



Clearinghouse on Supervised Visitation

The Institute for Family Violence Studies

Florida State University

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QUESTIONS FROM DIRECTORS

We have had a case for several months, and the parents are very hostile toward and about each other. Recently the father, who is the custodian, demanded that we remove the current monitor from the case. I do not have other monitors for this case – it involves long terms visits. What can I do?

This specific issue has arisen many times under different circumstances. Without too much introduction, though, I should tell you that if you don't have other monitors for the visit, then you should simply inform the parties that you have no other options. Clients may be disappointed at that news, but the truth is that the vast majority of programs in Florida are small – with only a few employees. When there is a perceived problem with a particular monitor, sometimes you have to close the case.

Is there a Supreme Court mandate for closing cases – a statewide time limit?

No. There is no statewide or agency time limit for cases at supervised visitation. I have heard of programs who have had families for two or three years. However, such long term use is problematic – it may mean that the family is not resolving the problem that brought them to supervised visitation in the first place, or it can mean that other families are not able to access the program because all of the spaces at the program are filled. Thus, the best practices recommend that programs choose a certain length of time – three or six months, for example, for the case to remain open. Then if the parties need the case to stay at visits longer, the court can issue a new order. Judicial review has the benefit of renewed judicial oversight on the case, which can help the family move forward.

Do you have a current list of programs that use security, or that have multiple full or part-time staff?

We are working on one! Kelly O'Rourke, the database help desk coordinator is working to update those numbers, which shift and change regularly, in our database. If Kelly sends you an email, please do respond so we get up to date data!

5 Tips for a Successful School Year

The new school year can be stressful for any family, but if parents use these 5 tips they can help their child have a successful school year! Pass them along to parents!

1. Prioritize your child's schoolwork.

Create a space in your home where your child can do his or her schoolwork every day. If you make it a priority in your home, children will learn to prioritize their school work as well.



2. Establish a daily routine.

Of course, life happens and things don't always go as planned. However, try your best to stick to a daily routine. Your child will be well-rested and prepared to tackle every day! A child's routine should include time for homework and/or study, dinner with family when possible, and a regular bedtime.



3. Read with your child as often as you can.

Research has shown that parents who read to their children nurture literacy skills, which are the most significant predictor of high school graduation and career success.



4. Know what classes your child is taking/who their teachers are.

Staying updated on your child's classes and teachers will help you address issues effectively if they arise and ensure you are a part of your child's education.



5. Ask about your child's day.

Sometimes parents can get so busy that they forget to check in with their child about how things are going. Make it a point every day to ask how your child's day was. That way they always know you will be there to listen.



Children and Head Injuries

By Kirsten Castillo

Introduction

Children often get hurt or injured while playing. While this may seem normal and generally not life threatening, there are some injuries that are more serious than others and do require immediate attention. Head injuries for example, which affect between **1.6-3.8 million** American kids each year, are one such injury. Parents and monitors should be aware of the signs and symptoms of these injuries and be able to take appropriate action.



Objectives

This Epress will cover the following:

- Prevalence of head injuries among children in the U.S.
- Risk Factors
- Common symptoms to look for
- Do's/Don'ts following an injury

Need to Know

There are a few things parents and monitors should be aware of when it comes to head injuries in children:

- Although they do not generally cause long-term damage, a concussion is a brain injury, and should be ALWAYS taken seriously.
- According to the CDC, children 0-4 years old and teens 15-19 years old are most likely to sustain traumatic brain injuries. Younger children are at higher risk due to their lack of coordination and lack of head/neck muscle control, while older kids are at greater risk due to their participation in sports and other risky activities.

- After 4-6 hours without increase in severity of symptoms, it is likely not a more serious injury like a brain bleed, swelling, or fracture (***Of course, this does not mean you should forego seeking medical attention.***)

Symptoms

Although the symptoms of a concussion are different for everyone, there are some common symptoms to look for:

- **Headache**
- **Dizziness**
- **Nausea/Vomiting**
- **Mood Swings**
- **Slow Response**
- **Confusion**
- **Feeling Foggy**

Do

- ✓ **Ask questions.** Go beyond, “are you okay?” observe and interact with the child.



- ✓ **See a doctor.** If a child is vomiting, losing consciousness or experiencing severe headaches, you should see a doctor immediately.

- ✓ **Let the child rest,** after seeing the doctor. It will help them heal from their injury.

Don't

- × **Allow the child to continue to play.** The concussed child should be removed from the activity and seen by a medical professional.

- × **Assume others know.** Coaches and others do not necessarily know what to look for and what to do. Always seek the advice of a professional.

**** children younger than 2 years old may exhibit: excessive irritability, excessive/unusual sleeping patterns, and/ the inability to be comforted.**

Conclusion

It is important for both parents and monitors to remain vigilant of children's behaviors, especially when something doesn't seem right. If a child has been recently injured and is complaining or displaying signs that they do not feel well, it is important to ask questions and follow up. Most concussed kids will return to normal within 2-3 weeks. In the meantime, though, it is important to monitor their behavior closely. A head injury may cause them to feel sad, and their schoolwork may suffer as a result. The child should be allowed time to fully heal.

Works Cited

<http://www.chw.org/medical-care/concussion/>

<http://www.parenting.com/toddler/health/childrens-head-injuries-11-things-every-parent-needs-to-know>

CHAPTER

The Impact of Child Neglect on Supervised Visitation

Case Scenario

At the age of 17, Jordan Burns was raped by three boys at a party. Five years later, Jordan was diagnosed with schizophrenia. Jordan learned to take her medication responsibly and began a healthy intimate relationship with John. Two years into the relationship with John, Jordan became pregnant. After having the baby, Jordan stopped taking her medication. John ended their relationship soon after. Jordan began leaving the baby home alone for hours without checking in on him. John came to Jordan's home and found his son lying in a crib covered in feces. The baby had no food and a fever. DCF filed a petition for Dependency after John gave up his parental rights. Jordan agreed to supervise visitation twice a week as part of her case management plan.

After completion of this chapter, you will be able to answer the following questions:

- How has the parent neglected the child in this case?
- What are some parental and child characteristics that may have been causes of child neglect?
- What are some social-situational factors that may have contributed to child neglect?
- What specific techniques can visit monitors employ to help facilitate effective visits in this case?
- What are some parental resources and referrals that maybe helpful to the parent in this case study?

Introduction

Supervised visitation monitors need to understand how to identify cases of child neglect and learn to help parents build healthy parenting skills so that children can thrive.



What will I learn in this chapter?

Upon completion of this chapter, a visit monitor will be able to:

- Define child neglect;
- Identify types of child neglect and give examples of each;
- Discuss the signs of child neglect;
- Discuss common theories regarding causes and risk factors of child neglect;
- Discuss mediating or protective factors for child neglect;
- Discuss intellectual, physical, social, and psychological consequences of child neglect;
- Identify risk factors and determine necessary interventions during visits;
- Understand the strategies for preparing a neglected child for visitation;
- Employ effective techniques to facilitate visits between a neglectful parent and child;
- Understand the impact neglectful parents on supervised visitation;

- Be aware of parental resources and referrals that maybe helpful for neglectful parents;
- Understand mandatory reporting laws regarding child abuse and neglect;
- Appropriately report child neglect.

Snapshots

- The overall national child victim rate for abuse and neglect was about 10 victims per 1,000 children in 2011.
- Although children of all ages experience abuse and neglect, it is the youngest children that are the most vulnerable – about 70% of children who died as a result of abuse or neglect in 2012 were younger than three years of age.
- According to the National Council on Child Abuse and Family Violence, children whose parents abuse alcohol and other drugs are more than four times more likely to be neglected than children from non-abusing families.
- Child neglect occurs across all societal levels, but rates are higher in families with very low incomes, who are unemployed and/or who rely on public assistance.
- The estimated rate of neglect among families with four or more children is almost double the rate among families with three or fewer children.
- Living with married biological parents places children at the lowest risk for child abuse and neglect, while living with a single parent and a live-in partner increases the risk of abuse and neglect to more than eight times that of other children.

Defining Child Neglect

Florida Statutes §827.03 defines child neglect as:

- A) A caregiver's failure or omission to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child.
- B) A caregiver's failure to make a reasonable effort to protect a child from abuse, neglect, or exploitation by another person.

According to the Department of Children and Families, neglect is defined as:

“Occurring when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.”

These definitions are evidence that organizations and policies – and those who work within both – define child neglect differently. It is crucial for monitors to consider understand the way in which these definitions play a role in their work in supervised visitation.

In general, neglect definitions look at the failure of a caregiver or parent to act in ways to fulfill responsibilities for the development of a child as a form of maltreatment. This includes failure to provide for physical needs (such as basic physical care, health care, supervision and proper nutrition) as well as other needs (such as emotional or educational support), although the caregiver is able to do so. Child neglect may also be characterized as an ongoing pattern of inadequate care.

REMINDER:

A person who willfully or by culpable negligence neglects a child and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the second degree. A person who willfully or by culpable negligence neglects a child without causing great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the third degree.

- Florida Statutes §827.03

When monitors are evaluating whether or not a case may include child neglect, it is important to consider the following:

- **What are the basic needs of the child?** Every child is different, and their needs are likely to change based on their age or developmental stage. While one 11-year-old may need considerable emotional attention, another may be fiercely independent by nature and ask for less from a parent. Consider how a parent's behavior does or does not meet that specific child's basic needs.
- **What actions or failures to act on the part of parents or caregivers may constitute neglectful behavior?** Examine the situation carefully and determine where neglect may be occurring. Consider also *why* these acts are considered neglectful, and where the motivation (or lack thereof) comes from which causes the parent or caregiver to engage in this behavior.
- **Are the parent's actions or inactions intentional?** There is a distinct difference between a parent's unwillingness to provide for their children and an *inability* to do so with the resources that they have. Additionally, many first time parents are simply unaware of certain needs children may have. Critically evaluate whether or not the circumstances are a result of willful neglect, or if they may be a lack of resources or understanding.

STOP and Think: Identifying Child Neglect

Read the following cases and identify which case(s) constitutes child neglect as identified by Florida's statutory definition.

- A. Five-year-old Bobby falls off of his bike and scrapes his elbow and knee. Bobby's mom, Jane, cleans his cuts and put bandages on them. Jane does not believe that Bobby was seriously injured so she doesn't take him to the hospital.
- B. 12 years old Joe fell off of his bunk bed after wrestling with his brother. Although Joe and his brother were just playing, Joe was seriously injured. Joe's mother, Catherine, notices that there is severe bruising around Joe's leg and is afraid that it may be broken because of the fall. Although Joe cries and expresses to his mom that he is in a lot of pain, Catherine bandages his leg instead of taking him to the hospital.
- C. Three-year-old Stephanie, who is still in diapers, is regularly cared for by her six year old sister, Karey, while their mother, Joan, works. Karey can feed Stephanie jarred baby food.

Types of Child Neglect

This chapter will cover five forms of child neglect: physical neglect, inadequate supervision, emotional neglect, educational neglect, and medical neglect.

Physical Neglect

Physical neglect is the most common form of neglect. It refers to the failure to provide a child with basic necessities of life such as adequate food, clothing and shelter. The table below further explains the different kinds of physical neglect which may occur.



Type of Physical Neglect	Definition
Refusal of Health Care	Failure to provide or allow needed care in accord with the recommendations of competent health care professionals for a

	child's physical injury, illness, medical condition, or impairment.
Delay in Health Care	Failure to seek timely and appropriate medical care for a serious health problem.
Abandonment	Leaving a child for an extended period of time without arranging for reasonable care and supervision.
Expulsion	Refusal of custody of a child; kicking a child out of the home without adequately arranging for his care by others, or the refusal to accept custody of a returned runaway.
Shuttling	Moving a child repeatedly from place to place to avoid custody; leaving a child with others for long periods of time.
Miscellaneous Physical Neglect	Other types of physical neglect can include inadequate housing, nutrition, clothing or attention to hygiene, as well as general disregard for a child's safety and welfare.

Inadequate Supervision

Inadequate supervision can include leaving a child of inappropriate age alone for extended periods of time, leaving a child alone with inattentive or inappropriate adults, or exposing a child to hazards such as second-hand smoke, violence, or other conditions that could potentially harm the child. See the table below for a more detailed explanation of inadequate supervision.



Type of Inadequate Supervision	Definition
Lack of Appropriate Supervision	A child is left unsupervised or inadequately supervised for extended periods of time, or allowed to remain away from

	home without a parent knowing the child's whereabouts. The amount of supervision needed may vary according to the child's age, development or situation.
Exposure to Hazards	This includes but is not limited to exposure to safety hazards such as second hand smoke and other drugs or drug-related environmental hazards, weapons, unsanitary household conditions, or lack of car safety restraints.
Inappropriate Caregivers	Leaving a child in the care of someone who is either unable to or should not be trusted to provide care for a child.
Miscellaneous Forms of Inadequate Supervision	Other types of inadequate supervision may include leaving a child with an appropriate caregiver but without proper planning or the caregiver's consent, or leaving the child with a caregiver who is not adequately supervising the child. It may also include permitting a child (or simply not keeping them from) engaging in risky, illegal or harmful behaviors.

Emotional Neglect

Emotional neglect can include failure to provide emotional support (such as emotional security and encouragement), or being unresponsive to a child's basic emotional needs. Emotional neglect can have severe consequences, so much so that failure to nurture and stimulate infants can result in the infant failing to thrive or even infant death. See the table below for more information on types of emotional neglect.

Type of Emotional Neglect	Definition
Inadequate Nurturance / Affection	Marked inattention to a child's needs for affection, emotional support, or attention.
Isolation	Denying a child the ability to interact or communicate with peers or adults, inside or outside the home.
Chronic Extreme Abuse or Domestic Violence	Chronic or extreme spousal abuse or other domestic violence in the presence of a child. However, under most circumstances, the child welfare agency will work to help the victim parent to create safety for herself/himself and the child. The perpetrating parent should be held accountable and the victim parent and child should be protected.

Permitted Alcohol / Drug Abuse	Encouraging or permitting drug/alcohol use by a child.
Other Forms of Permitted Maladaptive Behavior	Encouraging or permitting other maladaptive behavior (e.g. delinquent acts).
Refusal of Psychological Care	Refusal to allow needed and available treatment for a child's emotional or behavioral problems.
Delay in Psychological Care	Failure to seek or provide needed treatment for a child's emotional or behavioral problems.
Miscellaneous Emotional Neglect	Other inattention to the child's emotional/developmental needs.

Educational/ Developmental Neglect

Educational/developmental neglect is the failure to provide a child with necessary experiences for growth and development either by neglecting to send a child to school or by failing to provide a child with needed educational training. Educational neglect can have a negative impact on the child's cognitive capacity, language development, and academic achievement. Educationally neglecting a child robs the child of his or her potential and can lead to serious developmental consequences. The table below defines some types of educational neglect which monitors may encounter.

Type of Educational Neglect	Definition
Permitted Chronic Truancy	Habitual truancy, if the parent is informed of the truancy but fails to intervene.
Failure to Enroll	Failure to register or enroll a child of mandatory school age; requiring a school-aged child to remain at home to work or care for other siblings.
Inattention to Special Education Needs	Refusal to allow or failure to obtain recommended remedial educational services for a child's diagnosed learning disorder without reasonable cause.

Medical Neglect

Medical neglect is when caregivers do not meet a child's basic health care needs. Even in non-emergency situations, failure to provide treatment can result in worsened health. The table below defines some types of medical neglect.

Type of Educational Neglect	Definition
Denial of Healthcare	Failure to provide or to allow needed care as recommended by a health care professional for a serious physical injury, illness, impairment or any other reasonable medical condition.
Delay in Healthcare	The failure to provide appropriate medical care in a timely fashion for a serious health problem

Reasons for medical neglect include but are not limited to:

- Fear or anxiety about a medical condition or treatment;
- Religious beliefs;
- Financial issues.

It is important to remember that although there is a correlation between medical neglect and poverty, there is a difference between *inability* and *refusal* to provide medical treatment to a child. Services such as Medicaid may be offered to help families with low income and limited resources provide healthcare for their families.



Signs of Neglect

The following situations may indicate the presence of child neglect:

- When a child lacks adult supervision.
- When a child is frequently left alone or allowed to play in unsafe situations and environments.
- When a child's clothes are ill-fitting, dirty, or inappropriate for the weather.
- When a child's hygiene is consistently bad.
- When a child lacks needed medical or dental care, immunizations, or glasses.
- When a child has untreated illnesses and physical injuries.
- When a child has not received help for physical or medical problems brought to the parents' attention.
- When a child is frequently late or missing from school.

STOP and Think

Which of the following may be an indication of child neglect?

- A. David was late for school twice this week.**
- B. Jane didn't take her daughter to the hospital to treat a common cold because she figured over the counter medicine would be sufficient.**
- C. Dorothy allows her 12-year-old son to roam the street without any knowledge of his whereabouts.**
- D. Ten-year-old Brittany is always hungry and consistently wears dirty clothes to school.**

- When a child is frequently begging for or stealing food or money.
- When a child consistently comes to school or other activities early, stays late, and does not want to go home.



- When a child abuses alcohol or other drugs.
- When a child is consistently engaging in delinquent behavior.
- When a parent frequently is unaware of their child's whereabouts.
- When a parent appears to be indifferent to their child.
- When a parent or caregiver is abusing alcohol or other drugs.

Causes and Risk Factors of Child Neglect

Research on child neglect has found that there are multiple causes and risk factors of child neglect, some of which include child risk factors, parental or family risk factors, social-cultural factors, social-situational and environmental factors, and religious risk factors.

Child Risk Factors

There are certain characteristics that a child may possess that are factors or stressors that may be associated with parental neglect. These characteristics include:

- Children with cognitive, physical, or emotional developmental disabilities;
- Children exposed prenatally to drugs and other toxins;
- Children who are born premature, have low birth weight, or are born with birth anomalies;
- Children with chronic health illness;
- Children with emotional or behavioral problems;
- Children with attention deficits;
- Children with temperaments that make them difficult to bond with;



- Children who are younger (children under the age of 2 are more likely to be neglected compared to any other age group under the age of 18).

Parental or Family Risk Factors

Research indicates that there are certain characteristics of parents and families that are associated with child neglect. These include:

- Low academic achievement;
- Impaired intellectual functioning;
- Unemployment or underemployment (poverty);
- History of substance abuse;
- History of mental illness;
- Poor social skills;
- Poor parenting skills;
- Family structure (single parent home, large number of children in the home, divorce, cohabitation)
- History of victimization; and
- Young parents.



Social-Cultural Factors

Social-Cultural factors are values or norms held by a culture regarding child-rearing practices that may have an impact on neglect. For example, in some cultures, children are asked to care for younger siblings when in other cultures this would be unacceptable and viewed as a form of child neglect.



Cultural considerations include:

- The culture's child-rearing norms (e.g. usage of corporal punishment);
- The culture's view of traditional medical care (e.g. some cultures have fear or concerns regarding medical treatments provided by Western physicians and may prefer other forms of treatment such as herbalism);
- The culture's expectations regarding childhood experiences (some cultures may assign more responsibility to children than other cultures).

Social-Situational and Environmental Factors

Certain situations or dynamics within a family's community may contribute to child neglect. These can include:

- Neighborhoods of low socioeconomic status (poverty);
- Limited employment opportunities;
- Social isolation;
- Domestic violence;
- Lack of stable child care;
- Concentrated neighborhoods;
- Residential instability;
- High unemployment rates;
- High density of alcohol outlets;
- Lack of informal and formal social support and networks;
- Single-parent families with children who have different fathers; and
- Poor accessibility to or availability of health care, child care, or social services.

Religious Factors

Parents may refuse medical care for their children on the basis of a particular religious belief. This alone is not considered neglectful under Florida State Statute §39.01, which states that “a parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone.” However, this *does not* mean that the case should not be reported, that it will not be investigated, or even prevent the court from ordering that medical services be ordered by the court to be administered by a physician when the health of the child requires it. Monitors should be respectful and mindful of these factors when considering a potentially neglectful situation, make a report to 1-800-96-ABUSE if they suspect neglect.

STOP and Think

Instructions: After reading the following case scenario, identify which risk factors are present.

Fred and Lauren are 24 years old with a 6-year-old boy named Kane. Both parents dropped out of high school so that they could find a job to support their son. Since both Fred and Lauren’s parents refused to allow them to stay at home after having Kane, they applied for public housing and got a two-bedroom apartment. Lauren and Fred are not married and are currently unemployed. Kane was diagnosed with ADHD and has a difficult temperament. Fred and Lauren frequently complain about being stressed over parenting Kane.

Interactional Patterns

Research indicates that the parent-child relationship between neglectful caregivers and their neglected children can be characterized by specific interactional patterns.

Neglectful parents usually interact less with their children overall, and are more negative than average parents when they do interact with their child.

Neglectful parents are also more likely to make more requests of their children, but tend to be less compliant with the requests their children make of them.

Neglected children often have a difficult time developing emotional intimacy with their parents because of the rejection

and because of their parents' emotional distance. Some young parents are immature and uninformed and are therefore more likely to treat their children like a playmate, friend, or adult. Young parents have less knowledge of their children's needs and the appropriateness of their expectations.

Neglectful parenting is characterized by the following:

- Few demands, low responsiveness, and little communication;
- Little or no supervision;
- Little warmth, love, and affection towards their children;
- Refusal to attend school events, parent-teacher conferences, or other important events involving their children;
- Intentionally avoiding their children;
- Being emotionally distant from the children.

As a result, neglected children fear becoming dependent on others; they feel that they must learn to provide for themselves. Neglected children often feel fear, anxiety, or stress due to the lack of family support and have an increased risk of substance abuse. They are emotionally withdrawn, and exhibit more delinquency during adolescence.



Child Neglect Protective Factors

Protective factors are characteristics in children, families, and communities that, when present, reduce the risk of child neglect. These protective factors include the following:

Child Protective Factors

- Positive attachment to parents;
- Nurturing relationship with parents;
- Supportive social connections with peers and extended family;
- Productive hobbies and/or interests.

Parental/Family Protective Factors

- Warm parent-child relationships (healthy interaction style between child and parent);
- Extended family support;
- Knowledge of child developmental stages;
- Social support;
- High academic achievement;
- Parental resilience;
- Good coping skills;
- Household rules/structure.

Community/Societal Protective Factors

- Mid-to-high socioeconomic status;
- Consistent parental employment;
- Accessible social services, healthcare, and child care;
- Adequate housing;
- Supportive adults outside of the family involved in the child's life.

Test Your Knowledge!

Identify whether each example is a risk factor or a protective factor.

1. Parents with a college degree
2. Low-income families
3. Healthy babies
4. A child with a good temperament
5. A parent with a history of victimization
6. Extended family support
7. Adequate child care
8. Young parents
9. Employed parents

Effects of Child Neglect

Child neglect has a profound impact on children and has a significant effect on their growth, development, and well-being. Certain factors (such as appropriate interventions, the length of time the child has been neglected, the age of the child, and the type of neglect) can affect the severity of these effects. Some children will have profound issues that are immediately apparent, while others suffer from subtler effects that many may not realize are related to early life neglect. It is important to keep in mind the various consequences that neglected children may display in supervised visitation.

Did you know?

Neglect can have short-term and long-term consequences.

These consequences include:

Cognitive Effects of Neglect on Children

- Language delays;
- Academic delays;
- Less prepared for learning;
- Lower brain function;
- Lower scores on measures of school performance;
- Lower scores on measures of cognitive capacity; and
- Increased risk of dissociative disorders and memory

impairments.

Physical Effects

- Greater risk of death from accident or lack of supervision;
- Failure to thrive;
- Persistent hunger;
- Poor hygiene;
- Malnutrition and chronic anemia;
- Weight loss or inadequate weight gain;
- Chronic or persistent digestive/intestinal disorders; and
- Persistent cradle cap or severe diaper rash.

Social Effects

- Juvenile delinquency in adolescents who were neglected;
- Poor peer relationships;
- Poor parent-child attachment;
- Physical aggressiveness;
- Submissiveness;

- Lack of trust and other relationship difficulties;
- Isolation or social withdrawal;
- More likely to experience problems such as teen pregnancy and drug use; and
- More likely to engage in sexual risk-taking, thereby increasing their chances of contracting a sexually transmitted disease.

Remember:

Children who have been neglected can go on to have healthy and productive lives.

Psychological/Emotional Effects

- Low self-esteem;
- Poor coping skills;
- Affective disorders (i.e. anxiety disorders, depressive disorders);
- Psychiatric symptoms;
- Poor impulse control;
- Lack creative initiative;
- Primitive soothing behaviors;
- Core feelings of being “worthless” or “damaged”;

- Trouble regulating emotions;
- Safety-seeking behaviors with unfamiliar adults; and
- Mental illnesses.

Impact of Child Neglect on Supervised Visitation

Three important practical issues must be considered when a program accepts a neglect case for supervised visitation: risks associated with the visit, the effects of neglect during a visit, and techniques to facilitate a safe visit.

Identifying Risk Factors for Supervised Visits

Supervised visitation directors should attempt to identify a child’s risk factors to determine whether court ordered services can be provided by a particular program and, if so, what types of interventions and assistance may be most appropriate during visits. In neglect cases, this should address the following:

- Indicators of neglect from the referral source;
- Determination of whether the neglect is recent or chronic; an understanding of the parents’ perception of the neglect;
- Any causes or barriers to adequate remediation of the neglect at the individual, family, and/or agency level;

- An identification of the family’s cultural understanding of neglect.

In the event that a referring agency has already completed a formal assessment of the parent and/or child who will be engaging in visits, supervised visitation staff should review the assessment prior to scheduling visits to ensure they have a more complete view of the issues present. While this cannot replace information gathered during intake, it can provide guidance in what may or may not need to be probed into during intake and determining the level of assistance that a particular family may need at visits.

If a formal risk assessment has not been conducted, programs may be able to refer the case for assessment to social service agencies with which they are affiliated if they feel it necessary.

Exercise: Responding to Child Neglect

Instructions: Think of some forms of neglect that have been referred to the supervised visitation program in the past or that have appeared in the newspaper or on television.

Answer the following questions:

- Do you have any biases about neglectful parents? In what ways can you combat these biases?
- What feelings do you think you will have to overcome in order to facilitate visits between neglectful parents and their children?
- Do you believe neglectful parents should have the right to supervised visitation with their children?
- Do you believe neglectful parents love their children?
- Do you believe that neglectful parents can one day become responsible caregivers?

Strategies for Preparing a Child for Visitation

It is important for supervised visitation monitors to take steps to ensure that children are adequately prepared to engage in visits with their parent(s). There are a number of strategies monitors can employ to accomplish this, including:

- Understand or anticipate parents’ reactions to seeing the child.
- Help the child express his/her feelings about seeing the parent.
- Anticipate that some children may express sadness, exhibit temper tantrums, be argumentative, or refuse to discuss a pending visit.
- Understand that children may try to back out of a pending visit with the parent because of feelings of being hurt due to past neglect.
- Children may refuse to meet with parent because of fear of the parent not showing up to the visit.

- Visit monitors should direct foster parents or relatives caring for the child to anticipate possible acting-out behavior before or after a visit.
- Help the child recognize their mixed emotions toward the parent.
- Understand that the child may express fear over continuous rejection by the parent.
- Offer a nurturing environment where the child can experience unconditional positive regard.
- Help the child express his/her feelings about the visit.
- Inform the child of his/her rights and control over the visit. For example, the child can choose to end a visit and set parameters for physical contact.
- Educate the child about the parent's responsibilities and the role of the visit monitor.
- Inform the child about the structure of the visit: where it will take place, who will be present, how long it will last, and if it will take place again.

Effective Techniques for Facilitating Visits

During visits with a neglectful parent, visit monitors can employ the following specific techniques:

Use Your Resources!

The Institute has published a Family Skill Builder e-book which outlines several parent/child interactions which encourage healthy child development. A variety of suggested interactions are described for all age groups.

**View the e-book here:
<http://familyvio.csw.fsu.edu/wpcontent/uploads/2012/06/FINALFamilySkillBuilder.pdf>**

- Help the parent understand the child's level of development and their needs;
- Encourage more parent/child interactions to strengthen positive attachments;
- Ensure that a variety of toys, games or materials are available during a visit to maximize choices for play or interaction, and that the parent is able to use them with the child either alone or with assistance from a monitor;
- Prepare parents for what may be a very emotional reaction or behavior on the part of the child, especially in early visits;
- Recognize that the parent may need to be guided more often than others when interacting with their children;
- Be prepared to model interaction or behavior for parents who need extra help connecting with their children, or to suggest activities for parents and children to engage in;
- Use positive feedback to reward parents for initiating play or positive communication with the child;

- Check in with parents about their feelings, impressions, or frustrations before or after visits to encourage them to make their visits consistent.

The Impact of the Characteristics of Neglectful Parents on Supervised Visitation

Parents with a history of neglect may require assistance from visitation staff in order to have effective interaction with their children during supervised visitation services. The table below outlines some common characteristics of neglectful parents and how monitors may need to adapt in order to minimize their negative impact on the visit.

Characteristics of Neglectful Parents	
Behavior/Characteristic of Parent	Impact
Poor Parenting Skills	Staff may need to provide information on the child’s developmental stage and model good parenting – show them how to play, discipline, and interact with the child. Staff may have to assist the parent in giving the child medication or feeding the young child during the visit.
Lack of Education/Intellectual Deficits	Staff may need to assist the parent in filling out forms and may need to read program rules to them.
Substance Abuse	Staff may need to screen for use of substances prior to visits.
Social Isolation	Staff may not be able to readily contact the parent if the family lacks phone service. Staff may have to reschedule visits due to the family’s lack of transportation.
Depression	Staff may have to assess the impact of the parent’s depression upon the child during the visit – if the parent is weeping, the child may become upset.

Problems with Social Support

Staff may have to anticipate other family members or friends coming to visits if the parent relies on others for transportation. Likewise, the parent may rely on unreliable friends/neighbors to get to visits.

Monitoring Visits

Monitors facilitating visits between a neglectful parent and child can engage in a number of techniques to assist the visit. Examples include:

- Anticipate a range of emotional reactions by both the parent and child such as detachment, depression, anger, and/or guilt.
- Ensure that the parent does not assign “blame” or responsibility for the neglect of the child, and that they do not try to minimize or deny that the neglect occurred.
- Be aware of emotionally abusive statements made by the parent during visits.
- Allow the child to discuss the neglect if he or she pleases.
- Be aware of any contact between a parent and child.
- Intervene at any point during the visit by redirecting the parent or terminating the visit if the child becomes tearful, frightened, anxious, obviously distressed, or begins acting out. In some cases, a short time-out may allow the visit to resume, but in others, the visit should be terminated.
- Allow the child to signal when he or she becomes uncomfortable with anything that is happening during the visit.

Following a Visit

- Discuss suggestions the child may have for making the visit better or more comfortable.
- Discuss any concerns or problems that arose during the visit that may affect the child later in the day with their caregiver.
- Allow the custodial parent or foster parent to report any unusual behaviors or problems.

Following a visit, discuss plans for future visits with the child and allow them to disclose their feelings or concerns regarding the visit.

Parental Resources and Referrals

When facilitating visits between a neglectful parent and their child, a visit monitor must always be prepared to think outside the scope of their agency and employ a variety of techniques to make the visit more effective. This often means identifying community resources that will benefit the family as a whole. While the role of a typical visit monitor may not include some of these suggestions, depending on the structure of their program, it is important to keep in mind that no matter who actually provides the resource, the family will benefit more if they have access to them. These include:

- **Concrete resources:** these may include help with housing, transportation to visits, medical care, or child care.
- **Social support:** supervised visitation programs may make referrals to parenting groups, support groups, parent education programs, or suggest making connections within religious groups.
- **Developmental remediation:** this can mean referrals to mental health services, encouraging the family to engage in cultural activities, or suggesting parent education materials or programs.
- **Individual interventions:** parents may need referrals to substance abuse counseling, adult education, mental health services, or health care providers.
- **Family focused:** supervised visitation programs can refer families to legal assistance programs, or help them apply for public assistance.

Reporting Child Neglect

This toll free number
is available 24/7;
counselors are
waiting to assist
you.

(800) 962-2873

The Florida Department of Children & Families provides comprehensive protective services for children, and vulnerable adults, who are abused, neglected, or at threat of harm in the state, by requiring that reports be made to the Florida Abuse Hotline.

Telephone: 800-962-2873

Fax: 800-914-0004

Florida Relay 711

TTY: 800-453-5145 Report

Online: <https://reportabuse.dcf.state.fl.us/>

Reporting child neglect is mandatory under Florida law. The identity of the reporter of child neglect, abuse, or abandonment will be kept confidential. When contacting the Florida Abuse Hotline, please have as much of the information listed below available as possible before you call:

- Name, date of birth (or approximate age), race, and gender for all adults and children involved.
- Addresses or another means to locate the subjects of the report, including current location.
- Information regarding disabilities and/or limitations of the victim(s).
- Relationship of the alleged perpetrator(s) to the child or adult victim(s).
- Any other relevant information that would expedite an investigation, such as directions to the victim and/or potential risks to the investigator.

If you are unable to obtain some of this information, you may still call the Hotline and a counselor will determine if the information presented meets statutory criteria for the Department of Children and Families to initiate a protective investigation.

**If you know or suspect that a child or vulnerable adult
is in immediate danger, call 911**

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