



## Carolen Bailey papers

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# Incest: A Practical Investigative Guide

By CAROLEN F. BAILEY

Whether it is the result of mandatory reporting laws, increased incidence, or greater awareness, police have been caught unprepared and untrained for the surge in reported incest.

**A**lthough the actual extent of incest cannot be documented, due to limited available statistics and non-reporting, many police departments are suddenly being confronted with increasing complaints of sexual abuse within the family. Reports received in Ramsey County, Minnesota, increased 300 percent in a one-year period, and yet many researchers feel known cases are still just the "tip of the iceberg." Unlike aggravated rape, which has shown greater concentration in the larger cities, incest permeates the rural as well as the urban communities. With limited knowledge and training, the police officer is increasingly expected to investigate and resolve the most difficult, frustrating, and challenging of all offenses: incest.

Most states now have laws that require reporting to authorities of physical and sexual abuse to children by a parent, guardian or other person responsible for the child's care. Criminal statutes generally

describe "incest" as sexual intercourse between relatives nearer than first cousins with the knowledge of the relationship. For investigative purposes, the broader range of "sexual abuse" cases are included because investigative techniques are similar. There may not be actual intercourse but sodomy or other molesting may be involved in the sexual abuse; and although there may be no blood relationship, the child views the relationship as incestuous because the offender is serving as a parent, such as a stepfather or mother's boy friend who is living in the home.

Since father-daughter sexual abuse cases are the most often reported to police, for simplicity we will refer to the offender as he and the victim/child as she, but it should be emphasized that there are many male children who are victims of sexual abuse and some female adults who are perpetrators. The possibility that male children may also be involved should be paramount in the investigator's consideration of such cases. Also, during the inves-

tigation of father-daughter incest cases, it frequently has developed that brother-sister (or even other relatives) incest is also involved.

Probably more than any other type of offense, the incest investigation must be initiated and completed as quickly as possible after the report is brought to the attention of outside authorities. It is urgent that each family member be carefully questioned immediately after they are aware of the investigation and that this be documented because attitudes often change quickly and evidence is lost.

## Assessing and Questioning

If the reporting source is other than the victim, as much detailed information as is possible should be obtained before the initial contact with the victim. How did the reporter obtain the information? Was it direct observation, suspicion or verbal complaints from a family member? Carefully prepared background information greatly facilitates the questioning of the victim.

The child who is the victim should be interviewed first before contacting any other family members. If the parents are aware the child is to be questioned, they may interfere and attempt to prevent the report. This is an extremely difficult interview, upon which the entire outcome of the investigation is based. The victim must be supported, reassured that she is not to blame, and must trust that the results of providing the report will be an improved lifestyle or she will not provide complete information.

If the victim herself has initiated the report, this is an advantage to the investigator because the child has already decided she can no longer tolerate the incest situation and desires a change. If the incest is initially reported by a social worker, it frequently is most effective to have the social worker bring the child in for a statement because the worker may already have a relationship with the child and the child may feel more comfortable. When the child has sought help, the child's primary concern often is finding a place to live. She frequently doesn't seem to care where she is to live as long as it is not with her father (or the incestuous relative). However, if



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others. She was recipient of the 1969 Kiwanis Public Servant of the Year Award, named a 1970 Outstanding Young Woman of the Year in the United States, and presented the 1972 National Alpha Gamma Delta Sorority's Outstanding Personality Award. She is author of *Prescription for Protection*, was consultant for *Rape and Its Victims*, and has written various training articles.

the victim is asked what she would like more than anything else in the world, she usually will respond, "To be home with my mother, brothers, and sisters without my father there." Because of the need to protect the child, frequently she must be moved away from her family rather than the offender. This can later be seen as "punishment" and can further increase the child's feelings of guilt and responsibility for what has happened. Where it is possible, the offender should be removed rather than the child, but in cases where the offender is likely to bail out of jail and become violent, for example, it may be too great a risk to allow the child to remain in her own home. A police protective hold on the child is frequently utilized in these cases (most states have legal provisions). Placement of a child outside her home should be made on the basis of the immediate physical threat to the child of repeated sexual abuse and physical violence, the child's own fear and attitude, including her refusal to return home, and the need to prevent coercion of the child by one or both parents.

The child may be reluctant to tell her mother about the incest because she is ashamed and feels her mother is "too weak" to deal with the reality of incest (and frequently she is).

In questioning, determine from the child:

1. The most recent incident of incest, including a detailed sequence of events and the specific act itself.

2. The duration of offenses, including the initial contact, the nature and frequency of the molestings, and any specific dates available. A specific date of offense must be determined if prosecution is to be considered.

3. Are there any possible witnesses? This could be someone who merely came home early and felt it suspicious that the victim and offender were in the bedroom alone with the door closed, someone who heard the victim crying or someone who actually saw the offense. Friends of the victim, babysitters, and other relatives are often surprising witnesses or additional victims.

4. Who has the child told about the offense? A person whom the victim may have told immediately after the offense can be an excellent corroborating witness. Also, if the child told her mother it is significant to know whether the mother took action to protect the child, if she chose to ignore her, did not believe her or just hoped it wouldn't happen again.

A medical examination of the child may be indicated if intercourse is reported. Although incest is seldom reported immediately after the offense when sperm may be present, the medical examination

may demonstrate the extent of penetration and provide treatment for possible injuries and venereal disease (uncommon among these victims). This examination is especially traumatic for the incest victim and should be tactfully explained to the child.

The parents of the victim should never be questioned together. The presence of the husband or wife can greatly limit or distort the information obtained. It is usually easier to maintain control of the case and less likely to create an immediate crisis if the mother can be questioned alone before the incestuous father is aware the complaint has been made. Although the mother frequently expresses surprise about the incest, she may later relate earlier suspicions. These should be noted because they may become relevant. Subtle comments made by the mother may indicate her previous denial of the incest. The nature and/or change in the mother's relationship with her husband may also be significant. The mother is usually receptive to the child's temporary removal from the home, although her willingness seems to decrease as the age of the child decreases. Unless she has actually witnessed the incest and summoned the police to the scene of the offense, the mother is frequently reluctant to separate from her husband, and, if she does, she often will reunite with him. The mothers in these cases should be considered extremely *unreliable* during the entire investigation. Even if she initially accepts the offense as valid, she may later deny it or blame the child. She is frequently very protective of her husband and feels dependent on him. If the mother can provide corroborating evidence, such as witnessing the offense, a written statement should be obtained immediately because she may later refuse to provide any information. This may be especially true if she has been married previously and this involves her second or third husband.

If it is explained to the mother that the officer is aware that this is a very difficult situation for her, that there will be professionals to help her and the family, and that the police responsibility is to assure the child's safety, the mother may be more likely to be cooperative. She may retaliate if the officer is quick to condemn her husband's actions rather than seek facts and explanations. It is important to convey to the mother the validity of the offense rather than argue about this because it is easier emotionally for the mother to deny the offense occurred. The investigation proceeds more smoothly and it is far easier for the child if the mother is able to accept the facts of the offense.

Physical evidence, such as pornographic magazines, contraceptives, etc., should be obtained as quickly as possible and may be available through the mother at the time of the initial notification.

Questioning of the father can be most effective in the police station. Frequently the father will come in voluntarily if asked and if immediate arrest is not indicated. An emotional approach in questioning the incestuous father is frequently effective, because the father often will express guilt about the incest and relief that the "secret" is out. Encouraging the father to explain his own difficulties in childhood, marriage, sex, etc., allows him an opportunity to "save face." If you become aware that he is one of the incestuous fathers who appear to feel that sexual abuse is appropriate, justified (as with certain religious arguments), and acceptable, then a matter-of-fact, no-big-deal approach might be effective. If the father admits the sexual abuse, an attempt should be made to obtain specific information about each incident, especially where dates may be available. Details, such as the exchange of money, which corroborate the child's account, lend further credibility to the complaint.

### Research Findings

Utilize knowledge of the incestuous families during the investigation. Research generally indicates:

- The child reporting the sexual abuse is usually telling the truth.
- The oldest daughter is most frequently the first victim.
- Incest will perpetuate and permeate other victims unless there is effective intervention.
- The incestuous father is frequently chemically dependent (most often alcoholic) and physically violent to most family members.

The investigation should be referred to the local child protection agency that can provide considerable assistance during the investigation and services to the family. Many prosecution cases are successful as a result of the ongoing support provided to the witnesses by the social service agencies.

### Conclusion

There has been a tendency to over-react to incest as a nameless sexual evil with disastrous effects. It is important to respond to the child who has been the victim of sexual abuse with warmth, objectivity, and acceptance, so that the child is not bound up in sexual fears and the entire process which follows is not demoralizing and ineffective.

We can help the child recognize the fact that sex is simply a part of life, one of the ways in which people relate to one another. It has the potential for either good or bad. If we are irrational about sex, it is not because sex is an irrational force but because we choose to be irrational. We dare not choose to be irrational at a time when a child comes to us in serious need of common sense and good judgment. ★

RAMSEY COUNTY RESOURCES THAT ADDRESS  
PROBLEMS OF VIOLENCE

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CHILD & ADULT ABUSE

Child Abuse Hotline/ Crisis Intervention Center (Parents Anonymous) 347-2233  
Children's Hospital 345 Smith No., St. Paul  
- Emergency Services 298-8296  
- Clinic 298-8300  
Ramsey County Adult Protection, 160 E. Kellogg, St. Paul, 298-4430 - M-F 8-4:30  
Ramsey County Child Protection, 160 E. Kellogg, St. Paul, 298-5655  
(other-times 291-6795)  
Ramsey County Child Abuse Team, 160 E. Kellogg, St. Paul, 292-6346 - T, Th- 8-6:00  
Ramsey County Nursing Services 150 E. Kellogg (referral) 298-4548  
Ramsey County Sheriff Patrol Division, 340 Rice St., Shoreview, 484-3366  
St. Paul Ramsey Medical Center, 640 Jackson St., St. Paul, 221-3456 221-2121 (emg)  
St. Paul Police Department, 101-10th St., St. Paul, 292-3650

COUNSELING

Baker Community Center, 209 W. Page, St. Paul, 292-8020 - M-F 8-5 p.m.  
Catholic Charities, 215 Old 6th St., St. Paul, 222-3001  
Chicanos Latinos Unidos en Servicios (CLUES), 220 So. Robert St., Suite 103  
St. Paul, 292-0117 M-F 8:30-5:00 p.m.  
East Area Community Center, 1575 Ames, St. Paul 774-9647 M-F 8:30-5:00  
(also services to S.E. Asians)  
East Community Family Center, 1709 No. McKnight, Maplewood  
- Phase Program 777-8060 M-F 9:00-5:00  
Face to Face, 730 Mendota St., St. Paul, 772-2557 M-W-F 9:00-5:00, T,Th 9-9:00  
Family Service, Suite 500, Nalpac Bldg., 333 Sibley, St. Paul 8:30-9:00p.m.  
M, Th, 8:30-6:00, T-W-F 8:30-5:00, 8:30-noon Sat. 222-0311 (also serving  
SE Asians)  
Hamm Clinic, 555 Park St., Suite 350, St. Paul, 224-0614 M,W,TH,F. 8:30-5:00  
Tues. 8:30-7:00  
Hallie Q. Brown, 100 No. Oxford, St. Paul, 224-4601 by Appt. only, 9-5 M-F  
Home of the Good Shephard, 5100 Hodgson Rd., St. Paul  
- Center for Family Unity 484-0222 ext 225  
Horizon, 301 Fuller, St. Paul, 222-0545 8:30-4:30 M-F  
(Am. Indians/Low income eligible )  
Jewish Family Services, 1546 St. Clair, St. Paul, 698-0767 T,TH,F - 9-5:30  
M,W. - 9-8:30 p.m.  
Lao Family, 475 Cedar, St. Paul, 221-9037 M-F 8:00-5:00  
Lutheran Social Services, 1201 Payne, St. Paul, 774-9507 M-F 8:30-5:00, plus  
evenings.  
Martin Luther King Center, 270 No. Kent, St. Paul 224-4601 M-F 8-10:00  
Neighborhood House Association, 179 E. Robie St., St. Paul, 227-9291  
7:00 a.m.-9:30 p.m., M-TH, 7-5:30  
N.E.O.N., 608 20th Ave. So., Minneapolis, 339-0895 8-8 nightly  
New Beginnings, 644 Selby, St. Paul 224-3835 10-10:00 M-F, 1-6:00 sat.  
Northend Multi-Service Center, 1021 Marion St., St. Paul 488-0507 8-5 + evenings.  
The Partners Program, 435 Aldine, St. Paul 641-5584 M-F 8:00-5:00  
- (24 hr. advocate on call through Midway Hospital)  
Ramsey County Human Services, 160 E. Kellogg, St. Paul, 8-4:30 p.m.  
- Adult Protection 298-4430  
- Child Protection 298-5655  
Ramsey County Mental Health Clinic, 529 Jackson St., St. Paul, 298-4737  
Intake 8:45 or 12:45 (walk-in) M-F 8-4:30 and evenings.  
White Bear Lake Community Counseling, 4820 Cook Av., White Bear Lake 429-8544  
M,T. 8:00 a.m.-9:00 p.m., W,TH, 8-6, F. 7-5

COUNSELING - cont.

Wilder Child Guidance Clinic, 919 Lafond, St. Paul 642-4022  
8:30-5:00 M.W.F. 8:30-8 T.Th.

Branch Offices

North Suburban, 2696 Hazelwood Av., Maplewood 770-1222

Northwest, 5100 NE Edgewood Dr., Moundsview 780-5675

Old Hudson Road, 1865 Old Hudson Road, St. Paul 731-1336

Wilder Community Care, 919 Lafond, St. Paul 642-4060 M-F 8:30-5:00  
(also service SE Asians)

Wilder Family Abuse Program, 666 Marshall, St. Paul 221-0048

Youth Service Bureau, 8:30-5:00 M-F + some evenings

423 University Av. W. 292-7191

1575 Ames 292-7195

179 E. Robie 292-7281

512 Laurel 224-2315

1595 Selby 292-7194

COURT SERVICES

Ramsey County Community Corrections Dept., 150 E. Kellogg, St. Paul, 298-4434

Adult Probation & Parole, 945 Courthouse 298-4791

Domestic Relations, 1745 Courthouse, (Orders for Protection Issued) 298-4379

Juvenile Service Center, 480 St. Peter, St. Paul 298-6930

Project Remand, 150 E. Kellogg, Suite 650, St. Paul 298-4932 M-F 8-4:30  
(24 hour services available)

Project Re-entry, 532 Ashland Av., St. Paul, 292-1466 M-F 8-5

CRISIS COUNSELING RESOURCES

Capitol Community Services, 1021 Marion St., St. Paul 488-0507 M-F 8:30-5:00  
Crime Victims Centers, (5 locations using one centralized number) 24 hr. daily  
340-5400

Emergency Social Services, 100 So. Robert St., St. Paul 291-6795

- 5:00 p.m.-8:00 a.m. + 24 hr. weekends.

Horizon, 301 Fuller, St. Paul M-F 8:30-4:30 24 hr. crisis line (Am. Indians/  
low income eligible)

N.E.O.N (Nighttime Emergency Outreach Network) 339-0895 8:00 p.m.-8:00 a.m.

Ramsey County Crisis Program, St. Paul Ramsey Medical Center, 640 Jackson St.

(24 hour walk-in) 221-8922

Ramsey County Mental Health Clinic, 529 Jackson St., St. Paul 298-4737

Intake walk-in 8:45 or 12:45 p.m. M-F

EMERGENCY RESOURCES

Police, Fire, Sheriff or Medical Emergency - 24 hours daily 911 (TTY-292-3777)  
St. Paul Ramsey Medical Center, 640 Jackson St., St. Paul 221-2121 (emergency)

## INFORMATION AND REFERRAL RESOURCES

Dorothy Day Center, 183 Old 6th St., St. Paul 293-9907  
- 8-4:30 M,T,TH,F. 8-1:00 W., 8-noon Sat.  
Hispanos en Minnesota, 203 Prescott St., St. Paul 227-0834 M-F 8:30-5:00  
First Call For Help (American Red Cross) 291-4666 M-F 8-5  
Minnesota Program for Victims of Sexual Assault, 430 Metro Square Building,  
(State-wide support and referral & training) 296-7084 M-F 8-5  
Ramsey County Emergency Social Service, 100 So. Robert St., St. Paul 291-6795  
Sexual Offense Services of Ramsey County, 529 Jackson St., St. Paul  
Phone 24 hour daily - office 298-5898 M-F 8:30-4:30  
Youth Emergency Service, 608 20th Av., South Minneapolis  
24 hour crisis line 339-7033 (outreach NEON)

## LEGAL

St. Paul City Attorney, 639 City Hall 298-4271  
(file complaints re: assault, rape, etc.)  
Tel-Law 227-5297 or call free 800-652-9728. Select tape number and give to  
operator:

- Tape 1, Where to go for legal help in the Twin cities;
- Tape 4, What is legal assistance of Ramsey County;
- Tape 5, What are the main differences between a civil case and a  
criminal case;
- Tape 62, Restraining orders and injunctions as ways to stop others from  
acting against you;
- Tape 66, Your welfare rights;
- Tape 70, What is a legal separation;
- Tape 71, Do you have grounds for annulment of your marriage;
- Tape 72, How can your marriage be dissolved;
- Tape 73, Determining child custody through mediation in Henn. & Ramsey Counties;
- Tape 74, Who will get custody of children in dissolution of a marriage;
- Tape 75, How will property be divided in a dissolution of marriage;
- Tape 76, How will the court divide the debts in a dissolution of a marriage;
- Tape 78, How financial support for a child is established;
- Tape 79, How financial support for a spouse is established;
- Tape 80, What to do if child support is not being paid;
- Tape 82, Restraining orders in a dissolution of a marriage;
- Tape 83, What to do about family violence and child abuse.

## RAPE AND SEXUAL ASSAULT RESOURCES

Emergency Social Services, 100 So. Robert St., St. Paul 291-6795 24 hr. weekends  
5 p.m.-8 a.m. M-F  
St. Paul Sexual Abuse Anonymous, P.O. Box 3014, St. Paul 776-1488 (Ron)  
Sexual Offense Services of Ramsey County, 529 Jackson St., St. Paul 298-5898  
(24 hours daily) Room 322  
St. Paul Police Department, 101-10th Street E., St. Paul 292-3650  
St. Paul Ramsey Medical Center, 640 Jackson St., St. Paul 224-3456 or  
Emergency 221-2121  
Youth Emergency Services (phone service - 24 hour daily) 339-7033

RESOURCES FOR PHYSICALLY ABUSED WOMEN'S SHELTERS

Alexandra House (Blaine) 780-2332  
Casa de Esperanza (St. Paul) 772-1723  
Crisis Line for Women's Shelters 646-0994  
Family Violence Network (Lake Elmo) 770-0777  
Harriet Tubman Battered Women's Shelter (Minneapolis) 827-2841  
Home Free (Plymouth) 559-4945  
Lewis House (Eagan) 452-7288  
Sojourner Shelter for Battered Women (Hopkins) 933-7422  
Women's Advocates (St. Paul) 227-8284  
YWCA (St. Paul) 65 W. Kellogg Blvd. 222-3741

OTHER RESOURCES

Battered Women's Consortium, Region 11, 435 Aldine, St. Paul 646-0994  
9-4 p.m. M-F  
Dayton's Bluff Human Services, 951 E. 5th Street, St. Paul 774-6075  
8:30-4:30 M-F (parenting groups)  
Education for Co-operative Living Program, Phyllis Wheatley Community Center,  
2136 Lower Av. No., Minneapolis, 8:30-5:00 M-F + evening groups - sensitive to  
the Black Community 521-3646  
Merrick Community Center, 715 Edgerton, St. Paul 771-8821 (parenting groups)  
8:30-5:00 M-F  
Womens Association of Hmong and Lao (W.A.H.L.) 1544 Timberlake Rd., St. Paul  
24 hour phone service - office 8-4 daily and women's support groups -  
Vietnamese and Cambodian services also available.

This Resource list is not to be considered an all inclusive list of Resources that may address problems of violence within families.

A more complete Directory may be obtained for First Call For Help (Information and Referral) 291-4666

The fact that a service is listed in the directory is not an endorsement of the purpose, method or quality of it's work.



## CHILD ABUSE: POLICE INTERVENTION

This new film focuses on how police should interview and investigate child abuse reports. Through a series of three vignettes, the film shows the proper procedures for:

- . responding to domestic disturbances
- . determining if child abuse has been committed
- . interfacing with other helping professionals
- . interviewing the abused child
- . confronting the abusive parent

Produced by Cavalcade Productions for MTI Teleprograms and the University of Washington, Sexual Assault Center, Harborview Medical Center, Seattle, WA.

Run time - 28 minutes      Purchase price - \$395      One Week Rental - \$60

For additional information or to arrange for a preview, contact MTI Teleprograms Inc., 4825 N. Scott Street, Suite 23, Schiller Park, IL 60176. 800-323-1900. In Illinois, Alaska, and Hawaii, call collect 312-671-0141.

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## "Beyond the Best Interests of the Child"

by Joseph Goldstein, Anna Freud, Albert Solnit

Law distinguishes between adult and child in physical, psychological, and societal terms. Adults are presumed responsible for themselves and capable of deciding what is in their own interests. Therefore, the law is designed to safeguard their right. Children, however, are presumed to be incomplete human beings not fully competent to determine their interests. They are seen as dependent and in need of continuous care by adults. Therefore, the law seeks to assure each child a "parent" who will serve their needs. The goal has been to serve "the best interests of the child." The law has recognized the necessity of protecting the child's physical well being but has been slow to safeguard the psychological well being and often subordinate this to the adult's right.

A child's "placement" is in dispute when it is subjected to conflicting adult interests. Predictions on what is in the child's best interests are difficult but decisions can be based on valuable knowledge and substantial information about a child's needs. Ex. the need for unbroken continuity of affectionate & stimulating relationships with an adult. The law must make the child's needs paramount. This is also in society's best interest.

Unlike adults, children: 1) Change constantly (demands vary as they mature) 2) have no time sense 3) experience events in an egocentric manner (as happening solely in reference to themselves; ex. birth of sibling as parental hostility) 4) Governed by irrational wishes & impulses 5) Unable to maintain positive ties with persons who are hostile to each other 6) No concept of blood-tie, (only day-to-day)

Normally, the physical giving birth to a child has psychological meaning to both parents. Derived from this identity with the child is the inclusion of the newborn in the parents' self-love. This biological relationship is seriously impaired when the adults reject their own identity in the child (ex. defective newborn). Thus, child abuse, neglect, abandonment, infanticide.

Only a child who has at least one person to love and also feels loved and wanted will develop a healthy self-esteem. Infants born as a result of an unwanted pregnancy are thus at risk from birth with a much reduced chance of healthy growth and development.

Continuity of relationships, surroundings, and environmental influence are essential for a child's normal development.

Where continuity of relationships is interrupted more than once, the child's emotional attachments become increasingly shallow and indiscriminate. They tend to grow up as persons who lack warmth in their contacts with others.

In cases of abandonment, the eligibility of a child for adoption rests on the intent of the parent, not on the duration of absence. If the child's needs were considered, the decision would be based on abandonment as the time the parents' absence has caused the child to feel no longer wanted by them, and the child has reached out to establish a new relationship with an adult.

Preferable to "in the best interests of a child" = the least detrimental available alternative for safeguarding the child's growth and development." = that which maximizes being wanted & maintaining a continuous relationship.

\* In a contested placement hearing, the child should be recognized as a full party to the hearing (has a direct personal interest in the decision & whose rights might be adversely affected by it) and the right to be represented by counsel.

Despite the obvious stake each child has in his/her placement, courts and legislatures have failed to grant party status or <sup>rights to</sup> counsel, except in juvenile delinquency proceedings. (Trend here toward inappropriate application of adult standards, ex. status offenders).

The law presumes a child's parents are best suited to safeguard his interests, but this should not prevail in a dispute (divorce) or when their fitness as parents is challenged. No party involved has a conflict-free interest in representing the child.

Children, far from sharing adults' concerns, are frequently put in direct conflict with them.

Under the principle of making the child's interests paramount, the courts would no longer accord visitation rights to biological parents when a child rejects them and therefore is unlikely to profit from their presence or influence. This at the same time protects the rights of the substitute parents.

The rights of parents to raise their children as they see fit, free of state intervention and other harassment, must be protected in all cases, except delinquency, neglect, abandonment and abuse.

Society must see each child's placement for protecting future generations of chn. by increasing the # of adults-to-be who are likely to be adequate parents.

Decisions not easy. Ex. Jewish parents in Holland who returned at end of WW II to reclaim their children, many of whom had become totally estranged from their biological parents & intimate with foster parents.



LIFE STYLE WORK SHEET

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I. FAMILY CONSTELLATION

A. Your Family of Origin:

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Age, if living \_\_\_\_\_

Age, if living \_\_\_\_\_

Children born into your family of origin: (give name in order of birth, age, married or not)

B. Description of siblings:

1. Who was most like you? How?
2. Who was most different from you? How?
3. If there was only one other child, describe what kind of a kid he was.
4. What kind of a kid were you? (personality characteristics, behavior, etc.)
5. What were your favorite subjects in school?
6. What were your least liked subjects in school?
7. Athletic interests or skills?
8. Did you have any childhood habits? (thumb-sucking, bed-wetting, etc.)
9. Who in your family had a frequency of sicknesses, or was handicapped?
10. As a child, did you feel that boys or girls had advantages over the other?
11. If you are a girl, were you a tomboy in childhood?
12. If you are a boy did you consider yourself a sissy as a child?



D. Sibling Interrelationships:

1. Who took care of whom?
2. Who played with whom?
3. Who got along best with whom?
4. Which two fought and argued the most?
5. Who was helpful at home?
6. Who made mischief?

E. Description of Parents:

1. Father's name, current age, education, occupation.\*
2. What kind of person was father?
3. Father's relationship to children?
4. Sibling most like father? How?
5. Father's favorite? Why?
6. Mother's name, current age, education, occupation.\*
7. What kind of a person was mother?
8. Mother's relationship to children?
9. Sibling most like mother? How?
10. Mother's favorite? Why?

\* If dead, note cause of death and client's age at time of death.



\*I. Have you had any masturbating experiences?

How did you feel about it?

\*J. Have you had any homosexual experiences?

How did you feel about it?

III. CHILDHOOD DREAMS AND EMOTION DREAM-GENERATED (i.e., Fear, Joy, Sorrow, etc.):

IV. CHILDHOOD FEARS:

V. CHILDHOOD AMBITIONS:

VI. RECURRENT DREAMS AND EMOTION(S) DREAM(S) GENERATED:

VII. THREE WISHES: (as of now, as an adult)

1.

2.

3.

VIII. Early Recollections: Instructions: An actual recollection right down to specific incidents or happenings. Try to recall early recollections before age eight and preferably around ages four, five, and six. Give the people in the early recollections, the happening, and the emotion or feeling the event left you with, i.e., fear, happiness, anger, etc.

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#1 Age: \_\_\_\_\_  
\_\_\_\_\_

#2 Feeling or Emotion: \_\_\_\_\_  
Age: \_\_\_\_\_  
\_\_\_\_\_

#3 Feeling or Emotion: \_\_\_\_\_  
Age: \_\_\_\_\_  
\_\_\_\_\_

#4 Feeling or Emotion: \_\_\_\_\_  
Age: \_\_\_\_\_  
\_\_\_\_\_

#5 Feeling or Emotion: \_\_\_\_\_  
Age: \_\_\_\_\_  
\_\_\_\_\_

Feeling or Emotion: \_\_\_\_\_

IX. FAMILY CONSTELLATION SUMMARY:

X. EARLY RECOLLECTION ANALYSIS:

Self-concept	Self-ideals	Environmental eval.	Ethics
<u>"I am"</u>	<u>"I should be"</u>	<u>"Such is life"</u>	<u>"Morals"</u>

XI. MISTAKEN AND SELF-DEFEATING APPERCEPTIONS:

XII. SUMMARY OF LIFE STYLE:

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Analyst - Caseworker

DE 1-17 7/1/73

.01

Child Abuse-Definitions:

A. Child Abuse includes ~~physical abuse, sexual abuse, and "failure to thrive"~~.

1. Physical abuse means any ~~injury inflicted upon a child by other than accidental means.~~

2. Sexual abuse means the subjection by a child to any act which constitutes a violation of the following Minnesota Statutes of 1971:

- (a) Section 609.291, Aggravated rape.
- (b) Section 609.292, Rape.
- (c) Section 609.293, Sodomy.
- (d) Section 609.295, Sexual intercourse with a child.
- (e) Section 609.296, Indecent liberties.

3. ~~"Failure to thrive" means that a physician has made that medical diagnosis. (Due to parental deprivation.)~~

B. Verified child abuse means:

- 1. Medical personnel have made a judgment that child abuse occurred.
- 2. Law enforcement officials have made a judgment that child abuse occurred.
- 3. Child Protection Intake, Child Protection Program, or other SED programs have made the judgment that child abuse occurred.

C. Suspected child abuse means a person has reason to believe, but is not prepared to make a judgment, that child abuse has occurred.

.02

Child Abuse-Procedures:

A. Reports of suspected or verified child abuse from the community when there is no RCWD social worker active with the family.

1. Central Intake Department-Child Protection Intake responsibility.

- (a) Receives report on all cases.
- (b) Verified child abuse cases.

- (1) Logs case in Social Service Intake Register.
- (2) Clears and opens program 31.
- (3) Case is immediately assigned to Child Protection Program.

(c) Suspected child abuse cases.

- (1) Assessment.
- (2) Complete Form DFW 770, Child Abuse Report.
- (3) When verified, assigns to Child Protection Program.

2. Child Protection Program's responsibility.

(a) Verified child abuse cases.

- (1) The same day case is assigned, social worker makes contacts, decisions, and takes actions necessary to assure protection of the child.
- (2) If appropriate, contact and coordination is made with the appropriate police authority.
- (3) Complete Form DFW 770, Child Abuse Report, within 30 days.

(b) All cases assigned to Child Protection Program will be staffed, within two weeks, in the Ramsey County Child Abuse Team (case management team).

- (1) RC&D social worker contacts Shirley Pierce, Child Abuse Team coordinator, who makes the arrangements. Social worker informs Shirley Pierce of personnel that should attend the team meeting.
- (2) Child Abuse Team meets Tuesday mornings.
- (3) Emergency staffings--cleared with Program Manager before contacting Shirley Pierce.
- (4) Exceptions: If RC&D social worker and supervisor decides case does not require CAT staffing, decisions must be approved by Program Manager.

B. Reports of suspected or verified child abuse from community when RC&D social worker, not in Child Protection, is active.

1. Active social worker's responsibility.

(a) Receives report on all cases.

(b) Verified child abuse cases.

- (1) Immediately assign to Child Protection.

(c) Suspected child abuse cases.

- (1) Assessment.
- (2) Completes Form DFW 770, Child Abuse Report.
- (3) When verified, assigns to Child Protection Program.

2. Child Protection Program's responsibility.

The same as indicated in "A" - 2.

C. Reports of suspected or verified child abuse from community when Child Protection Program social worker is active.

1. Child Protection Program's responsibility.

(a) Receives report on all cases.

(b) Verified and suspected child abuse cases.

- (1) The same as indicated in "A" - 2 (a) and (b).

D. Reports of suspected or verified child abuse from the community when a child is in placement.

1. Active social worker's responsibility.

- (a) The child's worker receives the report of abuse.
- (b) The worker is then responsible for contacting the involved parties: child, parent, complainant, foster parents, etc., and obtaining information regarding the complaint.
- (c) The worker must assure the child's protection by:
  - (1) ~~Assessing the need for medical services and arranging for same, if necessary.~~
  - (2) ~~Determining immediate plan for child's placement--return home or replacement.~~
- (d) The worker must assure the protection of other children in the foster home. If worker determines the incident to be of an emergent nature and all children in the home are in danger, the worker must contact the homefinder who will in turn advise the workers of other children in placement of the situation and possible danger to the children.
- (e) The day following receipt of the report, the worker will inform the homefinder (if not already informed) of the complaint. A coordination meeting will be scheduled for that day.
  - (1) The purpose of the meeting will be to share the information of the complaint with all involved persons and to come to some decision regarding the current placements in the home.
  - (2) The participants in the coordination meeting will include:
    - The worker and supervisor of the child allegedly abused.
    - All-workers with children in placement in the home--their supervisors optional.
    - Homefinder and foster care supervisor.
    - Program Managers.
    - Foster parents--at their option.
    - Deputy for Program Administration.
- (f) Complete Form DFD 770, Child Abuse Report.

CHILD ABUSE TEAM  
PSYCHOLOGICAL EVALUATION SERVICES

SUMMARY SHEET

October 13, 1977

I. Review of current data:

A. New Child Abuse Cases\* (Ramsey County Welfare Department records):

1976	September - December	Average 8 new cases/month
1977	January - May	Average 18 new cases/month
1977	September	16 new cases
1977	October 1-10	10 new cases (compared with 9 new cases in all of October 1976)

\* I am focussing exclusively on months when schools are in session for purposes of current short range planning needs.

B. Child Abuse Team requests for psychological evaluations

1977	January - June*	Evaluation requests
	Wilder Child Guidance Clinic	20 families
	RCMHD-Children's Services	23 families
	RCMHD-Adult Services	13

\* During this period Ramsey County Welfare Department was not referring all assigned cases to the Child Abuse Team.

II. Trends

- A. ~~Significantly larger numbers of child abuse cases are being reported and confirmed.~~
- B. Ramsey County Welfare Department is now referring 95-98% of these cases to the Child Abuse Team.
- C. We anticipate increased requests for psychological evaluations and for clinical treatment services.

III. Issues

- A. Substantial time lags between referral for evaluation and the evaluation appointment.
- B. Cumbersome referral process to Ramsey County Mental Health Department-Adult Services for:
1. Specific evaluation services.
  2. Specific treatment services.
- C. Inappropriate referrals and/or inappropriately structured evaluations (i.e., can you evaluate parenting capacity without observing parent/child interaction?).

### Profile of Neglecting/Battering Parents

1. They are isolates.
2. They belong to no social organizations, have few bridges to society.
3. ~~They do not seek help.~~
4. They have no goals for better parent-child relationships with their children.
5. Relationships remain fixed at a point of brutal-neglectful experiences with their own parents, without modification from later relationships or observations of other people's relationships.
6. They long for infant satisfactions from their own parents.
7. They do not show convincing signs of guilt.
8. ~~They fear the outside world,~~ of which their child in his role reversed position is a part.
9. Role reversal is a constant factor that identifies the presence of the neglected/battered child syndrome as well as predicts its continuance and recurrence.
10. They exhibit explosive, infantile uncontrolled feelings and behavior which antedate ego development.
11. They perceived their own parents as unloving, cruel and brutal.
12. They see natural infant-child dependency as an assaultive act. They retaliate with assaultive behavior, passively by neglect, actively by battering.
13. They are socially retarded. This retardation is an active destructive interpersonal process, cyclical from generation to generation.
14. They are not sadists. They do not take cruel delight in mistreating their children. They are people who can not help themselves.
15. They are angry people. They direct their anger out against other people including their children.
16. Their actions are a cry for help. Their children need the protection of society, at least temporarily.

### Some Myths About Child Abuse

1. The cruel stepmother - one study showed that the stepmother was the abuser in only 2.65% of the cases.
2. The cruel stepfather - one study showed that the stepfather was the abuser in 14.55% of the cases.
3. Parents do not abuse - one study showed the mother to be the abuser in 28.9% of the cases, the father in 38.25% of the cases and both in 72.6% of the cases, almost 3 out of 4 of all injuries. Another study showed the parents of the children to be the abusers in 88% of the cases.

Behavior of Well-Nurtured Children in a Hospital

1. Cling to parents when brought in.
2. Turn to parents for assurance.
3. Turn to parents for comfort during and after examination and treatment.
4. Constantly show by their actions and words they want their parents and want to go home.
5. Are reassured by parents visits.
6. In general, cared-for children turn to their parents for safety in life.

Behavior of Neglected/Battered Children in a Hospital

1. Are wary of physical contact by parents or anyone else.
2. Do not look to parents for assurance.
3. Cry hopelessly under examination and treatment. Show no expectation of being comforted. Cry little in general.
4. Seem less afraid than other children when admitted to ward and settle in quickly.
5. Are constantly on the alert for danger.
6. Are apprehensive when other children cry and watch them curiously.
7. Become apprehensive when adults approach some other crying child.
8. Seem to seek safety in sizing up situation rather than in their parents.
9. Are constantly asking in words and actions what will happen next.
10. Are constantly in search of something: food, favors, things.
11. Asks "When am I going home?" or announce "I'm not going home" rather than crying "I want to go home."
12. Neglected/Battered children endure life as if they are alone in a dangerous world with no real hope of safety.

Protective Parents' Reactions and Attitudes to Child's Injuries

1. Are voluble and spontaneous in reporting child's illness or injury.
2. Show concern about the degree of damage.
3. Show concern about the treatment.
4. Show concern about the possibility of residual damage.
5. Exhibit a sense of guilt. The younger the child, the more the guilt parents feel. Guilt and remorse are felt even if parents had no part in the child's injury.
6. Ask many questions regarding the prognosis of the child's condition.
7. Have difficulty in detaching from child on admission.
8. Attempt restitution through frequent visiting, toys, gifts and apologies to child.
9. Ask questions about discharge date.
10. Ask questions about follow-up care.
11. Identify with child's feelings, both physical and emotional, when he is injured.
12. Are positively related to the child.

Neglecting/Battering Parents' Reactions and Attitudes to Child's Injuries

1. Do not volunteer information about child's illness or injury.
2. Are evasive or contradict themselves regarding circumstances under which illness or injury occurred.
3. Show irritation at being asked about the development of child's symptoms.
4. Critical of child and angry with him for being injured.
5. Give no indication of feeling guilt or remorse regarding child's condition.
6. Show no concern about the injury, the treatment, or the prognosis.
7. Often disappear from hospital during examination or shortly after child is admitted.
8. Tend not to visit child in hospital.
9. Seldom touch or look at child.
10. Don't get involved in child's care.
11. Do not inquire about discharge date.
12. Ask to have child home only when interrogation has frightened them.
13. Do not ask about follow-up care.
14. Show concern not about child but about what will happen to themselves and others involved in the child's illness or injury.
15. Maintain that child injured himself.
16. Act as if child's injuries are an assault on them.
17. Fail to respond to child or respond inappropriately.
18. Give no indication of having any perception of how child could feel, physically or emotionally.
19. Constantly criticise the child, never mention good qualities in child.
20. Show no concept of rights of others.
21. Are preoccupied with themselves and the concrete things of life.
22. Are often neglectful of own health.
23. Exhibit violent feelings and behavior and in interviewing reveal that was a pattern in their original family.
24. Reveal in interviewing that they are concerned about having been abandoned or punished by their own parents and are longing for a mother.
25. Show overwhelming feelings that they and their children are worthless.

Reference: Marian G. Morris, et al, Toward Prevention of Child Abuse, Children, March-April 1964.

So stay alert for signs of this "pediatric disease". Notify your local law enforcement agency by phone or by letter, giving your name and address; follow your phone report with a written report giving as much information as possible that will help in establishing the cause of such abuse and the identity of those responsible for it. You need not fear having your identity known for persons reporting such offenses are immune from liability except for maliciously false statements; The Lincoln Police Department is open 24 hours a day, Sundays and all Holidays. The Police are really the "First Line of Defense" in protecting these children!



LINCOLN POLICE  
DEPARTMENT

477-7111

# child abuse!



This little pamphlet has been prepared for the purpose of informing the people of Lincoln about Child Abuse—to help them recognize and know how to report Child Abuse—or Child Neglect to the proper authorities in this city.

Lincoln Police Department.

No concern is more important to any community than the welfare and protection of its children, and "battered child" or "abused child" are not only ugly words, but ugly realities—even in Lincoln, Nebraska. Child abuse is a phenomenon common to every community; it knows no bounds in relation to economic or educational levels of parents. Cases of abuse are reported from the seemingly well regulated home and from the obviously disorganized and broken home.

Physical Child Abuse generally can be defined as the willful infliction of serious injury to a child other than accidental injury. Child abuse also includes placing children in a situation that may endanger their lives or health; torturing or cruelly confining children; and depriving them of necessary food, clothing, shelter, or care, or leaving them unattended in a motor vehicle.

Physical abuse of children is not a new problem. It dates back to ancient times. However, though child abuse is an anomaly in our enlightened age, we find that children are still victims of destructive parental behavior. Children are still burned with cigarettes, have their clothes ironed on them, are kicked with heavy work shoes, strapped with rubber hoses, scalded in hot liquids, drowned in bathtubs, strangled or suffocated, stabbed, bitten, subjected to electric shock, trampled on; they have arms and legs broken, internal injuries and brain hemorrhages inflicted—and they are even killed—deliberately!

Who are these people who abuse children? Parents, step fathers, step mothers, mothers' boyfriends, aunts, uncles, grandparents, older siblings, and babysitters.

Most child abuse is not a deliberate act of cruelty, but often stems from a grotesquely inappropriate response to irritation on the part of the parents, from emotional immaturity, from feelings of being isolated or unable to trust others. Almost without exception they are people with problems who react differently to their children during a crisis—who often respond with frustration and rage; they often lack the "mothering imprint" or the lack of the deep sense of being cared for and being cared about from the beginning of one's life; they are often persons who were abused as children themselves. Authorities tell us that approximately 90% can be rehabilitated; that only 10% need to be separated permanently from their children.

However, even though parents are sick or emotionally immature, frustrated, or angry, feel isolated, or were abused themselves as children, their children must be protected! Most small children cannot speak for themselves; therefore, someone has to observe their symptoms and do something about them.

Today the medical experts look for a cluster of symptoms that appear together or an "index of suspicion" referred to as the "Battered Child Syndrome." However, you, the average citizen, can usually see only the external signs, such as bruises, marks, broken bones, illness, fright, unhealthy, unwholesome, or dangerous environment—or a rejecting or cruel emotional climate. You may also observe severe deprivation of many types—or sexual abuse which is also more prevalent than most people realize.

We must all be aware that child abuse—or child neglect—may occur most anywhere; it may be in our own home or on our street! And we must do something when we know about it. Every year in this country some 60,000 cases of child abuse are reported—but many more go unreported. In Nebraska our State Law requires that any person having knowledge of suspected violations of child abuse laws must report the matter to the local law enforcement agency, who, in turn, will notify the County Division of Public Welfare by the following day. The law enforcement agency will investigate the alleged abuse (which will be most often handled by the policewomen of the Lincoln Police Department). If criminal intent or actions are present, the case will be referred also to the Office of the Lancaster County Attorney and the Juvenile Court. If not, and the investigation discloses problems in the home, the case will be further investigated by the Child Protective Services Division of the Welfare Department, who will provide such social services as are necessary to protect the abused and preserve the family; they will also report all cases of abuse and suspected abuse to the new State Central Registry, who will keep a record of such cases.

Only if children appear to be in imminent danger will they be removed from the home!

Every reported case will *not* be criminally prosecuted. Every reported case will not be proven. HOWEVER, every case brought to the attention of proper authorities helps assure the child and parents of receiving the necessary help to prevent more serious abuse—even death—and to prevent the necessity for a serious criminal charge to be brought against a child abuser! FAILURE to report such cases is a misdemeanor!

The magnitude of the problem of child abuse is not appreciated or accepted by most people; Authorities tell us that child battering has reached epidemic proportions in the United States. Statistics strongly suggest that child battering is probably the most common cause of death in children today. It can be stopped only when people will allow it to be brought out in the open.

## Child Abuse Evidence

#1. ~~Photos~~ - no other <sup>type of</sup> case where more important.

~~2 Purposes:~~

1) Illustrate injuries (EX. Carle)

2) Help jury, etc. assess causes. (EX. Spoox photos)  
Is it deliberately inflicted injury?

Display useful in court (ex. ring photos)

Photographed in hospital?

2. Show Slides

3. Law - new child abuse (unique re. privacy act)  
Taking child in to custody (2 form)  
Medical report form

4. Can't be careless in child abuse cases.  
Evidence is especially important because victim  
may be too young or unable to testify.

Evidence investigation; (see yellow sheet)

~~Visit the scene at earliest possible time (after  
initial claim of fall from crib, etc.).~~

Photos + measurements

5. Incest

6. Questioning children (if time)

and a recognition of the limitations of the available state agencies charged with the responsibility of investigating such complaints, the Connecticut Child Welfare Association took the initiative in establishing the Care-Line in order to facilitate communications between individuals and "the system." In addition, it was an essential goal of Care-Line to offer a neutral supportive, always available "friend" for abusive or potentially abusive parents to turn to as a first step in helping themselves.

The six month statistical report is very complete dealing with what types of calls are received, what kinds of problems are presented to Care-Line, who is using Care-Line, distribution of sources of inquiry, how responses are made, what type of professional back-up and follow-up procedures are maintained, etc.

For more on Care-Line activity write:

Marsha A. Levinson  
Program Assistant  
Connecticut Child Welfare Association, Inc.  
1040 Prospect Avenue  
Hartford, Connecticut 06105

We appreciate the opportunity to use the following material which we have taken from the TRAINING KEY #207, published by the International Association of Chiefs of Police. We feel the points covered in the Discussion Guide of this pamphlet are valuable considerations for all professionals and laymen working in the area of child abuse and neglect as well as police officers, for whom it is primarily designed.

Other pamphlets which are of interest to those in the field of child abuse are #208 entitled "Sudden Infant Death Syndrome" and #209, "Crisis Intervention." There are over 200 pamphlets circulated under The Training Key dealing with all aspects of law enforcement and those interested should write:

International Association of Chiefs of Police  
Eleven Firstfield Road  
Gaithersburg, Maryland 20760

### CHILD ABUSE

~~Police officers often become involved in child abuse cases because they are the only round-the-clock government service that can provide an immediate response when called. Beyond that, the police have the authority and skills needed to conduct a thorough investigation of the case. In cooperation with other social agencies, the police can contribute much to the detection and investigation of cases of child abuse.~~

### DISCUSSION GUIDE

1. The neglected child may be affected physically, morally, and emotionally. When police officers encounter children they should look for certain indications of neglect.

#### A. Living Conditions

- ...Officers should consider the child's complete environment and make a particular effort to avoid associating low income as being synonymous with neglect.
- ...Burned-out or condemned buildings should be regarded as unsafe housing.
- ...Unsanitary conditions, such as human and animal waste on the floors, are indicative of neglect.
- ...Lack of heat in the house during winter months is neglect.
- ...Danger of fire from open heating units such as buckets of burning wood or coal should be considered as unsafe conditions.
- ...Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste are neglected.
- ...Infestation of rodents (rats and mice) demonstrates neglected homes.

#### B. Health Hazards

- ...Malnutrition of children is indicated by them being underweight and small in stature.
- ...Although this failure to thrive and grow can be due to a number of medical conditions, most neglected children will appear obviously undernourished.
- ...When undernourishment is considered in light of the environment, it indicates parental neglect.
- ...Officers should also be aware of the condition of the food in the house. Usually there will not be any food for the children to eat, and what food there is will be spoiled.
- ...Medical care provided to the children is an important factor to consider.
- ...The child's failing to thrive may be due to a legitimate medical condition that a doctor is attempting to cure.
- ...Neglected children will not be receiving doctor's care.

#### C. Emotional Hazards

- ...Children who are continually exposed to vice conditions are considered to be neglected.
- ...They may be subject to sexual assault by patrons of prostitute mothers.
- ...They may be beaten or maltreated by alcoholic or drug-addicted parents.
- ...They may suffer emotionally from family discord.
- ...They may lack proper supervision, resulting in school truancy, for example.

2. ~~A police officer's first duty in investigating a child abuse case is to consider the welfare of the child. When an officer has reason to believe that injuries to a child are nonaccidental he can remove the child to prevent further abuse. If injury is likely to occur, again the officer's first consideration is to protect the child.~~

(continued)

A. Nonemergency Case

- ... Observe the physical condition of the child.
- ... Consider the attitude of the parents toward him.
- ... Consider the child's general environment including living conditions and health and moral hazards.
- ... Interview all parties involved including complainants, child, parents, neighbors, relatives, and friends.
- ... Check records of parents for previous child abuse involvement.
- ... Check child's medical history for previous indications of abuse. This may require an inquiry to area hospitals and doctors, as well as determination that old and/or repeated injuries are in different stages of healing.
- ... Evaluate evidence of the abuse to determine if it may continue and endanger the safety of the child.
- ... Record the incident fully and forward the report to the appropriate social agency.

B. Emergency Case

- ... Remove child from home if his safety is endangered.
- ... Ensure that injured child receives immediate medical attention.
- ... Photograph injuries.
- ... Write complete report of injuries including physician's remarks.
- ... Collect physical evidence such as instrument used to inflict injuries.
- ... Resume normal investigative actions as outlined in nonemergency cases after the emergency conditions have been met.
- ... Also, check child's medical history for previous indications of abuse.

3. Because police departments are the only governmental organizations capable of making an immediate response to cases of child abuse, police officers are called on to initiate corrective action. Once the child is safe from further harm, other organizations can join the police department in a multidisciplinary approach to solve child abuse problems. Review the types of services provided by such organizations in your jurisdiction. Emphasize the need for cooperation among them.

- ... Most Welfare Departments have specialized Child Protective Service Units.
- ... Churches and other private organizations often provide resources.
- ... Voluntary groups such as the Humane Society, Children's Aid Society, and Family Anonymous provide assistance.
- ... "Hot Lines" to help counsel parents are available in certain areas on a 24-hour basis.

Let us speak less of the duties of children and more of their rights.  
 Jean Jacques Rousseau

AUDIO-TAPES:

Self instructional Cassette-Manual program on child abuse and neglect is finally available. These are 25-30 minute cassette audio-tapes plus a manual to be used by individuals for group discussion to gain basic information about the following areas:

- Unit I..... The World of Abnormal Rearing
- Unit II..... The Diagnostic Criteria
- Unit III..... The Diagnostic Process
- Unit IV..... Treatment Programs
- Unit V..... Developing Community Programs
- Unit VI..... Review and Preview

Total program, manual and 3 cassettes.....\$15.00  
 (individual units not available)

These self-instructional units were developed to intermesh with the video-tapes made by the National Center.

Contact: Ray E. Helfer, M.D.  
 Box 1781  
 East Lansing, Michigan 48823

CONFERENCES - WORKSHOPS

The Fifth National Symposium & Workshop on:  
 PROTECTING THE ABUSED, THE NEGLECTED, AND  
 THE SEXUALLY EXPLOITED CHILD  
 Monday, October 14 and Tuesday, October 15, 1974  
 convened by the Children's Division in conjunction with  
 the 98th Annual Meeting of the American Humane  
 Association.

Will be held at the Statler Hilton Hotel, Boston,  
 Massachusetts.

Further information can be obtained from:  
 The American Humane Association  
 Children's Division  
 P.O. Box 2788  
 Denver, Colorado 80201

A workshop on the topic "The Legal Aspects of Maintaining Children's Records" will be conducted on Friday, October 4, 1974 at Western Illinois University. The program is jointly sponsored by the School Psychology Program and the Department of Continuing Education. For further information contact:

Ms. June Tenckoff  
 Office of Continuing Education  
 Sherman Hall  
 Western Illinois University  
 Macomb, Illinois 61455

subsequent conversations with investigators and workers, the parent will relate any of the following facts:

1. The child cried excessively, explaining that this child's crying is different than other children's. This child will be said to cry almost constantly, and the parent will relate that nothing seems to help. The professional should be aware of any physical reactions that would tend to indicate serious anxiety on the part of the parent during the period of describing the excessive crying.
2. The child is often reported to be a poor eater, and the parent will give lengthy descriptions of the attempts that have been made to increase the child's eating habits. This report of failure to eat is significant in child abuse cases, as very often the abuse has occurred as a result of the parent's concern with this real or imagined problem.
3. Because abused children tend to be undernourished, retarded walkers or talkers, pale and listless, the parent will contend that the child has not developed normally. By this, the parent is attempting to explain the cause of the failure of the child to have met the standards of size or development for a child of its age.
4. Due to the number of bruises appearing on the body of an abused child, the parent will make vague statements about the fact the child bruises easily. This information will be based on the parent's observation, or what someone has told the parent. That someone may have been the spouse, a relative, a friend or a member of the medical profession. In the latter instance, very few parents will be able to give the name of the physician, and usually the location will be in another community or another state.
5. Because of the listlessness of the child, it will often be said the child does not respond to "tender loving care." This may be stated to counteract the child's obvious fear of the parent, or failure to respond to the presence of the parent(21).

These actions and statements are classical predictors of the abused child case. Whenever encountered, the level of suspicion should be increased, as the child being examined, treated or investigated is usually suffering from inflicted trauma. To overlook the meaning of these indicators is to place the child in danger of further injury that could easily lead to permanent damage or death. Only through the recognition of the universality of the predictors, can many cases of abuse be identified. For persons working in the field these should become significant guidelines, readily recognized as indicating contact with a possible battered child.

This survey was a part of a much broader study of child abuse. It was designed to encounter a representative sample of the noninstitutional population of this country who were over twenty-one. In so doing, the researchers were able to discover facts relating to the knowledge of the problem, as well as information about opinions and attitudes prevailing within the general society towards child abuse. Of all the findings, the researchers appeared to have made the most significant determinations regarding the awareness of the general public to the existence and function of child protective services. The study indicated that such an awareness was quite low, pointing to the fact that those agencies were in need of increasing their ability to gain recognition.

In respect to the extent of the problem, the researchers cautioned against overstatement of the theoretical statistical findings. The following quotation reveals the thinking of the Brandeis team:

Central to this discussion, however, should be the recognition that child abuse is not a monolithic phenomenon. And as such, it should not evoke a monolithic response. Physical child abuse may range in severity from a slap mark or bruise to fatality. It seems important, therefore, to retain proper perspective on the phenomenon in face of the glut of recent publicity which child abuse has received — some of it pretty lurid. Publicity meant to gain support for legislation and protective services should guard against intemperance and overstatement, lest it foster unrealistic guilt feelings and punitiveness. Certainly, nobody concerned can profit from a witchhunt. Until more comprehensive data are available on incidence and distribution of child abuse in subsegments of the U. S. population, it would seem wise to hold to the opinion voiced by the majority of respondents in the present survey: almost anybody at some time could injure a child in his care. Physicians, especially pediatricians, psychiatrists, social workers, marital counselors and clergymen might well routinely counsel married persons and those contemplating marriage about stresses and strains associated with the child-caring role and the likelihood that they will be tempted some day to strike out against a child because of frustration and anger(4).

#### The California Pilot Study

In September, 1965, the State of California amended its mandatory reporting law and established a central registry in the

a police decision. As such, the police must have some guidelines for the enactment of a removal. It is difficult to present more than a general set of rules for the officer to follow because of the variations in abuse cases; but in an attempt to clarify the decision making process, the following aspects of the problem should be utilized to form the basis of the police decision that protection is necessary:

1. The age of the victim is a primary consideration, for this fact will serve to establish the ability of the victim to seek protection or avoid an attack. No infant or child under three years should be allowed to remain in the home if that child has sustained an injury deemed to be unreasonable. This includes excessive bruising, evidence the child has been burned, struck about the head or has experienced the administration of an uncontrolled spanking or strapping.

Older children, with limited marks and no serious injuries, may be left in the home pending other immediate action, including a referral to another agency. This action should include the warning of the parent that the child has been advised to seek aid, in the event of a subsequent attack pending the outcome of the action.

2. The extent of the injuries are of concern and are good indicators of the hazards involved in leaving the child in the present situation. Inflicted burns should result in removal and juvenile court action. This statement is based on the severity of the pain accompanying such an injury, and the opportunity for damaging infection as a complication often encountered. As everyone has experienced the discomfort of a minor burn, the willful infliction of a burn on the person of a child indicates the ability to administer severe injury on the child. No child should be left in such a hazardous environment. Removal for the protection of the individual should occur pending the official action to be taken.

In a small child, any injury inflicted to the head or abdominal region, by the fist or other weapon, would be of such a dangerous nature in relation to the willful administration of that injury as to require immediate protection. With older children, the injury would have to be viewed in light of its severity and the circumstances under which it was administered.

3. Unreasonable disciplinary action, resulting in extreme bruising or indiscriminate striking of various parts of the child's body, would indicate a danger to the child of remaining in that home during the period of pending action. Such overt discipline points to very extreme family disorientation, with an accompanying lack of

self-control on the part of the persons administering the discipline. This is a hostile environment and represents a real hazard to the health and safety of the child.

4. Any use of bizarre or unusual punishment indicates extreme personal problems, emotional disturbance or psychotic manifestations. A situation of this type requires immediate protection of the child. There should be no hesitancy on the part of those charged with making this decision. The removal is necessary to prevent any further pain or injury from being inflicted upon the person of the victim.

Those agencies charged with the initial investigation of abuse cases must be aware of the negligence involved in their failure to take appropriate preventative action of an immediate nature. As agents of that agency, the responsibility of carrying out the functions of the agency is theirs. To arbitrarily leave a child in a situation where the victim may be reinjured or death may result, is a negligent act caused by the omission of the performance of a duty. Such an agent, as well as the agency and governmental unit involved, have contributed to the degree of the victim's safety, either by taking action or failing to take action. This may or may not amount to a legal negligent act, depending upon the jurisdiction, but in all cases it is an act of moral failure. It is past the time for agencies to stop considering the protection of a child as something less than the protection of other citizens, and to realize that the children involved in this problem are, in many cases, in a position of absolute reliance on the adults around them, including the agency involved. These cases need the development of procedures and methods to insure protection, and this is the responsibility of the agencies charged with the initial response to the complaint. It is noteworthy to quote from the Statement of Principles Concerning Mandatory Reporting as developed by the Trauma Committee, Children's Hospital of Los Angeles;

Infliction of injuries (physical assault) on a child should be considered at least equally as serious as assault on an adult, or the infliction of a gunshot wound.

In further consideration of the need for the immediate protection of the child, the following statement by Helen Boardman should be given credence:

Is the purpose to rehabilitate the families? With the exception of the

adults involved in the assault, everyone agrees that they need help. These adults characteristically deny problems for which they need help. This denial bears no relationship to any possible legal action. Experience at this hospital with over 200 such families has demonstrated that the only sure way to get them to see a psychiatrist is by court order. Even the University of Colorado Medical Center psychiatric team, which has engaged in hot pursuit of these adults in order to involve them in a psychiatrically-oriented relationship, admits that court orders are necessary; for how many is not stated. Assumptions that the problems of adults who assault children are now well understood and that rehabilitative services are available can result in betrayal of responsibilities to the child, to the family, and to the community. That welfare agencies throughout the 50 states at this time or in the foreseeable future have effective rehabilitation resources for all these adults is an undocumented, possibly dangerous, hypothesis. These do not exist in Los Angeles County.

In a democracy should we perpetuate a distrust of, even hostility towards, the legally constituted authority for enforcing laws? Social workers generally resist the use of authority, and may even refuse to communicate with an authoritarian agency. The solution is not for social workers to absorb a law enforcement responsibility but to learn to work with law enforcement and to share responsibilities(22).

According to Dr. Katherine Bain:

... At present, the only solution in many cases is to remove the child from the home by court order. Many of the parents are themselves so psychologically damaged that they are beyond the reach of our present therapeutic measures. We need studies of the kinds of parents who abuse their children and of criteria that will identify those parents that can be helped. Some beginnings along those lines are recorded by the Children's Bureau Clearinghouse for Research in Child Life(23).

In an article entitled *Psychiatric Implications of Physical Abuse of Children*, Dr. Irving Kaufman, Director of the Center for Child and Family Study, indicated the relationship in the parent-child interaction to be so severe as to present a real hazard to the life and health of the child. Dr. Kaufman presented the need for action to remove the child from the environment in such recognized situations.

The importance of the protection of the child is evidenced in statements by Dr. James S. Apthorp, Pediatrics Trauma Coordinator, Childrens Hospital of Los Angeles:

... But when nonaccidental inflicted trauma is identified, our main objective is to get the child's environment changed.

My purpose in testifying is to protect the child — not to see the parents prosecuted. The important consideration is that the battered-child syndrome is not self-limiting. The hazards of repetition are great unless the patient is separated from the source of the trauma.

The only preventive measure we have is to intervene and change the child's environment.

The report to law enforcement authorities and appearance in court are part of the medical treatment and part of the principle of prophylactic care. Cases should be reported in order to prevent recurrence(24).

In further support of the need for immediate protection of the abused child, it is well to reiterate the limitations on the ability to predict the behavior of adult offenders. Although some success in treating the adult has been reported, those present at the Children's Bureau Meeting on Abused Children in 1962 were cautious in their optimism. At that time, Dr. Leontyne Young stated she could not cite a single instance of successful treatment, while Dr. Leon Eisenberg, Professor of Child Psychiatry, Johns Hopkins Hospital indicated:

It must be squarely faced that some types of psychological illnesses are malignant and untreatable(25).

It is imperative that those persons working with these cases be aware of the danger the child is facing, and recognize that misguided hesitancy in the intervention of society in the parent-child relationship may result in increasing the degree of the danger through the misinterpretation by the offending parent of the agency's failure to act.

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## MINNESOTA DEPARTMENT OF PUBLIC WELFARE PUBLISHES HANDBOOK ON COOPERATIVE APPROACHES TO CHILD PROTECTION

By MARY F. URZI  
Project Director

For the past year, the Minnesota State Department of Public Welfare has been working on compiling a handbook on cooperative approaches to child protection. The handbook, intended as a guide to inter-agency cooperation on the local level, was scheduled for distribution in early November.

Handbook orientation workshops were set throughout the state for November and December, for welfare, health, law enforcement, court, and other concerned professionals from communities and counties throughout Minnesota. The presence of law enforcement personnel at these workshops is crucial, since law enforcement plays such a key role in an effective community child protection program. County sheriffs and local police agencies have been notified of the dates and locations of the handbook orientation workshops.

One section of the handbook specifically addresses the role and responsibility of law enforcement in child protection. Included in that section is an article by C. J. Flammang, professor at the Police Training Institute at the University of Illinois. The article is reprinted here with Professor Flammang's permission.

# *Toward An Understanding of the Police Role In Child Protection*

By C. J. FLAMMANG, Professor  
Police Training Institute  
University of Illinois

In this era of increasing crimes of violence and the almost constant involvement of a significantly high proportion of the nation's youth in criminal and anti-social behavior, the working police officer often discovers it hard to perceive a part of that youthful population as "children," and some of the children as "victims." Unfortunately, the police concentration upon the youthful offender deals with only a part of the problems encountered by youth which fall into categories coming under Police Responsibilities Toward Juveniles. The victimization of children in modern American society occurs with alarming regularity. That certain portions of crimes against children tend to be home or family-centered indicates a series of specific problems of child victimization that demands the attention of all of society's resources. The law enforcement institution remains one of the more viable resources for the protection of children, but as such a resource, it must permit itself to be effectively tapped and utilized.

When one examines the Police Responsibilities Toward Juveniles, several of those identified represent the largest concentration of police effort and concern. These are: Discovery of Delinquency; Investigation of Delinquency; and, to some extent, Case Disposition. The police work fairly successfully within those areas of responsibility; however, such responsibilities are truly enforcement oriented and

tend to deal with youth as offenders. The impact of this police occupational effort leads in part toward a police conceptualization of youth as "suspects." It is little wonder that individual officers have difficulty in becoming sensitive to the victimization of children, especially when each officer may have few encounters with cases involving children victimized within their own homes, often by the parent figure.

Another factor that has added to the problem of police sensitivity toward the development of an effective effort for the protection of children relates to the mandate legislated in Illinois that assigns child protection tasks to the Social Work discipline, beginning with the investigative stage, in cases of child abuse and neglect. This has permitted the abdication of effective police efforts in these areas of child protection and has resulted in limiting the interest of police administrators and working officers to engage in formulating operational procedures that would cause the police to become a viable alternative resource.

Many experts in child abuse and neglect have long supported the concept of a multidisciplinary approach to the diagnosis and treatment of abuse and neglect. These persons have readily understood that such child victimization implies a community-wide response, utilizing all available resources

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## SUBURBAN HOSTS MONTHLY SHOOT

The Suburban Law Enforcement Association is continuing to host a monthly police pistol shoot to enable officers to maintain their competitive edge. The shoot is held outdoors in the summer at the Hennepin County Range in Golden Valley and indoors in the winter at the Robbinsdale Police Department, 4145 Hubbard Ave. No., Robbinsdale, MN.

The indoor shoots are scheduled for Saturdays on 12-10-77, 1-14-78, 2-11-78, 3-11-78 and 4-8-78 and the shooting hours are 10 a.m. to 4 p.m.

The match consists of two 30 round Camp Perry Courses fired with a police revolver at a distance of 25 yards. The second 30 rounds is used for the 2-man team scores and the total score out of a possible 600 points is used for individual awards. Trophies are awarded or cash can be requested in lieu of a trophy.

The shoots are open to all law enforcement officers. The cost is \$4 per person for non-members of the Association and \$3 for members. Additional information can be obtained from Lt. Don Wiebe, U of M PD, 612/373-3550 or Don Peterson, 612/941-2497.

\* \* \*

*Tomorrow will be good if today's intentions are honest. Tomorrow will be even better if today's intentions are undertaken. Tomorrow will be superior if today's intentions are undertaken with vigor, pursued steadfastly and today's victory won. These things make tomorrow's job easier, happier and more profitable.—Quote*

## Welcome New Members

*Editor's note: Because of the thousands of names involved in recordkeeping done by the Secretary of the State Association, it is possible a person's name may appear in this column as a New Member, when in actuality he has been a Member for some time. While this may happen only rarely, please forgive such error.*

Gregory W. Hopps . . . . . Bureau of Criminal App.  
 Stuart D. Hanson . . . . . Dep.—Nicollet Co. SO  
 James E. Kochmann . . . . . Mahnomon PD  
 Michael R. Rowley . . . . . Houston PD  
 Randall L. Evans . . . . . Conservation Officer  
 Scott M. Bradley . . . . . Conservation Officer  
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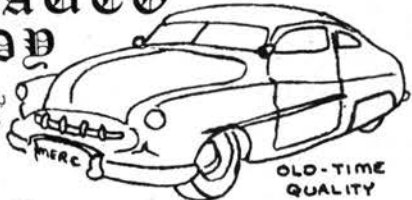


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and developing new ones where voids are identified. The police represent one of the most effective resources for several reasons.

First, the police have a constant availability, which translates into the capability for an immediate response to the scene. Secondly, the police have an authority aspect no other representative of society possesses; and, this authority is both "symbolic" and "real." Third, the police also have a mandate for the protection of children, and this mandate revolves around both criminal statutes of the State and Juvenile Court Act. Fourth, the police are often in the homes and neighborhoods where children are being subjected to abuse and neglect and, as a result, the police can serve the role of identifiers. The identification of abuse and neglect is one of the more serious problems affecting the capability of the societal response to these actions against children. Finally, the police are skilled in the art of investigation, evidence collection, and case preparation. As a resource, the police stand as excellent service personnel to assist with the initial investigation.

As a society, we must learn to perform effectively in response to the need to protect children from environmental neglect, inflicted traumatic abuse, and sexual abuse, all of which tend to be introduced to the child's existence during the early formative years and often as the result of parental actions. The current instability of marriage, coupled with the continuing increase of youthful marriages, increases the probability of further upward trends in child abuse and neglect. Those young people entering into marriage and parenthood today are also persons who were raised during the "permissive and prosperous" era. Their ability to withstand the stresses of daily life may be mirrored in the victimization of their children. The inadequacy of parenthood is a sensitive social problem and the response to identified incidents of abuse and neglect must be sophisticated and productive in order to forestall a recycling of the problem into the next generation of parents.

This demands that all practitioners who have a role in play in the protection of children begin to ask hard questions of themselves and others. Differing philosophies and disciplinary jealousies have to be addressed in open forum interaction in order to come to grips with what remains the objective, and that is the effective protection of children. The police, the social service agencies, the legal profession, and the medical and health services will have to learn to work together effectively. Without such understandings, effective solutions to child protection problems will not surface in our lifetimes.

The police can take a giant step forward in opening the unification of the overall effort if they will assume a leadership role which is more educational than enforcement.

Police expertise in both investigations and the criminal justice system should be translated into articulated rationales aimed at the education of both working officers internally within policing and practitioners of other disciplines external to policing. One specific target area is for the police to lead the way in the development of effective methods of court utilization for the protection of children. Keeping the protection of the child as the primary objective for police involvement, rather than to concentrate upon the identification and prosecution of an offender requires an internal police educational system. Once in place, the police can then begin to address and identify what the criminal court system and the juvenile court can do that are effective strategies for child protection and consistent with the desired results in child neglect issues. As a specific example, the juvenile court remains the ultimate source of child protection within the society. It retains the most dramatic capability in terms of applying society's right to intervene in parent-child relationships. Yet, at the present time in Illinois, the system of child protection often intentionally excludes juvenile court adjudication. Regardless of protests to the contrary, the reason for this circumvention of juvenile court involvement in child protection is based upon practitioner perceptions of the juvenile court as a punitive institution. The police are singularly in the position to bridge this gap by exploring and developing strategies for the positive utilization of the juvenile court as a protective resource and by assisting in the education of both the jurists and legal officers of the court, as well as medical and service practitioners who presently resist court involvement.

The police must expand their own role concepts. They must identify areas of weakness and error within their own expertise. Finally, they must move forward assuming a new and challenging role of leadership, wherein the police articulate effectively to other disciplines some new horizons of child protection.

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# **Orono Sergeant Awarded**



From left are Chief Melvin Kilbo and Sgt. James D. Franklin of the Orono Police Department, along with Craig J. Palmer of Craig J. Palmer and Associates. Mr. Palmer presented Sgt. Franklin with a plaque and letter of commendation following a luncheon in his honor. The resuscitator donated by Palmer's company is also shown near the squad car.

Sgt. James D. Franklin of the Orono Police Department has been selected to receive the second annual Public Safety Award made by Craig J. Palmer and Associates of Minneapolis.

Craig J. Palmer, an investigator who specializes in personal injury accident investigations for attorneys and insurance companies, makes an annual presentation to a Law Enforcement Officer from the state who has shown outstanding achievements in the area of police work, emergency medical care and juvenile problems. The recipient receives an engraved plaque, and Mr. Palmer's company donates a piece of emergency equipment to the officer's department.

Sgt. Franklin was promoted to his present position and formerly was an investigator with his department. He recently completed an Emergency Medical Technician course at North Memorial Medical Center and has been instrumental in upgrading the emergency medical care in his community.

A resuscitator valued at over \$360 was donated to Sgt. Franklin's department along with a supply of first aid equipment. Receiving the award was Sgt. Franklin and Chief Melvin Kilbo of the department along with a plaque and letter of commendation.

## **Police Can Aid State Phone Survey**

The Minnesota Department of Natural Resources will soon be conducting a telephone survey of Minnesota residents to determine what people are doing for recreation.

People often become concerned about calls of this nature and may call their local law enforcement agency to verify the survey. If a call regarding the survey is received, the caller's name and phone number should be taken and referred to Bill Becker (612-296-0574) of the Department of Natural Re-

sources. He will verify that the number was called and contact the inquiring party for further assurance.

The telephone numbers have been randomly selected from Minnesota telephone directories and the telephone interviewers will have no idea who or where they are calling, unless the respondent wishes to tell them that information.

The questions asked will deal with what various members in the household have done for outdoor recreation in the past seven days, where they did it, and time of day. The interviewing will occur between the hours of 1:30 p.m. to 9:30 p.m., Monday through Friday. The survey started in November and will continue for one year.

## Violent Families

### *Eight million victims*

To the 19th century composer John Howard Payne, it was *Home Sweet Home*. In today's America it is all too often an arena for shoving, pushing, punching, kicking, screaming, torture and death. Says Sociologist Murray A. Straus: "For any typical American citizen, rich or poor, the most dangerous place is home—from slaps to murder." Straus reckons that as many as 8 million Americans are assaulted each year by members of their own families.

For a long time, domestic violence did not get much attention from social scientists. If there was any real expert on this almost taboo subject, it was the cop on the beat, who often found himself intervening in family scraps, much to his chagrin: more policemen get killed or wounded while trying to settle such disputes than in any other line of duty. But lately social scientists like Straus, who heads the University of New Hampshire's Family Violence Research Program, have been taking a closer look at the subject. **What they are finding is grim.**

In 1976 Straus and two colleagues, Richard Gelles of the University of Rhode Island and Susanne Steinmetz of the Uni-

versity of Delaware, began what they believe is the first national survey of all types of family violence. They picked their subjects from every walk of life and all parts of the country; 2,143 family members were interviewed. Out of this study, which will be published in the fall as an eleven-chapter book titled *Behind Closed Doors: A Survey of Family Violence in America* (Doubleday), they offer a dismal statistical portrait of American family life. Highlights:

- ▶ Sixteen out of every 100 couples have violent confrontations of one sort or another during the course of a year. In six of these cases there is severe kicking, biting, punching or hitting with objects. Almost four of every 100 wives are seriously beaten by their husbands.
- ▶ Three of every 100 children are kicked, bitten or punched by their parents.
- ▶ More than a third of all brothers and sisters severely attack each other.

As expected, the incidence of violence is highest among the urban poor (many of them minorities), blue-collar workers, people under 30 or without religious affiliation, families with a husband who is jobless and those with four to six children. But the study also showed that violence occurs among affluent families as well. Indeed, the wife of a university president (not New Hampshire) once quietly called Straus to ask what she could do

about her husband, who was beating her. Straus suggested marriage counseling.

He and his colleagues had great difficulty getting at the root causes of such behavior. Says Straus: "The reasons are mixed—psychological, sociological, situational." The head of the household, for example, may feel under particular stress because he has been out of work too long. Violence may also be an echo of the past. Explains Straus: "When Mommy gives her two-year-old a slap for putting something dirty in his mouth, he is learning from infancy that those who love you hit you." Another trigger may be war or inflation. Says Gelles gloomily: "If heating goes up to a buck a gallon and we have a real recession, it's going to get worse."

The sociologists have no easy answer to violence in the American family. While they applaud such moves as the opening of shelters for battered wives and the establishment of a National Center for Child Abuse and Neglect, they believe that there must be a more basic attack on violence, including the reduction of "macho" themes on television, the outlawing of corporal punishment in schools and perhaps even the elimination of the death penalty. As Straus explains, in American society, "violence is an acceptable solution to problems. And that is how it is used in families." ■

# Medicine

## Blood Purge

### *Help for rheumatoid arthritis*

**F**or Sandra Rachel, 36, a Dickerson, Md., housewife, the pain and stiffness were almost unbearable. Even dressing required aid. Often the swelling in her joints was so severe that she could not get out of bed before noon. No medications seemed to help. That was a year ago. Today Rachel can dress easily, do household chores and climb up the nine flights of stairs to her doctor's office. Her startling rejuvenation is in part the result of a novel experimental treatment that may eventually help many other victims of severe rheumatoid arthritis as well.

No one knows yet what causes thiscrippler, which afflicts perhaps 6 million Americans, but it seems to involve the immune system. Some white blood cells—part of the system's defenses—seem to go awry. Possibly because something appears "foreign" to them in the joints, perhaps a virus, they converge at these sites. That causes a chronic inflammation that may erode the cartilage and then the bones, leading to deformity.

To filter these cells out of the blood, or any of the foreign material that may be circulating in it, doctors have been turning to a special blood-separation technique. Used by blood banks for at least a

tapped from the body, shunted into a centrifuge, spun and separated into its constituents by weight: heavy red cells sink to the bottom, white cells settle in the middle, platelets and fluid plasma rise to the top. Components can be selectively removed and the rest of the blood returned immediately to the patient.

At Cedars-Sinai Medical Center in Los Angeles, Drs. Daniel Wallace, James Klinenberg and Dennis Goldfinger worked with twelve patients with severe rheumatoid arthritis, for whom medications, including gold and penicillamine, provided no relief. They removed either plasma (a process dubbed plasmapheresis) or the white blood cells called lymphocytes and plasma (lymphoplasmapheresis) in 20 sessions over eleven weeks. Similarly, at the National Institutes of Health in Bethesda, Md., Drs. John Decker, Jacob Karsh and colleagues treated four patients—including Rachel—with lymphapheresis (removal of only the white blood cells) three times a week for five to six weeks. In all except two Los Angeles patients, the therapy provided startling improvement. Their stiffness and agony was relieved for a period averaging several months. An unexpected observation: some patients seemed to get help from drugs that had not been doing them much good, or were not expected to work.

The treatment is admittedly still expensive (hundreds of dollars per session)

## Capsules

### **SWEET SUCCESS**

Of all the forms of venereal disease in the U.S., one of the most troublesome is that caused by the common *herpes simplex* virus. Comprising about 13% of VD cases, the contagious infection produces painful sores in the genital area and discomfort while urinating. It is particularly dangerous in women: during delivery it can be transmitted to the infant; it is also linked to cervical cancer. For years, doctors have searched for a cure. Now researchers at the University of Pennsylvania may have achieved that goal. In the *Journal of the American Medical Association*, Drs. Herbert Blough and Robert Giuntoli report testing a cream containing the sugar 2-deoxy-D-glucose on 36 women with genital herpes infections. Within four days, it cleared up symptoms in 90% of the women with first infections. For women with recurring infections, improvement was almost as dramatic. A next step: to see if this magic bullet works equally well in infected men.

### **MY SON, MY SON**

According to medical folklore, one way of conceiving male babies is to restrict intercourse to specific days in the menstrual cycle. But which days? Now a study of Orthodox Jewish women at Jerusalem's He-

# CHILD ABUSE: Words hurt, too

Continued from page 1E

shows the number of abuse cases referred to child protective services between 1963 and 1969 as 151. In 1970, the number was 68, there were 112 in 1971, 131 in 1972 and 168 in 1973.

Seventy-two percent of the cases were called moderate abuse. Severe abuse occurred in 12 percent or 83 cases. Battered-child syndrome occurred in 60 cases, and death was the result in 22 cases. No abuse was apparent in 27 cases.

Grage said the majority of abused children are under age 5.

One factor that makes it hard to identify parents who could benefit from the treatment group is that physical discipline of children is widely accepted. Many take the admonition "spare the rod and spoil the child" literally.

A case of abuse cited by the HEW report illustrates the results of parents believing strongly in physical discipline.

Two boys, aged 5 months and 18 months, were hospitalized with multiple bruises, lacerations and fractures. Their father, who had injured them, said, "Children have to be taught respect for authority and be taught obedience. I would rather have my children grow up afraid of me and respecting me than loving me and spoiled."

Ms. Eldot said she and Grage are concerned not only about physical abuse but also with verbal abuse and neglect.

This includes such things as constantly berating a youngster, continually calling the child stupid or an idiot, failing to feed the child properly and not providing the love and emotional support needed by a youngster.

Who are the adults who have difficulty coping with children?

They are often the parents, but can also be teachers, relatives, friends or baby sitters.

Ms. Eldot said they can live in the city or suburbs, are from all socio-economic groups and are all ages.

But, the social workers said, there are certain factors that lead to stress in families and thus increase the potential for abuse. They include:

■ **Lack of mobility.** The adult doesn't have any way of getting away from home and the children for even short periods of time.

"If you know that you're going out at 7 p.m., it helps," Grage said.

■ **Social isolation and loneliness.**

■ **Economic problems.** The family can't afford a baby sitter or any entertainment. Also, financial problems can cause strain in a family and result in all types of friction.

Grage said that if the economy gets worse, there probably will be an increase in abuse.

■ **Poor self image.** Many of the parents grew up in an environment where they felt unimportant. Also, many potential abusers or abusive parents were themselves abused as children.

"Lots of parents measure their self worth in terms of their children," Ms. Eldot said. "If the child doesn't perform as they expect, they see it as something wrong with them."

■ **Female and male roles** clearly defined. In the traditional roles, father doesn't have much to do with child rearing, Grage said. Thus, mother is cooped up day after day with the children with no outlet for her needs. And in the evenings, the husband expects his wife to be home with him.

■ **Unrealistic expectations of the child and lack of knowledge** about child growth and development.

Ms. Eldot said many parents are unaware of what a child should be able to do at what age. For example, she said, if the adult thinks a child should be toilet trained by the age of 1 and the child isn't, the parents are frustrated.

The parent who has a poor self image thinks "not only am I a failure, but I'm raising a poor child," she said.

■ **A child who has special problems** such as retardation, learning disability or hyperactivity is a potential abuse case because this child is more difficult to deal with.

"Parents have so many 'shoulds' for their children," said Ms. Eldot. "The child should appreciate me. The child should do well in school. The child should obey me all the time. The child should be neat and quiet."

"A lot of these expectations are inappropriate both for their behavior and skill level."

Ms. Eldot said young parents are more likely to have difficulty coping with their children. But it's probably not age alone that causes problems, but other life circumstances such as economic pressures.

Grage said there also are more single parents in the young age group, and single parents may have more stress.

"You don't have the emo-

tional support you would get with another person in the house. If it's the second night in a row that a sick child has kept you awake and there's no one else to help you, it's frustrating," Grage said.

He said some single mothers have become mothers out of loneliness, hoping that having a baby will fill her needs. And the baby doesn't.

This parent may see the child as a source of love and support for herself, and she doesn't get it.

"At a very young age, a child doesn't give much in return," Grage said.

One misconception about child abuse is that the adult wants to abuse. Also, few abusive parents are actually psychotic (estimates have been made at 10 percent or less) by any standards that would compel their admission to an institution.

Grage said even the parents who show up in a hospital emergency room with a severely abused child care or they wouldn't have brought the child to the hospital.

In fact, this may be a parent pleading for help.

In the group, Ms. Eldot said, the emphasis is on helping and building up the self-image of the individual so the parent doesn't have to get all self-worth from the child.

"We aren't here to accuse the people," she said. "Often parents in this situation think they're the only one with problems. It's helpful to know others are struggling with the same issues."

Because child abuse is symptomatic of other problems, attempts are made to work on other problems also.

Grage said child abuse usually occurs in a crisis situation. Something has happened to make abuse occur at that particular time. It may be father lost his job, mother and father had a fight, the child has been ill, or there's been a death in the family.

Abuse is more likely to occur at night. One study showed the hours between midnight and 3 a.m. were peak times for abuse.

Grage said abuse is also more frequent in late winter and late summer.

Ms. Eldot stressed that the group's goal is to work with the family, not to remove the children from the home.

The children come with the parents to the group and a clinical psychologist works with the children and identifies any special problems they may have.

The group began last May. About 20 persons have

participated. Some have dropped out, some have terminated because they feel they can now deal successfully with their problems, and others are still with the group.

The group meets from 5 to 7 p.m. Mondays. A pre-group interview is required to see if the group would be appropriate. Information is available by calling 348-4810 or 348-7685. The cost is based on ability to pay.

Grage said, "The potential for change is great when people come and ask for help."

He said they like it if both parents attend because part of the problem often is that the wife needs to have her husband take some of the responsibility.

The need to prevent child abuse is recognized on a national level. In an article in "Family Weekly" magazine, HEW Secretary Caspar Weinberger wrote, "If prevention is to succeed, we must make parents aware of the potential danger of losing self-control... If treatment is to succeed, we must offer understanding and therapy to every parent who reaches for help."

SLIDE PRESENTATION

1. (Series)

This is a four year old boy who was brought to the police station by a woman who had been asked by the mother to babysit for him so that the Welfare worker would not see him when she came out to the house. As you can see, the child has multiple bruises, lacerations, and swelling over his entire body. The outer skin on the buttocks, lower back, and thighs is gone. The hair on his head appears to have been pulled out close to the scalp. There are pinches and puncture marks on the left waist and burns on the left wrist, right thigh, and buttocks. You can see dried blood on his lips. There is no area of the body which has not been subjected to trauma. X-rays showed two previous leg fractures. The boy complained of sore ribs, arms, and legs, was drowsy, and screamed as if in sever pain whenever he was touched. The child pleaded continually, "Please don't take me home!"

The mother also had three younger daughters. She told me that she hated her illegitimate son because he reminded her of his father who deserted her. She said, "I swatted and swatted him because he kept screaming." She said she held his cheeks in one hand while slapping him on the face with the other, then she set him in a large laundry pail full of boiling water.

The mother was sent to court for Aggravated Assault, was found guilty, but the judge amended it to Simple Assault because he felt the extent of the injuries was not severe enough to warrant the original charge. After a period of time for psychiatric treatment, the child was placed for adoption.

## 2. (Series)

This is a three-month old identical twin girl who had been rushed to Riverview Hospital by her parents because she was pale and gasping for breath. X-rays noted fractures of the skull, ribs on the left side, right wrist, a healing fracture of the upper right leg, and a possible fractured jaw. The child also appeared under-nourished, was dirty and covered with human excrement. The baby died shortly after admission.

Because of this child's condition, her twin was also admitted to a hospital and found to have multiple fractures, none of which were fatal. The surviving twin was described by the mother as not so irritable and "fussy".

The mother expressed frustration in caring for the young twins and an older child. She had difficulty in feeding and bathing the babies. She told me how she became irritated with this twin during a bath, shook her repeatedly and struck her head on the porcelain sink. She also recalled instances where she threw the baby in to the crib, striking her on the crib bars (note the marks of the bars on the baby's back). The mother said she was "nervous", had a lot to do, and no one to help. She had frequently been heard to repeat comments such as, "I have had a terrible day", and "The baby was crying and crying and crying".

3. (Series) *DAHN*

This is a two year old child who was punched in the stomach by the father with his fists causing a duodenal hematoma which obstructed the child's bowels. The father said he became angry because the child had been running around and getting in to things. There were also bruises on the child's forehead above the right eye, left cheek, back, and redness and swelling around the groin area.

4. (Series) ~~PASTORIUS~~

This is a two year old boy who was hospitalized after he was brought in to Children's Hospital by the parents, who gave no explanation for the injuries. The child had a cut on the lip, bruises on the scrotum, legs, back, and buttocks. The father later said he accidentally kicked the child, eventually pled guilty in court to Simple Assault.

5. (Series) ~~DOEGE~~

This is a nine month old boy who was hospitalized with fractures of both arms, both legs, a torn upper lip, and numerous burns which appeared to be carpet type burns. The mother said she "ponched him on the butt" and pulled his arms when he was "crabby". X-rays demonstrate the visible fracture areas.

6. (Series demonstrating cause-effect trauma)

A. History on this child given by the mother was that she had fallen four times in the past week, developing numerous bruises. The child was rushed to the hospital by police but died shortly after arrival. Note how the bruises and lacerations are photographed on a fairly dark-skinned child. The buckle marks of a belt are clearly visible.

B. These slides illustrate hand-prints on the face.

C. These marks were caused when the child was struck with a baby bottle.

D. Hanger marks can be seen on these children who were found abandoned.

E. These are examples of torn crenulin, which is often overlooked as an area of trauma and should be particularly checked in children who are too young to pull such an injury under their own power.

F. Other over-looked injuries include: trauma to the ears and behind the ears, especially where hair is covering the ears.

And injuries to the inside of the mouth resulting from punches or efforts to silence the child.

G. These are examples of mal-nutrition and severe neglect.

Bloated stomach.

Starvation.

*"Failure to thrive" = developmental lags associated with parental disinterest and rejection. Hospitalization shows marked developmental growth?*

H. Burns on the hand. Burns from the stove, radiator, and cigarettes are commonly inflicted injuries to children.

I. Marks caused as a result of punching. The imprint of the rings on the boyfriend's hand when he struck the child can be seen clearly on the skin to the extent that the printing can be read.

7. (Series demonstrating what was initially suspicious but was determined not to be child abuse)
- A. Accidental frost bite.
  - B. Marks which initially appeared as though the child was tied but later it was determined that the child's socks had rolled down in a tight band on the ankles while the child was sleeping during the night.
  - C. Blood disease causing easy bruising.
  - D. Mongoloid spot, not uncommon in black children.

**DEPARTMENT OF POLICE  
CITY OF SAINT PAUL  
INTER-OFFICE COMMUNICATION**

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To: Mayor George Latimer

From: Carolen Bailey, Sergeant, St. Paul Police Department

Date: August 17, 1977

Re.: Consideration of a "Child Abuse Specialist" assigned to the police department.

At your request and per previous conversations with Alice Murphy and others in your staff, the following is an attempt to provide some information relative to the possible consideration of assigning a non-sworn, child abuse investigator to the police department. In order that you might have some understanding of the vagueness and complexities involved in this consideration, I would like to briefly summarize background developments.

Following the formation of the Ramsey County Child Abuse Team in 1969, agencies in our community began to coordinate information and services to families where children have been abused. As a result, such children have been more effectively protected and available services have been expanded and more appropriate. The police department extended full commitment to the support of the Team in these efforts. As the agency responsible for the protection of persons and property and for the enforcement of laws (which included criminal offenses committed against children), the police role in the Team included the investigation of such cases to determine if child abuse did occur, how this occurred, and if necessary, to assist in proving this in court (Juvenile and Criminal courts).

Through expanded public and professional education and training, increased awareness of child abuse multiplied the reporting of such cases. Last year, the law requiring mandatory reporting of suspected cases of child abuse was expanded to include reporting by other professionals in addition to medical personnel. See attached copy of State Statute #626.555. This new law also specifically included cases of sexual abuse of children by parents or persons responsible for the child's care. Consequently, reports of child abuse to the police (and to the Team) have continued to increase.

This law also requires that the local welfare agency shall immediately investigate these cases. The legal investigative responsibility is therefore shared between the police, who must investigate criminal offenses, and the welfare department. The social workers have not, however, had training in conducting investigations or opportunities to develop such skills.

DEPARTMENT OF POLICE  
CITY OF SAINT PAUL  
INTER-OFFICE COMMUNICATION

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(continued:)

With the mounting demands for these investigations, consideration was given approximately two years ago to the possibility of the police department hiring a social worker experienced in dealing with child abuse and providing the worker with extensive training as well as field experience, so that the worker would be able to assist in these investigations as well as coordinating these cases with the various agencies.

The possibility of transferring such a qualified person from the Ramsey County Welfare Department or the Mental Health Center was explored, primarily by Deputy Chief William McCutcheon. Civil Service regulations, although feasible, appeared difficult. Police Federation regulations, however, appeared insurmountable. If non-sworn personnel were assigned to the police detective division to perform any of the duties now the responsibility of police sergeants, the Federation would likely raise serious objections. It then appeared possible that an "in-house" social worker might be assigned to the Crimes Against Persons Unit in a method similar to that of hiring police chaplains, police psychologists, police artists, etc., who serve specialized functions. The assignment of such a person by the Welfare Department seemed particularly appropriate since that agency shares legal responsibility in such investigations. This person might even remain employed on the staff of the Welfare Department while stationed at the police department. There has been some discussion of this with various Welfare officials, who have supported this, likely because the services provided while the social worker is assigned to the police department would greatly benefit the Welfare agency, and the skills and training which the worker would receive would be an invaluable asset should the worker later return to the Welfare agency.

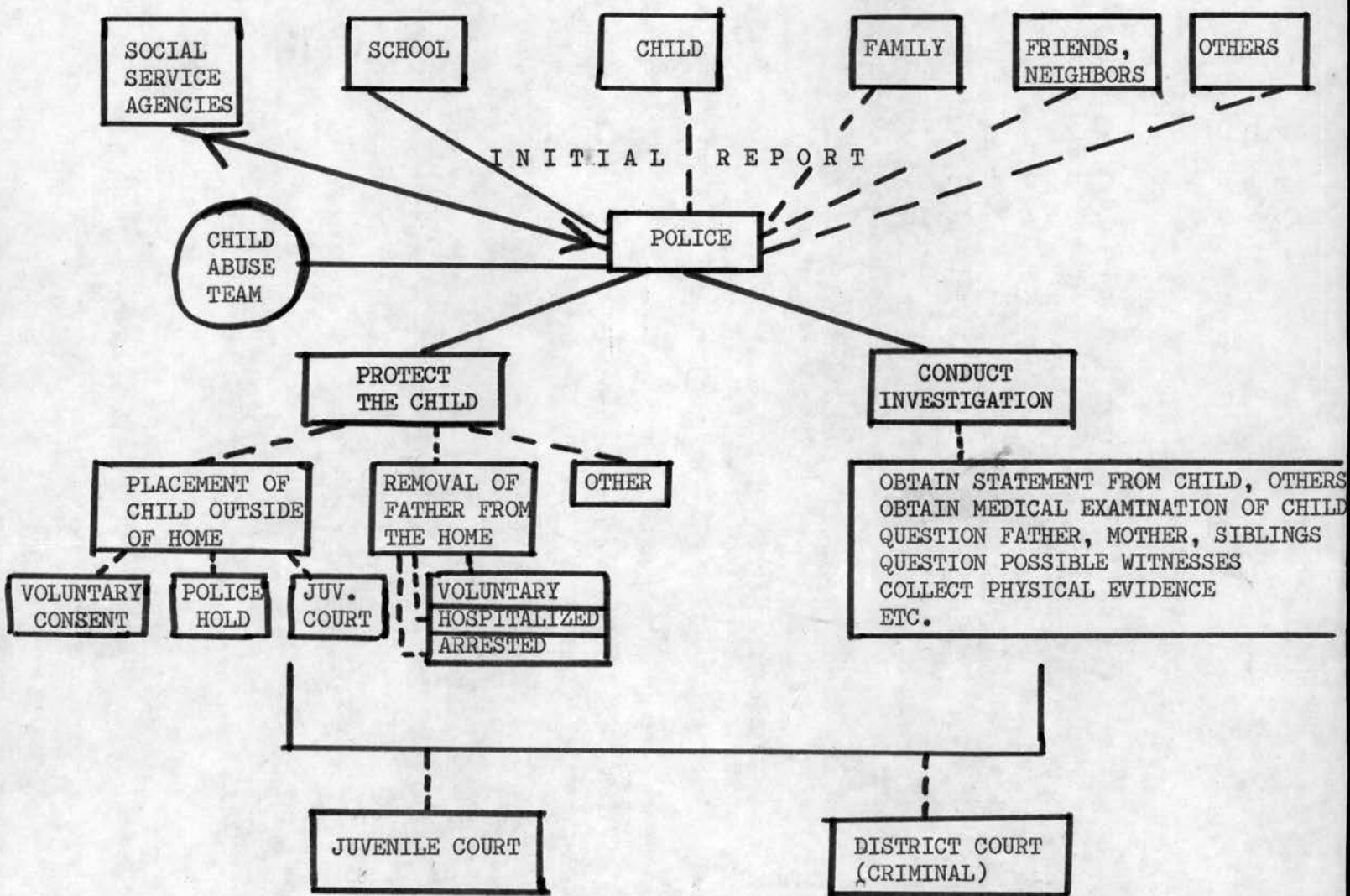
Dependent upon the above questions, the job title, description, duties, and qualifications would be relatively simple.

*Carolyn Bailey*

POLICE PROCEDURES ON CHILD ABUSE

----- CHOICES, OPTIONS

\_\_\_\_\_ REQUIRED



## POLICE ROLE IN CHILD ABUSE

The traditional function of the police is the protection of persons and property. This is a police obligation. The police have the necessary training and experience and are most capable of giving immediate protection to children, including 24 hr. emergency service. A part of their function is the ability to conduct an investigation in to the circumstances surrounding the report, thereby determining the need for society intervention. In child abuse cases, the police offer (1) emergency action and (2) evidentiary investigation (for the purpose of determining if abuse occurred and to prove it, if necessary).

The primary concern of the police must be the protection of the child. Protection of the child must be accomplished first in order to insure his survival so services can be initiated. This is an essential problem which is unique to the child abuse case (as opposed to social services to the U.M., for example). If the child dies, Child protection services are meaningless. It must be decided whether the child can remain safely in his own home while services to the family are offered.

Protection of the child generally occurs without prosecution but may be accomplished through Juvenile Court action. This means that information is needed to sustain a juvenile court petition which must qualify as evidence under rules of admissibility. Investigations should be handled by persons trained in rules of evidence. Social workers and medical personnel should not be expected to act as investigators. This is not their function, and they are not trained accordingly. This does not mean that the police rush in and begin accusing people, etc. The approaches may have many similarities but the skills are different.

No abused child can be adequately protected from inflicted injuries unless the situation is brought to the attention of the appropriate agencies. Since evidence to date points to a high incidence of repetition if left unaided, one of the most crucial aspects is the need for swift and accurate reporting and identification of abuse. The close involvement of agencies who have contact with the abused child further assures coordination of pertinent information, enabling an accurate assessment of the total situation and family. Without a thorough knowledge of the family using all resources, appropriate goals cannot be determined.

Coordination of action avoids duplication and facilitates more effective services to the family. Time is essential for protection of children, and such coordination avoids delays which could be crucial to the child.

Physical abuse to children (and to adults) is legally considered a criminal offense. It seems contradictory to require mandatory reporting of an offense and not to include law enforcement as a source for reporting. Many citizens initially do call the police in such cases (having no knowledge of the requirements in law). Excluding police in the reporting not only restricts a significant source of referral from the police but limits their investigation (which will be done as a responsibility of law enforcement regardless of mandatory reporting). If the police are excluded from mandatory reporting, medical reports (which are essential in the investigation) will not then be available by law to law enforcement, severely restricting their ability to determine whether abuse actually exists. The repercussions of this become particularly vivid in considering the incest case (which is encompassed in proposed changes including sexual abuse).

(Sgt) Carolen Bailey  
St. Paul Police Dept.

## INTERVIEWING THE CHILD

By Carolen Bailey

### Introduction:

Although I have done considerable training to law enforcement officers on the <sup>in interviewing</sup> questioning of children, this has been the single area I have found the most difficult to teach. To put in to words the kind of rapport that is necessary to successfully talk with children is difficult - probably not possible. Ideally, I have always thought the most effective method would be demonstration, but it is *obviously* not realistic or adviseable to attempt to interview a young child in front of an audience or even with lights that are necessary for filming.

*Summarize outline.*  
Purpose:

Basically, there are two purposes in talking with children in our professional capacities:

1. First, to serve the child's emotional and physical needs, *which includes* relieving stress situations, in psycho-therapy, etc.
2. Second, to obtain information. Frequently the child is totally over-looked as a source of information. Few ask the very young child what happened, what they want, etc. Where a child can talk and may have very pertinent information, do not overlook the child as a valuable source of information if obtained properly. Generally, if you are particularly anxious at the first, serving the child's emotional needs, you have the initial advantage in obtaining information from the child (for it is through meeting these needs that the child is responsive toward providing information), but there are additional skills which are essential in assuring that the information you receive from the child is both accurate and complete.

Why is it important to have accurate and complete information?

1. To properly assess your case. You need to know what's going on! *Why? Primarily* Because there are risks involved to children, whose responsibility we have to protect when parents fail to do so. *Secondarily*, we certainly do not want to waste our time providing services if they're not needed or are inappropriate. *One* fundamental question might be, is a child's injury the result of abuse or is it an accident? This can be the most important and most difficult question we might have to answer. It has tremendous ramifications (example: dog attack on 6 yr. old).
2. Second, obviously you cannot determine appropriate goals in a case if we don't have accurate and complete information regarding a family, specific incident, etc. (emphasize "complete" - example: a case worker was considering closing a case because of apparent, superficial adjustment of the parents when she learned the client had been abused 17 times in the previous three months).
3. It is very important in a working relationship that a client does not "con" (deceive) you. An effective relationship involves respect and trust. *Example:* More than one client has told me, "I don't tell my lawyer that stuff; he/she doesn't know what's going on!" If they figure they can con you, some people will. I have even found it an advantage to only being a

police officer, because some people assume the police know or will find out everything, and if I can convince those people of this, they likely will tell me everything! Even the impact of the badge alone creates this sense of authority which accomplishes what is already presumed. This is the most noticeable difference I have seen between working as a social worker and as a police officer. *Create the image* But client respect is more than a position; it is individual confidence that is radiated and involves the ability to talk with people.

Also in developing a relationship with a client, if a client is able to tell you something about which they were reluctant because of fear of personal rejection and you accept this and begin working with them on this, this can be a tremendous relief to them and a beginning for change. If a client denies a problem, change is unlikely. Example: M.H.C. found most effective treatment of abusive parents resulted when (1) the parent admitted the abuse and was then able to recognize it as a problem, and (2) when treatment was initiated at a time of crisis when motivation was high.

When a client provides certain information, it can also be therapeutic to the client. Example: the incestuous child may be a great deal of guilt about the incest, but if she is able to discuss it, it can then be pointed out to the child that the responsibility is the parent's, and guilt can be minimized.

#### Crisis Intervention:

Before, I touch on a few specifics in regard to interviewing children, I might first mention a few points about dealing with people in crisis, which is magnified for children. Every person responds differently in crisis situations, and each must be handled individually, but there are some common responses and needs that can guide us in talking with them.

1. If a person is victimized, such as in a sexual assault, immediately the victim needs to feel safe. Victims often are very frightened and feel very vulnerable. <sup>Placement</sup> The police are uniquely good responding to this need because they have authority and the ability to respond to an emergency quickly. The position of the social worker is particularly adaptable for support. Let the victim know that you are there to help and protect her ("Are you alright?" "Are you hurt?"). <sup>Don't assume she knows.</sup> The victim is often terrified. She's terrified about what has already happened to her, she's terrified of what's happening to her now, and she's terrified of what's going to happen to her. She doesn't know the system - except perhaps what she sees on T.V. I mean, in relation to the police, how would you like Starsky and Hutch combing through your apartment? Those guys drive their cars through brick building! Or how about talking to Kojac if he thinks you're holding out on him? The victim may be very afraid of her attacker. <sup>insults</sup> If it is possible, take steps to protect her. <sup>Double</sup> Reassure her if this is unlikely. Most of all, be honest about it. Be honest about everything.

2. Victims of forcible attacks, such as physical or sexual abuse, feel a loss of control, so it is very important that the victim is reassured as soon as possible that she has retained control of the situation. ("I'm --- from ---. May I come in?" "We will explain what you can do, we may even advise you, but nothing will be done that you do not know about, and we will try to work out things the way you would like."). Avoid any suggestion of force. Tell the victim what to expect. It is much less frightening if it is predictable. ("I will be taking you to the hospital, where they will do ---"). Help her to understand any area where she is confused. Sometimes we do not take time to do this.

3. The victim needs an opportunity to ventilate, to talk about it and get it out of her system. This is often to a person in authority, who will listen, understand and be objective. Some victims who have never told anyone find a need to call ten years later just to talk to someone about it. If a victim is allowed to talk about it shortly afterward, she is much more likely to be open about it, cooperate, and should remember more about the incident. Without talking about it, in time, the victim tends to repress, forget details, etc. repression can become chronic, so that the victim carries (transfers) her fear to the extent that she is afraid to go out of the house, etc.

Keep in mind when talking with the victim that people experiencing crisis cannot be expected to behave rationally, and their perception often is distorted. Many victims have no conception of periods of time, etc. ("It seemed like forever"). Example: Bob's T.V.

Interviewing the Child

→ Unfounded reports

Techniques in Determining Validity

Hold Sheet (Child Protective custody)

Procedures in Incest

Investigation of Incest

Investigation of Child Abuse