

# Some Myths of Maltreatment Allegations and Caregiver Risk

## by Marian Ruth Turner, Coalition on Provider Vulnerability

*Have you heard about that provider? The one who broke the baby's arm? the one who let the school-ager get into the matches? the one who's teenage son was fondling the 5-year-old?*

**The Myth:** Where there's smoke, there's fire; an allegation must have some truth to it. This is a very pervasive and destructive myth about allegations of child maltreatment. The hard truth is that where there is smoke...there is smoke. Period.

**The Reality:** All people in crisis deserve support, unconditionally. An allegation is a story, a rumor. Hearing it, you don't know what to believe. Exactly.

Some people accused of child maltreatment are innocent. Some are guilty. Some are in the middle. You can't tell which is which. Innocent people and guilty people say the same things, and show the same distress. If a neighbor's house is gutted by fire, and you know for certain they smoke in bed, would you refuse to let them use your telephone?

Whether innocent or guilty, caregivers who go through a maltreatment allegation undergo profound grief, just as if someone had died. The stages of grief sweep through, affecting sleep, appetite and self-esteem. Afterwards, healing is slow, hampered by post-traumatic stress

*My interest in providers' rights began, in part, because society changed very fast during the 70s and 80s, our ideas on child-rearing changed. I heard stories of caregivers who were fired on-the-spot or had a license revoked because of behaviors that would have been fine in 1970, but not in 1985. The flush labor market supported a throw-away attitude toward workers. There was little training and no support available to guide providers in adjusting to the new rules.*

**The Myth:** You can protect yourself from allegations of child maltreatment. Excellence will protect you. Honesty will protect you. Good intentions. Reputation. Innocence. Awards.

**The Reality:** the honest answer is no, but you can be sensible, and take precautions. It is like 'burn-out' in this regard. It happens, and you deal with it. You can communicate with your clients. You can document, as a habit. You can learn to keep a closed mouth if you tend toward nervous chatter.

Maltreatment allegations are a risk for all caregivers, in nursing homes, foster homes, day care centers, and family child care homes, regardless of their commitment, training, or skill. Some risk of maltreatment allegation is in the very nature of the work, being immersed with a vulnerable population. Our culture is ambivalent about adult-child relationships.

*My interest in providers' rights began, in part, because of the male provider who is my business partner. At the annual 'Men In Child Care' retreat he learned new finger plays. He also heard discussions year after year on how to guard yourself from exaggerated fears of sexual misconduct with children. Minnesota is a leader in encouraging men to enter the field, but most of them don't stay long.*

**The myth:** it is better to err on the side of the children. To protect children we must believe them, which means not believing adults.

**The reality:** to err is to err. Treating a confused child as abused is not in fact helping her to shed confusion, or 'protecting' him from anything; it is like a medical mis-diagnosis. It is possible, and important, to improve the current system of maltreatment investigation. Children and adults both need to know they will not be sacrificed by mistake.

In the ideal, providers would say that no matter how unpleasant it was to go through that investigation, they were impressed with the process, and the staff's professional behavior. We cannot in the long run protect one group by sacrificing another group.

*My interest in providers' rights crystalized when I observed an especially incompetent investigation. With my general knowledge of family child care I could see and interpret things that were obvious to me, but were grievously invisible to the investigator. This provider lost thousands in legal fees, and suffered irreparable damage to her reputation.*

**The Myth:** Let the professionals do their job. While an investigation is in progress, either licensing or child protection, the provider's role is to wait.

**The Reality:** You are the lead professional in every situation every day. You cannot control the situation, but there is one thing you can control. Your demeanor can be civilized. Your courtesy (or lack) will be the one thing everyone notices and remembers. Superficial? No. You have duties.

Be persistent, business-like and knowledgeable. You have rights. Document your own investigation. Log, tape record, keep notes. This can take months or years. Remember, people who are accused of child maltreatment should never be labeled as child abusers by co-workers, neighbors, or rivals. It is unattractive, unkind, and unprofessional, and it might be untrue.

*When the Coalition on Provider Vulnerability began meeting, 50 people came, mostly by word of mouth. They were from centers, family child care homes, foster care, and group homes. Subsequent meetings included volunteer attorneys, a retired judge, social workers, an anonymous licensing worker, all troubled by an imperfect regulatory system that harms people. This is not a fringe issue.*

**The Myth:** Stiffer licensing standards will increase quality in child care.

**The Reality:** Rules alone do not create overall quality, but debate can. Rules can encourage and support quality by standardizing the behaviors in the field. This eliminates both the very worst and the most brilliantly best, leaving a great average middle. While not totally exterminating the colorful eccentricity that used to exist, licensing does make child care programs more predictable.

Quality always comes from within. Quality is intentionality. Standardization is not quality, but it does allow the public and the regulators to see and count and judge certain program qualities.

*I heard the whining, furious, shamed voices of people caught in an unexpected legal and financial nightmare. Some of them are literally told they have no rights, told they are not allowed to speak to anyone, threatened with having their own children taken for 'neglect' if they fight the allegations.*

**The Myth:** Children don't lie about abuse. This well-meant generalization is confusing.

**The Reality:** They do sometimes, and they also tell untrue things without lying. Adults and children have memory confusion. Saying that children invent memories is not an insult to children. Adult witnesses of crime scenes are notorious for contradictory accounts. Research on memory is incredibly interesting.

Children say untrue things at a high rate, and they also stun us with accurate, insightful truths. Of course, children's confidences should be listened to. Their stories should not be dismissed as outrageous fabrications, even if sometimes they are. A good comparison is the citizen who jokes at the airport about smuggling a bomb in his suitcase. Suddenly he is the center of attention. He can say it is just a joke, but he and the suitcase will be scrutinized, just in case. Interviewing children is a specialty, eliciting information without contaminating possible evidence. Recording the interview is critical.

*My passion for the issue of providers' rights pushed me to overcome my shy reluctance for public speaking. The aura of a basic civil rights struggle is not just illusion, and it gave me courage. When people patronizingly*

*explained that providers had to sacrifice their rights in order to ensure the well-being of children, I just knew it was Wrong. If I couldn't make the field safer, it would be time to get out. In other organizations I took minutes or chaired the bylaws committee. In the Coalition on Provider Vulnerability, I became Convenor of the meetings.*

**The myth:** Bad things happen more often in day care homes (or in centers). Nonsense.

**The reality:** insurance statistics show off Minnesota's excellent licensed homes. Comparing child care homes with centers is like comparing soccer and basketball. They both have a team, they both have a ball, but... one group is always using hands on the ball, the other group is using their feet.

Informal community standards tell the story. For example: mixed-age groups are better than separated ages. Play is better than instruction. Pot luck suppers are better than meetings. Don't agree? Fine; many providers don't.

*Themes emerged among the sad stories, and the Coalition focused on practical action. We took several years to brainstorm on all the perceived weaknesses in the regulatory and protection systems, taking in many viewpoints on what to 'fix'. Agencies always have some great staff and some rotten staff. We wanted to strengthen the built-in structures so the rotten staff would be held accountable, just like we are, and the great staff would not be punished by adding a great burden of unworkable rules.*

**The myth:** there are a few 'bad' providers who should be driven out of child care.

**The reality:** our single greatest strength is diversity among providers, not just color and religion, but the deep differences in character that define values such as risk and privacy and tidiness. Parental preference is diverse, too. What looks different isn't bad.

**For further reading:**

- Robin, M. (Ed), multiple authors (1991). Assessing Child Maltreatment Reports: The Problem of False Allegations. Child & Youth Services, 15 (2), entire issue. Haworth Press.
- Phipps-Yonas, S., Yonas, A., Turner, M., & Kauper, M. (1993). 'Sexuality in Early Childhood: The Observations and Opinions of Family Daycare Providers'. CURA Reporter, 23 (2), 1-5., University of Minnesota.
- Kulp, J. (1993). Families at Risk: a guide to understanding and protecting children and child care providers involved in out-of-home or adoptive care, Minneapolis, MN: Better Endings New Beginnings.
- Jordan, N.(1993). Sexual Abuse Prevention Programs in Early Childhood Education: A Caveat. Young Children, 48 (6) 76-79.
- Hammerslough, J. (1998). Could You Be Accused of Child Neglect? Parenting, June/July 1998, 122-129.