Carolen Bailey papers

Version 3
August 20, 2018

In the early 1970's, there was very little written material on the subject of incest, except a few on historical perspectives. By this time, our county child abuse team was well organized. We had been involved in a few hundred sexual abuse cases and felt that there were some conclusions that we could make that might be helpful to the professionals with whom we worked in our community. So, our Team, which included a representative from the major agencies involved in child abuse (Child Protection, Mental Health, County Nursing, Pediatrics, Psychiatry, police-me, etc.), recorded those findings, in which we were in full agreement, that we felt would be useful, particularly to those directly involved in identification and intervention. We had learned them the hard way - through trial and error, & we hoped we might avoid some future mistakes.

Since this time, our research analyst has confirmed these assumptions, primarily through our case studies. These have been reviewed recently by the Team, with its changing complement, but have remained essentially unchanged. They have stood the test of time.

These are some of our basic working assumptions:

WORKING ASSUMPTIONS
ON SEXUAL ABUSE

1. Sexual abuse is invariably damaging psychologically to the child who has been sexually abused and the other family members.

✓ 2. The child who reports being sexually abused is telling the truth.

✓ 3. Other children in the family are often or are likely to be sexually abused unless there is effective intervention. (most painful lesson)

✓ 4. The protection of the sexually abused child and the other children in the family is the primary concern. If unprotected, the abused child is often subjected to physical abuse, verbal threats and coercion to retract the accusation.
A "CANCER" WHICH PERMEATES & SPREADS.

5. The bonds tieing families together, in which sexual abuse is occurring, are often markedly ambivalent and pathologically strong. These families will frequently, regardless of our goals, reunite.

6. The sexually abused child's understanding of sexuality is often limited and distorted, and the child often lacks the verbal skills to relate well her experiences or feelings. -end.

7. Physical abuse of the non-abusing parent and the children is often present concurrently with sexual abuse. -end
History of conflict & tendency toward violence.

8. The abusive parent is often chemically dependent. -end
SA inflicted repetitively...

9. The mother is often unreliable, unable to protect her child, and a passive participant whose strongest emotional bond is her dependent tie to her husband.

✓ 10. The father is frequently uncooperative and will not voluntarily seek help or change his behavior. The sexually abusive parent should be immediately separated from the child. In such situations, criminal as well as Juvenile Court action should be initiated immediately, if possible, in order to remove the abusive parent from the family and secure some external control on his behavior. (more than any other, this has been reinforced by the on-going team) -end

11. The denial system of the parents is usually extremely strong. If the abused child returns home without intensive intervention, the old patterns are re-established. The more drastic initial intervention is correlated with more favorable outcome, both in ensuring immediate protection of the child and counteracting the parents' denial. Assert "nothing has gone on", "It won't happen again." -end.

12. Effective treatment will involve at least two years of intensive activity with family members. -end.


GO AHEAD, TELL—WHO'S GONNA BELIEVE YOU?

MYTHS ABOUT CHILD SEXUAL ABUSE

1. Children lie/fantasize about sexual contact with adults.
2. Children provoke or are partially responsible for sexual contacts with adults.
3. The mother colludes in the relationship.
4. Non-violent incest is not emotionally damaging.
5. The abuser selects only one child in the family to abuse.
6. Children like to be sexual with adults.
7. Brother-sister incest doesn't really count because it's not damaging.
8. If the children didn't like it, they could say stop.
9. Incest offenders are psychotic or mentally retarded.
10. Telling offenders to stop is all that's necessary.
11. Treating the chemical dependency problem will stop the incest.
12. Children who are victims will usually tell someone, especially their mother.
13. Incest occurs within the family so isn't really a problem to the community.
14. Incest is rare.

"RECOGNITION OF SEXUAL MOLESTATION IN A CHILD IS ENTIRELY DEPENDENT ON THE PROFESSIONAL'S WILLINGNESS TO ENTERTAIN THE POSSIBILITY THAT THE CONDITION MAY EXIST."

Signals of Physical Abuse:

1. Delay in seeking medical care after injuries.
   Deceiving - eff. coat hanger.
   Discrepancy in time of occurrence, Ex. Immediate symptoms?
2. Contradiction between parents, etc. history of injury + apparent cause. Ex. 3 mo. old "rolled off" couch to carpet + sustained skull fractures*; spoons.

3. Repeated injuries + numerous injuries.
   "Battered Child Syndrome"

4. Presence of family dynamics:
   1. Parents were abused.
   2. Alcoholism.
   3. Stress in family
   4. Crisis.
   5. "Well behaved" child pleasing parents
   6. Unreasonable expectations Ex. toilet trained
   7. Normal child's behavior is unusually upsetting. Ex. crying.

5. "Failure to thrive." Child/infant is not developing physically or psychologically at a normal pace.

CAROLEN BAILEY
ST. PAUL POLICE DEPT.

SIGNALS OF SEXUAL ABUSE *

1. Unexpected sexual utterance or behavior, especially in very young children. Verbally seductive.
2. Limited or no involvement in after-school activities. Must go home to do housework, etc.
3. Vague resistance to visiting or being alone with abusers. Fear of going home.
4. Adolescent prostitution. Seductive clothing.
5. Moderate to severe depression or anxiety, esp. young children. Suicide attempts, parties. pre-adolescent. "I'm the problem in the family." "I'll take the secret to my grave." May be agitated.
6. Unusual accumulation of money, candy, favors, etc.
7. Dramatic change in school behavior. Acting out, withdrawn.
8. Alcoholism of one or both parents.
9. Excessive fear of males, of being touched.
10. Running away from home. Bridge now has incest program
11. Report by parent of molestation by a stranger.
12. Lighting fires. Increasingly common by male victims.
13. Mutism. Usually young. Not talking for reason - protecting family. Will not speak or would tell the secret.
14. Nightmares.
15. Excessive masturbation.
16. Regression. (bed-wetting, thumb-sucking, fear of sleeping alone)
17. Learning difficulties common.

REAL OR SOMATIC PHYSICAL COMPLAINTS:

1. Unexplained lower abdominal pain. Most common. Begins with incest.
2. Body mutilation. Ex. cutting arms with razors.
3. Adolescent pregnancy.
4. Venereal infections (oral, anal, genital). "strep throat"
5. Vaginal discharge. Incest offenders are often promiscuous outside family. Ask about family contacts or won't get info. Foreign bacteria introduced consistently.
6. Pain or burning on defecation or urination. Fecal soiling. Severely constipated.
7. Gagging response. 5-7 yr. old girls.
8. Persistent sore throat, unexplained lesions. Foreign bacteria from penis.

9. Signs of physical abuse.

10. Parent vague and overly concerned about discharge, blood on pants, etc. Compulsive interest in child's sexual anatomy.

11. Sudden weight gain or loss. Compulsive eating disorders.
anotic - typically second child who wants to avoid becoming victim like sister

12. Chemical abuse.
Way of dealing with psy. pain.

* Any single symptom may not be significant or may be symptomatic of other problems.

Adults:
1. Lack of clear memory in childhood.
2. Sadistic sex desires (assoc. sex with pain)
3. Women in 20's & never had pelvic exam.
4. Women who suck thumbs.

C. Bailey

Patrol Procedures in Child Abuse Cases

1. The original officers responding to the call should obtain the necessary information for the Crime Against Person (if substantiated) or General report. Information should include a specific description of the child's injuries or suspected injuries, the victim's account of what happened (if old enough to talk), statements or information obtained from possible witnesses, relevant information from available others who know the family, the circumstances as to how the abuse was discovered and reported, etc.

2. Photographs of visible injuries should be taken, preferably at the scene if the injuries do not require immediate medical care, rather than at the hospital (where there is more confusion and possibility of over-exposure to photographs). Photographs can also be taken of the scene if evidence is present or the cause of injury can be clarified.

3. If, in the opinion of the officer, the child needs immediate medical attention, the officer can transport the child to S.P.R.H. If such action is taken without the permission of the child's parents, a "police hold" on the child should be completed.

4. The officer can take the child in to immediate custody (per Minn. Statute 260.165) if the officer reasonably believes the child is in "surroundings or conditions which endanger the child's health or welfare". This decision should be based upon:
(a) The police officer's own common sense and experience. There are some situations, wuch as finding a young child alone in a cold, physically unsafe apartment, when this decision is obvious.
(b) A physician's report and recommendation. This frequently occurs in a hospital when the physician determines that the parents' explanation as to cause of injury is inconsistent with the child's injuries.
(c) Other professional information or advice. This frequently can be a social worker; however, although the officer can take the social worker's opinion into account, the police officer must make the decision.

5. When an officer decides to place a police hold on a child, the officer must fill out a detention form (see attached form). These forms are available at the station, S.P.R.H., shelter homes, and elsewhere. The green copy of the form is retained by the officer and turned in with his report. The yellow copy is turned over to the Detention Supervisor, the pink to the Juvenile, the blue to the parent, and the original is returned to the court. These forms are also used to detain delinquent children. In the case of delinquent children, all decisions regarding detention are made by the Juvenile Division (or the station commander when Juvenile Division is closed). It is important that every effort is made to notify the parent or guardian that the child has been taken in to custody, and this should be noted in the report.

LAW ENFORCEMENT SERVICES

According to Minnesota Statue 626.555, all situations or incidents of suspected child abuse, physical and sexual, must be reported to Child Protection and/or law enforcement agency.

Law enforcement agencies ~~throughout the County~~ have the capability of providing numerous services in child abuse cases. Services include: 24-hour emergency services; investigating reports; taking children into protective custody where their health or welfare is in immediate danger; transporting children for medical care or placement to a safe shelter facility; preventing abuse where possible, particularly at the scene where it is occurring; taking into custody persons who are abusing children; preparing and signing criminal complaints against abusing persons and providing testimony in Juvenile or Criminal Court; providing support directly to abused children; coordinating information and referral to appropriate agencies for follow-up services.

The Saint Paul Police Department assigns a representative who performs the following functions:

1. Provides direct service (any of the services described above) to children and families in the case review process on an "as needed" basis.

2. Supports ongoing efforts to upgrade service delivery systems to protect children in order to maintain effective communication between the Police Department and Team member agencies.

3. Assists in identifying and resolving inter-agency problems.

4. Provides feedback, training, and assistance internally with persons working on child abuse cases.

5. Provides consultation and technical assistance to other law enforcement agencies as requested.

6. Coordinates information and services with other agencies on a case-by-case basis.

7. Educates Team members and participants in case conferences regarding the role and services of law enforcement.

8. Participates in planning and providing in-service training for community professionals.

administrator of a hospital or nursing home, nurse or pharmacist, shall immediately report all cases of physical injury to persons being cared for in hospitals, nursing homes or other related institutions for the hospitalization or care of human beings, licensed pursuant to sections 144.50 to 144.58, or section 144A.02, inflicted by other than accidental means which come to their attention, when the injury appears to have been caused as a result of physical abuse or neglect. Cases shall be reported to the state board of health.

Subd. 3. Nature and content of report. The report described in subdivision 2 may be made immediately by telephone or other means. The state department of health may require a supplementary written report which shall contain such information as the department shall request.

Subd. 4. Responsibility of local police authority and of the county welfare agency. The local police authority and county welfare agency shall cooperate with the state department of health and shall investigate claims of neglect and abuse when requested by the state department of health. The county welfare agency shall offer protective social services in an effort to protect the health and welfare of these persons and to prevent further abuses.

Subd. 5. Immunity from liability. Anyone participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. A participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

Subd. 6. Evidence not privileged. The physician-patient privilege shall not be a ground for excluding evidence regarding the injuries or the cause thereof, in any judicial proceeding concerning a physical injury to any person protected by Laws 1973, Chapter 688, which injury appears to have been caused as a result of physical abuse or neglect.

Subd. 7. Retaliation prohibited. No person who directs or exercises any authority in a facility required to be licensed under the provisions of sections 144.50 to 144.58, or section 144A.02, shall evict, harass, dismiss or retaliate against a patient, resident or employee because he or any member of his family has reported in good faith any violation or suspected violation of laws, ordinances or regulations applying to the facility.

Subd. 8. Penalty. Any person knowingly and willingly violating this section is guilty of a misdemeanor.

Added by Laws 1973, c. 688, § 10. Amended by Laws 1976, c. 173, §§ 61 to 63.

1976 Amendment. Added the reference to section 144A.02 as it appears in subds. 1, 2 and 7 and added to subd. 2 "for the hospitalization or care of human beings."

Cross References

Penalty for mistreatment of residence or patients, see § 609.231.

Law Review Commentaries

Sexual assault. Ann Leslie Alton. Nov.-Dec. 1975, 44 Hennepin Lawyer 4.

626.556 Reporting of maltreatment of minors

Subdivision 1. Public policy. The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse; to strengthen the family and make the home safe for children through improvement of parental and guardian capacity for responsible child care; and to provide a safe temporary or permanent home environment for physically or sexually abused children.

In addition, it is the policy of this state to require the reporting of suspected physical or sexual abuse of children; to provide for the voluntary reporting of neglect of children; to require the investigation of such reports; and to provide protective and counseling services in appropriate cases.

Subd. 2. Definitions. As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(a) "Sexual abuse" means the subjection by the child's parents, guardian, or person responsible for the child's care, to any act which constitutes a violation of Minnesota Statutes, Sections 609.291, 609.292, 609.293, 609.295, or 609.296.

(b) "Neglected child" shall have the meanings defined in Minnesota Statutes, Section 260.015, Subdivision 10. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian or other person responsible for his care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child. Failure to supply necessary food, clothing shelter & medical care when reasonably able to do so.

(c) "Physical abuse" means:

(i) Any physical injury inflicted by a parent, guardian or other person responsible for the child's care on a child other than by accidental means; or

(ii) Any physical injury that cannot reasonably be explained by the history of injuries provided by the parent, guardian or other person responsible for the child's care.

(d) "Report" means any report received by the local welfare agency pursuant to this section.

Subd. 3. Persons mandated to report. A professional or his delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement who has knowledge of or reasonable cause to believe a child is being physically or sexually abused shall immediately report the information to the local welfare agency or police department. The police department, upon receiving a report, shall immediately notify the local welfare agency. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school or agency.

Any person not required to report under the provisions of this subdivision may voluntarily report to the local welfare agency or police department if he has knowledge of or reasonable cause to believe a child is being neglected or subjected to physical or sexual abuse. The police department, upon receiving a report, shall immediately notify the local welfare agency.

Subd. 4. Immunity from liability. Any person participating in good faith and exercising due care in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that otherwise might result by reason of his action.

Subd. 5. Falsified reports. Any person who willfully or recklessly makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

Subd. 6. Failure to report. Any person required by this section to report suspected physical or sexual child abuse who willfully fails to do so shall be guilty of a misdemeanor.

Subd. 7. Report. An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed as soon as possible by a report in writing to the appropriate police department or local welfare agency. Any report shall be of sufficient content to identify the child, the parent, guardian, or other person responsible for his care, the nature and extent of the child's injuries and the name and address of the reporter. Written reports received by a police department shall be forwarded immediately to the local welfare agency.

Subd. 8. Evidence not privileged. No evidence regarding the child's injuries shall be excluded in any proceeding arising out of the alleged physical or sexual abuse on the grounds of either a physician-patient or husband-wife privilege.

Subd. 9. Mandatory reporting to a medical examiner or coroner. When a person required to report under the provisions of subdivision 3 has reasonable cause to believe a child has died as a result of physical or sexual abuse, he shall report that information to the appropriate medical examiner or coroner instead of the local welfare agency or police department. Medical examiners or coroners shall notify the local welfare agency or police department in instances in which they believe that the child has died as a result of physical or sexual abuse. The medical examiner or coroner shall com-

plete an investigation as soon as feasible and report the findings to the appropriate law enforcement authorities and the local welfare agency.

Subd. 10. Duties of local welfare agency upon receipt of a report. The local welfare agency shall immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minor, and preserving family life whenever possible. When necessary the local welfare agency shall seek authority to remove the child from the custody of his parent, guardian or adult with whom he is living. In performing any of these duties, the local welfare agency shall maintain appropriate records.

Subd. 11. Records. All records maintained by a local welfare agency under this section, including any written reports filed under subdivision 7, shall be private. The records shall be collected and maintained in accordance with the provisions of Minnesota Statutes, Sections 15.162 to 15.168, and an individual subject of a record shall have access to the record in accordance with those sections, except that the name of the reporter shall be disclosed only (a) by the local welfare agency if the report is found to be unsubstantiated or (b) by the local welfare agency upon court order if the report is found to be substantiated.

Records maintained by local welfare agencies under this section must be destroyed as follows:

(a) All records relating to reports which, upon investigation, are found to be unsubstantiated shall be destroyed immediately;

(b) All records relating to reports which, upon investigation, are found to be substantiated shall be destroyed seven years after the date of the final entry in the case record; and

(c) All records of reports which, upon initial investigation, cannot be substantiated to the satisfaction of the local welfare agency may be kept for a period of one year. If the local welfare agency is unable to substantiate the report within that period, all records relating to the report shall be destroyed immediately.

Added by Laws 1975, c. 221, § 1.

Title of Act:

An Act relating to children; requiring reports of maltreatment of minors to be filed by certain individuals; authorizing reports to be filed by citizens under certain circumstances; prescribing penalties for failing to report or falsifying reports; amending Minnesota Statutes 1974, Chapter 626, by adding a section; repealing Minnesota Statutes 1974, Section 626.554. Laws 1975, c. 221.

Law Review Commentaries

The battered child and other assaults upon the family. Allan H. McCoid. Nov. 1965, 50 Minn.Law Review 1.

1. In general

In prosecutions relating to injuries or death of minor children, it is proper to introduce medical testimony relating to "battered child syndrome" and "battering parent syndrome." State v. Loss, 1973, 295 Minn. 271, 204 N.W.2d 404.

Where evidence, in prosecution based on death of infant, establishes existence of a battered child syndrome beyond a reasonable doubt, prosecution need not prove existence of a battering parent syndrome and evidence for which a jury could reasonably infer that defendant fits one of psychological patterns of such a person is proper and can form part of circumstantial evidence against defendant. Id.

Within this section "battered child syndrome" means a condition by which children are injured other than by accident. Id.

626.56 to 626.64 Renumbered as sections 299C.30 to 299C.38

Laws 1969, c. 1129, contained a government reorganization act. Provisions of that act [Laws 1969, c. 1129, art. I, § 3] created a commissioner of public safety with appropriate divisions. These provisions are coded as section 299C.01. The renumbering of sections 626.56 to 626.64 by the revisor of statutes in Minn.St.1969 moves related provisions to chapter 299C.

UNIFORM LAW ON FRESH PURSUIT

626.66 Arrest; hearing

Law Review Commentaries

Pretrial identification procedures—Wade to Gilbert to Stovall: Lower courts bobble the ball. 1971, 55 Minn. Law Review 779.

Signals in adults:

A. Psychological:

1. Repeated hospitalized for depression.
2. Frightening fantasies or dreams about being in bed while a dark, ominous figure comes toward her.
3. Lack of clear memory of childhood.
4. Compulsive sexual behavior (sexually humiliate themselves & feel can't control it).
5. Chemical dependency.
6. Sexual dysfunction, usually sex aversiveness, sometimes of phobic proportions.
7. Sado-masochistic sexual fantasies or (experiencing) behavior as a prerequisite for arousal.
8. Sexual identity issues. Threatened by heterosexual but not homosexual
9. Suicide attempts or threats.

B. Physical/Medical signals:

1. Persistent pain in lower abdomen
2. Body mutilation.

3. Frequent "cosmetic" surgery. Dealing with sense of physical shame.
4. Eating disturbances: bulimia (compulsive eating, throwing-up), anorexia, obesity (real skinny or real fat)
5. Severe reaction to medical pelvis examination.
6. "Pain" reported in genitals with no apparent cause
7. Chemical abuse.

CHART I

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

TYPE OF CA/N	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained Bruises and Welts: - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electric cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend or vacation Unexplained Burns: - cigar, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso Unexplained Fractures: - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures Unexplained Lacerations or Abrasions: - to mouth, lips, gums, eyes - to external genitalia	Wary of Adult Contacts Apprehensive When Other Children Cry Behavioral Extremes: - aggressiveness, or - withdrawal Frightened of Parents Afraid to go Home Reports Injury by Parents
PHYSICAL NEGLECT	Consistent Hunger, Poor Hygiene, Inappropriate Dress Consistent Lack of Supervision, Especially in Dangerous Activities or Long Periods Unattended Physical Problems or Medical Needs Abandonment	Begging, Stealing Food Extended Stays at School (early arrival and late departure) Constant Fatigue, Listlessness or Falling Asleep in Class Alcohol or Drug Abuse Delinquency (e.g. thefts) States There Is No Caretaker
SEXUAL ABUSE	Difficulty in Walking or Sitting Torn, Stained or Bloody Underclothing Pain or Itching in Genital Area Bruises or Bleeding in External Genitalia, Vaginal or Anal Areas Veneral Disease, Especially in Pre-teens Pregnancy	Unwilling to Change for Gym or Participate in Physical Education Class Withdrawal, Fantasy or Infantile Behavior Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge Poor Peer Relationships Delinquent or Run Away Reports Sexual Assault by Caretaker
EMOTIONAL MALTREATMENT	Speech Disorders Lags in Physical Development Failure-to-thrive	Habit Disorders (sucking, biting, rocking, etc.) Conduct Disorders (antisocial, destructive, etc.) Neurotic Traits (sleep disorders, inhibition of play) Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias, hypochondria) Behavior Extremes: - compliant, passive - aggressive, demanding Overly Adaptive Behavior: - inappropriately adult - inappropriately infant Developmental Lags (mental, emotional) Attempted Suicide