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2364 SHESS SB 431 - SB 445

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(12) establish the requirements of residence for public assistance, welfare services and institutional care which are considered advisable, subject to the limitations of other laws of the state, or law or regulation imposed as conditions for federal financial participation;

(13) establish the divisions and local offices which are considered necessary or expedient to carry out a duty or authority assigned to it and appoint and employ the assistants and personnel which are necessary to carry on the work of the divisions and offices, and fix the compensation of the assistants or employees except that no person engaged in business as a retail vendor of general merchandise, nor a member of the immediate family of a person who is so engaged, may serve as an acting, temporary or permanent local agent of the department, unless the commissioner of health and social services certifies in writing to the governor, with relation to a particular community, that no other qualified person is available in the community to serve as local welfare agent; for the purposes of this subsection, a "member of the immediate family" includes a spouse, child, parent, brother, sister, parent-in-law, brother-in-law or sister-in-law;

(14) each February hold public meetings to review, study, and propose, the necessary levels of care and the rates it will pay to anyone for the services required during the succeeding year; before final adoption by the department the proposed levels of care and the rates of payment shall be reviewed by the legislature annually while in session. (§ 51-1-3(a) — (m) ACLA 1949; am § 1 ch 88 SLA 1951; am § 1 ch 63 SLA 1959; am § 1 ch 175 SLA 1968; am § 2 ch 136 SLA 1970; am § 6 ch 104 SLA 1971)

Am. Jur., ALR and C.J.S. references. — 25 Am. Jur., Health, §§ 3 to 8, 19 to 41; 41 Am. Jur., Poor and Poor Laws, § 1 et seq.; 42 Am. Jur., Public Funds, § 57; 48 Am. Jur., Social Security and Unemployment Insurance, etc., §§ 39 to 43.

Constitutionality of old age assistance acts, 37 ALR 1524; 86 ALR 912; 101 ALR 1215.

81 C.J.S. Social Security and Public Welfare, §§ 1 to 13.

Sec. 47.05.020. Confidential character of public assistance records. The rule-making power of the department includes the power to establish and enforce reasonable regulations governing the custody, use, and preservation of the records, papers, files, and communications of the department. Where, under the law, names and addresses of recipients of public assistance are furnished to or held by another agency or department of government the agency or department of government shall adopt regulations necessary to prevent the publication of the lists or their use for purposes not directly connected with the administration of public assistance. (§ 51-1-3(n) ACLA 1949; am § 1 ch 88 SLA 1951)

Sec. 47.05.030. Misuse of public assistance lists and records. It is unlawful, except for purposes directly connected with the administration of general assistance, adult public assistance, the day care assistance

program authorized under AS 44.47.250 — 44.47.310, or aid to families with dependent children, and in accordance with the regulations of the department, for a person to solicit, disclose, receive, make use of, or to authorize, knowingly permit, participate in, or acquiesce in the use of, a list of or names of, or information concerning, persons applying for or receiving the assistance directly or indirectly derived from the records, papers, files, or communications of the department or subdivisions or agencies of the department, or acquired in the course of the performance of official duties. (§ 51-1-3(o) ACLA 1949; am § 1 ch 88 SLA 1951; am § 56 ch 127 SLA 1974; am § 6 ch 272 SLA 1976)

Effect of amendment. — The 1976 amendment inserted "the day care assistance program authorized under AS 44.47.250 — 44.47.310" near the beginning of the section.

Legislative history report. — For report on ch. 127, SLA 1974 (SCSHB 817 am S), see 1974 House Journal, p. 657.

The legislature has made disclosure of welfare records unlawful. It has left no room for the exercise of agency discretion to decide whether or not records not directly connected with the administration of welfare programs should be produced in compliance with a court order. Mace v. Jung, Sup. Ct. Op. No. 170 (File No. 306), 386 P.2d 579 (1963).

Sec. 47.05.040. Consent to conditions of federal programs. In order to take advantage of the training grants provisions of the Social Security Act, as amended, the state, through the department, consents and agrees to all conditions required by federal statute and regulation necessary for the state to participate fully in the training grants or other programs. (§ 51-1-3(p) ACLA 1949; added by § 4 ch 133 SLA 1957)

Sec. 47.05.050. Policy. It is the public policy of the state to cooperate and coordinate with the United States government and its agencies in providing for and administering federal and state laws for old age assistance and the other assistance which is provided for or extended to the people of the state. (§ 51-1-4 ACLA 1949)

Sec. 47.05.060. Purpose and policy relating to children. The purpose of this title as it relates to children is to secure for each child the care and guidance, preferably in his own home, that will serve the moral, emotional, mental, and physical welfare of the child and the best interests of the community; to preserve and strengthen the child's family ties whenever possible, removing him from the custody of his parents only as a last resort when his welfare or safety or the protection of the public cannot be adequately safeguarded without removal; and, when the child is removed from his family, to secure for him adequate custody and care. (§ 2 ch 152 SLA 1976)

Editor's note. — The cases cited in the note below were decided under former AS 47.10.280.

Protection of children is the paramount purpose governing enactment of laws pertaining to children's courts and institutions. In re A Minor Child, Sup. Ct. Op. No. 737 (File No. 1524), 490 P.2d 658 (1971).

APPENDIX V

CURRENT REGULATIONS,
7 AAC 50.900--7 AAC 50.960

ARTICLE 5
PURCHASE OF SERVICE IN RESIDENTIAL
CHILD CARE FACILITIES
Effective May 20, 1982

Section

7 AAC 50.900. PURCHASE OF SERVICES. (a) The department of health and social services has adopted 7 AAC 50.001 - 7 AAC 50.073 establishing the care to be provided by residential child care facilities.

(b) Determination of the rate of payment for the full cost of services required must be made as provided by 7 AAC 50.900 - 7 AAC 50.960.

(c) The department will pay all the expenses related to the full cost of services at the level of care required only when the accounting procedure set forth in 7 AAC 50.900 - 7 AAC 50.960 is complied with, and legislative appropriations permit. (Eff. 12/26/73, Reg. 48 am; / / , Reg.)

Authority: AS 47.40.040

Editor's Note: The regulations in 7 AAC 50.900 are derived from the regulations previously contained in 7 AAC 50.102.

7 AAC 50.910. ACCOUNTING PROCEDURES. Any provider of services who solicits or receives funds from the department for the cost of services provided under these regulations must

(1) meet accepted standards of fiscal accountability of public funds;

(2) upon request, submit a complete financial statement by an independent certified public accountant to the department, and to the division of legislative audit. This statement must include reconciliation sheets conforming to the department's financial report form, and be submitted within 45 days after the end of the fiscal year;

(3) prior to annual public rate hearings, provide financial statements reflecting actual costs for the first six months of the current fiscal year;

(4) upon request, furnish the division of legislative audit all fiscal information, books, records, and accounts pertaining to services paid for under these regulations; and

(5) for all financial reporting, identify expenditures according to the sequence of the chart of accounts contained in AN ACCOUNTING MANUAL for Voluntary Social Welfare Organizations, pages 30 through 32, published in 1971 by the Child Welfare League of America et al, which is hereby adopted by reference as a regulation of the department. Each residential child care facility may use its own series of account numbers, so long as the manual's sequence is retained. (Eff. 12/16/73, Reg. 48; am / / , Reg.).

Authority: AS 47.40.040

Editor's Note: The regulations in 7 AAC 50.910 are derived from the regulations previously contained in 7 AAC 50.104.

7 AAC 50.920. DETERMINATION OF RATES FOR SERVICES. (a) The department will determine rates for services by a per person, per day cost, based upon the

(1) preceding fiscal year reimbursable costs;

(2) anticipated cost of living adjustment on costs in (1) of this subsection, other than salaries;

(3) staff salary increases;

(b) Rates for services do not include

(1) expenses, including salaries, related costs, and fees incurred in fund raising;

(2) capital expenditures, including construction or purchase of equipment;

(3) leases for any of the categories in (2) of this subsection under which title reverts to the lessee;

(4) depreciation and replacement costs of, and costs of additions to, major property and equipment;

(5) religious training and education;

(6) medical and dental care; or

(7) services provided which are below or above the requirements of the department.

(c) Notwithstanding the provisions of (b)(2), (3), and (4) of this section, the department will consider the cost of equipment costing less than $2,000.00 and repairs to property costing less than $2,500.00 in determining a rate under (a) of this section.

(d) Rates will be further determined based upon department reviews of proposed program expansion, requests for new positions, or other additional factors affecting basic rates. (Eff. 12/26/73. Reg. 48; am 6/28/81, Reg. 79; am / / , Reg.)

Authority: AS 47.40.040

Editor's Note: The regulations in 7 AAC 50.920 are derived from the regulations previously contained in 7 AAC 50.106.

7 AAC 50.930. REPORTING FORMS. (a) A semi-annual financial report, which breaks down expenditures by basic account categories, and by "program" and "support" is required from each residential child care facility. Support includes

(1) administrative costs not directly related to "program" costs; and

(2) costs attributable to raising monies for the residential child care facility are not to be included in reimbursable cost totals;

(3) any costs related to religious education are not to be included in reimbursable cost totals;

(4) estimated costs of all goods and services donated to the residential child care facility are not to be included in reimbursable cost totals, but freight costs of USDA-donated commodities are reimbusable.

(b) Caseload reports must be submitted monthly, by each residential child care facility identifying numbers of placements by placing agency. (Eff. 12/26/73, Reg. 48; am / / , Reg.)

Authority: AS 47.40.040

Editor's Note: The regulations in 7 AAC 50.930 are derived from the regulations previously contained in 7 AAC 50.108.

7 AAC 50.940. REVENUES. Agencies are required to report all funds or revenues, by source. (Eff. 12/26/73, Reg. 48; am / / , Reg.)

Authority: AS 47.40.040

Editor's Note: The regulations in 7 AAC 50.940 are derived from the regulations previously contained in 7 AAC 50.110.

7 AAC 50.950. PAYMENTS DURING ABSENCE. (a) If a residential child care facility has a plan to send a child to his own home, guardian's home, or other suitable placement, except a licensed foster home, the department may pay the residential child care facility at the established rate for a period of up to fifteen days. After the maximum fifteen days payment at the full rate the department may then pay for another fifteen days at one-half the established rate. The purpose of such a planned visit would have to be the child being placed outside of the residential child care facility on a trial basis which could lead to a permanent placement and discharge from the residential child care facility. The full payment and the one-half payment rates must be approved by the local office of the department. The plan for such a visit must be a written one. The local office of the department must give its written consent to such a plan and will inform their respective central offices that they are approving this type of payment for a specific child.

(b) The department will pay established rates up to the limit of five days, including the first date of absence, for any child who is away from the residential child care facility placement for any reason except for a planned visit referred to in paragraph (a). The residential child care facility must inform the appropriate department or divisional office not more than twenty-four hours after the time the child becomes absent. Lacking that notice, no payment will be made for a child who is absent. For children going on vacation, or to a hospital, the residential child care facility will contact the appropriate department or divisional office prior to the child's departure, for appropriate planning, and to receive approval. In the cases of emergency hospitalization, authorization should be obtained as soon as possible after the admission of the child to the hospital. The department will make no payment for a child who is a runaway after the fifth day of absence. The department may pay fifty percent of the established rate for a child absent from the residential child care facility for any reason, except runaway or a reason contained in (a) of this section when approval is obtained. The residential child care facility must contact the appropriate department or divisional office to obtain such approval, to be verified in writing, and to accompany monthly billings. That 50 percent payment will be made only from the sixth day of absence through the fifteenth day of absence, and not beyond the fifteenth day. (Eff. 12/26/73, Reg. 48; am / / , Reg.)

Authority: AS 47.40.010

Editor's Note: The regulations in 7 AAC 50.950 are derived from the regulations previously contained in 7 AAC 50.112.

7 AAC 50.960. DEFINITIONS. In 7 AAC 50.900 - 7 AAC 50.960, unless the context requires otherwise

(1) "child" means a minor who has not been judicially emancipated, under 18 years of age, or a person under 20 years of age in custody of the department;

(2) "department" means the department of health and social services;

(3) "director" means the director of the division of family and youth services;

(4) "division" means the division of family and youth services within the department of health and social services;

(5) "residential child care facility" means any place providing 24-hour care for one or more children who are not related by blood, marriage, or legal adoption to the owner or operator and includes facilities called group homes, institutions, and maternity homes. (Eff. / / , Reg.)

Authority: AS 47.40.010

Editor's Note: The regulations in 7 AAC 50.960 are derived from the regulations previously contained in 7 AAC 50.114.

PURCHASE OF SERVICE COMMITTEE MEETING

MINUTES

August 31, 1983

The Purchase of Service Committee meeting was held on August 31, 1983, in Juneau, Alaska. The purpose of the meeting was to review progress since the last meeting and plan next steps. Committee members present included Marsha Hubbard, Director of the Division of Budget and Finance; Joe Betit, Assistant Commissioner; John Pugh, Deputy Commissioner; Dale Voltz, Director of the Juneau Receiving Home; and John Garvin, Director of Alaska Children's Services. Staff members present were Nina Keeler, Program Coordinator, and Jackie Damon, Social Worker.

The meeting began with review of the minutes of the previous meeting. There was then discussion of the Division's institutional budget for FY 85. John Pugh pointed out that since rates have been increasing while the overall institutional budget has not grown, there has been a decrease in FTE's over the past few years. In FY 83, there were 240 FTE's; they were decreased by 3 in FY 84, and it appears that there will be a decrease of 31 FTE's in FY 85. John Garvin asked whether the Division was continuing to place children out of state. Mike Price indicated that the latest figures were 23 youth out of state; and that these were youth who have severe problems which could not be served by in-state facilities, since Division policy requires that no placement can occur out of state unless a child has been rejected by in-state facilities. Mike Price and John Pugh also talked about the Division's commitment to continue to reduce out-of-state placements, and to regionalization; i.e., to placing children as close to their homes as possible. Dale Voltz talked about the program difficulties his facility faces in trying to serve all youth in Juneau and that even so, some youth do have to go outside the region when the Receiving Home is full.

There was further discussion that restrictions in FTE's are based on fiscal limitations; and John Garvin asked if there were children who were not being served who need it. John Pugh responded that the Division needs to provide more up front, preventive, services to children and families; that by the time we intervene, the problems often require intensive and expensive services, such as residential care. In addition, there was discussion of the need for day treatment services, especially in larger communities like Anchorage. John Garvin estimated that there are 20 children in ACS residential care who could benefit from day treatment. It was suggested that perhaps the restrictions in the institutional budget could lead to innovation in providing other kinds of needed services.

The next item discussed was the cost study which was done, and Jackie Damon presented some rough drafts of results for committee members to review. There was discussion about the format which could be used to present the data, and additional data which Committee members would like to have available. John Garvin said he would like to hire Price Waterhouse to do an in-depth study comparing state run and privately operated facilities. It was pointed out that staff ratios would also need

to be compared. Additionally, there was agreement that delinquent youth need less supervision than dependent and neglected children, which would also need to be taken into account in comparisons.
Marsha Hubbard suggested that one way cost comparisons could be done would be for ACS and the Juneau Receiving Home to submit budget data on their facilities on State forms which could then be analyzed by her staff in Budget and Finance.

Dale Voltz then presented a proposal that facilities be funded at 85% occupancy, and that there be incentives for a facility to take more children when they are at more than 85% occupancy, and likewise, some way to take into account lesser reimbursement if the facility rejects a certain number of children. One proposal was to establish contracts for six month periods with a review and renegotiation, based on occupancy so that if occupancy falls below 80% for a period of two months, for example, the Department could renegotiate. There was discussion as to how to take into account beds which are filled by other Departments, such as the Department of Education. The committee felt that there should be some way to provide incentive for facilities to accept children and keep their occupancy levels up. Dale Voltz then proposed that small facilities, for example those with a capacity of six or less, be allowed to enter into contracts or grants with the Department rather than remaining under full cost of care.

The next meeting date was set for October 4, 1983, which will be a joint meeting with providers who will be having an Association meeting at that time.

Minutes taken by:

Nina Keeler

Nina Keeler

PURCHASE OF SERVICES COMMITTEE MEETING

MINUTES OCTOBER 5, 1983

The Purchase of Service Committee meeting was held on October 5, 1983, in Juneau, Alaska. The purpose of this meeting was to review the latest draft of the statute and regulations that have been developed by staff of the Division of Family and Youth Services (DFYS). A meeting at the Alaska Association of Homes for Children, which includes providers throughout the State was held in conjunction with this meeting so that the providers would review the work of the Committee and to provide input.

Committee Members Present: Marsha Hubbard, Director of the Division of Budget and Finance; Joe Betit, Assistant Commissioner; John Pugh, Deputy Commissioner; Dale Voltz, Director of the Juneau Receiving Home; and, John Garvin, Director of Alaska Childrens Services.

Staff Members Present: Nina Keeler, Program Coordinator and Jackie Damon, Social Worker.

Providers Present: Billie Hardy, Kenai Care Center; Dave Cook, Kodiak Baptist Mission, Thelma Langdon, Alaska Children's Services; Kent Kaltenbacher, Bethel Group Home; Charles Tadgerson, North Slope Borough Children's Receiving Home; Dave Bacon, Turning Point Boy's Ranch; Ilene Hahn, Turning Point Boy's Ranch; Gene Medaris, Presbyterian Hospitality House; Bill Webb, Alaska Baptist Family Service Center; Gordon Lantrip, Alaska Baptist Family Service Center; and Ruth Nelson, Nome Receiving Home.

Presiding Officer: Michael Price, Director of the Division of Family and Youth Services, chaired the meeting during the morning in John Pugh's absence and participated in the meeting throughout the day.

Order of Business: The Committee began reviewing the draft Bill and receiving comments from the two provider representatives, Dale Voltz and John Garvin, as well as comments from providers present. The draft Bill dated September 30, 1983, was reviewed. There were no comments until page 3, Section 47.40.040. The Association recommended adding a number 4 to item (d) to read "is located in a region where there is this a significant increase in the cost of providing services." Marsha Hubbard moved and Joe Betit seconded the motion to add this item, and the motion passed. The other suggested amendment to the Bill was to Section 7 of the Bill. On page 6, it was suggested that a number 3 be added to read, "during the time it takes to promulgate regulations and award grants, FY 84 rates will be adjusted under Section 47.40.040(a)(b) in FY 85." This suggested amendment was also made in the form of a motion and was passed by the Committee members.

During the discussion prior to this amendment being passed, there was discussion of the budget process and the fact that the Department expects that no additions will be made to the institutional budget.

Therefore any increase in cost and residential child care will mean that there will be fewer FTE's available for placement.

Marsha Hubbard moved that the Committee recommend the Bill for transmittal to the Commissioner for subsequent transmittal. This motion was seconded by John Garvin and passed by the Committee members.

Following a lunch break the Committee reconvened for discussion of the draft regulations. The first amendment was suggested by John Garvin to the section, "Licensing and Supervision." His motion read: "There shall be accreditation of a nationally recognized child welfare accreditation body. Specifically, accreditation shall be by the Council on Accreditation for Services to Children and Families, or the National Association of Homes for Children. Accreditation must be granted within three years of the grant award and must be completed prior to any grant renewals." The motion was seconded and there was considerable discussion of this suggested amendment. Mr. Garvin stated, "Right now the Department has intense licensing regulations that meet or exceed national accreditation standards or provisions." In light of diminishing resources, he said, "the Association was concerned that licensing would be the first program to be cut (after training) and that this would expose kids to a great deal of risk." He felt that the advantages of accreditation is that it provides an outside review process and gives an objective look at what an agency is set up to do. John Pugh said that he could see the advantage of accreditation but would like to hear from the rural providers because he knew it would affect them more severely. Providers from the North Slope Borough, from Bethel and from Nome all commented and were generally positive although they raised questions whether the accreditation procedures would allow for the ethnic sensitivity which they feel is required in their programs; there was some concern about the amount of time required and whether three years would be a feasible amount of time in which to meet the requirements. John Pugh then stated that the Department is committed to quality programs but the Governor is strongly committed to a no growth budget. Since accreditation would cost additional money he was concerned this money would obviously come from reduced beds. John Garvin commented that accreditation has the advantage of being able to bring money in from outside sources since private funding sources would look for accreditation as an indication of program viability. Joe Betit raised the point that fiscal notes are required on regulations and that we would have to indicate where the money for any cost items would come from. John added that previous instructions have been that division's must find the money to meet the increase from within the budget so that the cost for accreditation would clearly come from FTE's. Given the tone of the discussion Dale Voltz asked for a break to allow him to discuss this issue further with providers. During the break, providers moved to rescind their resolution in favor of accreditation. Since Dale Voltz had seconded the motion, he withdrew his second and in absence of the second there was no motion. John Pugh then moved that expenses for accreditation be added to the list of allowable cost so that if facilities

choose to be accreditated, these cost would be allowable under Department reimbursement. The motion was seconded by Joe Betit and was passed by the Committee members.

The next item of discussion was the Section, "Direct and Indirect Cost," and it was recommended that there be a wording change to Section B, page 2, the second full sentence. The recommended wording was is follows: "Typical indirect costs are general administration and general expenses, such as the salary and expenses of executive officers, personnel administration, and accounting." This was made in the form of a motion and was passed by the Committee members.

The next suggested change was to "Revenues" on Page 3. The word categorical was inserted so that the sentence now reads, "Facilities are required to report all funds or revenues by categorical source".

The next suggested change was to the Section, "Payments During a Childs Absence." Under Part A, it was suggested that the words "state-reimbursed," be inserted before "licensed foster home," to make it possible for payment to continue as long as the child was not in a state reimbursed foster home. This was made in the form of a motion, during the discussion a question was asked whether the intent was not, that the current wording was not to avoid double payments, which is correct, therefore this suggested addition was passed by the members of the Committee.

The next issue that was raised by the providers was that at present, regulations do not allow for a grievance procedure when an agency or agencies come into conflict with the Department and it was moved by John Garvin that there be a grievance procedure. The motion was seconded, and during the discussion, Marsha Hubbard suggested that his motion be separated into two issues for purposes of discussion. One type of grievance procedure would be in regards to the grant award, or lack of award, and she felt that the grant regulations address this kind of grievance. The second type of grievance in is regard to the placement of children, or their removal from a facility by Division staff. In regards to the second issue Mr. Price commented that placement of kids and withdrawal from a facility is the responsibility of an individual social worker and he felt it was inappropriate for Central office staff to get involved with those issues. John Pugh also pointed out that removal of a child from a facility is the issue that is of most concern to providers at the present and that this is a cost issue which would cease to exist if we purchased beds rather than continue with our current purchase of service system. He also felt that he would not be able to go along with any limitations to placements. John Garvin then moved that there be an outlined grievance procedure involving regional administrators or regional managers and facility directors at the first level of procedure. That at the second level the division director and the board of directors of an agency review the grievance and that if there is no resolution at this level there be a committee formed including two providers, two agency

staff, and an impartial third party. The motion further stated that the cost of grievance procedures should be shared by the Division and the facilities and that each would pay any attorney cost involved. The motion also stated that it was understood that this would not supercede the procedures in the Department granting regulations but would go into place prior to the formalized procedure in the regulations. His motion was seconded and there was considerable discussion of this issue. The motion was then voted upon and the motion failed.

Marsha Hubbard then made a motion that the Committee next get input from the providers on Attachment A, "Allowable versus Nonallowable Costs;" that these comments be considered, and that a new draft be drawn up incorporating these comments that would be recirculated. At the final Committee meeting, Committee members would submit changes to the regulations or the statute in terms of motions made in writing so that in the final meeting the motions could be acted upon. The motion was seconded by Joe Betit. In the discussion Marsha pointed out that the advantage of this that with only one more meeting we will not have the time to draft suggested changes in the meeting or to have final input. The motion was voted upon and passed unanimously. The Committee then reviewed the allowable and nonallowable cost document and only two minor changes were made which will be incorporated in the next version. The first change was on page 7, item number 3, the dollar amount was changed from $2,500 to $5,000, and this was a typographical error. The second change was on page 8, under "Food Clothing Allowances," item (b) (2) was changed to read, "Cost of Staff Meals not Provided as a Condition of Employment or as Compensation."

Following this there was further discussion of the Bill with providers reconsidering their support for the retainment of the Cost of Care Provisions for facilities over the size of 12. Mr. Medaris of Presbyterian Hospitality House pointed out that this would create a potential financial hardship for their agency which they might not be able to survive. The providers then asked for a break to allow them to caucus and discuss this issue. After the break they read to the Committee a resolution which they passed that read, "We instruct our representatives on the Purchase of Service Committee to go for a full grant funding program incorporating a full consumer price index allowance." The motion was then made to incorporate the draft of the statute to Marsha's previous motion regarding procedures for the next meeting and proposed amendments so that changes to the draft Bill also be in a written format. The motion was amended to limit the modifications of rates structure, the motion passed with John Garvin abstaining and Marsha Hubbard absent.

Following this motion, Jackie Damon passed out copies of the cost study which she had completed and explained the chart to the providers. They were appreciative of the report and the work it had entailed. After this discussion, Mr. Price thanked the providers for attending and adjourned the meeting.

Minutes taken by:

Nina Keeler

Nina Keeler
Social Services Program Coordinator

Minutes of the Purchase of Services Committee Meeting

November 14, 1983

The seventh Purchase of Services Committee was held on November 14, 1983 in Juneau, Alaska. The purpose of this meeting was to review changes to the Bill and regulations which were requested by providers at the October 5 meeting.

Committee members present: Marsha Hubbard, Director, Division of Budget and Finance; John Pugh, Deputy Commissioner, Health and Social Services; Dale Voltz, Director, Juneau Receiving Home; John Garvin, Director, Alaska Children's Services; and Dan Burton, Special Assistant to the Commissioner, representing Joe Betit.

Staff members present: Nina Keeler, SS Program Coordinator, and Jackie Damon, Social Worker.

The Committee received the changes to the draft Bill which had been made by staff. There was discussion of the Department's grant process, and John Garvin brought up for consideration the prospective rate setting mechanism which has recently been enacted for health care facilities. Copies of Chapter 95, SLA 1982 were distributed and reviewed. John Pugh pointed out that the Medicaid Rate Commission has only recently been appointed and it's too soon to tell how this system will work. He felt it was not a good idea to try to add residential child care facilities to that system as John Garvin was proposing.

The Committee then reviewed the draft Bill, and made suggested changes which were incorporated into the draft. These changes included substituting "facilities" for the word "anyone;" specifying that the Department would award grants to local governmental units or non-profit corporations, incorporating the cost of living concept and multi-year grants, and providing for a transition period to move into the new system until regulations can be developed. Other recommendations made by the Committee were that the regulations address what facilities can do regarding education for children who are refused admittance by school districts and for minors who are ordered by the court not to attend school.

The logistics of preparing the report to the Legislature and the content were discussed. It was moved, seconded and approved that the Committee would submit the proposed bill as drafted and amended on November 9, 1983 to be forwarded to the Department of Law for submission to the Governor and transmittal to the Legislature. Furthermore, it was moved, seconded and approved that the regulations

be approved in concept, with the understanding that they would be revised to comply with changes in the Bill, and that there are additions, including but not limited to costs and risk management, which have to be made. The Committee then voted to have staff prepare a report and send the draft report, bill and regulations to each member for review and approval. A [illegible]tative meeting date of December 20 was set for review of the rep[illegible], and plans were made for the Committee to meet with providers on January 30 when the Association comes to Juneau for meetings with legislators.

Notes prepared by:

Nina Keeler
SS Program Coordinator

NK/pjb

SB

445

MEMORANDUM

TO: Senator Kerttula

FROM: D. Heidecker

RE: Proposed amendment to Senate Bill 445, "An act relating to child abuse."

DATE: May 8, 1984

This addresses a proposed amendment to Senate Bill 445, changing "sufficient cause to believe" to "probable cause to believe" a child has suffered harm as a result of abuse or neglect.

I don't believe the proposed amendment is consistent with your original intent in this bill.

"Probable cause" would imply a criminal standard, which must be met by reporters of suspected abuse and neglect. "Sufficient cause" implies what an average person capable of reasoning would consider abuse or neglect.

The proposed amendment would almost certainly drastically reduce the number of cases reported, and therefore investigated, by making the standard one of criminal proof.

The vast majority of cases reported to DFYS are investigated but not prosecuted. In many cases, intervention occurs without prosecution of parents or caretakers. This amendment would make intervention on behalf of children difficult, unless the criminal standard existed.

"Probable cause" belongs in the courtroom, not in the DHSS regulations. The original intent of the bill, to create guidelines for professionals who are mandated to report suspected abuse and neglect, is not served by the proposed amendment.

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

MEMORANDUM May 8, 1984

SUBJECT: Child abuse
(SB 445)

TO: Senator Jay Kerttula
Senate President

FROM: Keith B. Levy KBL
Legislative Counsel

You have requested an opinion on the legal significance of a proposed amendment to SB 445. AS 47.17.020 requires certain persons to report child abuse to the Department of Health and Social Services. Failure to report is a class B misdemeanor under AS 47.17.068. SB 445 adds a new subsection to AS 47.17.020 requiring the department to "establish guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect." The proposed amendment would change the term "sufficient cause" to read "probable cause." In my opinion, the proposed change would have the effect of requiring a higher degree of cause before a person would be required to report child abuse under As 47.17.020. Black's Law Dictionary defines "probable cause" as follows:

> Reasonable cause; having more evidence for than against. A reasonable ground for belief in the existence of facts warranting the proceedings complained of. An apparent state of facts found to exist upon the reasonable inquiry (that is, such inquiry as the given case renders convenient and proper), which would induce a reasonably intelligent and prudent man to believe, in a criminal case, that the accused person had committed the crime charged, or, in a civil case, that a cause of action existed.

"Sufficient cause" is defined in Black's Law Dictionary as follows:

> Sufficient cause to hold defendant to answer charges is reasonable or probable cause or that state of facts as would lead a man of ordinary caution to conscientiously entertain strong suspicion of defendant's guilt...See also probable cause.

The terms do not appear to differ greatly in their definitions. However, the term "probable cause" is more commonly used in the criminal context, because it is found in both the state and federal constitutions with regard to the justification required before the government may conduct a search or seizure. As such, "probable cause" is a term of art that implies a high standard of justification. For this reason, use of the term probable cause would be logical if it is the legislature's intent to tie the term into the criminal standard for probable cause used by the courts. The term "sufficient cause", on the otherhand, implies a somewhat lower standard. Accordingly, the choice between the two terms depends upon the legislature's intent with respect to the reporting requirement under AS 47.17.020.

KBL:ojb
J7/041

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

WITNESS REGISTER

BILL NUMBER SB 445 - child abuse DATE April 16, 1994

NAME	REPRESENTING	ADDRESS	PHONE NUMBER
G HORETSKI	LAW	POUCH KC	x 3428
Nina Keeler	H+SS	Pouch H05	3187

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(907) 456-4435

March 29, 1984

TO: Senator Joe Josephson, Chair
Members, Senate HESS Committee

RE: Senate Bill #445 "An Act relating to child abuse".

NEA-Alaska supports SB 445 and encourages favorable consideration by the Committee.

We stand ready to work with the Department in the development of appropriate guidelines, especially as they may pertain to the apparent "symptoms" used to determine cause to believe that a child has suffered abuse or neglect.

We further recommend that the process coordinate agency responsibilities with those of school districts including regular community information services.

Respectfully submitted:

Robert Manners
Executive Secretary

BM1:26:jc

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

POUCH H 01
JUNEAU, ALASKA 99811
PHONE: 465-3030

DOCUMENT NO.# 84-124

May 9, 1984

The Honorable Joe Josephson
Alaska State Senate
Pouch V
Juneau, AK 99811

Re: SB 445

Dear Senator Josephson:

The Division of Family and Youth Services is very concerned at the plans to amend SB 445 to require the Department to establish by regulation guidelines as to what constitutes probable cause to believe that a child has suffered harm as a result of abuse or neglect. The intent of this legislation was clearly to provide guidelines so that persons who are required to report would have a better way of assessing indicators of abuse and neglect and therefore determining what kinds of circumstances should be reported. As currently worded, SB 445 is more appropriately geared to the general public, since it requires a reporter to have sufficient cause to believe a child has been harmed. The word "sufficient" is more understandable than "probable cause" to the general public and to professionals such as doctors, teachers, etc., since "probable cause" is a strict legal term imposing a burden on a layman which the general public could not fairly be expected to understand. Judges may even differ on what is probable cause for a particular case.

Probable cause would in effect negate the whole concept of letting officials know that the possibility of child abuse has occurred. If the probable cause standard is applied, both the District Attorney's office and the Attorney General's office will have difficulties in the investigation of child abuse cases.

Probable cause essentially means that an act probably was committed and that a particular person probably committed the act. That is a standard to arrest someone. With child abuse, the test should be sufficient cause to investigate a complaint of child abuse or neglect. After an investigation there may or may not be probable cause to arrest someone. In order not to hamper investigation of child abuse, the term "probable cause" should be dropped.

Black's Law Dictionary defines probable cause as "reasonable cause" or of having more evidence in one direction than in the other direction. "Reasonable cause" appears acceptable; however, it is more likely that the courts would apply the more stringent criminal law probable cause standard described above.

Ideally the qualifying terms "sufficient" and "probable" should both be dropped, thereby keeping the language in AS 47.17.020(a) intact. AS 47.17.020(a) states that the named persons shall report child abuse if in their professional capacity they "have cause to believe" that a child has suffered child abuse.

We recommend that the qualifiers be eliminated from (d) and let the Department of Health and Social Services, with the assistance of the Department of Law, define cause.

Please feel free to contact this Department if we can provide additional information.

Sincerely,

John R. Pugh
Acting Commissioner

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT

Alaska State Legislature

Senate

Office of the President

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: SENATOR JOE JOSEPHSON, CHAIR
SENATE HESS COMMITTEE

FROM: SENATOR JAY KERTTULA

SUBJECT: SB 445, "An act relating to child abuse."

DATE: April 12, 1984

Attached please find back-up for Senate Bill 445, "An act relating to child abuse."

An estimated 652,000 to 1 million children are abused and/or neglected each year in the United States. Child abuse in Alaska is a significant problem.

Under current law, certain professionals are mandated to report to the Department of Health and Social Services child abuse, neglect or sexual abuse.

Every state in our country now has mandated reporting of child abuse. According to the National Center on Child Abuse and Neglect, "...in general these laws mandate the reporting of suspected maltreatment, provide penalities for failure to report, provide immunity to reporters from legal actions associated with the report and define reportable conditions."

Senate Bill 445 seeks to provide the definitions, or guidelines, for the reporting of suspected child abuse. There are several models to follow; included in the back-up are excerpts from "Everything You Always Wanted to Know About Child Abuse and Neglect and Asked!" and "Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel."

Alaska State Legislature

Advisory Council Members
Senator Kerttula, Chairman
Senator Bennett
Senator Vic Fischer
Senator Fahrenkamp

Pouch V
State Capital
Juneau, Alaska 99811
Phone: (907)465-3114

SENATE ADVISORY COUNCIL

MEMORANDUM

TO: SENATOR JALMAR KERTTULA
FROM: ELIZABETH J. HICKERSON
RE: SB 445, an act relating to child abuse
DATE: FEBRUARY 28, 1984

In response to your request for information on SB 445, I offer the following.

PRESENT LAW

The Alaska Child Protection statute (AS 47.17.020) mandates that cases of child abuse, neglect, sexual abuse or exploitation be reported to the Department of Health and Social Services by:

practitioners of the healing arts;
school teachers and school administrative staff members;
social workers;
peace officers and officers of the division of corrections;
administrative officers of institutions;
licensed day care providers and paid staff; and
licensed foster care providers.

Mandatory reporting is required when these persons "in the performance of their professional duties, have cause to believe that a child has suffered harm as a result of abuse of neglect" (AS 47.17.020). Upon receipt from any source of a report of harm to a child from abuse, the Department of Health and Social Services must notify the Department of Law and investigate the report (AS 47.17.025).

A person required to file a report of abuse or neglect who willfully or knowingly fails or refuses to report the harm is guilty of a class B misdemeanor (AS 47.17.068).

The following definitions are provided at AS 47.17.070.

"child abuse or neglect" means the physical injury or neglect, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby;

"neglect" means the failure to provide necessary food, care, clothing, shelter, or medical attention for a child;

"sexual exploitation" means
(A) permission or encouragement to a child for prostitution prohibited by AS 11.66.100 - 11.66.150 by a person responsible for the child's welfare;
(B) permission, encouragement, or activity involved in the unlawful exploitation of a minor prohibited by AS 11.41.455 by a person responsible for the minor's welfare.

While these definitions are helpful, physical and behavioral indicators of child abuse, resource materials, and training are needed to assist those individuals required to report suspected cases under AS 47.17.020.

PROPOSED LAW

Senate Bill 445 requires the Department of Health and Social Services to establish, by regulation, guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect. These regulations could include a list of indicators, characteristics of abusive families, and other general guidelines. Regulations may not be sufficient to fully educate individuals required to report cases of suspected child abuse or neglect and therefore additional resource materials and training should be developed, implemented, distributed or provided, and updated by the department.

The department may wish to review existing resource materials on this issue available through the National Association of Social Workers, the American Bar Association's National Legal Resource Center for Child Advocacy and Protection, the American Humane Association, and the National Center on Child Abuse and Neglect. The Council on Domestic Violence and Sexual Assault has been actively involved in this area and should be consulted.

According to the National Center on Child Abuse and Neglect, child abuse and neglect is usually divided into four major types: physical abuse, neglect, sexual abuse and emotional maltreatment. Each has recognizable characteristics. Based on extensive research the Center and other noted authorities on child abuse and neglect have developed resource materials for professions that include physical and behavioral indicators of abuse. (see attachments)

While a list of indicators is beneficial for persons that are required to report suspected cases of child abuse and neglect, it must be noted that lists are not exhaustive nor does the existence of a single indicator prove that abuse is occurring. For these reasons proper training is essential.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
SENATE BILL 445

"An Act relating to child abuse."

Senate Bill 445 requires the Department to establish by regulation, guidelines as to what constitutes sufficient cause to believe that a child has suffered harm as a result of abuse or neglect. It requires that the initial regulations be adopted no later than January 1, 1985.

Discussion

With the growing awareness of the problems of child abuse and neglect, there is increasing concern from persons who are mandated to report as to what kinds of situations they should report. Establishing guidelines by regulations would be one means of disseminating information to mandated reporters. Training and education are also needed as well.

If this Bill is enacted, the Department of Health and Social Services would review existing guidelines which appear in national publications in order to develop appropriate State guidelines for the reporting of physical abuse, neglect, sexual abuse, and sexual exploitation. Hearings would be held to receive public comment.

Position

The Department of Health and Social Services supports Senate Bill 445.

RECOMMENDED: Michael L Price
Michael L. Price, Director
Division of Family
and Youth Services

DATE: 3/28/84

APPROVED: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health
and Social Services

NEA-ALASKA

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March 29, 1984

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We stand ready to work with the Department in the development of appropriate guidelines, especially as they may pertain to the apparent "symptoms" used to determine cause to believe that a child has suffered abuse or neglect.

We further recommend that the process coordinate agency responsibilities with those of school districts including regular community information services.

Respectfully submitted:

Robert Manners
Executive Secretary

BM1:26:jc

EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT CHILD ABUSE AND NEGLECT AND ASKED!

INTRODUCTION

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act of 1974, as amended, serves as the focal point for Federal activities related to child abuse and neglect. The National Center conducts research into the causes, prevention, and treatment of child abuse and neglect; supports demonstration projects designed to reveal the best means of prevention and treatment; publishes annual directories of programs and research; provides technical assistance to public and private agencies and community groups; and through its State grant program, provides additional resources for States to improve and strengthen their programs.

As part of its mandate to provide information to the public, NCCAN operates the Clearinghouse on Child Abuse and Neglect Information, a central database for the gathering and dissemination of information concerning child maltreatment. What follows are answers to questions most often asked and answered by the Clearinghouse.

Child abuse and child neglect are serious social problems which successfully can be dealt with only if all elements of the community work together to help prevent and treat them. To this end, we must all become aware of the indicators of child abuse and neglect, and the procedures to bring such cases to the attention of the proper authorities. In addition, we should support effective preventive and treatment programs in our own communities.

WHAT ARE CHILD ABUSE AND CHILD NEGLECT?

Basically, there are four types:

1. Physical Abuse:
   Includes violent assault with an implement such as a knife or strap, burns, fractures, or other actions leading to possible injury to the child. "Spanking" for purely disciplinary reasons generally is not seen as child abuse.
2. Neglect:
   - Physical - Includes abandonment; refusal to seek, allow, or provide treatment for illness or impairment; inadequate physical supervision; disregard of health hazards in home; and inadequate nutrition, clothing, or hygiene when services are available.
   - Educational - Includes knowingly permitting chronic truancy, keeping the child home from school repeatedly without cause, or failing to enroll a child in school.
3. Emotional Abuse:
   Includes verbal or emotional assault; close confinement such as tying or locking in closet; inadequate nurturance such as that affecting failure-to-thrive babies; knowingly permitting antisocial behavior such as delinquency, serious alcohol/drug abuse; or refusal to allow medical care for a diagnosed emotional problem.
4. Sexual Abuse:
   Includes sexual molestation, incest, and exploitation for prostitution or the production of pornographic materials.

Legally, a "child" usually means a person under age 18, and child abuse and neglect occur at all stages of childhood, including adolescence.

What makes child abuse and neglect different from crimes committed against children by strangers is that the abuser is a parent, custodian, or guardian and someone with a duty to protect and guide the child to normal adulthood, as families have done throughout the generations. Thus, child maltreatment is a sign of a family in trouble.

ARE THERE SIGNS OF CHILD ABUSE AND NEGLECT?

There are many indications that a family may be in trouble. Any one of them may not mean anything or may have other explanations. However, if there are a number of them, or they occur frequently, child abuse or neglect may be suspected.

Physical Abuse

Child's appearance:

- Unusual bruises, welts, burns, fractures, or bite marks.
- Frequent injuries, always explained as "accidental".

Child's behavior:

- Reports injury by parents.
- Unpleasant, hard to get along with, demanding, often does not obey. Frequently causes trouble or interferes with others. Frequently breaks or damages things; or is unusually shy, avoids other people including children, seems too anxious to please, seems too ready to let other people say and do things to him/her without protest.
- Frequently late or absent or often comes to school much too early; hangs around after school is dismissed.
- Avoids physical contact with adults.
- Wears long sleeves or other concealing clothing to hide injuries.
- Child's story of how a physical injury occurred is not believable; it does not seem to fit the type or seriousness of the injury observed.
- Child seems frightened of parents, or shows little or no distress at being separated from parents.
- Child is apt to seek affection from any adult.

Parent or caretaker's behavior:

- Uses harsh discipline which doesn't seem right for the age, condition, or "offense" of the child.
- Offers an explanation of child's injury that does not make sense, does not fit the injury, or offers no explanation at all.
- Seems unconcerned about the child.
- Views the child in a negative way - as always bad or evil.
- Misuses alcohol or other drugs.
- Attempts to conceal child's injury or to protect identity of person responsible.

Neglect

Child's appearance:

- Often not clean.
- Comes to school without breakfast, often does not have lunch or lunch money.
- Clothes are dirty or unsuitable for the weather.
- Seems to be alone often, for long periods of time.
- Needs glasses, dental care, or other medical attention.

Child's behavior:

- Often tired, has no energy, lethargic.
- Frequently absent from school.
- Begs or steals food.
- Causes trouble in school; often has not done homework, uses alcohol or drugs, engages in vandalism, or sexual misconduct.

Parent or caretaker's behavior:

- Misuses alcohol or other drugs.
- Has disorganized, unstable home life.
- Seems not to care about what happens; gives impression of feeling that nothing is going to make much difference anyway.

- Lives very much isolated from friends, relatives, neighbors; does not seem to know how to get along well with others.
- Has long term chronic illnesses.
- Has history of neglect as a child.

Emotional Abuse

Child's appearance:

- Signs may be less obvious than in other forms of mistreatment. Behavior is best indication.

Child's behavior:

- Self-destructive, apathetic, depressed, withdrawn, passive. Shows lack of positive self-image.
- Problems in school - either experiencing academic failure, developmental delays or appears hyperactive, "driven."
- Seems overly anxious when faced with new situations or people, or displays a pseudo-maturity inconsistent with age
- Disorganized, distrustful or rigidly compulsive.
- Takes on adult roles and responsibilities, including those of a parent.
- Appears autistic, delusional, paranoid; engages in excessive fantasizing.
- Throws tantrums; seems impulsive, defiant, antisocial, aggressive; constantly test limits
- Fearful, hyperalert, lack of creativity and exploration.
- Difficulty in making friends and dealing with others, or lack of familial attachment and excessive peer dependence.
- Is excessively fearful, anxious, prone to nightmares or is oblivious to hazards and risks.

Parent or caretaker's behavior:

- Blames or belittles child.
- Is cold and rejecting; withholds love.
- Treats children in the family unequally.
- Does not seem to care much about child's problems.

Sexual Abuse

Child's appearance:

- Has torn, stained, or bloody underclothing.
- Experiences pain or itching in the genital areas.
- Has venereal disease.

Child's behavior:

- Appears withdrawn or engages in fantasy or baby-like behavior.
- Has poor relationships with other children.
- Is unwilling to participate in physical activities.
- Is engaging in delinquent acts or runs away.
- States that he/she has been sexually assaulted by parent or guardian.
- Acts like an adult, not a child.

Parent or caretaker's behavior:

- o Very protective or jealous of child.
- o Encourages child to engage in prostitution or sexual acts in the presence of caretaker.
- o Misuses alcohol or other drugs.
- o Is frequently absent from home.

HOW MUCH CHILD ABUSE AND NEGLECT IS THERE?

Researchers agree that child abuse and neglect involves a significant number of children in the United States. However, because of differences in the ways each community defines, identifies, and handles these cases, estimates on the number of child abuse and neglect cases in the United States vary.

One major research effort to assess the national incidence of child maltreatment was the National Survey of the Incidence and Severity of Child Abuse and Neglect, conducted by West.t, Inc. and Development Associates, Inc. for NCCAN. This study was designed to provide a complete picture of the numbers and characteristics of maltreated children, beyond those provided through official reports. After polling both child protective service (CPS) and non-CPS sources, the Study projected that at least 652,000 children are abused and/or neglected annually in the United States, meaning that 10.5 children are maltreated for each 1,000 children under the age of 18 years. NCCAN cautions that 652,000 is a conservative estimate of the total number of children in the United States maltreated annually, based on statistically verifiable data, and that very likely the actual number of children abused and neglected each year is at least 1,000,000.

Another research effort, the National Study of Child Neglect and Abuse Reporting, by the American Humane Association's Child Protection Division, has attempted to record all reported cases of child abuse and neglect in the states, territories, and the District of Columbia since 1973. The most recent Study, analyzing official reports in 1980, found that 788,844 reports of child maltreatment were documented nationwide during that year.

WHO ARE THESE CHILDREN AND THEIR FAMILIES?

Taken together, the research efforts mentioned above do provide some insight into the "average" troubled family.

Age

- o The average age of children reported as abused and/or neglected in 1979 was 7 and one-half years.
- o Preschool children, from birth to 5 years of age, represent 28% of the overall child population, but account for 74% of maltreatment fatalities.
- o Conversely, children 6 to 14 years of age represent 52% of the overall child population, but acount for only 3% of the fatalities.

- In general, the incidence rate for maltreatment increases with age, with two exceptions:
  - The physical abuse of males decreases after age 5.
  - The physical neglect of both males and females is relatively constant and similar for age groups over 2 years.

Sex

- The percentages and incidence rates for males and females are nearly identical when all forms of maltreatment and all age groups are considered.
- However, adolescent females are more likely to experience all forms of maltreatment compared with their male counterparts.
- Teenage boys, on the other hand, are more likely to experience educational and emotional neglect than are teenage girls, but are slightly less likely to experience physical neglect than are the girls.
- The incidence rate for sexual abuse is highest among adolescent females, but half the female victims of sexual abuse are under 11 years of age.

Family Income

- Maltreated children can be found in all income groups.
- Slightly over 48% of the families reported to CPS agencies in 1979 were receiving public assistance, while such families represent 7% of families across the United States.
- For each major form of maltreatment, the incidence rates for white children are much higher in families with incomes less than $15,000 than in higher income families.
- For nonwhite children, neglect incidence rates are much higher in lower income families than in higher income families. However, abuse incidence rates are close to constant and at a relatively low level across income levels for nonwhite children.

Race

- Over 66% of children reported as maltreated in 1979 were white, 22% were black, and 12% were hispanic or "other".
- The incidence rates for blacks and whites overall are almost identical, especially in middle and upper income families.

Geographic Location

- No geographic setting is free of child abuse and neglect. The incidence rates are similar for urban, suburban, and rural communities.
- In rural counties, the incidence rate for sexual abuse is higher than elsewhere.
- In urban areas, the incidence rate for educational neglect is higher than elsewhere.
- In suburban locations, the incidence rate for emotional neglect is higher than elsewhere.

WHAT CAUSES CHILD ABUSE?

As most parents know, raising a child is not an easy job. Everyday stresses and strains, coupled with the burdens of child care, cause most parents to feel angry at some time. But why do some parents threaten their children's health or safety?

There is no simple answer as to the causes of child maltreatment, just as there are no simple answers to the causes of other social problems such as drug abuse or depression. However, there are conditions or situations that may make child maltreatment more likely to happen.

Isolation:

Many abusive parents had troubled childhoods themselves and thus learned very early that they could not rely on others for emotional support. As a result, they never learned the social skills necessary to form solid relationships with relatives, neighbors, and friends. They are often isolated from their communities and families, and may seem to reject offers of help, having learned to be suspicious of the good intentions of others. When faced with stressful situations - a fussy baby, for example - they feel totally alone and "trapped", and may react with violent abuse or neglectful depression.

Generational Cycle:

"Violence begets violence" and it is thought that many abusive parents are repeating the child-rearing practices that they had been subjected to as children. In some cases, abused children who become parents find themselves unable to alter the cycle of violence, despite their intentions and efforts to be good parents, because they have never been exposed to proper parenting practices. Also, in some families a "role reversal" occurs - the abused child becomes a parent in order to find the love and acceptance she/he had missed as a child. The baby is then placed in an adult role, with the parent expecting that the baby will "take care of me". The parent sees the child as having capabilities far beyond what is appropriate for its age. When the young child does not meet these expectations, violence can occur.

Economic and Other Stress Factors:

Even without children, adults encounter many stressful situations - unemployment, poverty, illness, or divorce. For parents, these conditions can be doubly traumatic, for there are no "vacations" from parental responsibilities. When a parent, who may be predisposed toward child maltreatment because of upbringing or isolation, must deal with any of these stressful situations it is possible that little time or energy is left for the children. Also, in times of stress, the slightest misbehavior by the child can be "the last straw" and lead to violent abuse.

Pathology of the Parent:

A common perception is that abusive parents are "sick", a perception that sometimes hampers the identification of families in trouble. Rarely is chronic mental illness the cause of child maltreatment, although this possibility exists.

Unreasonable Expectations:

As the number of extended families diminish and the size of nuclear families grows smaller, children have fewer opportunities to see or participate in childrearing. Without exposure to children at various stages of development, some parents may have a basic lack of information about normal childhood development and parenting. Without an understanding of a child's capabilities, these parents may develop expectations for the child that cannot be met. This form of parental ignorance, coupled with the child's inability to meet unreasonable demands, can lead to abuse or neglect.

IS CHILD MALTREATMENT MORE LIKELY TO HAPPEN IN CERTAIN FAMILIES?

Yes, but it remains impossible to predict whether or not child maltreatment will occur in a given family situation. However, a family may be "at risk" if the

parent...

- Is a "loner" - feels isolated, with no family to depend upon, no real friends, does not get along with the neighbors.
- Has no understanding of the stages of child development and does not know what to expect of a child at a given age.
- Has a poor self-image, feels worthless, with a pervading sense of failure.
- Feels unloved, unappreciated, unwanted, with a great fear of rejection.
- Has severe personal problems such as ill health, alcoholism, or drug dependency.
- Feels that violence can often be the solution to life's problems, or has not learned to "blow off steam" in a socially acceptable manner.
- Is experiencing a time of severe stress - sudden unemployment, painful divorce, for examples - without any coping mechanisms.
- Had been abused or neglected as a child.

or the child...

- Is "different" - is smaller than average, sicklier, disabled, is considered unattractive, was premature.
- Resembles or reminds the parent of someone the parent hates - "takes after" a disappointing spouse or former loved one.
- Is more demanding or otherwise poses more problems than do other children in the family.
- Is unwanted - seen as a "mistake" or burden, having "ruined things" for the parent.

IS SEXUAL ABUSE A PARTICULAR PROBLEM?

Yes. The "conspiracy of silence" that surrounds this form of maltreatment, plus the emotional scars inflicted on its victims, make this problem of particular concern.

WHAT IS CHILD SEXUAL ABUSE?

Sexual abuse has been defined in a variety of ways and encompasses a wide range of behavior ranging from fondling and exhibitionism to forcible rape and incest, to commercial exploitation in prostitution or the production of pornographic materials. The Federal Child Abuse Prevention and Treatment Act of 1974, as amended, defines the term "sexual abuse" as the "obscene or pornographic photographing, filming, or depiction of children for commercial purposes; or the rape, molestation, incest, prostitution, or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby...".

Inherent in this and many definitions found in state laws is the involvement of an adult responsible for the child's welfare in exploiting the child. Thus the term "child sexual abuse" used in a child abuse and neglect context means that acts of sexual abuse committed by a stranger to the child may be defined and handled quite differently from the same act committed by a parent or other caretaker.

HOW FREQUENTLY DOES CHILD SEXUAL ABUSE OCCUR?

The National Survey of the Incidence and Severity of Child Abuse and Neglect, in researching and analyzing the incidence of various forms of child maltreatment in the United States, found that 44,700 children were victims of some form of sexual exploitation, excluding threatened or attempted sexual assault not involving actual physical contact. While analyzing data from CPS and non-CPS sources, the Survey noted that its findings were based on conservative research procedures and therefore may only be reflecting the "tip of the iceberg".

IS CHILD SEXUAL ABUSE OFTEN NOT REPORTED?...AND WHY?

It is thought that child sexual abuse is one of the most underreported forms of child maltreatment, since this type of maltreatment often remains undetected and the impact is not apparent for many years. The American Humane Association, in its study of child abuse and neglect reported to CPS agencies in 1978 found that 6,078 children were found to be sexually maltreated during that year. The reluctance of many family members, who may be the only people aware of what is occurring, to report such incidents to the authorities for fear of social censure, public scrutiny, and possible removal of the family breadwinner, plus the possibility that no physical, tangible harm is immediately apparent, are felt to contribute to the underreporting of this form of child maltreatment. In addition, children may not report incidents of sexual abuse because of ignorance, fear of reprisals by the perpetrator, fear that their parents will blame them, or guilt over any physical pleasure they may have experienced. Thus, for the most part, the incidence of sexual abuse remains locked in a "conspiracy of silence".

WHAT ARE THE RESULTS OF CHILD ABUSE AND NEGLECT?

The physical effects on the child are indeed sobering -

- It is estimated that at least 1,000 children die each year as a result of physical abuse or severe neglect, and it may be as high as 5,000.

- Further, 137,400 children suffer serious injury at the hands of their parents, injuries serious enough to require professional medical treatment and that may require permanent special care.

- The list of physical injuries resulting from abuse is long and unpleasant, including cuts, burns, bruises, laceration of internal organs, head injuries, punctures, and fractures. Neglect, especially of young children, can result in skin infections, failure-to-thrive, malnutrition, dehydration, maggot infestation, and other physical problems that may be permanently debilitating.

But beyond the physical scars left by child maltreatment, the emotional damage inflicted on a child can last an entire lifetime. Maltreated children might have difficulties in school and/or in making friends, or otherwise may be denied a normal childhood. Some maltreated children experience problems such as drug abuse, alcoholism, obesity, unwanted pregnancy, and delinquency during adolescence. Having learned violence at home, abused children may act out their lessons against their own children or against society in general. Among the more infamous adults who were mistreated as children are Charles Manson, Sirhan Sirhan, James Earl Ray, and Lee Harvey Oswald.

Thus, child maltreatment effects more than just the family involved. The problems experienced by the victims of child maltreatment eventually touch all members of the community in some way. The abused child who grows into the abusive parent continues the cycle of violence. The neglected child, left to fend for himself, becomes the delinquent or criminal. The potentials and talents that the child could have brought to the community and family are lost. The public must deal with the financial costs of legal process and prison for both victims of child abuse - the child and the parent. Thus, child abuse is everyone's problem.

WHAT IS BEING DONE ABOUT THIS PROBLEM?

There is considerable help available to families in trouble. Since the problems of child abuse and neglect came to public attention nearly twenty years ago, the concerned efforts of numerous individuals have resulted in laws, agencies, and community support systems designed to help. In every state and territory, CPS agencies exist to provide counseling, material assistance, and guidance to families in stress. For severe cases, juvenile courts serve to protect children from further abuse and possible death. Parents who have experienced this problem themselves have formed self-help groups to assist others in similar situations. And the Federal government, reflecting the child's rights as a citizen, has assumed a role in child protection.

WHAT IS THE FEDERAL ROLE IN CHILD ABUSE AND NEGLECT?

The Federal government's role in child abuse and neglect is to aid state and local efforts in two ways. First, it provides some financial assistance to fund the agencies that investigate and treat child abuse and neglect. Secondly, it funds research, demonstration projects, and techical assistance efforts designed to improve our ability to prevent and treat child abuse and neglect.

Primary responsibility for dealing with the problems of child abuse and neglect is vested in state and local agencies. Each state has laws requiring the reporting of known and suspected child abuse and neglect cases; reports are investigated by public social service or law enforcement agencies in the local community. Preventive and treatment services for both the children and families involved are provided by local public and private agencies.

The Federal government has no authority to investigate specific cases of child abuse and neglect nor the practices of child protective services agencies, which are regulated by state and local laws.

WHAT IS THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT?

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act (P.L. 93-247, as amended) and located in the Children's Bureau of the U.S. Department of Health and Human Services, acts as the principal focus for Federal activity in developing policies, plans, and programs relating to the prevention, identification, and treatment of child abuse and neglect.

Virtually every activity of NCCAN, in the performance of its mandate, involves the gathering and disseminating of information. Special emphasis has been placed on gathering information relating to ongoing and completed research and to service programs in the field. This information, together with information on child abuse and neglect audiovisual materials and state laws, comprises the data base for a computerized information storage and retrieval system which is used by NCCAN to answer requests for child abuse and neglect information from program planners, policy makers, researchers, and the general public.

WHAT DO STATE REPORTING LAWS REQUIRE?

The enactment of child abuse and neglect reporting laws by state legislatures began in earnest in the early 1960's. Today all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands have reporting legislation. In general, these laws mandate the reporting of suspected maltreatment, provide penalties for failure to report, provide immunity to reporters from legal actions associated with the report, and define reportable conditions.

Who Must Report?

Due to the medical profession's description and identification of battered children, legislators have looked to the medical profession as the class most likely to discover child maltreatment. Today every jurisdiction requires physicians to report suspected child abuse, with laws that either specifically mention physicians or by a more general directive, such as "practitioner of the healing arts", or "any health professional". In addition, associated medical personnel such as nurses, dentists, osteopaths, and interns are required to report suspected child maltreatment in many states.

As the public understanding of child abuse and neglect has grown, so too has the number of professions mandated by the states to report suspected maltreatment. The realization that child abuse and neglect may not be limited to severe physical abuse and that medical treatment for severely abused children may not be sought in time to avoid permanent injury or death has coincided with a dramatic increase in the number of professions specifically mentioned in state laws as mandatory reporters, to include those with frequent contact with children, such as teachers and child care professionals.

Thus, the trend in mandatory reporting laws appears to be toward broadening the base of possible reporters. This is accomplished either by mandating that "any person" with reason to believe that child is being maltreated report, or by specifically listing the professions required to report. A wide variety of professions are mentioned in various state reporting laws, with teachers, school officials or personnel, and social workers named most frequently.

Who May Report?

In general, anyone suspecting that a child is being mistreated may report that suspicion. A number of states provide specific statutory authority for permissive, rather than mandatory, reporting. However, many states make no provision for permissive reporting because they mandate reporting by everyone. If in doubt as to the requirements in your state, check with your state CPS agency.

Are There Penalties For Failure to Report?

Yes. While the identification of maltreated children needed to get help to them and their families ultimately depends upon the responsiveness of a concerned community, the vast majority of states impose a criminal and/or civil penalty for failure to report when mandated by law to do so.

Can I Be Sued for A Mistaken Report?

No. All jurisdictions provide immunity from civil or criminal liability for reporters acting in good faith. While the majority of states qualify their immunity provisions with the requirement that the report be made in good faith, 20 states as of 1979 included a presumption of the good faith of reporters in their reporting laws.

What Conditions Must Be Reported?

Every jurisdiction requires that suspected cases of child abuse and neglect be reported. Over the years, the range of reportable conditions found in state laws and the definitions of abuse and neglect have broadened. Today, many state laws specifically include sexual abuse, emotional or mental injury, and threatened harm among their reportable conditions, as well as the traditional definitions of child abuse which include physical injury and severe neglect.

In all states, a reporter is not required to know or to be certain that a child has been abused or neglected as defined under state law. Reporting laws apply whenever the individual reporter has reason to believe or suspects that maltreatment is occurring.

WHAT HAPPENS IF I REPORT SOMEONE?

While the exact procedures may vary from state to state, generally a child protective service worker will visit the reported family as soon as possible after the report is made. This initial contact is made to determine if the child is in immediate danger and to begin assistance or treatment if needed by the family. Depending upon the urgency of the situation, the CPS worker will then take appropriate action which could include, in drastic circumstances, removal of the child from the home. Such actions are rare and employed only when there appears to be immediate danger to child's health or safety. In some states and circumstances, law enforcement personnel might be called upon to assist the CPS worker or might respond to the report, if there is an indication that the child needs immediate transportation to a medical facility or other police services.

In some states, the reporting laws permit certain mandated reporters, such as doctors, to keep the child in protective custody if the reporter has reason to believe that the child would be returning to a dangerous environment and additional abuse. The authority to remove a child from home is necessarily limited, however, and a court hearing is required, usually within a few days, to keep the child in shelter care. Also, some states require mandatory reporters to file written reports following the oral report. These reports are particularly necessary and useful should any sort of legal action result.

WHAT CAN/IS BEING DONE TO PREVENT THE PROBLEM?

Throughout the United States, much is being done to prevent child abuse and neglect, but much remains to be done. Often, prevention efforts are not labeled as such, since any program or activity that serves to strengthen the family helps to prevent child maltreatment. This is because most people in our society believe that the family unit should remain our basic social institution, and that under normal circumstances, the care and nurturing of children is the unique province of parents and other family members. Therefore, strengthening and supporting the family is a basic goal for any comprehensive prevention program.

Prevention program can generally be seen as primary, referring to those efforts aimed at positively influencing parents before maltreatment occurs; or secondary, referring to those supportive services offered families considered "at risk." The key aspects of primary prevention efforts are that they are offered to all members of a certain population or community; are voluntary; attempt to influence societal forces that affect parents and children; and seek to postively promote family unity, as well as prevent family dysfunction. Secondary prevention efforts are aimed at families that, while perhaps not yet abusive, are more likely to become so than the general population. The defining characteristics of secondary prevention efforts are that they are offered to an already defined group of vulnerable families; are voluntary; are more problem-focused than primary prevention efforts; and seek to prevent future parent-child problems by focusing on alleviating particular stresses on identified parents and strengthening positive elements.

Prevention programs in each of these categories are not uncommon, especially in communities devoted to improving the quality of family life. Examples of primary prevention programs include parenting classes and support groups, such as those sponsored by hospitals, that are open to new and expecting parents; public awareness campaigns, designed to raise awareness of the existence of the problem and provide a focal point for the mobilization of community resources through media presentations; and volunteer speakers bureaus that provide trained speakers to schools, churches, and other community organizations. Examples of secondary prevention programs include special high school programs for teenage parents, and support services for parents of infants with special problems, such as birth defects or prematurity. The list of programs, services, and activities that can help in preventing child maltreatment is long, and may encompass visiting nurses, employment counseling, help or "hot" lines, family planning information, health care clinics, parent aides, mental health counseling, and self-help groups.

There is no ignoring the fact that changes in family structure, increased mobility, the complexities of our fast paced society, economic stresses, and other aspects of modern American life have increased enormously the pressures and strains on individuals. Nevertheless, it is possible to build on our traditions of mutual assistance and to create concerned communities and informal social networks to support families and children. We can develop a variety of practical and psychological supports to be available not only to vulnerable families, but to all families.

WHAT CAN I DO TO HELP?

Get involved. Know what services exist to help troubled families in your community, and work toward establishing services where the needs remain. Support crisis nurseries, emergency shelters, parenting classes, parent aide programs, parental self-help groups, community networks, counseling and mental health centers, and all forms of assistance to families in crisis. Most importantly, if you know of such a family, report to the authorities so that this service need can be identified and treated.

WHERE DO I FIND REPORTING INFORMATION?

Since the responsibility for investigating reports of suspected child abuse and neglect lies at the state level, each state has established a child protective service reporting system. NCCAN annually compiles the descriptions of the reporting procedures in each state. Listed below are the names and addresses of the child protective services agency in each state, followed by the procedures for reporting suspected child maltreatment.

Alabama:

Alabama Department of Pensions and Security
64 North Union Street
Montgomery, Alabama 36130

Reports made to County 24-hour emergency telephone services.

Alaska:

Department of Health and Social Services
Division of Family and Youth Services
Pouch H-05
Juneau, Alaska 99811

Reports made to Division of Social Services field offices.

American Samoa:

Government of American Samoa
Office of the Attorney General
Pago Pago, American Samoa 96799

Reports made to the Department of Medical Services.

Arizona:

Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

Reports made to Department of Economic Security local offices.

Arkansas:

Arkansas Department of Human Services
Social Services Division
P.O. Box 1437
Little Rock, Arkansas 72203

Reports made to the statewide toll-free hotline (800) 482-5964.

California:

Department of Social Services
714-744 P Street
Sacramento, California 95814

Reports made to County Departments of Welfare and the Central Registry of Child Abuse (916) 445-7546 maintained by the Department of Justice.

Colorado:

Department of Social Services
1575 Sherman Street
Denver, Colorado 80203

Reports made to County Departments of Social Services.

Connecticut:

Connecticut Department of Children and Youth Services
Division of Children and Youth Services
170 Sigourney Street
Hartford, Connecticut 06105

Reports made to (800) 842-2288.

Delaware:

Delaware Department of Health
and Social Services
Division of Social Services
P.O. Box 309
Wilmington, Delaware 19899

Reports made to statewide
toll-free reporting hotline
(800) 292-9582.

District of Columbia:

District of Columbia Department
of Human Services
Commission on Social Services
Family Services Administration
Child Protective Services
Division
First and I Streets, S.W.
Washington, D.C. 20024

Reports made to (202) 727-0995.

Florida:

Florida Department of Health
and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, Florida 32301

Reports made to (800) 342-9152.

Georgia:

Georgia Department of Human
Resources
47 Trinity Avenue, S.W.
Atlanta, Georgia 30334

Reports made to County
Departments of Family and
Children Services.

Guam:

Child Welfare Services
Child Protective Services
P.O. Box 2816
Agana, Guam 96910

Reports made to the State Child
Protective Services Agency
at 646-8417.

Hawaii:

Department of Social Services
and Housing
Public Welfare Division
Family and Children's Services
P.O. Box 339
Honolulu, Hawaii 96809

Reports made to the hotline
operated by Kapiolani-Children's
Medical Center on Oahu, and to
branch offices of the Division
on Hawaii, Maui, Kauai, Mokalai.

Idaho:

Department of Health and Welfare
Child Protection
Division of Welfare
Statehouse
Boise, Idaho 83702

Reports made to Department of
Health and Welfare Regional Offices.

Illinois:

Illinois Department of Children and
Family Services
State Administrative Offices
One North Old State Capitol Plaza
Springfield, Illinois 62706

Reports made to (800) 25-ABUSE.

Indiana:

Indiana Department of Public Welfare
Division of Child Welfare -
Social Services
141 South Meridian Street, 6th Floor
Indianapolis, Indiana 46225

Reports made to County Departments
of Public Welfare.

Iowa:

Iowa Department of Social Services
Division of Community Programs
Hoover State Office Building
Fifth Floor
Des Moines, Iowa 50319

Reports made to the legally
mandated toll-free reporting
hotline (800) 362-2178.

Kansas:

Kansas Department of Social and Rehabilitation Services
Division of Social Services
Child Protection and Family Services Section
Smith-Wilson Building
2700 West Sixth
Topeka, Kansas 66606

Reports made to Department of Social and Rehabilitation Services Area Offices.

Kentucky:

Kentucky Department for Human Resources
275 East Main Street
Frankfort, Kentucky 40621

Reports made to County Offices within 4 regions of the state.

Louisiana:

Louisiana Department of Health and Human Resources
Office of Human Development
Baton Rouge, Louisiana 70804

Reports made to the parish protective service units.

Maine:

Maine Department of Human Services
Human Services Building
Augusta, Maine 04333

Reports made to Regional Office or to State Agency at (800) 452-1999.

Maryland:

Maryland Department of Human Resources
Social Services Administration
300 W. Preston Street
Baltimore, Maryland 21201

Reports made to County Departments of Social Services or to local law enforcement agencies.

Massachusetts:

Massachusetts Department of Social Services
Protective Services
150 Causeway Street
Boston, Massachusetts 02114

Reports made to Regional Offices.

Michigan:

Michigan Department of Social Services
300 S. Capitol Avenue
Lansing, Michigan 48926

Reports made to County Departments of Social Welfare.

Minnesota:

Minnesota Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55155

Reports made to the County Department of Public Welfare.

Mississippi:

Mississippi Department of Public Welfare
Division of Social Services
P.O. Box 352
Jackson, Mississippi 39216

Reports made to (800) 222-8000.

Missouri:

Missouri Department of Social Services
Division of Family Services
Broadway Building
Jefferson City, Missouri 65101

Reports made to (800) 392-3738.

Montana:

Department of Social and Rehabilitation Services
Social Services Bureau
P.O. Box 4210
Helena, Montana 59601

Reports made to County Departments of Social and Rehabilitation Services.

Nebraska:

Nebraska Department of
Public Welfare
301 Centennial Mall South
5th Floor
Lincoln, Nebraska 68509

Reports made to local law enforcement agencies or to County Divisions of Public Welfare.

Nevada:

Department of Human Resources
Division of Welfare
251 Jeanell Drive
Carson City, Nevada 89710

Reports made to Division of Welfare local offices.

New Hampshire:

New Hampshire Department
of Health and Welfare
Division of Welfare
Bureau of Child and Family
Services
Hazen Drive
Concord, New Hampshire 03301

Reports made to Division of Welfare District Offices.

New Jersey:

New Jersey Division of Youth
and Family Services
P.O. Box 510
One South Montgomery Street
Trenton, New Jersey 08625

Reports made to (800) 792-8610. District Offices also provide 24-hour telephone service.

New Mexico:

New Mexico Department of
Human Services
P.O. Box 2348
Santa Fe, New Mexico 87503

Reports made to County Social Service Offices or to (800) 432-6217.

New York:

New York Department of
Social Services
Child Protective Services
40 North Pearl Street
Albany, New York 12207

Reports made to (800) 342-3720 or to District Offices.

North Carolina:

North Carolina Department of Human
Resources
Division of Social Services
325 North Salisbury Street
Raleigh, North Carolina 27611

Reports made to County Departments of Social Services.

North Dakota:

North Dakota Department of Human
Services
Social Services Division
Children and Family Services Unit
Child Abuse and Neglect Program
Russel Building, Hwy. 83 North
Bismarck, North Dakota 58505

Reports made to Board of Social Services Area Offices and to 24-hour reporting services provided by Human Service Centers.

Ohio:

Ohio Department of Public Welfare
Bureau of Children Services
Children's Protective Services
30 E. Broad Street
Columbus, Ohio 43215

Reports made to County Departments of Public Welfare.

Oklahoma:

Oklahoma Department of Institutions,
Social and Rehabilitative Services
Division of Social Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Reports made to (800) 522-3511.

Oregon:

Department of Human Resources
Children's Services Division
Protective Services
509 Public Services Building
Salem, Oregon 97310

Reports made to local Children's Services Division Offices and to (503) 378-3016.

Pennsylvania:

Pennsylvania Department of Public Welfare
Office of Children, Youth and Families
Bureau of Family and Community Programs
1514 North 2nd Street
Harrisburg, Pennsylvania 17102

Reports made to the toll-free CHILDLINE (800) 932-0313.

Puerto Rico:

Puerto Rico Department of Social Services
Services to Families With Children
P.O. Box 11398,
Fernandez Juncos Station
Santurce, Puerto Rico 00910

Reports made to local offices or to the Department.

Rhode Island:

Rhode Island Department for Children and Their Families
610 Mt. Pleasant Avenue
Providence, Rhode Island 02908

Reports made to State agency child protective services unit at (800) 662-5100 or to District Offices.

South Carolina:

South Carolina Department of Social Services
P.O. Box 1520
Columbia, South Carolina 29202

Reports made to County Departments of Social Services.

South Dakota:

Department of Social Services
Office of Children, Youth and Family Services
Richard F. Kneip Building
Pierre, South Dakota 57501

Reports made to local offices.

Tennessee:

Tennessee Department of Human Services
State Office Building
Room 410
Nashville, Tennessee 37219

Reports made to County Departments of Human Services.

Texas:

Texas Department of Human Resources
Protective Services for Children Branch
P.O. Box 2960
Austin, Texas 78701

Reports made to (800) 252-5400.

Utah:

Department of Social Services
Division of Family Services
150 West North Temple, Room 370
P.O. Box 2500
Salt Lake City, Utah 84103

Reports made to Division of Family Services District Offices.

Vermont:

Vermont Department of Social and Rehabilitative Services
Social Services Division
103 South Main Street
Waterbury, Vermont 05676

Reports made to State agency at (802) 828-3433 or to District Offices (24-hour services).

Virgin Islands:

Virgin Islands Department of Social Welfare
Division of Social Services
P.O. Box 500
Charlotte Amalie
St. Thomas, Virgin Islands 00801

Reports made to the Division of Social Services.

Virginia:

Virginia Department of Welfare
Bureau of Family and Community Programs
Blair Building
8007 Discovery Drive
Richmond, Virginia 23288

Reports made to (800) 552-7096 in Virginia, and (804) 281-9081 outside the state.

Washington:

Department of Social and Health Services
Community Services Division
Child Protective Services
Mail Stop OB 41-D
Olympia, Washington 98504

Reports made to local Social and Health Services Offices.

West Virginia:

Department of Welfare
Division of Social Services
Child Protective Services
State Office Building
1900 Washington Street E.
Charleston, West Virginia 25305

Reports made to (800) 352-6513.

Wisconsin:

Wisconsin Department of Health and Social Services
Division of Community Services
1 West Wilson Street
Madison, Wisconsin 53702

Reports made to County Social Services Offices.

Wyoming:

Department of Health and Social Services
Division of Public Assistance and Social Services
Hathaway Building
Cheyenne, Wyoming 82002

Reports made to County Departments of Public Assistance and Social Services.

WHERE CAN I FIND MORE INFORMATION?

The address of the National Center on Child Abuse and Neglect is:

NCCAN
P.O. Box 1182
Washington, D.C. 20013

NCCAN also sponsors 10 regional resource centers. For more information, contact the regional center for your state:

Region I CAN Resource Center
Judge Baker Guidance Center
295 Longwood Avenue
Boston, MA 02115
Telephone: (617) 232-8390
(Connecticut, Maine, Massachusetts, Rhode Island, Vermont, New Hampshire)

Region II CAN Resource Center
College of Human Ecology
Cornell University, MVR Hall
Ithaca, NY 14853
Telephone: (607) 256-7794
(New Jersey, New York, Puerto Rico, Virgin Islands)

Region III CAN Resource Center
Howard University Institute for Urban Affairs and Research
2900 Van Ness Street, N.W.
Washington, D.C. 20008
Telephone: (202) 686-6770
(District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia)

Region IV CAN Resource Center
Regional Institute for Social Welfare Research
P.O. Box 152
Athens, GA 30601
Telephone: (404) 542-7614
(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Region V CAN Resource Center
Graduate School of Social Work
University of Wisconsin-Milwaukee
Milwaukee, WI 53201
Telephone: (414) 963-4184
(Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Region VI CAN Resource Center
Graduate School of Social Work
University of Texas at Austin
Austin, TX 78712
Telephone: (512) 471-4067
(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Region VII CAN Resource Center
Institute of Child Behavior and Development
University of Iowa-Oakdale Campus
Oakdale, IA 52319
Telephone: (319) 353-4791
(Iowa, Kansas, Missouri, Nebraska)

Region VIII CAN Resource Center
National Center for the Prevention & Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220
Telephone: (303) 321-3963
(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Region IX CAN Resource Center
Department of Special Education
California State University
5151 State University Drive
Los Angeles, CA 90032
Telephone: (213) 224-3283
(Arizona, California, Hawaii, Nevada, Guam, Trust Territories)

Region X CAN Resource Center
Panel for Family Living
157 Yesler Way, #208
Seattle, WA 98104
Telephone: (206) 624-1052
(Alaska, Idaho, Oregon, Washington)

Parents Anonymous, modeled after Alcoholics Anonymous, has chapters throughout the United States. For more information, or the location of the chapter in your community, contact:

National Office of PA
22330 Hawthorne Boulevard
Suite 208
Torrance, California 90505

Telephone: (213) 371-3501
Toll Free: (800) 421-0353 California only: (800) 352-0386

Parents United is a self-help organization for all family members affected by sexual abuse. For more information, contact:

Parents United, Inc.
P.O. Box 952
San Jose, California 95102

Telephone: (408) 280-5055

INDICATORS IN THE CHILD

Physical and behavioral indicators are displayed in Exhibit II following this page. The list is not intended to be exhaustive; many more indicators exist than can be included. In addition, the presence of a single indicator does not necessarily prove that child abuse or neglect is occurring. However, the repeated occurrence of an indicator, the presence of several indicators in combination, or the appearance of serious injury or suspicious death should alert the law enforcement officer to the possibility of child abuse or neglect.

Physical Abuse

Physical abuse of children includes any non-accidental parental injury caused by the child's caretaker. It may include burning, beating, branding, punching and so on. By definition the injury is not an accident, but neither is it necessarily the intent of the child's caretaker to injure the child. Physical abuse may result from overdiscipline or from punishment which is inappropriate to the child's age or condition.

Physical Indicators of Physical Abuse

The following are physical indicators of physical abuse in the school-age child:

- Unexplained bruises and welts
  - on the face, lips, or mouth
  - in various stages of healing (bruises of different colors, for example, or old and new scars together)
  - on large areas of the torso, back, buttocks or thighs
  - in clusters, forming regular patterns, or reflective of the article used to inflict them (electrical cord; belt buckle)
  - on several different surface areas (indicating the child has been hit from different directions)

EXHIBIT II

PHYSICAL AND BEHAVIORAL INDICATORS OF ABUSE AND NEGLECT

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

- Unexplained burns
  - cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back or buttocks
  - immersion or "wet" burns, including glove- or sock-like burns and doughnut-shaped burns on the buttocks or genitalia
  - patterned or "dry" burns which show a clearly defined mark left by the instrument used to inflict them (e.g. electrical burner; iron)
  - rope burns on the arms, legs, neck or torso
- Unexplained fractures
  - to the skull, nose, or facial structure
  - in various stages of healing (indicating they occurred at different times)
  - multiple or spiral fractures
  - swollen or tender limbs
  - any fracture in a child under the age of two
- Unexplained lacerations and abrasions
  - to the mouth, lips, gums or eyes
  - to the external genitalia
  - on the backs of the arms, legs, or torso
- Unexplained abdominal injuries
  - swelling of the abdomen
  - localized tenderness
  - constant vomiting
- Human bite marks, especially when they appear adult size or are recurrent.

Behavioral Indicators of Physical Abuse

Conduct, too, can be a tip-off to the presence of child abuse and neglect. Abused and neglected children may demonstrate certain characteristic behavior or conduct which can be spotted by the sensitive professional. For the adolescent particularly, behavior may be the only clue to child abuse and neglect. These behaviors may exist independent of or in conjunction with physical indicators.

The following are some of the behaviors which may be associated with physical abuse. The law enforcement officer should be alert for the child who:

- is wary of physical contact with adults (The abused child will often avoid it, sometimes even shrinking at the touch or approach of an adult.)
- becomes apprehensive when other children cry
- demonstrates extremes in behavior--extreme aggressiveness or extreme withdrawal, for example--behavior which lies outside the range expected for the child's age group
- seems frightened of the parents
- states he/she is afraid to go home, or cries when it is time to leave
- reports injury by a parent.

Neglect

Neglect involves inattention to the basic needs of a child, such as food, clothing, shelter, medical care, and supervision. While physical abuse tends to be episodic, neglect tends to be chronic. When considering the possibility of neglect, it is important to note the consistency of indicators. Do they occur rarely, or frequently? Are they chronic (there most of the time), periodic (noticeable after weekends or absences), or episodic (see twice in a time when there was illness in the family)? In a given community or subpopulation, do all the children display these indicators, or only a few? Is this culturally acceptable childrearing, a different lifestyle, or true neglect? Answers to questions like those can be extremely helpful in differentiating between neglect and differing ways of life.

Physical Indicators of Neglect

The following are physical indicators of neglect:

- constant hunger, poor hygiene, or inappropriate clothing
- consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
- constant fatigue or listlessness
- unattended physical problems or medical needs, such as untreated or infected wounds.

Behavioral Indicators of Neglect

The law enforcement officer should be alert for the child who exhibits the following behaviors:

- begging or stealing food
- constantly falling asleep in class
- rare attendance at school
- coming to school very early and leaving very late
- addiction to alcohol or other drugs
- engaging in delinquent acts such as vandalism or theft
- stating that there is no one to care for or look after him/her.

Sexual Abuse

Sexual abuse includes any contacts or interactions between a child and an adult in which the child is being used for the sexual stimulation of the perpetrator or another person. These acts, when committed by a person under the age of 18 who is either significantly older than the victim or in a position of power or control over another child, may be considered sexual abuse.

Physical Indicators of Sexual Abuse

Sexual abuse is not often identified through physical indicators alone. Frequently a child confides in a trusted teacher or counselor or nurse that he or she has been sexually assaulted or molested by a caretaker, and that may be the first sign that sexual abuse is occurring.

There are some physical signs to be alert for, however. These include:

- difficulty in walking or sitting
- torn, stained, or bloody underclothing
- complaints of pain or itching in the genital area
- bruises or bleeding in external genitalia, vaginal or anal area
- veneral disease, particularly in a child under 13
- pregnancy, especially in early adolescence.

Behavioral Indicators of Sexual Abuse

The sexually abused child may:

- appear withdrawn; engage in fantasy or infantile behavior even appear retarded
- have poor peer relationships
- be unwilling to change for gym or to participate in physical activities
- engage in delinquent acts, or run away
- display bizarre, sophisticated, or unusual sexual knowledge or behavior
- state he/she has been sexually assaulted by a caretaker.

Emotional Maltreatment

Emotional maltreatment includes blaming, belittling or rejecting a child; constantly treating siblings unequally; and persistent lack of concern by the caretaker for the child's welfare. Emotional maltreatment is rarely manifest in physical signs; speech disorders, lags in physical development, and failure-to-thrive syndrome (which is a progressive wasting away usually associated with lack of mothering) are a few physical indicators of emotional maltreatment. More often it is observed through behavioral indicators, and even these indicators may not be immediately apparent.

Behavioral Indicators of Emotional Maltreatment

While emotional maltreatment does occur alone, it often accompanies physical abuse and sometimes sexual abuse. Emotionally maltreated children are not always physically abused, but physically abused children are almost always emotionally maltreated as well. The emotionally maltreated child may demonstrate the following behavioral characteristics:[1]

- habit disorders such as sucking, biting, rocking, enuresis, or feeding disorders
- conduct disorders including withdrawal and anti-social behavior such as destructiveness, cruelty and stealing
- neurotic traits such as sleep disorders and inhibition of play
- psychoneurotic reactions including hysteria, obsession, compulsion, phobias and hypochondria
- behavior extremes such as appearing overly complaint, extemely passive or aggressive, very demanding or undemanding
- overly adaptive behaviors which are either inappropriately adult (parenting other children, for example) or inappropriately infantile (rocking, head-banging or thumbsucking, for example)

[1] *Protective Services and Emotional Neglect.* Max Wald. Denver: The American Human Association, 1961, pp.6-7.

- lags in emotional and intellectual development
- attempted suicide.

The behavior of emotionally maltreated and emotionally disturbed children is similar. However, parental behavior can help to distinguish disturbance from maltreatment. The parents of an emotionally disturbed child generally accept the existence of a problem. They are concerned about the child's welfare and are actively seeking help. The parents of an emotionally maltreated child often blame the child for the problem (or ignore its existence), refuse all offers of help, and are unconcerned about the child's welfare.

INDICATORS IN THE PARENT

The behavior and attitudes of the parents, their own life histories, even the condition of their home, can offer valuable clues to the presence of child abuse and neglect. When considering the possibility of child abuse and neglect, the law enforcement officer should evaluate to what extent the parents seem to be: concerned or unconcerned about the child; looking for solutions or denying the existence of a problem; hostile or cooperative.

The following is a list of characteristics based on a composite of many cases. This list is not exhaustive; many more indicators exist than can be included. Neither does the presence of a single or even several indicators prove that maltreatment exists.

Characteristics of Abusive Parents

These parents:

- seem unconcerned about the child
- see the child as "bad," evil," a "monster" or "witch"
- offer illogical, unconvincing, contradictory explanations or have no explanation of the child's injury
- attempt to conceal the child's injury or to protect the identity of person(s) responsible
- routinely employ harsh, unreasonable discipline which is inappropriate to child's age, transgressions, and condition

- were often abused as children
- were expected to meet high demands of their parents
- were unable to depend on their parents for love and nurturance
- cannot provide emotionally for themselves as adults
- expect their children to fill their emotional void
- have poor impulse control
- expect rejection
- have low self-esteem
- are emotionally immature
- are isolated, have no support system
- marry a spouse who is not emotionally supportive and who passively supports the abuse.

Characteristics of Neglectful Parents

These parents:

- may have a chaotic home life
- may live in unsafe conditions (no food; garbage and excrement in living areas; exposed wiring; drugs and poisons kept within the reach of children)
- may abuse drugs or alcohol
- may be mentally retarded, how low I.Q., or have a flat personality
- may be impulsive individuals who seek immediate gratification without regard to long-term consequences
- may be motivated and employed but unable to find or afford child care
- generally have not experienced success

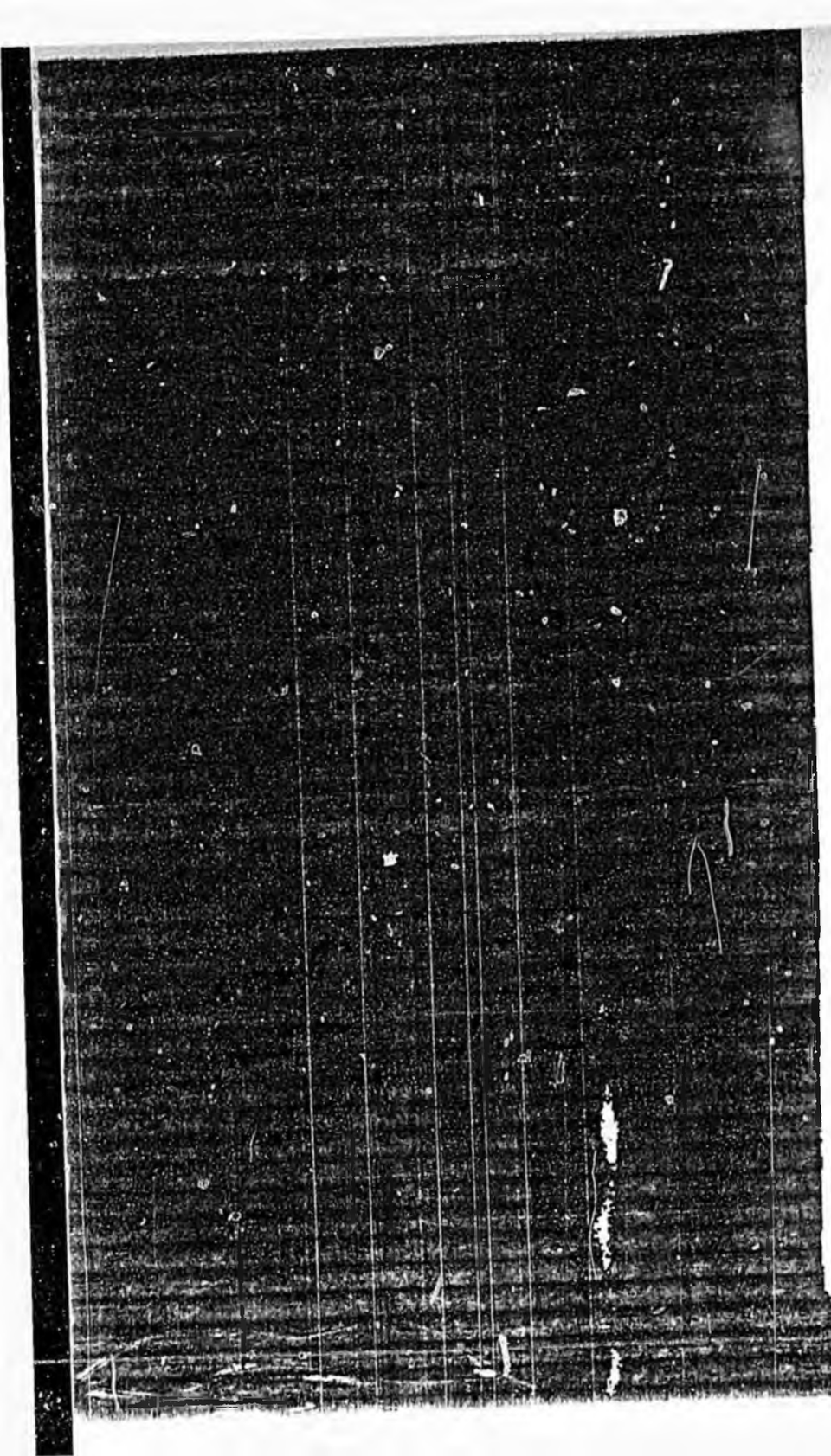
- had emotional needs which are not met by their parents
- have low self-esteem
- have little motivation or skill to effect changes in their lives
- tend to be passive.

Characteristics of Sexually Abusive Parents

The most typical type of reported intrafamilial sexual abuse occurs between an adult male, either the father or the mother's sexual partner, and a female child living in the same house.

These parents:

- have low self-esteem
- had emotional needs which were not met by their parents
- have inadequate coping skills
- may have experienced the loss of their spouse through death or divorce
- may be experiencing over-crowding in their home
- may have marital problems causing one spouse to seek physical affection from a child rather than the other spouse (a situation the "denying" husband or wife might find acceptable)
- may abuse alcohol
- lack social and emotional contacts outside the family
- are geographically isolated
- have cultural standards which determine the degree of acceptable body contact.



The adult male:

- is often a rigid disciplinarian
- is passive outside the home
- does not usually have a police record nor is he known to be involved in any public disturbance
- does not engage in social activities outside the home
- is jealous and protective of the child
- often initiates sexual contact with the child by hugging and kissing which tends to develop over time into more caressing, genital-genital and oral-genital contacts.

The mother:

- is frequently cognizant of the sexual abuse but subconsciously denies it
- may hesitate reporting for fear of destroying the marriage and being left on her own
- may see sexual activity within the family as preferable to extra-marital affairs
- may feel that the sexual activity between the husband and daughter is a relief from her wifely sexual responsibilities and will make certain that time is available for the two to be alone
- often feels a mixture of guilt and jealousy toward her daughter.

Resource Materials

A CURRICULUM ON CHILD ABUSE AND NEGLECT

DHEW PUBLICATION NO.
(OHDS) 79- 30221

PHYSICAL INDICATORS OF ABUSE

A. Bruises and welts that may be indicators of physical abuse:

1. Bruises on any infant, especially facial bruises.
2. Bruises on the posterior side of a child's body.
3. Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
4. Clustered bruises indicating repeated contact with a hand or instrument.
5. Bruises in various stages of healing.

B. Burns that may indicate abuse:

1. Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
2. Cigarette burns.
3. Rope burns that indicate confinement.
4. Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

C. Lacerations and abrasions that may indicate abuse:

1. Lacerations of the lip, eye, or any portion of an infant's face (e.g., tears in the gum tissue which may have been caused by force feeding).
2. Any laceration or abrasion to external genitalia.

D. Skeletal injuries that may indicate abuse:

1. Metaphyseal or corner fractures of long bones—a kind of splintering at the end of the bone (these are caused by twisting or pulling).
2. Epiphyseal separation—a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
3. Periosteal elevation—a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
4. Spiral fractures—fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

E. Head injuries:

1. Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
2. Subdural hematomas—hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
3. Retinal hemorrhages or detachments (due to shaking).
4. Jaw and nasal fractures.

F. Internal injuries:

1. Duodenal or jejunal hematomas—blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).
2. Rupture of the inferior vena cava—the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).
3. Peritonitus—inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

G. Injuries considered to be indicators of abuse should be considered in light of:

1. Inconsistent medical history.
2. The developmental abilities of a child to injure itself.
3. Other possible indicators of abuse.

H. Questions to ask in identifying indicators of abuse:

1. Are bruises bilateral or are they found on only one surface (plane) of the body?
2. Are bruises extensive—do they cover a large area of the body?
3. Are there bruises of different ages—did various injuries occur at different times?
4. Are there patterns caused by a particular instrument (e.g., a belt buckle, a wire, a straight edge, coat hanger, etc.)?
5. Are injuries inconsistent with the explanation offered?
6. Are injuries inconsistent with the child's age?
7. Are the patterns of the injuries consistent with abuse (e.g., the shattered egg-shell pattern of skull fractures commonly found in children who have been thrown against a wall)?
8. Are the patterns of the burns consistent with forced immersion in a hot liquid (e.g., is there a distinct boundary line where the burn stops—a "stocking burn," for example, or a "doughnut" pattern caused by forcibly holding a child's buttocks down in a tub of hot liquid)?
9. Are the patterns consistent with a spattering by hot liquids?
10. Are the patterns of the burns consistent with the explanation offered?
11. Are there distinct patterns caused by a particular kind of implement (e.g., an electric iron, the grate of an electric heater, etc.) or instrument (e.g., circular cigarette burns, etc.)?

BEHAVIORAL INDICATORS OF ABUSED CHILDREN

Children who are abused physically or emotionally display certain types of behavior. Many of these are common to all children at one time or another, but when they are present in sufficient number and strength to characterize a child's overall manner, they may indicate abuse. More than simple reactions to abuse itself, these behaviors reflect the child's response to the dynamics of the family and especially to disturbed parent-child interactions. They are mechanisms for survival in a world where children are either unable to fulfill certain basic needs at all, or can fulfill them only by denying, suppressing or exaggerating important parts of themselves. Frequently learned in infancy, these behaviors become a child's "mode of operation" used to cope with the world at large. The behaviors which characterize abused children fall into four categories:

1. **Overly complaint, passive, undemanding behaviors aimed at maintaining a low profile, avoiding any possible confrontation with a parent which could lead to abuse.** The child has adapted to the abusive situation by trying to avoid any behavior which the abusive parent notices at all.
2. **Extremely aggressive, demanding and rageful behaviors, sometimes hyperactive, caused by the child's repeated frustrations at getting basic needs met.** In effect, the child has also adapted, by seeking to provoke the needed attention with whatever behavior it takes to get that attention.
3. **Role-reversal behavior or extremely dependent behavior in response to parental emotional and even physical needs.** Abusive parents have been unable to satisfy certain of their own needs appropriately and so turn to their children for fulfillment. Their failure can produce two opposite sets of behavior in their children. If a *parent* needs parental attention, the child may be expected to assume this task, and become inappropriately adult and responsible. Other parents, with a need to keep their child dependent, will produce clinging, babyish behavior in the child long after a child in a healthy family would have become more self-reliant.
4. **Lags in development.** Children who are forced to siphon off energy normally channeled towards growth into protecting themselves from abusive parents may fall behind the norm for their age in toilet training, motor skills, socialization and language development. Developmental lags may also be the result of central nervous system *damage* caused by physical abuse, medical or nutritional neglect or inadequate stimulation. There may, of course, be organic or congenital causes for such lags in development.

Some abused children live in an uncertain environment where requirements for behavior are inconsistent and unclear. In some families, abuse is frequent and severe enough to be emotionally and physically harmful but insufficient to threaten physical survival. Frequently, discipline is meted out abitrarily in response to the parent's needs and feelings at the moment, rather than to punish a child for transgressing clear limits. Children may receive some love, affection and security from their parents but are also often frustrated in attempts to fulfill their needs. This inconsistency creates anger and frustration in the child which is frequently expressed indirectly with the parents, or by explosions with others outside the home.

Other abused children learned to do what the abusive parent wants or expects. At the other end of the spectrum from overly aggressive children, some adapt quickly to others' expectations. Unlike children who act out their frustration and rage, these children may have learned not to expect anything in the way of love or support. Their best efforts are directed at avoiding conflict which, in the context of the abusive family, can be triggered by expressing almost any kind of personal need, curiosity, anger or playfulness.

BEHAVIORS OF ABUSED CHILDREN IN SELECTED SETTINGS

Because the dynamics of abusive families vary, along with the individual personalities of the parents and children, an abused child's behavior is often sporadic and unpredictable, and a list of behavioral indicators is useful only as a general guide. Often, behavioral indicators draw attention because of drastic changes in patterns of behavior over time. The degree of an abused child's dependence on adults illustrates the point. Abused children have many needs, but because they have few expectations that these needs will be met, often they will not express them. In a safe environment, however, where the child perceives that it is acceptable to express needs, efforts to always "do the right thing" will soon disappear and be replaced by what can seem to be insatiable demands. The following settings and situations permit observations of some behaviors that could indicate past abuse.

Temporary Substitute Care

Depending on the severity of past abuse and the degree of openness permitted in a hospital or foster home, the behavior of abused children may vary. Some may whimper for their parents, while others will respond to the presence of adults who can give them more complete and loving care. If the rules are strict, the passive abused child is likely to be fiercely compliant; if the rules are more relaxed, the child may eventually begin to express the various needs which had been bottled up at home.

With Strangers

Abused children who display more aggressive behavior are likely to be indiscriminately friendly, attaching themselves to any stranger in a search to find someone to fulfill their needs. On the other hand, abused children who tend to be passive in their response, tend to be inhibited, withdrawn and wary of contact with strangers.

Eating

If eating is a specific area of conflict between a child and an abusive parent, any specific departures from the "normal" method of eating for a child that age can indicate abuse. An 18-month-old baby who is inappropriately neat in eating habits may be responding to an abusive situation in the family; the four-year-old who is totally compliant in eating behavior rather than very controlling of the environment may also be abused.

Playing

Many abused children simply do not know how to play and find no enjoyment in other children or toys. The way children behave in play offers insights about their inner state. A five-year-old who cleans up after every other child in kindergarten likely has some severe restraints on him at home, which could include abuse. Furthermore, many abused children, conditioned to be extraordinarily aware of their parents and the danger they present, will tend to be unaware of other children, engaging in little socialization. (Some are also insufficiently able to protect themselves from dangers in the environment, since their parents are the overwhelming subject of their preoccupation.) Abused children may pick frequent fights with playmates or disrupt other children, since that is the behavior their parents apply to them, and such displaced retaliation against their peers seems safe in contrast to the threat of further abuse if their anger were displayed around adults.

Going Home

Normal children will not want to stop play to go home; they may express some "crankiness" on the way home, but will, in general, be happy to see their parents. Abused children may not want to go home, but may almost instantaneously agree to go home without protest and may not show much enthusiasm on seeing their parents.

PARENTS' AND CHILDREN'S BEHAVIOR

Dr. Harold Martin of the University of Colorado Medical Center has pointed out, "It is not uncommon for abusive parents to reinforce 'bad' behavior that they verbally complain about. If part of the dynamics of the family is that the parents see the child as an extension of the bad part of themselves or that they need to have a scapegoat in the family, they will resist the child's acting 'normal' or 'good.' We've seen this in treatment and intervention programs where the parents sabotage attempts to help the child change his behavior quite unwittingly. Although a parent complains of behavior 'X,' one sees him reinforcing that behavior as if he needs to have the child acting badly for some reasons which, for the most part, are not conscious."

Ultimately, a list of specific behaviors to identify child abuse is useful only if the family dynamics which produce those behaviors are clearly understood. The behaviors, verbal and physical, indicate both the survival techniques the child has learned in order to exist in the family, and attempts—frequently inappropriate in kind or intensity—to get from others what the parents do not provide. The greater the abuse, the less the child will trust other people and the greater the child's difficulty in responding to love and care.

CHARACTERISTICS OF ABUSIVE FAMILIES

We all have the capacity to strike out in anger, fear, pain or frustration and this capability defines all of us as potential child abusers. Yet most of us are able to control these violent impulses. This profile concerns the broad categories of experience and dynamics that contribute to the abusive parent's inability to control these impulses. An increasingly comprehensive and authoritative body of literature defines seven general problem areas: 1) unfulfilled needs for nurturance and dependence, 2) fear of relationships, 3) lack of support systems, 4) marital problems, 5) life crises, 6) inability to care for or protect a child, and 7) lack of nurturing child-rearing practices. The following is not intended as a definitive profile of factors contributing to physical abuse. Rather, it is designed as an overview and reference guide to the special problems which can contribute to abusive behavior.

THE INFLUENCE OF PERSONAL FACTORS

Unfulfilled Needs for Nurturance and Dependence: Many abusive parents were significantly and consistently deprived of emotional support as children. They were unable to depend consistently on the adults in their lives for support, physical or emotional care, or love. The abusive parent's own needs to be parented were essentially unsatisfied. These unmet needs may carry over into adulthood and shape relations with family, friends and especially children. Fear, frustration and anger are associated with these unmet needs and abusive parents are more likely to act on impulses. The degree of fear, frustration and anger generally corresponds to the level of deprivation experienced in childhood.

Abusive parents often lack the skills and abilities necessary to provide emotionally for themselves. They have not learned to identify and obtain the emotional support they need from others nor have they learned how to cope with the anger, fear and frustration they feel, in relation to these unmet needs. As a result they experience a severe lack of self-esteem or sense of self-worth. Abusive parents feel unloved, unappreciated and unwanted. This negative self-image often leads to perceptions of themselves as insignificant, unattractive or stupid.

Low self-esteem can lead to low expectations. Abusive parents are likely to expect, even to invite rejection. A vicious cycle of negative self-image may lead to behavior which denies satisfying or fulfilling relationships with others. Some of this behavior is focused on avoiding most social interactions as a method of avoiding rejection and failure. Other, more aggressive or offensive behaviors may actually provoke rejection—abusive parents may actually make themselves difficult to like.

While they still desperately need the support and reinforcement denied during childhood, they are at a loss as to how to achieve it, and may, in fact, act in ways which serve to deny them the sense of belonging and worth they so strongly need.

In addition, many abusive parents were themselves physically or sexually abused as children. They tend to accept extreme forms of physical punishment as normal aspects of parent-child interactions.

Isolation: Abusive parents expect very little from others in the way of friendship or support. They avoid rejection and anger by breaking off close personal relationships. They avoid committing themselves to caring relationships with neighbors, friends, and even family. They are afraid to reach out to make contact. If both parents have a sense of personal isolation, the problem is compounded. The family will be cut off from all outside sources of support. This internal dependency exerts added pressures on the family unit which may further increase the likelihood of abuse.

Lack of Ability to Care for and Protect a Child: The abused child may fill one of many roles in the family and in a parent's life. She/he may represent an attempt on the parent's part to fulfill needs for love,

acceptance and dependence. This situation constitutes a type of role-reversal in which the child becomes the nurturer of the parent, the life-giver. When the child is unable to fulfill the parent's emotional needs, the resulting frustration and disappointment can lead to abuse.

The child may also be perceived by the parents as an extension of self. The parents' lack of self-esteem and negative self-image may be projected onto the child as well. The child becomes a scapegoat and is made to pay for the parents' sense of inadequacy and failure.

The special child—one who is mentally, physically or developmentally handicapped and may have special needs or require extra parental attention—may provoke feelings of resentment in the parent. In these cases, parent-child bonds may be too weak to protect the child from parental frustration and anger. In addition, these children may react to abusive dynamics in the family by developing personality or behavior traits that are unattractive. These traits may actually heighten the likelihood of abuse and place these children in constant danger.

Lack of Nurturing Child-Rearing Practices: Abuse may also be contingent on the child-rearing practices used by the family. Child-rearing skills are acquired by observing family, social and cultural role models. Abuse may result from child-rearing practices which, while considered unacceptable by community standards, are seen as normal within the family unit.

Various cultures and sub-cultures have a variety of child-rearing patterns and methods of punishment which are considered appropriate for unacceptable behavior. These methods may be passed from generation to generation even after they become unacceptable by community standards. In some cases, these punishment practices can result in injuries or conditions that are considered abusive by the community even though the family may consider them to be normal child-rearing.

In addition, parents may have unrealistic expectations of a child's developmental abilities. They may be unfamiliar with what a child can be expected to do at a certain age. Punishment is inevitable when a child fails to meet inappropriate expectations. In other cases, performance or developmental standards may reflect parental attempts to control the child. The parent may be acting out a need for dominance by demanding high levels of performance from a child. When the child fails to perform at these inflated levels, the parent's frustration results in abuse.

It is important, in looking at this kind of overview and reference guide for the special problems which can contribute to abusive behavior, to recognize that no one abuser suffers from all of the problems noted, nor does any one abuser have all of the characteristics cited. Some characteristics are even contradictory. Abusers do, however, tend to have a number of problems and characteristics in common and represented here.

THE INFLUENCE OF ENVIRONMENTAL FACTORS

Lack of Support Systems: Frequently, abusive parents are emotionally unable to establish or utilize outside support systems even when the opportunity is available. They have not learned how to ask for and receive the kind of help they need to provide for themselves and their children. This inability intensifies the danger in times of crisis. With outside lifelines cut off, the abusive parent has nowhere to turn during periods of heightened stress. Often, it is during these periods that the potential abuser becomes the actual abuser.

Marital Problems: The lack of support systems often extends to marital relationships. Abusive parents frequently find themselves locked into a nonnurturing, noncommunicative marriage in which neither spouse is able to support or adequately meet the other's needs. Children are involved in the process of the parents' acting-out of anger and frustration. The child may be ignored or abandoned because he constitutes a painful reminder of marital dissatisfaction. A child who reminds one parent of the other may become the target of displaced anger. The parents may use the child as a seesaw, tugging and pulling at both ends for attention. Mutual abuse of a child may represent the only common ground established between parents. Regardless of the dynamics, the child becomes a conduit for indirect, often angry communications between two frustrated adults. If physical violence is part of parental interaction, this violence is likely to extend to the child as well. A pattern is established in which frustrations are dealt

with physically and restraint of impulses to physically violent behavior is diminished by all family interactions.

Life Crises: External stress is frequently a contributing factor in abuse. Loss of employment or housing, lack of food or clothing, or indebtedness, any domestic crisis which precipitates fear or anxiety, can push the parent into abuse. Significant personal loss such as the death of a close relative or the relocation of a friend or neighbor can strip the parent of precious support mechanisms, heighten the sense of futility and create a feeling of inability to control one's own life. This loss of control can in turn lead to abuse and neglect.

On the other hand, external stress can be a way of life for some abusive families. Some families are crisis-ridden; it is a lifestyle posture. Everything is a crisis; the parents are unable to deal with daily pressures or control their environment. These parents actually seem to generate crises.

"When Wonder Becomes Suspicion"

Several processes must occur as an observer shifts from wondering about the circumstances surrounding a child's injury or neglect to suspicion that the injuries were inflicted rather than accidental. First, he or she must come to grips with his/her own often subconscious resistance to dealing with the reality in order to consider abuse and neglet as possible explanations. Information needs to be gathered—on behavior and interactions of the parents and the child; on the history of the child's present injuries or neglect situation; on the child's past health history; on the history of the family; and on the child's medical condition. Obviously, the type of information will vary according to the training and experience of the observer. The process of gathering this information effectively presupposes knowledge of appropriate issues to raise and the ability to ask questions in a nonthreatening manner. Next, the collected information must be weighed, and the observer must decide whether there is reason to suspect that the injuries were inflicted.

The following are *indicators* coinciding with the processes described above, which should alert the observer to the possibility of nonaccidental injury. One or more of these factors *may* be present, but the existence of *several* should shift wondering about child abuse and neglect to suspecting it.

APPEARANCE/BEHAVIOR OF CHILD

- Child under three years of age (and especially under six months of age) with "accidental" injuries or ingestion.
- Poor overall hygiene or nutrition.
- Lack of proper clothing (torn, filthy, inappropriate, considering weather; e.g., long sleeves or high necklines in hot weather).
- Injuries present on multiple body surfaces (could be accidental only as result of tumbling falls or automobile accidents).
- Extreme or inappropriate behavior for age of child.
- Crying excessively or very little.
- Showing great fear or none at all of adults.
- Wary of physical contact with an adult; fright when adult approaches; "frozen watchfulness."
- Sudden change in conduct when hospitalized or placed in foster care (e.g., regressive behavior, disruptiveness, shyness).
- Dramatic improvement in development and social relationships when removed from household.
- Plays role of parent, attempting to cater to needs of adults.
- Habitual truancy or lateness for school.
- Early arrival at school with late departure for home.
- Refusal to undress for gym class.
- Evidence of learning disabilities/developmental delays (especially language and fine motor skills that cannot be attributed to specific physical/psychological problems).
- Difficult to manage for physical/behavioral reasons (repeated illnesses, difficult to satisfy, makes heavy demands upon parents).

APPEARANCE/BEHAVIOR OF PARENTS/CARETAKERS

- Defensiveness or hostility when questioned regarding injuries.
- Immaturity.
- Extreme dependency.
- Poor impulse control.
- Low tolerance for frustration.
- Indications of drug or alcohol abuse.
- Apparent psychotic or psychopathic behavior.
- Signs of violent behavior.

INDICATORS OF CHILD NEGLECT

A. Abandonment
1. Children abandoned totally or for long periods of time.

B. Lack of supervision
1. Very young children left unattended.
2. Children left in the care of other children too young to protect them.
3. Children inadequately supervised for long periods of time or when engaged in dangerous activities.

C. Lack of adequate clothing and good hygiene
1. Children dressed inadequately for the weather or suffering from persistent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.
2. Severe diaper rash or other persistent skin disorders resulting from improper hygiene.
3. Children chronically dirty and unbathed.

D. Lack of medical or dental care
1. Children whose needs for medical or dental care or medication and health aids are unmet.

E. Lack of adequate education
1. Children who are chronically absent from school.

F. Lack of adequate nutrition
1. Children lacking sufficient quantity or quality of food.
2. Children consistently complaining of hunger or rummaging for food.
3. Children suffering severe developmental lags.

G. Lack of adequate shelter
1. Structurally unsafe housing or exposed wiring.
2. Inadequate heating.
3. Unsanitary housing conditions.

H. In identifying neglect, be sensitive to:
1. issues of poverty vs. neglect.
2. Differing cultural expectations and values.
3. Differing child-rearing practices.

INDICATORS OF EMOTIONAL MALTREATMENT OF CHILDREN*

CHILD BEHAVIOR		PARENT BEHAVIOR
TOO LITTLE	TOO MUCH	ABUSIVE IF CONSISTENT GROSS FAILURES TO PROVIDE
1. Psycho-social dwarfism, poor self-esteem, self-destructive behavior, apathy, depression, withdrawn	Passive, sheltered, naive, "over-self-esteem"	1. Love (empathy) (Praise, acceptance, self-worth)
2. Academic failure, pseudo-mental retardation, developmental delays, withdrawn	Hyperactivity, driven	2. Stimulation (emotional/cognitive) (talking-feeling-touching)
3. Symbiotic, stranger and separation anxiety	Pseudo-maturity	3. Individuation
4. Lack of integrative ability, disorganization, lack of trust	Rigid-compulsive	4. Stability/permanence/continuity of care
5. Feelings of inadequacy, passive-dependent, poor self-esteem	Pseudo-maturity, role reversal	5. Opportunities and rewards for learning and mastering
6. Autistic, delusional, excessive fantasy, primary process, private (unshared) reality, paranoia	Lack of fantasy, play	6. Adequate standard of reality
7. Tantrums, impulsivity, testing behavior, defiance, antisocial behavior, conduct disorder	Fearful, hypervalent, passive, lack of creativity and exploration	7. Limits, (moral) guidance, consequences for behavior (socialization)
8. Impulsivity, inappropriate aggressive behavior, defiance, sadomasochistic behavior	Passive-aggressive, lack of awareness of anger in self/others	8. Control for/of aggression
9. Interpersonal difficulty (peer/adults), developmental lags, stranger anxiety	Lack of familial attachment, excessive peer dependence	9. Opportunity for extrafamilial experience
10. Poor peer relations, role diffusion, (deviant behavior, depending on behavior modeled)	Stereotyping rigidity, lack of creativity	10. Appropriate (behavior) model
11. Gender confusion, poor peer relations, poor self-esteem	Rigid, stereotyping	11. Gender (sexual) identity model
12. Night terrors, anxiety, excessive fears	Oblivious to hazards and risks, naive	12. (Sense of) (Provision of) security/safety

ABUSIVE IF PRESENT TO A SEVERE DEGREE

1.	Poor self-esteem, depression	1. Scape-goating, ridicule, denigration
2. Rigidity	Lack of purpose, determination, disorganization	2. Ambivalence
3. Poor self-esteem, passivity	Pseudomaturity	3. Inappropriate expectation for behavior/performance
4. (Depends on behavior while intoxicated)		4. Substance abuse
5. (Depends on behavior/type frequency)		5. Psychosis
6.	Night terrors, anxiety excessive fears	6. Threats to safety/health
7.	Sadomasochistic behavior, low self-esteem, anxiety, passivity, anti-social behavior, self-destructive dangerous behavior	7. Physical abuse
8.	Anxiety, excessive fear, dependency	8. Threatened withdrawal of love

Not applicable

*Ira B. Lourie, M.D. and Lorraine Tafano, "On Defining Emotional Abuse: Results of an NIMH/NCCAN Workshop."

further amendment of the same section the legislature provided that no "person" shall incur any civil or criminal liability as a result of making any report authorized by that section.

Also, Pen C §11161.5 was amended to make reports and other information received from the State Bureau of Criminal Identification and Investigation available to supervisors of child welfare and attendance and to certificated pupil personnel employees; if the child is under welfare department supervision, such reports shall also be made to the department.

In 1974 Pen C. §11161.5 was amended to require reporting suspected cases of sexual molestation or of injury prohibited under Pen C §273a. The 1974 amendment also deleted the provision that defined a minor, for purposes of Pen C §11161.5, as a person 12 years of age or under. As now written, the provisions for reporting apply to all minors.

Many concerned doctors are devoting themselves to this problem within the medical profession. It is generally unrecognized by the public at large. There have been some educational television programs and some newspaper articles about it, but the public generally is unacquainted with the scope of the problem and finds the very thought of a parent injuring a child almost incomprehensible.

For these reasons, the juvenile court judge should insist that the probation department develop expertise in this area. He should seek out experts in the medical profession in his county and enlist their support, both within and without the medical profession. He should initiate programs of public education, especially among law-enforcement officers, nurses, teachers, welfare workers, and others who are in a position to observe and report possible cases of child abuse.

Sometimes a probation officer will garner all the evidence necessary but be frustrated by an inexperienced judge or referee who is overly cautious in finding jurisdiction. This is a civil case. Here we are dealing only with probabilities. Is it more or less probable that the child has no parent actually exercising proper care, when the child has received multiple injuries over a period of time for which the parents either have no reasonable explanation or have an explanation that is inconsistent with the type of injuries incurred? These are almost all cases of circumstantial evidence, but in most the circumstantial evidence is by far the more probable. The inference that may be drawn is analogous to that in res ipsa loquitur cases. It is not necessary to establish *who* did the battering or *how* the injuries were inflicted. The extremely cautious judge or referee will still have an opportunity at the disposition hearing to place the child with the parents, but then he may impose strict control, supervision, counseling, and frequent checks on the child's condition.

Support Center for Child Advocates, Inc. ***How to Handle a Child Abuse Case, a Manual for Attorneys Representing Children*** **(1978), Chapter XI.**

XI. Medical Evidence Suggesting Child Abuse or Neglect

(E. Peter Wilson, M.D., M.P.H. -Director, Supportive Child/Adult Network (SCAN), Children's Hospital of Philadelphia and University of Pennsylvania.)

Child Protective Service Law (Act 124), Regulations —March 26, 1976

"An abused child is a child who exhibits evidence of serious physical or mental injury not explained by the available medical history as being accidental, sexual abuse or serious physical neglect, if the injury, abuse or neglect has been caused by the acts or omissions of the child's parents or by a person responsible for the child's welfare. . . ." (2-23-7)

1. *Evidence of serious physical injury not explained by the available medical history as being accidental.* Most of the injuries sustained by children may be either accidental or non-accidental in origin. Multiple injuries may be due to accidents (tumbling down stairs, automobile collisions, hazardous play or sports). However, in these cases, there is usually at least one witness able and willing to provide a history consistent with the physical evidence. Hence, in most cases, on the physical evidence alone, the experienced physician will be reluctant to state with "reasonable medical certainty" that there is "clear and convincing evidence" that the child's condition or injuries were non-accidental.

Exceptions to this generalization can include the following:

A. Unexplained injuries to many parts of the body (excluding the forehead, chin, elbows, knees and shins in toddlers and older children), especially if the bruises, abrasions, lacerations or fractures are in different phases of healing.

B. *External Injuries* commonly associated with physical abuse:

1. External injuries which resemble the imprint of an object or substance probably used to inflict the injury. Causative agents include:

a. Human teeth, hands (open and closed), fingers, feet.

b. Ropes, cords, wires, belts, buckles, straps, switches whips, paddles, gags, etc.

c. Cigarettes, household appliances.

d. Hot water (splash or immersion), chemicals.

2. Other external injuries due to single severe or multiple trauma:

a. Scalp—Bare patches (due to hair pulling)

b. Ears—"Cauliflower ear," ruptured ear drums.

c. Eyes—Bleeding into the tissues around the eye, the conjunctiva, anterior chamber and/or retinae. Dislocation of lens, rupture of choroid membrane.

d. Nose—Hemorrhage or dislocation of cartilage.

e. Mouth—Bruising of lips, rupture of frenula, fracture of teeth due to trauma, i.e., forced feeding. Burns of the lips, tongue, palate and/or pharynx due to hot liquids or chemicals.

C. Unexplained internal injuries (often without evidence of external injury).

1. Head Injuries:

a. Intracranial hemorrhage (bleeding into the retina of the eye, into the brain, or into the coverings of the brain (subdural or subarachnoid hemorrhage) due to vigorous shaking or blunt trauma.

b. Extracranial hemorrhage (subgaleal or cephal-hematomas) due to hair pulling or blunt trauma.

2. Neck Injury:

Subluxation or dislocation (whiplash injury) due to shaking.

3. Chest Injuries:

Hemothorax or pneumothorax (blood or air in plural space) due to fractured ribs.

4. Abdominal Injuries:

a. Rupture of liver, spleen, pancreas, kidney, gut, bladder or other organ.

b. Hemorrhage into the peritoneum or mesentery.

5. Skeletal Injuries (especially in infants and toddlers):

a. Spiral fractures due to forcible twisting or transverse due to blunt trauma.

b. Metaphysical avulsion due to sudden strain (jerking).

c. Joint dislocations.

d. Periosteal thickening and elevation of long bones due to blunt trauma.

e. Skull fractures due to blunt trauma and separation of the sutures due to chronic subdural hematoma.

f. Rib fractures (except newborn). Usually multiple, and often in different stages of healing.

D. Evidence of intoxication with drugs, alcohol, other chemicals, (including carbon monoxide).

E. Evidence of asphyxiation (smothering, strangling or drowning).

F. Evidence of emotional abuse.

1. Unusually fearful of parent, caretaker or other adult, extremely watchful, "freezes" on approach, unusually stoic, grins inappropriately.

2. Unusually hyperactive, unable to concentrate on any one activity, agitated, unwilling to play or otherwise interact with adults.

3. Unable or unwilling to perform age appropriate skills or tasks.

NOTES

1. Photographs if appropriately identified and, especially if they include reference standards (measuring rule or tape, color spectrum, etc.), can supplement written descriptions and sketches of the child's injuries or condition.

2. Copies of X-Ray films are usually available on request, but the radiologist's or physician's report is usually acceptable. "Skeletal surveys" are often performed on children under 3 years, especially when multiple injuries are suspected.

3. Blood coagulation studies are usually performed if there is multiple bruising or hematomas, and the cause is unexplained. These studies usually include a hemoglobin, hematocrit, platelet count, bleeding time, partial thromboplastin time and prothrombin time. These are compared with values for normal subjects.

II. *Physical Evidence of Sexual Abuse:*

A. General: Any injury to the genitals that cannot be explained satisfactorily as accidental (e.g., a straddle injury) or the presence of sexually transmitted infection suggests the probability of sexual abuse.

B. Specific:

1. Bruises, abrasions, lacerations, and tearing of skin and mucous membrane of the vulva, scrotum, penis, anus and mouth and adjacent areas.

2. Presence of semen (if rape alleged within previous 12 hours).

3. Infected lesions of the skin or mucous membranes (gonorrhea, syphillis, herpes genitalis, and other sexually transmitted diseases).

4. Poor anal sphincter tone (suggestive of recurrent abuse).

In all cases where the sexual assault has been alleged to occur within the previous 12 hours, medical evidence (physical and laboratory) should be collected and documented (in anticipation of possible criminal prosecution) by a gynecologist or other specially trained physician.

III. *Physical evidence of serious physical neglect:* As defined in ACT 124, the physical condition of a child is required to be both serious and within the control of the person responsible for the child's welfare. To be serious the physical condition must "endanger the child's life or development, or impair her/his physical functioning." Such conditions must be due to the "willful or wanton failure to provide the essentials of life." Medical evidence for serious physical neglect includes:

A. *Marasmus or gross malnutrition*— This includes:

1. Failure to attain or maintain expected height and, especially, weight for age while in the custody of the parent or caretaker, with dramatic gains in weight when fed and nurtured by others.

2. Wasting of muscles and subcutaneous tissues, with or without edema.

3. Anemia and other specific dietary deficiency diseases (scurvy, rickets, pellagra, etc.), and

4. Absence of any known genetic or acquired disease causing the child not to eat, absorb or utilize normal food. These are usually included with a progressive diagnostic evaluation consonant with admission to a hospital or temporary placement with a relative or foster parent.

B. Untreated wounds, infections and/or infestations resulting in sepsis (septicemia) or physical deformity, or other threat to life, health or physical functioning.

C. Exposure to extreme heat or cold or to toxic substances, endangering the child's life.

D. Emotional deprivation, including absences of appropriate parent-child interaction, resulting in agitation (extreme anxiety), severe withdrawal (depression, self mutilation, suicide) or sustained developmental arrest or regression.

B. Social Reports

Frank Foerster, *Legal Aspects of Child Abuse and Neglect Cases in Texas* (1979), 53-54.

G. Social Study

In a suit affecting the parent-child relationship, the court may order that a social study be made of the circumstances and conditions of the child and of the home of a person seeking managing conservatorship or possession of the child. The social study may be made by any person, or public or private agency appointed by the court. If an authorized agency is managing conservator, then that agency shall make the study. The court shall set criteria for the social study.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families

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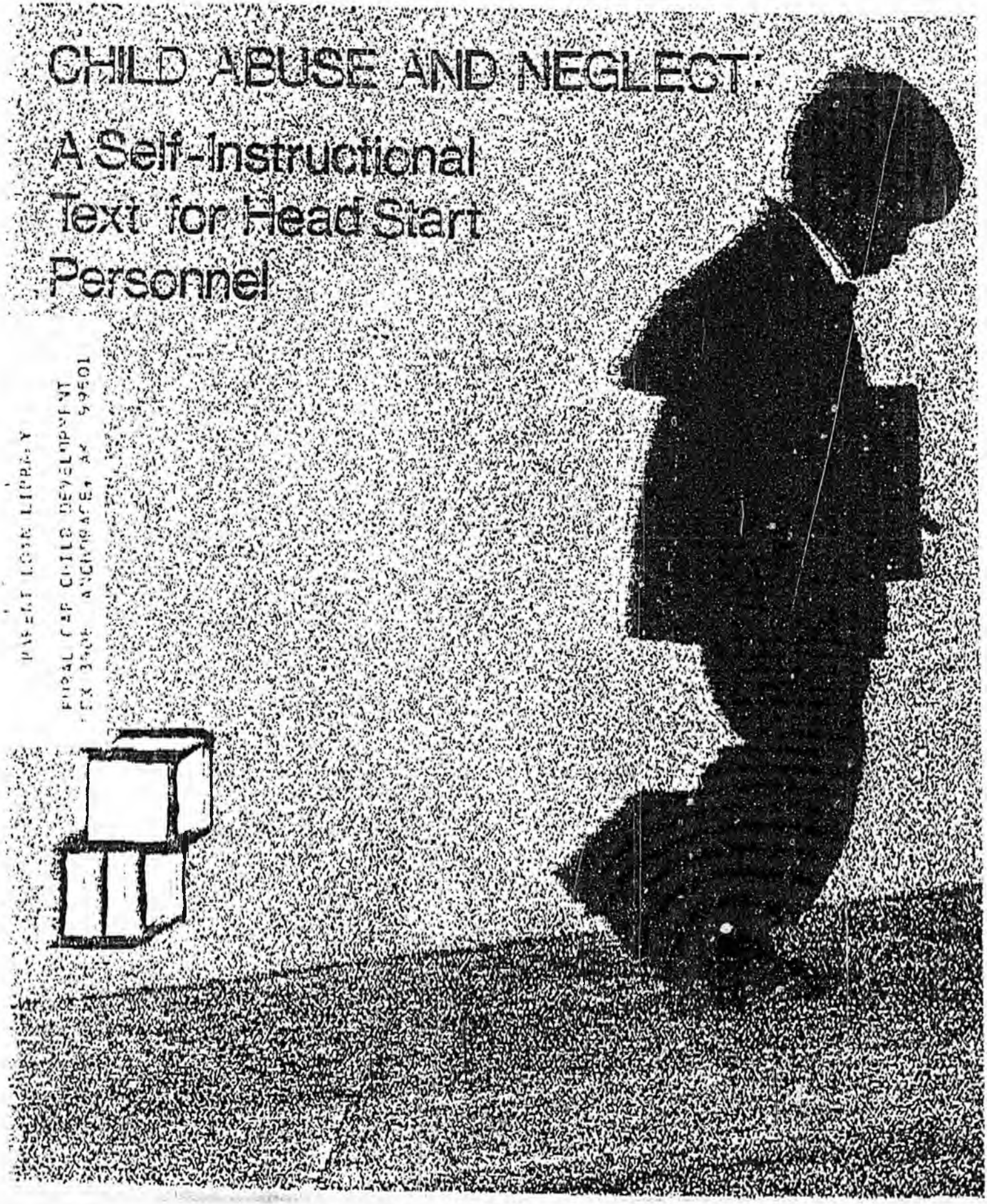
CHILD ABUSE AND NEGLECT: A Self-Instructional Text for Head Start Personnel



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2. U.S. Department of Health, Education, and Welfare, Profile of Neglect: A Survey of the State of Knowledge of Child Neglect, p. 17.

3. Ibid., p. 32.

4. U.S. Department of Health, Education, and Welfare, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, We Can Help . . . A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect. Unit 4, "Identifying the Neglected Child." (Washington, D.C.: Government Printing Office, 1976), pp. 23-24.

Unit 5

CHARACTERISTICS OF ABUSE AND NEGLECT

☆ STIMULUS QUIZ

Please answer each question. After you have done this turn the page and check your answers.

1. Abusers have been found to: (Circle all correct responses.)

   A. Distrust people.

   B. Have been abused or neglected as children.

   C. Be reluctant to give information.

   D. Have few friends.

2. Characteristics suggestive of abusive or neglectful parents or caretakers include: (Circle all correct responses.)

   A. Frequent absences from school activities.

   B. Lack of close friendships.

   C. A history of using drugs or alcohol.

   D. A reputation for irrational behavior.

3. T F A parent or child's behavior may suggest abuse or neglect even without visible injury.

4. T F The child is likely to tell you who injured him.

5. T F If a child has a minor injury and there are some behavioral characteristics suggestive of abuse or neglect shown by the child and/or parents, the case should be reported.

6. T F A report of suspected neglect should be made on a child who comes to school dirty.

7. T F Abused children may shy away from physical contact with an adult.

8. Name three locations on the body where accidental bruising would be unlikely to occur.

_____

_____

_____

9. T F Broken bones are the most common injury in child abuse.

10. T F Bruising on the backs of the legs is most likely to be accidental.

11. T F Behavioral characteristics suggestive of abuse or neglect shown by children and/or parents should be quite obvious before a case is reported.

★ STIMULUS QUIZ ANSWERS: Unit 5

1. All are correct.
2. All are correct.
3. True
4. False - the child most often protects the identity of his/her abuser.
5. True
6. False - more information would be needed.
7. True
8. 1) Back
   2) Thighs
   3) Buttocks
   4) Face
   5) Backs of legs
9. False - bruises are the most common injury.
10. False - accidental bruising is most likely to be found on the elbows, knees, shins or forehead.
11. True

FOLLOWING COMPLETION OF THIS UNIT YOU SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS:

- What are some behavioral characteristics of abusive or neglectful parents?
- What are some behavioral characteristics of children who are abused or neglected?

- What are the most common types of injury?
- What are some instruments commonly used to inflict abuse?
- Why is it important to note the location, the appearance and the frequency of injuries?
- What is the significance between the reported history of the injury and the injury as actually observed?
- Who should you contact if you see a child with an injury?
- What action is necessary if there are behavioral characteristics but no physical signs of injury?

UNIT 5

CHARACTERISTICS OF ABUSE AND NEGLECT[1]

It is important for all Head Start personnel to be able to recognize the characteristics of abuse and neglect. Unless this can be done, the help which parents and children may need cannot be offered.

There are many articles and books which list the characteristics (or indicators) suggestive of abused and neglected children and their families. In becoming familiar with these characteristics it may be helpful to sort them into two general groups:

1. CHARACTERISTICS RELATED TO THE OBSERVABLE BEHAVIOR AND PHYSICAL APPEARANCE OF THE CHILD.

   For example, abused or neglected children may seem fearful of their parents, be uneasy about physical contact with an

adult, or be frequently tardy or absent from school. They may have actual bruises or welts, be inappropriately dressed for weather conditions, or show extreme behavior changes.

2. BEHAVIOR CHARACTERISTICS WHICH ARE EXHIBITED BY THE PARENTS OR CARETAKERS.

For example, parents may have little involvement in their child's school activities, give inappropriate responses to their child's condition, or demonstrate little understanding of their child's developmental level.

WHAT MIGHT AN ABUSED OR NEGLECTED CHILD LOOK LIKE OR DO?

Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- Their injuries seem to be inadequately treated.
- They show evidence of overall poor care.
- They are given inappropriate food, drink, or medication.

- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive or destructive, or extremely passive and withdrawn.

- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child; particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.

- They may exhibit a sudden change in behavior: for example, displaying regressive behavior -- panta-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.

- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.

- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home -- one of which might be abuse and neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.

- They are habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child's schedule.

- In some cases, they frequently arrive at school too early and remain after classes rather than going home.

- They are always tired and often sleep in class.

- They are inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving subminimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns, or other marks of abuse.

WHAT ARE SOME POSSIBLE CHARACTERISTICS OF ABUSIVE OR NEGLECTFUL PARENTS OR CARETAKERS?

- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.
- They seem to trust no one.
- They themselves were abused or neglected as children.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.
- They respond inappropriately to the seriousness of the child's condition: either by overreacting, seeming hostile or antagonistic when questioned even casually; or by under-reacting, showing little concern or awareness and seeming more preoccupied with their own problems than those of the child.
- They refuse to consent to diagnostic studies.
- They fail or delay to take the child for medical care -- for routine checkups, for optometric or dental care, or for treatment of injury or illness. In taking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are overcritical of the child and seldom if ever discuss the child in positive terms.
- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They believe in the necessity of harsh punishment for children.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.