



Giving VOICE To Our Stories: Whatever It Takes

By Deb Ilardi, RN, BSN, Clinical Editor, *School Nurse News*

He was small for his age, and quieter than the average third grade boy. But Dillon had captured my heart long before I knew what I would have to do to help him.

In my job as a school nurse in a huge suburban elementary school I never had two days with the same series of nursing activities. It was not so much a problem for me...I had ten years of ER experience. It was part of the excitement of my newest career move.

What happened to create the sequence of events that followed was nothing written in a nursing text or even a current journal. Dillon was a frequent afternoon visitor to my office. He complained little, seemed more sad than ill, and rested quietly without disturbing the normal routine. He complained of late afternoon headaches mostly, and occasional stomach pain. The only abnormal findings were his thinness and poor skin color.

It took close observation and a developing relationship to recognize that Dillon was hungry. He had mastered dealing with the sensations in his empty stomach better than he had with the headaches. Casually I got him to accept food, starting with a small snack and progressing to an afternoon lunch saved from food that remained after the cafeteria staff finished serving students. Never would he betray his mother or siblings.

What happened next was just a sequence of unfortunate (or fortunate) events. Dillon was ill one afternoon with a cough and fever. I called his house moments after the fire drill alarmed in our school. I spoke to a man who identified himself as Harold and said he was Dillon's step-father and would be right there. Having the presence of mind to stay clear headed, I grabbed his chart on the way out. We exited the building together for the drill.

As I looked through Dillon's chart I was faced with some unusual information. Dillon was to be released only to his mother. There was a copy of a current order of protection for Harold to have no contact with Dillon.

There were no cell phones among the school staff during those early 1990's. Outside the school I sat on the grass with Dillon and gently told him we had a problem. I shared that when we got back in the school I would try to reach his mom by phone. I also told him that if Harold arrived, he would not be allowed to go home with him this time. Dillon seemed neither surprised nor upset. But my insides were churning. We both stood up and walked to where the school principal stood, so that I could describe the potentially impending security problem. As good fortune would have it, I did reach Dillon's mother, and she came to get him that afternoon.

The part of our role that makes us mandatory child abuse reporters kicked in that afternoon, and I called the CPS toll-free number to report that Harold had apparently been

planning to violate his order of protection. CPS did not find him in Dillon's home that afternoon when they visited.

The next time I heard anything about Dillon's situation was when I received my subpoena to appear in family court. It seemed that since I could testify to having spoken with Harold on the phone at Dillon's home, CPS was willing to charge his mother with endangering him by allowing Harold's presence.

My experience with being thrust into this expanded role had to have been small compared to Dillon's life challenges, but I was unsettled to say the least. It's still hard for me to believe that I was able to help make a difference for him. Back at school, after most of the school day spent in court, I had to help Dillon clean out his desk and locker when the CPS worker brought him to school. He would go directly to his foster home placement. I never did find out all the details of his horrific life.

What I did find out was that he was away from his home for six months, in a rural farm community where he could play outside in the sunshine and eat whole, fresh-grown foods, and laugh. Harold was eventually incarcerated for unassociated crimes and Dillon's mother changed her way of living and got her family back together.

School nurses assess the health of students and staff, plan for safety issues and emergencies and monitor the required vision, hearing and spinal screening of students in New York. We maintain scrupulous records, teach parents how to act preventatively and isolate those with contagious illness. We report child abuse suspicions and plan for disasters like the potential pandemic bird flu. But my memories of Dillon remain in my immediate, active memory, even though they were over a decade ago. What we can accomplish by acting on our observations can change lives. I am forever grateful to Dillon for allowing me the opportunity to make a difference in his.

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All 50 states have passed some form of a mandatory child abuse and neglect reporting law in order to qualify for funding under the Child Abuse Prevention and Treatment Act (CAPTA)(Jan. 1996 version), 42 U.S.C. 5101, et seq. The Act was originally passed in 1974, has been amended several times and was most recently amended and reauthorized on October 3, 1996, by the Child Abuse Prevention and Treatment and Adoption Act Amendments of 1996 (P.L. 104-235). (Smith, S., August, 2007).



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New York State: What Is Abuse and Maltreatment?

Abuse encompasses the most serious harms committed against children. An abused child is one whose parent or other person legally responsible for his or her care inflicts serious physical injury upon the child, creates a substantial risk of serious physical injury, or commits a sex offense against the child. Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

Maltreatment (including neglect) means that a child's physical, mental or emotional condition has been impaired, or placed in imminent danger of impairment, by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by:

- failing to provide sufficient food, clothing, shelter, education; or
- failing to provide proper supervision, guardianship, or medical care (refers to all medical issues, including dental, optometric, or surgical care); or
- inflicting excessive corporal punishment, abandoning the child, or misusing alcohol or other drugs to the extent that the child was placed in imminent danger.

Poverty or other financial inability to provide the above is not maltreatment. 🐼

PLEASE NOTE

The definitions of abuse and maltreatment are somewhat different for children in residential facilities operated or licensed by state agencies.

Similar information can be found in the government segment of each state's web information available to the public. Use your search engine if you cannot find a link to this legislation.

REFERENCES

Mandatory Reporting of Child Abuse and Neglect, Susan K. Smith, August 25, 2007, retrieved from http://www.smith-lawfirm.com/mandatory_reporting.htm February 10, 2009.

New York State Office of Children & Family Services, retrieved on February 10, 2009 from <http://www.ocfs.state.ny.us/main/publications/Pub1159text.asp>

RESOURCES

Child Welfare Information Gateway, US Dept of Health & Human Services
Resources about child maltreatment, including definitions, signs and symptoms, statistics and prevalence, types of child abuse and neglect, risk and protective factors, the impact on individuals and society, and child fatalities. For more information go to
http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm
http://www.childwelfare.gov/systemwide/laws_policies/statutes/mandaaall.pdf

National Association of School Nurses Position Statement: Child Abuse and Neglect can be viewed at <http://www.nasn.org/Default.aspx?tabid=256>

ABOUT THE AUTHOR

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No one told me that testifying in family court might be part of my job as a school nurse, yet no one I talked to in my administration thought it odd at all that I had been sent a subpoena. When I think, now, about the things that unsettled me, they included superfluous tidbits such as where I would park, what I would be asked to do and if this event would impact my career. I'm embarrassed to admit this. Looking back on the experience, I wish I had been able to talk to a school nurse who had done this. As it turned out, the person who helped me the most was the court-appointed lawyer for the student. He came over to me when I was seated outside the courtroom, and explained what would most likely occur next. Although it seemed very matter of fact to him, he recognized my anxiety and gave me just enough information to allow me to fight the urge to flee.

What actually happened? Well in our Family Court, all the people involved sit in the same small waiting area. That meant that Dillon's mother and Harold were seated just a few chairs away from me. I had brought some work with me, and sat looking moderately official, reading and writing on my clipboard. And that is what I did for three hours. Dillon's mother was called into the courtroom. Harold was sent for. Lawyers came and went. Most of the time I sat alone in the waiting area and eventually, I was told I could go. What had happened? Because Dillon's mother knew I was there, and willing to testify, she eventually pleaded guilty to putting Dillon at risk and admitting that if he was placed in foster care for a while, she could work at improving her parenting skills with the hopes of having him returned to her custody.