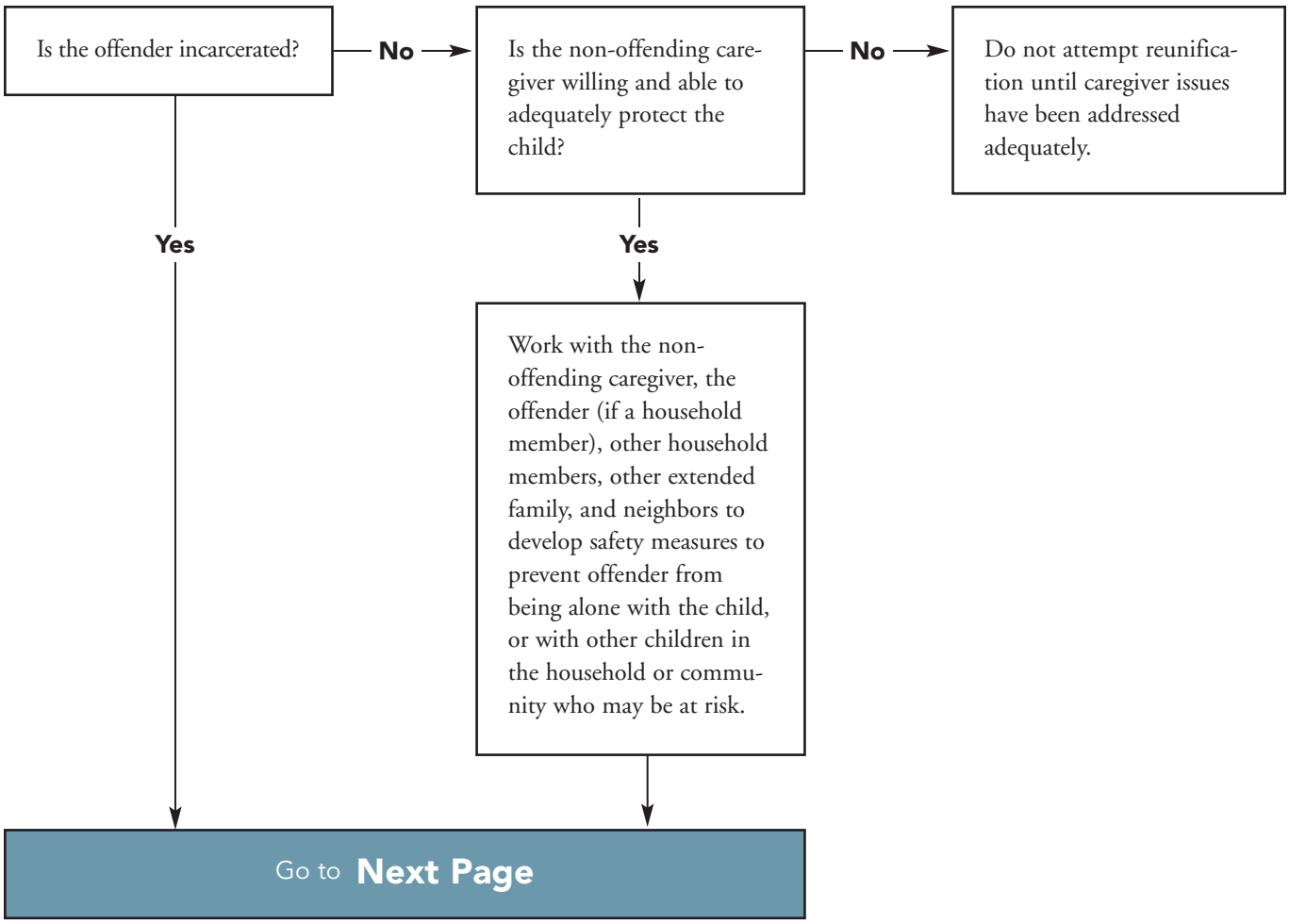
Assess other family issues

- Is the family free of other abuse or neglect issues?
- Is the family free of domestic violence or substance abuse issues?
- Are the family's basic needs met?

No → Refer to other guidelines to address other issues.

Yes

Step 5. Achieve Permanency: Identify Safety Issues that Must be Addressed



Step 5. **Achieve Permanency:** Assure Permanency and Family Stability

Review the family's strengths to see which may contribute to permanency and stability:

- Are there family members who will continue to support this household after the case is closed?
- Does the parent have sufficient interpersonal skills to plan for the family's needs?
- Does the parent have the ability to deal effectively with stress and crisis?
- Do family members have a positive sense of family and cultural identity?
- Does the parent have sufficient parenting skills and knowledge to support appropriate child development?
- Does the parent have a positive attitude toward the child?

↓

When:

- Child feels safe,
- Child is in treatment with the support of the non-offending caregiver,
- Non-offending caretaker's issues have been adequately addressed,
- Family shows evidence of commitment to safety plan for child, and
- (If offender is household member), offender has successfully completed treatment process, or is incarcerated,

child may be reunified, and case should be monitored for approximately 6 months, or if child has not been removed, monitor case for six months. If progress is adequate and child remains safe, case may be closed unless release of offender from incarceration is imminent, and offender is expected to return to the household. If release is imminent (within 60 days) continue to monitor case for an additional three to six months after release.

Notes

References

The Adoption and Safe Families Act of 1997. (Public Law 105-89).

Baker, D. R. (1999). *Iowa child welfare law: A manual for social workers (1999 Update)* (2d ed.). Washington, DC: American Bar Association.

Faller, K.C. (1993). Child sexual abuse: Intervention and treatment issues. Washington, DC: U.S. Department of Health and Human Services, ACYF, NCAN.

The Indian Child Welfare Act. (Public Law 95-608).

Katz, L., & Robinson, C. (1991). "Foster care drift: A risk assessment matrix." *Child Welfare,* 70(3), May-June 1991, pp.347-358.

Pantell, R. H., Fries, J., & Vickery, D. (1990). *Taking care of your child: A parent's guide to medical care* (3rd ed.). Reading, MA: Addison-Wesley Publishing Company.

Pearl, P. (1994). "Emotional abuse." In J.A. Monteleone & A.E. Brodeur, *Child maltreatment - A clinical guide and reference.* St. Louis, MO: G.W. Medical Publishing, Inc.

Smith, J. et. al. (1997). *Understanding the medical diagnosis of child maltreatment: A guide for nonmedical professionals* (revised, 2nd ed.). Englewood, CO: American Humane Association.

U.S. Department of Health and Human Services. (1998). *Child maltreatment 1996: Reports from the states to the National Child Abuse and Neglect Data System.* Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2000). *Child maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System.* Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2002). *Child maltreatment 2000: 11 years of reporting.* Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Principles for implementing the Adoption and Safe Families Act of 1997.* Washington, DC (unpublished flyer).

Winterfeld, A. (1998) An overview of the major provisions of the Adoption and Safe Families Act of 1997. *Protecting Children,* Volume 14(3), pp. 4-8.

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Emotional maltreatment is recognized in most states as a category of abuse or neglect that may warrant intervention. National child maltreatment reporting data for 2000 indicate that 7.7% of all confirmed maltreatment victims were emotionally maltreated, with 66,293 confirmed cases of psychological or emotional abuse or neglect in the United States in 2000 (U.S. Department of Health and Human Services, 2002).

Although state law definitions vary, emotional maltreatment is generally defined as serious damage to the cognitive, emotional, psychological, or social functioning of the child caused by the actions or inaction of the parents or caregiver. It often occurs as part of other forms of maltreatment, including physical abuse, neglect, and sexual abuse.

Emotional maltreatment is not generally a single incident, but rather a pattern of destructive behavior by the caregiver that attacks a child's development of a sense of self and social competence. If continued over time it may jeopardize the child's ability to form healthy, positive interpersonal relationships later in life. Emotional abuse may have greater impact on younger children or those previously maltreated because their sense of self and identity is generally less developed than for older children or those who have a well-established sense of self.

Categories of parental behavior generally considered to be emotional maltreatment include the following:

1. *Ignoring* -Ignoring parents consistently fail to respond to the child's needs for stimulation, nurturance, encouragement, and protection, and fail to acknowledge the child's presence. Either physically or psychologically, the parents are not present to respond to the child. For example, the parent may not look at the child, call the child by name, or show any affection for the child. Ignoring can result in serious physical neglect if "the child is not fed, clothed, sheltered, bathed, supervised, or acknowledged as being in need of these basics." (Pearl, 1994).

2. *Rejecting* - Rejecting parents actively refuse to respond to the child's needs. They may refuse to touch or show affection for the child, may actively ridicule or embarrass the child, or in other ways communicate a negative self-image to the child. The child's worth is not acknowledged and the child's needs are denied. The child may repeatedly be called stupid, routinely have his or her ideas rejected, or continually be treated in a manner inappropriate to his or her age or sexual identity.

3. *Verbally assaulting* - Constant belittling, name-calling or threats to a child that damage the child's sense of self-worth (especially if screamed in loud or harsh voice) constitute verbal assault.

4. *Isolating* - Isolating parents prevent the child from having normal social interactions with other children and adults, prevent the child from forming friendships, or attempt to make the child believe that he or she is alone in the world. Isolation may include not allowing the child to have normal contact with family members or peers, or teaching the child to routinely avoid contact with others. It may also take the form of physically preventing contact with others by locking the child in a room or cage, binding or gagging the child, or hiding the child from the outside world.

5. *Terrorizing* - Terrorizing parents threaten their children with extreme punishment or create a climate of fear by bullying or frightening the child. Parents may, for example, threaten that the child will be punished with guns, whips, or knives. They may play on normal childhood fears (e.g., darkness, monsters, to create a climate of terror for young children).

6. *Corrupting or Exploiting* - Corrupting actions by parents teach children to engage in destructive or antisocial behavior or reinforce that type of behavior. For example, the parent may encourage the child to engage in criminal behavior such as stealing or drug dealing, or may exploit the child by forcing him or her into prostitution or child pornography. Or the parent may reinforce violent or delinquent behavior, or allow others to corrupt or exploit the child for illegal or antisocial acts.

7. *Munchausen syndrome by proxy* - This type of abuse involves a parent deliberately making a child ill or simulating illness in the child, so that the parent gains desired attention when the child is taken for medical treatment.

Some parents emotionally abuse their children because of their own substance abuse problems. If substance abuse is also an issue, refer to the Substance Abuse - Neglect/ Physical Abuse With Minor Injury guideline in addition to this guideline. In addition, children may be impacted by factors in their environment not directed toward them, but which affect their emotional health, such as domestic violence. If domestic violence is a concern, see the guideline on Abuse - Domestic Violence and Abuse/Neglect.

The Guidelines are a product of the Casey Outcomes and Decision Making Project. Project partners: The Annie E. Casey Foundation; Casey Family Programs; Casey Family Services; American Humane Association, Children's Services; American Bar Association, Center on Children and the Law; Institute for Human Services Management. Guidelines developed and written by Tracey Feild, M.A. and Amy Printz Winterfeld, J.D.

Step 1. Assessment: Identify Case Type

Does the parent engage in behaviors that threaten the child's development of self and social competence because they prevent the child's basic or social needs from being met?

This would include behaviors such as:

- **Ignoring** the child and his or her basic needs.
- **Rejecting** the child by actively refusing to respond to his or her basic needs, failing to acknowledge the child, or ridiculing the child.
- **Isolating** the child from normal social interactions with peers, family members, and other adults.

Yes

Go to **Case Type 1** Page 4

No

Does the parent engage in behaviors that threaten the child by actively interfering with the child's development of self and social competence?

This would include behaviors such as:

- **Corrupting or Exploiting** the child by encouraging him or her to engage in illegal or antisocial behavior.
- **Terrorizing** the child by threatening him or her with extreme punishment or raising extreme fears.
- **Verbally assaulting** the child with name-calling, belittling, harsh language or threats.
- **Munchausen syndrome by proxy**, that is, simulating or causing illness in the child, so that the parent can gain attention when the child is taken for medical treatment.

Yes

Go to **Case Type 2** Page 4

Step 1. Assessment: Identify Case Issues, Safety, and Risk Factors

Case Type 1
Ignoring, Rejecting, Isolating

Do any of the following parental behaviors pose an immediate danger to the child's safety, or an ongoing risk to the child's development?

- **Ignoring:**
  - No response to child's basic needs.
  - No attachment or affection for child, not recognizing child's presence.
  - Inattention to providing child with adequate food, shelter, clothing.
  - Lack of supervision or stimulation, such that child is at risk of physical harm (e.g., child wandering in traffic, child not developing language because not spoken to or otherwise provided auditory stimulation).
- **Rejecting:**
  - Denying child's basic needs.
  - Refusing child needed medical, psychological, or educational services.
  - Routinely ridiculing, punishing, or belittling child.
- **Isolating:**
  - Not allowing child to participate in normal family activities.
  - Locking child in room, tying, chaining, or other physical restraints to interaction with others.
  - Not allowing child contact with peers.
  - Hiding child from outside world.

Yes ↓

No →

Case Type 2
Corrupting or Exploiting, Terrorizing, Verbally Assaulting, or Munchausen's Syndrome by Proxy

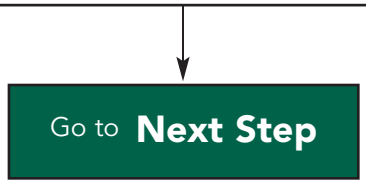
Do any of the following behaviors endanger the child's immediate safety or threaten the child's development?

- **Exploiting or Corrupting:**
  - Using child to perform illegal activities for parent (e.g., delivering stolen goods or drugs).
  - Forcing child to engage in prostitution or pose for pornography.
  - Praising, rewarding, or teaching child antisocial or delinquent behavior.
- **Terrorizing:**
  - Threatening or carrying out bizarre punishments to child (e.g., pointing a gun at child's head and threatening to pull the trigger, killing child's pet).
  - Excessive threats to child, playing upon childhood fears.
  - Binding or gagging child.
- **Verbally Assaulting:**
  - Screaming attacks at the child.
  - Constantly criticizing, belittling, cursing, humiliating child.
- **Munchausen's Syndrome by Proxy:**
  - Giving child substances to produce illness or inflicting injuries requiring medical treatment.

Yes ↓

Step 1. Assessment: Identify Case Issues, Safety, and Risk Factors

- If the child cannot remain in the home due to immediate safety issues, seek a safe alternate temporary living arrangement with relatives, kin, or foster caregivers.
- If child cannot return home due to ongoing risks to the child's health, safety, or development, seek an alternate permanent living arrangement for the child or youth.



Step 2. Family/Cultural Issues: Assess Community, Family, and Cultural Factors

All Case Types

Family issues:

- Observe parent-child interactions.
- Observe the home environment and the environments that the parent encourages the child or youth to frequent. Determine the safety of these environments for the child (e.g., is the child forced to live in or encouraged to frequent an environment where drug trafficking, prostitution, or other criminal activity is occurring)?
- Seek a psychological evaluation of parent-child interaction if possible.

Parental issues:

- Were parents themselves emotionally abused or otherwise maltreated as children?
- Are parents stressed, angry, hostile, or lacking financial or social resources?
- Do parents have a history of mental health problems, criminal behavior, or domestic violence?
- Do parents have a history of substance abuse?
- Do parents lack knowledge of child development or have inappropriate expectations of children?

Note: If parents have some of the issues noted above, it does not mean that they abuse their children, but they may have a greater potential for abusive behavior.

Step 2. Family/Cultural Issues: Assess Community, Family, and Cultural Factors

- Is it possible that community, cultural, or ethnic beliefs or practices that you are not familiar with are a factor in the parents' emotionally abusive behavior?

No → Go to **Next Page**

Yes ↓

- Find someone in your agency knowledgeable about the family's culture before proceeding. Develop your understanding of how the family's beliefs, values, interests and concerns may differ from your own and affect their behavior before you assess needs or begin planning services. When you understand how your cultural views and the family's culture and beliefs affect your assessment of the family's issues and needs, it may also affect how you plan to remediate them.
- If no one is available within your agency to help you understand the family's culture and belief system, identify community or neighborhood representatives (e.g., community leaders, community-based organizations, religious leaders, etc.) who could assist you in assessing needs and planning for families within this culture and in understanding the values and beliefs of this cultural group.

Review family's assessment of the reasons behind the emotional abuse:

- Are there factors or issues identified by the family that were not identified by you?
- Is it possible that issues raised in the family's assessment of the situation could be partially responsible for the emotional abuse?
- Does the family have any ideas about how to resolve the issues and do these ideas seem reasonable?
- Can family members (including extended family) help implement any of the ideas?
- Can you help implement any of their ideas through development of the case plan or service provision?
- To the extent that you can reasonably include any family ideas in the case plan, do so as a high priority.

Identify and review family (including extended family) strengths:

- Identify the strengths that can help the family and child overcome the emotional abuse (e.g., other positive relationships of child, education, personalities, skills, support systems, etc.).
- Identify the strengths of extended family members who could help support this family.

Consider all of the strengths identified; both of the family involved in the emotional abuse and of the extended family, in developing case plan goals, services, and interventions. Plan specific steps to use to bolster family strengths. **Rely on family strengths whenever possible to address issues. Remember that the strengths you successfully reinforce will remain with this family after the case is closed.**

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Step 3. Permanency Planning: For Native American Children, Keep ICWA Requirements in Mind as You Begin Planning

Determine the child's Native American heritage — Is this child a member of a federally recognized Indian tribe, a child of a tribe member, or eligible for tribal membership?

No → Go to **Next Page**

Yes ↓

Notify the tribal court that the child is the subject of an open child welfare case. Keep in mind that the Adoption and Safe Families Act (ASFA) requirements for timely permanency do not supersede the requirements of the Indian Child Welfare Act (ICWA).

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Regarding reasonable efforts:
ICWA requires that active efforts must be made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. Such efforts should "involve and use the available resources of the extended family, the tribe, Indian social services agencies, and individual Indian caregivers." This requirement is for Native Americans living both on and off of reservations. ASFA provides for efforts to prevent family breakup on a case-by-case basis. Your agency should consider ICWA legal standards for placement with extended family, other members of the child's tribe, and other Indian families, before suspending active efforts to aid the family and before considering termination of parental rights (TPR).

↓

Regarding termination of parental rights for American Indian children:
Parental rights may be terminated only where there is evidence beyond a reasonable doubt, including testimony of expert witnesses, that the continued custody of the child by the parent (or Indian custodian) is likely to result in serious emotional or physical damage to the child. Active efforts to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family must have been made before a termination of parental rights may be sought. Remember that failure to adequately utilize appropriate tribal, extended family, and community resources could trigger the "failure to provide services" exception in the TPR filing requirement.

↓

Make sure your agency attorney reviews ICWA before filing any actions with the court regarding permanency for this child. Remember that any permanency plan developed for a Native American child which provides for an out-of-home placement, including an adoptive placement, would be subject to the placement preferences in ICWA (which include placement with extended family, other members of the child's tribe, and other Indian families).

Step 3. Permanency Planning: Keep in Mind ASFA Safety and Permanency Goals and Required Timelines as You Begin Planning

For healthy development, children need consistent care and a feeling of belonging in a safe, permanent home. To help ensure permanency for children, the federal Adoption and Safe Families Act (ASFA), requires an initial focus on child safety, then development of a permanency plan for each child within 12 months.

- Can immediate child safety be assured only by placing the child outside the home?

No →

Go to next step for identifying case goals and services. Ensure that plan includes supports for child safety at home. Include monitoring for child safety in plan.

Yes ↓

Begin permanency planning efforts immediately. Develop a permanency goal and permanency plan for the child, in collaboration with the child's parent(s).

- Involve the child's parents, the child (generally if the child is 14 or older, and/or able to understand the situation), other relatives, or persons important to the child in the planning process.
- Do "concurrent" planning, that is, plan at the same time for the possibility of reunification of child and parent or finding an alternate permanent home for the child with relatives, through guardianship, or by adoption.
- Focus on child safety as the paramount goal, but make reasonable efforts to return the child home, unless the parent has assaulted, seriously injured, or killed a child or another child of the parent or there are "aggravated circumstances" such that the child's safety would be endangered by reunification. "Aggravated circumstances" not requiring reunification efforts include any listed in your state's law and the following as defined by federal ASFA law: abandonment, torture, chronic abuse, or sexual abuse.
- Ensure that the child's permanency plan includes: protection of the child's health and safety, type and appropriateness of the child's placement (see the Placement Level of Care guideline), any services to be provided to the child and the reason, services to be provided to the child's biological parents, foster parents, and identified permanency family.

↓

Under the ASFA, federal law requires compliance with the following timelines to ensure permanency for children in the custody of state child welfare agencies. State law timelines may be more restrictive.

- If reasonable efforts to return a child home are not being made due to aggravated circumstances, a court permanency hearing must be held within 30 days of placement.
- For every child in an out-of-home placement (including placement with relatives), a court permanency hearing must be held within 12 months of the date of the child's first placement out of the home to determine the child's permanency plan.
- If a child has been in placement for 15 out of the last 22 months, a court petition to terminate parental rights must be filed, unless:
  1. A relative is caring for the child.
  2. There is a documented compelling reason that termination of parental rights is not in the child's best interests.
  3. The state failed to provide the family with services, unless reasonable efforts to reunify the family were not required for the reasons listed above.

Step 4. Goals and Services: Identify Goals and Services

Case Type 1
Ignoring, Rejecting, Isolating

Goal 1 **Protect the child and assure immediate child safety.**

- Has the parent's ignoring, rejecting, or isolating the child endangered the child's safety (e.g., child is found wandering in busy street, child is malnourished, or child at age 3 has no language)?
- Does the parent refuse to assume responsibility for caring for the child, even after being offered support services?
- Does the parent's ignoring or rejecting behavior toward child appear due to mental health or substance abuse issues?
- Is the child's isolation a result of parental mental health or substance abuse issues?

No →

Attempt to locate support services or supportive help from family members, and mental health or substance abuse treatment for the parent, that will facilitate improved parental response to the child's needs.

Go to **Next Page**

Yes

Go to next page to develop and implement a safety plan for the child, including placement with a relative or in foster care if needed for immediate child safety. Consider alternate permanency plans for the child. If parent or caregiver appears to have a substance abuse problem, refer to the Substance Abuse guideline.

Step 4: Goals and Services: Identify Goals and Services

Consider the following questions carefully for all children, and with close attention for infants and children under age 3 and for children who are especially vulnerable to harm because of disability or previous abuse or neglect:

- Will the child's safety be endangered by parental ignoring or rejecting behaviors if the child remains in the home?

Or

- Has the isolation of the child from normal social relations with others resulted in developmental delays or endangered the child's safety?

No → **Go to Goal 2.** Work with family members, extended family, and community service providers to ensure appropriate supports and treatment for child and parent.

Yes

Can relatives provide a safe, temporary home for the child?

No → Consider and locate appropriate foster care placement, maintaining child's community and cultural ties.

Yes

Place child with relatives.

Work with parents or caregiver to obtain supports and treatment for mental health or substance abuse issues that will improve parenting skills and allow child to return home. Ensure continued child safety.

Step 4: Goals and Services: Identify Goals and Services

Case Type 1
Ignoring, Rejecting, Isolating

Goal 2 **Ensure that child's basic needs, developmental needs, and emotional needs are met.**

Has the parental behavior of ignoring, rejecting, or isolating the child caused medical or developmental needs that need to be addressed?

Yes

- Secure medical examination and treatment for the child, as appropriate.
- Secure psychological evaluation and treatment for the child, as appropriate.
- Arrange for EPSDT or other developmental screening and services for child, as appropriate.
- In any case, all children under age 6 should have a developmental screen.

Is the child still in the home?

No → Go to **Goal 3** Page 14

Yes

- Secure family support services such as homemaker, intensive family preservation, or other services that model parenting for the caregiver and monitor the caregiver's behavior.
- Arrange ongoing services for the child and make sure the child gets to appointments.

If ignoring, rejecting, or isolating child continues to recur, with safety, health, or developmental consequences for the child, refer to guidelines for Neglect-Physical Neglect, Neglect-Inadequate Supervision, or Neglect-Failure to Thrive as appropriate and consider out-of-home permanency options for the child (see Step 5: Achieve permanency and family stability).

Step 4: Goals and Services: Identify Goals and Services

Case Type 2
Exploiting, Terrorizing, Verbally Assaulting, or Munchausen's Syndrome by Proxy

Goal 1 **Protect the child by addressing child safety issues.**

- Has parental exploitation endangered the child by, for example, encouraging sexually promiscuous behavior or prostitution, substance abuse, or stealing?
- Has parental terrorizing resulted in psychiatric issues for the child (e.g., hypervigilance, gastrointestinal problems, sleep disorders)?
- Has verbal assault by the parents impacted the child to the extent of delaying language development or causing psychiatric symptoms?
- Have verbal assaults escalated into physical conflict with older youth or physical abuse of children?
- Have parental actions taken to simulate illness in cases of Munchausen's Syndrome by Proxy resulted in physical injury to the child?

No → If the parents' or caregivers' behavior has not endangered child safety,

Go to **Goal 2** Page 14

Yes

- Arrange any medical examinations and medical treatment for the child, if needed.
- Find an appropriate relative who can care for the child or place the child in foster care or other appropriate care to meet his or her emotional and behavioral needs.
- Ensure that child safety issues are resolved.

Step 4: Goals and Services: Identify Goals and Services

Goal 2 — Address the child's developmental, emotional, or psychiatric needs.

Child development:

- Seek a psychological evaluation of the child's cognitive development and personality characteristics.
- Seek a psychiatric evaluation if the child's mental health is in question.
- Seek a multidisciplinary team assessment or agency staffing to evaluate the impact of the abuse on the child and recommend treatment modalities.

All Case Types

Goal 3 — Address parent or caregiver mental health issues.

- Seek a psychiatric or psychological evaluation of parent for mental health issues related to the emotional abuse. Seek a substance abuse screen if applicable.
- Treatment should be arranged and long-term prognosis for appropriate parenting should be discussed with therapist, noting the 12-month goal of the Adoption and Safe Families Act for a child permanency plan.
- Parent should receive appropriate therapeutic services as needed.

Has the child been removed from the home?

No →

- Provide in-home support services designed to train the parent or caregiver in appropriate parenting techniques.
- Monitor parenting with regular home visits and private discussions with child.

Yes

Go to **Next Goal**

Step 4: Goals and Services: Identify Goals and Services

Goal 4	Address household, family, and environmental stress issues.

Family environment and stress issues:

- Are parents stressed, angry, hostile, lacking financial or social resources?
- Is the child forced to live in or encouraged to frequent an environment injurious to mental or emotional health (e.g., where drug trafficking, prostitution, or other criminal activity is occurring)?
- For financial support, refer family to TANF agency, food stamp program, Medicaid, energy assistance, etc.
- For housing or neighborhood issues, refer to housing agency or assist in locating alternate housing, connect family with neighborhood and community support groups.
- For family or child mental health issues, refer for evaluations and treatment at local mental health agency.
- For substance abuse or domestic violence issues, refer to guidelines in this set for those issues.

Step 5: Achieve Permanency: Assure Permanency and Family Stability

- Have the parents or caregiver been cooperative in resolving the issues that led them to exploit, terrorize, or verbally assault the child, or subject the child to Munchausen's Syndrome by Proxy?
- Are the parents willing to participate in counseling or psychiatric treatment as necessary?
- Are the parents or caregiver addressing the child's basic needs, providing appropriate social contacts, and resolving the issues that caused them to ignore, reject, or isolate the child?

No →

Are there ongoing issues for the parent or caregiver that:

- Cannot be resolved through your efforts (e.g., clinically depressed parent refuses mental health treatment and continues to ignore the child as a result; or parent remains entrenched in criminal lifestyle and continues to exploit child or youth for drug trafficking or prostitution as a result) and
- Are likely to result in recurrence of emotional abuse or exploitation?

Yes ↓

If the child was removed from the home:

- Begin to reunify when the parent or caregiver's therapist feels that the parent's issues have been addressed adequately to make reunification safe for the child.
- Work with family to develop plan with specific steps to address and resolve safety issues as a condition for the child's return home. The plan should include relatives or service agencies that the parents will contact if ongoing safety, stress, or mental health issues arise.

Yes ↓

Develop and implement an alternate permanency plan for the child.

- If you assess that the youth's age and maturity make them a candidate for independent living, work with the youth to locate an appropriate independent living arrange-ment and provide ongoing support services to age 21.
- If independent living is not appropriate, look for a placement for the child with relatives, kin, or potential adoptive parents.

No ↑

Review family strengths:

- Have parents or caregiver been fully cooperative and involved in resolving any issues that led to the emotional abuse?
- Have parents or caregiver been cooperative with own treatment or counseling process (if needed)?
- Have parents or caregiver appropriately assisted the child or youth to participate in counseling or treatment (if needed)?
- Have family members cooperatively developed an ongoing safety plan to access specific community resources in the event of renewed emotional abuse issues?

Yes ↓

Go to **Next Page**

Step 5: Achieve Permanency: Assure Permanency and Family Stability

Ensure continued treatment and support services:

- Ensure that child continues to receive psychiatric or medical treatment or counseling as needed.
- Ensure that parent or caregiver continues to attend psychiatric treatment or counseling as needed.
- Determine what ongoing support services are available to or needed by family and arrange those services if not already in place.
- Place child back in home, while providing ongoing supports and safety assessment at planned intervals (frequently, if warranted by specific issues precipitating the emotional abuse and removal).

- If safety issues have been addressed through supportive services and treatment for parents or caregiver,
- If parents or caregiver are willing to meet child's basic needs, facilitate appropriate social contacts for child, and have eliminated all isolating, terrorizing, exploitative, or other emotionally abusive behaviors, and
- If there is a safety plan in place for child, then:

Return child to the home and continue to monitor family efforts to resolve issues that led to emotional abuse for 6 to 12 months. If potential for abuse remains, parent or caregiver fails to follow through on treatment for self or child, or child continues to show physical or behavioral symptoms of emotional abuse without improvement in relation to case plan goals, develop and follow through on an alternate permanency plan for the child within 12 months.

Notes

Notes

References

The Adoption and Safe Families Act of 1997. (Public Law 105-89).

Baker, D. R. (1999). *Iowa child welfare law: A manual for social workers (1999 Update)* (2d ed.). Washington, DC: American Bar Association.

Garbarino, J. (1998) "Psychological maltreatment is not an ancillary issue." *The Brown University Child and Adolescent Behavior Letter,* August 1998: 2-4.

The Indian Child Welfare Act. (Public Law 95-608).

Journal of American Child and Adolescent Psychiatry (1997); 36(3): 424-425.

Pantell, R. H., Fries, J., & Vickery, D. (1990). *Taking care of your child: A parent's guide to medical care* (3rd ed.). Reading, MA: Addison-Wesley Publishing Company.

Pearl, P. (1994). " Emotional Abuse." In J. A. Monteleone & A.E. Brodeur, *Child maltreatment - A clinical guide and reference.* St. Louis, MO: G.W. Medical Publishing, Inc.

Schor, E. (ed.) (1995). *Caring for your school age child, ages 5 to 12: American Academy of Pediatrics.* New York: Bantam Books.

U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Principles for implementing the Adoption and Safe Families Act of 1997.* Washington, DC (unpublished flyer).

U.S. Department of Health and Human Services. (2002). *Child maltreatment 2000: 11 years of reporting.* Washington, DC: U.S. Government Printing Office.

Winterfeld, A. (1998) An overview of the major provisions of the Adoption and Safe Families Act of 1997. *Protecting Children,* Volume 14, (3), pp. 4-8.