

CASE NOTE – THE FOUNDATION FOR THE CHILD VICTIMS OF THE FAMILY COURTS

INVESTIGATION INTO THE DEATH OF A FOURTEEN MONTH OLD TODDLER
Public Policy and Standard of Care Evaluation Implications

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The brutal murder of a fourteen month old toddler boy could have been predicted, day one of his return by DCF and the family Courts to the mother addicted to drugs that induce violence, the mother who had a history of incarceration for violence. Numerous other factors in the mother's personal history should have created enough concern to evaluate the return of this drug addicted infant to his mother, after weeks of his hospitalization to detoxify the infant from the drugs ingested in utero.

Because DCF policy in Vermont (and in other states such as Tn.) mandate the return of children to a biological parent, irrespective of the basic, fundamental competence of that bio parent to care for the child, judges will return children to parents, with DCF agreement, to a parent whom, if anyone took any notice, has no emotional capacity to care for or protect that child. Without blaming the parent in question, return of children/placement of children where a parent, if subject to a competent risk assessment evaluation, would show that the child is subject to a reliable statistical certainty, would be physically harmed or neglected, subjects children and the custodial, parent to harm. This anecdotal observation raises the issue of concern about public policy that invokes broad stroke solutions for complex issues.

A law suit against Vermont DCF helped to bring to the attention of all levels of government, DCF and law enforcement, the need for careful assessment on multiple levels, to the award of child custody to parents with predictably high levels of multiple indicators of risk of violence to a child. The failure of public policy to protect children to lethal harm, creates at least, two victims, the child whom is at great risk and the parent who has perpetrated the harm.

The fourteen month old toddler, subject of this commentary died as a result of spontaneous, violent assault. His mother, herself the subject of a life of abuse, addiction, neglect was sentenced to prison. Her crime, in this instance, preventable, had DCF and the courts not awarded custody, where no intervention to prevent the crime was possible, as the child was subject to her care, has now

created a financial burden to the tax paying public. Those DCF staff related to the custody decision, case monitoring, those placed in a position to assess levels of psychological, psychodynamic functioning, risk, far beyond their competence level to know what they were looking at, now must live with a level of trauma and guilt associated with their connection to the crime.

Every client interviewed, every case reviewed by FCVFC staff is the subject of review as to public policy, government agency, clinical practice implications as we write, speak, study, attempt to raise public consciousness and provide service to address the issues of which we become aware.