

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect



FILM WITH EACH ARTICLE

Perspectives on Child Maltreatment in the Mid '80s

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U.S. Department of Justice
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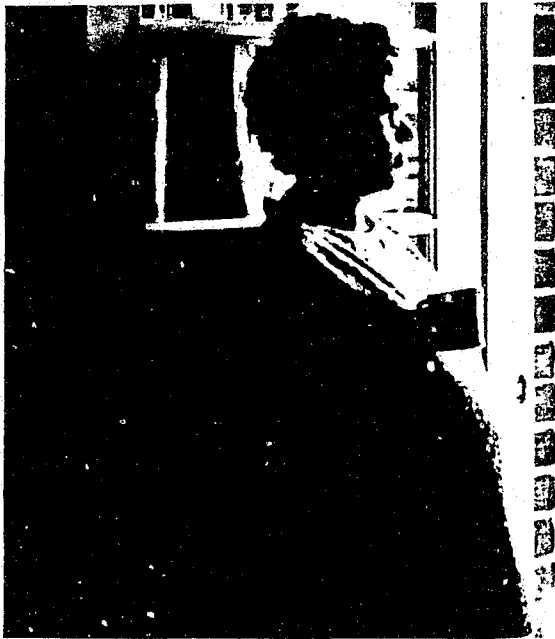
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Child Abuse Prevention Starts Before Birth

by Pauline Moulder



The joyous young couple experience the miracle of life with the birth of their first child. Once the baby is taken home from the hospital, unless there are attendant medical problems, hospital staff presume all is well. They are no longer concerned. The parents are on their own to work out any adjustment problems.

Statistics, however, show that family life is far from ideal. Divorce and child abuse are becoming much too commonplace in our society. Solutions must be found to stem the tide of these tragedies and others that cause damage to the family unit.

In 1981, in an attempt to enhance the family life of its patients and improve the perinatal services in the hospital, Sacred Heart Hospital in Pensacola received a Federal grant to adopt the Perinatal Support Services Project from the University of Virginia Medical Center in Charlottesville. The purpose of the perinatal program, as stated by Liz Fitchard, RN, perinatal education coordinator, is prevention—prevention of complications and early identification of problems that might possibly exist. Since the project, 150 participants from hospitals in the Gulf Coast region have begun training and are learning the skills necessary to identify the needs of potentially "at risk" patients.

"My main responsibility," Fitchard says, "is educating the support personnel: the physician, RN's, LPN's and any others who come in contact with a pregnant woman and/or her newborn child. I attempt to raise their level of education and help them identify mothers who might have babies who would require the intensive care nursery, which may necessitate separation of mother and child."

"We contact the hospitals and tell the staff that we have a professional education program and ask if they would be interested," she explains. Via a follow-up phone call, an appointment is made with the administrator, director of nurses, and/or chief of obstetrics or

Ed. note: Since 1979, the National Center on Child Abuse and Neglect (NCCAN) has supported projects designed to reduce the incidence of child maltreatment in high risk families by enhancing the bonds between parents and their newborn children, particularly infants who are premature, chronically ill or at risk of developmental delays. Conducted by hospitals, universities and community service organizations, the projects are working to reduce isolation of families (including many single-parent families) with newborns and alleviating much of the stress that may have escalated without project assistance.

One perinatal prevention project, funded by NCCAN in 1981 and conducted at Sacred Heart Hospital, Pensacola, Florida, is described in the following article by Pauline Moulder, staff writer with *Southern Catholic* magazine. Her article is reprinted with permission from *Southern Catholic*, Nov. 1982. Copyright © 1982, Diocese of Pensacola-Tallahassee.

pediatrics. A staff member of the perinatal unit at Sacred Heart Hospital then visits with them to explain the program, review a schedule of events and have them determine whether they have a need to participate. If the hospital accepts, one of the first things to do is identify the needs and the type of care they can provide to patients.

"Two of their nurses come to our hospital to attend a 2-week workshop," Fitchard explains. "The nurses then return to their hospitals with the materials to institute the program. It's an ongoing process. We continue to go out to these hospitals for continued contact and, hopefully, we will be able to continue to maintain contact with them for refresher sessions."

Some of the medical problems the perinatal program deals with, according to Fitchard, are previous history of maternal complications during labor and delivery, toxemia and a diabetic mother or one who has had children who have had problems. "If we can help hospitals to identify their quality of care," Fitchard says, "it's either going to improve services or we're going to recognize the fact that we aren't prepared to help these mothers and they will be transported to a center where the proper equipment and staff are available. By this means, we hope that the mothers will have a better labor and delivery process with fewer complications. The child will be born in a much healthier state and therefore will not require prolonged intensive care nursing."

For many physicians and nurses, the program might just be a refresher course. For others it will provide new information. However, the basic idea of the program is to make each hospital aware of its own needs and capabilities, with the major emphasis on teamwork. "We work as a team on different professional levels from various professional backgrounds with one goal in mind, and that is to help the patient in their family situation," she said.

Carol Busch, the hospital's director of grants, explains perinatal as the marriage between obstetrics and neonatal medicine which covers that period of time from the onset of pregnancy through the first 28 days of life. "We have found," Busch says, "that for regular pregnancies as well as definitely high-risk pregnancies, proper prenatal care, health education and nutrition will greatly improve the chances for a healthy baby." She also notes the importance of bonding—strengthening family relationships and helping to draw families closer together instead of splitting them apart. Such bonding is accomplished by inviting and encouraging parents to come into the nursery to spend time with the new baby while it is in the hospital.

"We believe in starting as early as possible, even before the baby is even born, to provide education and support to prevent medical consequences and situations that may later lead to a greater incidence of child abuse," says Busch. "That was the reason for our interest in the project and why we looked for funding to help us to expand the education, social service and medical intervention in order to be able to provide for better quality of life and to meet a community need. Whereas child abuse has become a national and certainly a local problem across the Florida Panhandle the hospital is also interested in prevention of medical problems and conditions that will lead to medical problems."

Janet Schwind is the social worker who conducts an initial interview with each clinic patient to see if she may have a need for services provided by the grant. Problems with finances, housing and stress all are factors that place an expectant mother at risk. Schwind's job is to identify these problems at an early stage and to set up the proper referrals. Patients are followed by Schwind through their delivery, and they see her on a regular basis until they are discharged from the hospital with the baby.

Marcia Moreland, MSW, project coordinator, does follow-up studies on the patients and contacts them periodically to see how well they have adjusted to their new addition. "You take, for instance, a family that was expecting a healthy child, made plans to take their baby home and have a happy life. All of a sudden they are faced with the news that their child is ill," Moreland says. "The circumstances immediately put the family in a crisis situation. Something that has never happened to them before happens, and they may not know where to turn for help. Another situation," she says, "may be a mother who delivers in another hospital and her baby is transported from there to here. The transporting team does work with the family in explaining the situation, but we have mama over there recovering from delivery, the child here, and dad who wants to be with mom and with the child. That's a very rough situation."

Moreland explains that a social worker can help parents discuss what's going on and help them work through the feelings they have about what's happening

and possibly find some resources. "If the family doesn't have the economic means to handle the situation, the social worker may be able to find the necessary help, such as housing via contract with a local motel," she says.

"The pregnancy can be stressful even if it is a wanted pregnancy." Moreland continues. "A couple who is going to have their first child is going from the role of husband and wife into the role of parents. A couple who is going to have their third child is adding one more child to that family, which means that siblings are going to have to be prepared for the expansion."

There are other stressful situations. Families have many concerns: Are we going to be able to care for the baby properly, afford the financial responsibility, provide enough love to the baby, have enough time to meet the needs of each individual child as well as the needs of the spouse? Moreland asserts that the perinatal team can help struggling families by discussing problems, seeking alternatives and counseling them in general.

"Few of us receive education as to how to be a parent. It's like, well, you were a child once and your parents are your role models," she says. "You might want to do things differently, but where will you get that education?" The perinatal team helps parents locate places where they can go for moral support. It's a caring-type of delivery of services. The team members try to see everyone in either the perinatal or intensive care unit to offer them a chance to discuss how they're feeling and possibly refer them to where they can get some needed assistance.

That caring concern doesn't stop once the new parents leave the hospital. "Our services," Moreland adds, "are offered as a part of the hospital's Intensive Care Nursery Unit at no extra charge. There is a social worker available at the clinic during most of the clinic hours during routine medical appointments. We also do some supportive work in terms of phone calls during a crisis." Moreland says. "One of the things that can happen in a crisis is that a family can lose the ability to function as a family and sometimes just someone who can point an individual in a particular direction can help the person and the family to get back on the right track."

Some people are under more pressure than others.

There may be marital problems which might be escalated by the pregnancy, single pregnant mothers and adolescents who, along with their families, need support. The perinatal team is there to help.

"We also follow up with parents after the child is both delivered and discharged from the hospital. It's a carry-over of the caring, not, 'Hey, well, you delivered and your baby's discharged, we have no further interest in what's happening to you.' We are interested," says Moreland. "We're interested in the family and by being able to provide some follow-up it shows that the hospital isn't just interested during the time that the baby's in the hospital."

The hospital and staff realize that they cannot treat just the medical and physical aspect of the person. A person is a whole being, comprised of not only physical aspects but also emotional, spiritual and intellectual aspects. Likewise, pregnancy isn't something that affects only one person. Pregnancy affects other people who touch one's life, such as grandparents, sisters and brothers, the husband or boyfriend.

"Rather than 'prevention of child abuse,' we prefer the term 'family enhancement' Moreland says, "because when you can enhance the family you are, in essence, possibly preventing abuse. The program prevents more than child abuse—it prevents other problems, too. Parents who feel overwhelmed by caretaking responsibilities and feel guilty because sometimes they wish they didn't have any children are reassured to know that there are other parents who also feel that way at times and that it doesn't make you a bad person."

Babylonian Encounter

Babylonian Encounter is a play designed by the Kansas Chapter of the National Committee for Prevention of Child Abuse specifically for elementary school-age children, a population that constitutes 50 percent of all sexual assault victims. The 30-minute production involves three characters who use humor, drama and audience participation to communicate various types and effects of human touching. It looks at the positive and negative aspects of touching, including forced sexual touching, and gives specific information to children about steps to take if forced sexual touching should occur.

The production aims to teach children that they have the right to protect their own bodies and to seek help when touching feels bad or confusing; that sexual abuse can be harmful and is against the law; and that sexual abuse can happen by someone they know, even a family member.

Reporting Responsibilities and Procedures*

These objectives are accomplished by giving children a vocabulary that helps them to discriminate between various touching experiences. In addition, a leading character models the process for seeking help when a child feels helpless to protect himself or herself. A critical component of the play is the professional consultation and training that is a part of each performance. This consultation, to professionals and parents, includes a discussion of the play, its objectives and effectiveness, as well as significant facts about the problem. Separate consultation, in the form of teacher/counselor training packets, is available for children to reinforce and clarify the play's messages and to help them manage individual emotional responses.

Babylonian Encounter is resulted from the collaborative efforts of the Kansas Committee for Prevention of Child Abuse, Theatre for Young America and Johnson County Mental Health Center. The play has been presented at the Kansas Governor's Conference for Prevention of Child Abuse, the National Center on Child Abuse and Neglect Conference, the International Conference on Child Abuse and Neglect in Amsterdam and the Second National Conference on Sexual Victimization of Children.

Prior to these performances, the play was tested with 82 children in grades 3-6 to measure what they learned in viewing the play. The results of the pretest/post-test demonstrated that:

- 99 percent were able to recognize forced sexual touching from other forms of touching.
- 82 percent knew how to respond appropriately if sexually assaulted.
- 86 percent understood that family members could sexually abuse them.

Additionally, almost all of the children said they enjoyed the play.

Babylonian Encounter has been incorporated into the curriculum of 17 school districts in Kansas, and it has recently been adapted into a screenplay.

The 3/4" and 1/2" VHS videotape rents for \$40.00 per week, applicable toward the purchase price of \$200 for a tape or \$350 for a 16mm film. Information on ordering may be obtained from the Kansas Committee for Prevention of Child Abuse, 435 S. Kansas, 2nd Floor, Topeka, KS 66603.

The National Center on Child Abuse and Neglect often receives questions from citizens and professionals about reporting responsibilities when one knows of or suspects child abuse and neglect. Here are some of the most frequently asked questions:

Who Handles Reports of 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 Do State Reporting Laws Require?

The enactment of child abuse and neglect reporting laws by state legislatures began in earnest in the early 1960s. 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.

*Abstracted from *Everything You Always Wanted to Know About Child Abuse and Neglect and Asked* prepared by the Clearinghouse on Child Abuse and Neglect Information.

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 I Do To Help Prevent Child Maltreatment?

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
Montgomery, AL 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, AK 99811

Reports made to Division of Social Services field offices.

American Samoa:

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

Reports made to the Department of Medical Services.

Arizona:

Department of Economic Security
P.O. Box 6123
Phoenix, AZ 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, AR 72203

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

California:

Department of Social Services
714-744 P St.
Sacramento, CA 95814

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

Colorado:

Department of Social Services
1575 Sherman St.
Denver, CO 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 St.
Hartford, CT 06105

Reports made to (800) 842-2288.

Delaware:

Delaware Department of Health and Social Services
Division of Social Services
P.O. Box 309
Wilmington, DE 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 Sts., N.W.
Washington, DC 20024

Reports made to (202) 727-0995.

Florida:

Florida Department of Health and Rehabilitative Services
1317 Winwood Blvd.
Tallahassee, FL 32301

Reports made to (800) 342-9152.

Georgia:

Georgia Department of Human Resources
47 Trinity Ave., S.W.
Atlanta, GA 30334
Reports made to County
Departments of Family and Children Services.

Guam:

Child Welfare Services
Child Protective Services
P.O. Box 2816
Agana, CU 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, HI 96809
Reports made to the hotline operated by Kapiolani-Children's
Medical Center on Oahu, and to branch offices of the Divi-
sion on Hawaii, Maui, Kauai, Mokalai.

Idaho:

Department of Health and Welfare
Child Protection
Division of Welfare
Statehouse
Boise, ID 83702
Reports made to Department of Health and Welfare Region-
al Offices.

Illinois:

Illinois Department of Children and Family Services
State Administrative Offices
One North Old State Capitol Plaza
Springfield, IL 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, IN 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, IA 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 W. Sixth
Topeka, KS 66606
Reports made to Department of Social and Rehabilitation
Services Area Offices.

Kentucky:

Kentucky Department for Human Resources
275 E. Main St.
Frankfort, KY 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, LA 70804
Reports made to the parish protective service units.

Maine:

Maine Department of Human Services
Human Services Building
Augusta, ME 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 St.
Baltimore, MD 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 St.
Boston, MA 02114
Reports made to Regional Offices.

Michigan:

Michigan Department of Social Services
300 S. Capitol Ave.
Lansing, MI 48926
Reports made to County Departments of Social Welfare.

Minnesota:

Minnesota Department of Public Welfare
Centennial Office Building
St. Paul, MN 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, MS 39216
Reports made to (800) 222-8000.

Missouri:

Missouri Department of Social Services
Division of Family Services
Broadway Building
Jefferson City, MO 65101
Reports made to (800) 392-3738.

Montana:

Department of Social and Rehabilitation Services
Social Services Bureau
P.O. Box 4210
Helena, MT 59601
Reports made to County Departments of Social and Rehabilitation Services.

Nebraska:

Nebraska Department of Public Welfare
301 Centennial Mall South
5th Floor
Lincoln, NE 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 Dr.
Carson City, NV 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 Dr.
Concord, NH 03301
Reports made to Division of Welfare District Offices.

New Jersey:

New Jersey Division of Youth and Family Services
P.O. Box 510
One S. Montgomery St.
Trenton, NJ 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, NM 87503
Reports made to County Social Offices or to (800) 432-6217.

New York:

New York Department of Social Services
Child Protective Services
40 N. Pearl St.
Albany, NY 12207
Reports made to (800) 342-3720 or to District Offices.

North Carolina:

North Carolina Department of Human Resources
Division of Social Services
325 N. Salisbury St.
Raleigh, NC 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, ND 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 St.
Columbus, OH 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, OK 73125
Reports made to (800) 522-3511.

Oregon:

Department of Human Resources
Children's Services Division
Protective Services
509 Public Services Building
Salem, OR 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 N. 2nd St.
Harrisburg, PA 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, PR 00910

Reports made to local offices or to the Department.

Rhode Island:

Rhode Island Department for Children and Their Families
610 Mt. Pleasant Ave.
Providence, RI 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 SC 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, SD 57501

Reports made to local offices.

Tennessee:

Tennessee Department of Human Services
State Office Building
Room 410
Nashville, TN 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, TX 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, UT 84103

Reports made to Division of Family Services District
Offices.

Vermont:

Vermont Department of Social and Rehabilitative Services
Social Services Division
103 S. Main St.
Waterbury, VT 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, VI 00801

Reports made to the Division of Social Services.

Virginia:

Virginia Department of Welfare
Bureau of Family and Community Programs
Blair Building
8007 Discovery Dr.
Richmond, VA 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, WA 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 St. E.
Charleston, WV 25305

Reports made to (800) 352-6513.

Wisconsin:

Wisconsin Department of Health and Social Services
Division of Community Services
1 W. Wilson St.
Madison, WI 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, WY 82002

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

RESOURCES

The following list provides bibliographic information and brief annotations on manuals, reports and other publications of the National Center on Child Abuse and Neglect that deal with various aspects of child maltreatment.

Single complimentary copies are available, as long as the supply lasts, from:

*Superintendent of Documents
U.S. Government Printing Office
Retail Distribution Division/Consigned Branch
Washington, D.C. 20402*

Requests for all publications should include the full title and document ordering number—(OHDS) 79-30197, for example.

* * *

The following publications, aimed primarily at professionals in the field, provide information on methods of identifying, preventing and treating child abuse and neglect.

Child Abuse and Neglect Information Management Systems. Klaus, S.L.; Lauscher, S. (OHDS) 79-30165, 30 pp., 1978.

The major themes and issues raised at the Second National Conference on Data Aspects of Child Protective Services are summarized. Topics covered include state approaches to the development and maintenance of central registers, client tracking and case management capabilities, current problems and issues, and future prospects. Appendices include a review of state statutes, and a summary of two research studies involving data collection on a nationwide basis.

National Study of the Incidence and Severity of Child Abuse and Neglect: Study Findings. (OHDS) 81-30325, 56 pp., 1981.

This volume presents the findings of the NCCAN-funded National Study of the Incidence and Severity of Child Abuse and Neglect. Subjects covered include an overview of the study objectives and definitions, statistics on the numbers and kinds of cases reported to child protective services agencies, breakdowns of incidence estimates for the major categories of child maltreatment, and demographic factors associated with the recognition and reporting of child maltreatment.

National Study of the Incidence and Severity of Child Abuse and Neglect: Study Methodology. (OHDS) 81-30326, approx. 300 pp., 1981.

This volume contains three technical reports on the Incidence and Severity Study: (1) Sample Design and Estimation Procedure, (2) Operational Definition of Child Maltreatment, and (3) Data Collection Methodology. It also includes several appendices containing child protective services (CPS) data forms, county CPS report logs, an agency contact sheet, and an agency fact sheet.

Selected Readings on the Enhancement of Social Services Management Systems. Roth, R.A. (OHDS) 80-30273, 99 pp., 1980.

Six papers on ways to improve social service management systems are reprinted herein. Specific topics covered include the Goal Attainment Scaling (GAS) method of developing client treatment plans, the teletape information gathering and dissemination approach, and applications of management tools and information gained from Federal demonstration projects in the field.

* * *

The following publications in the "user manual" series provide practical information for professionals and others. While most manuals are designed to meet the specific needs of a certain category of worker

(nurses, child protective service investigators and law enforcement officers for example), they may also be useful to other professionals and to concerned members of the general public.

Adolescent Abuse and Neglect: Intervention Strategies. Fisher, B.; Berdie, J.; Cook, J.; and Day, N. (OHDS) 80-30266, 62 pp., 1980.

Problems and issues specific to intervention in cases of adolescent abuse or neglect are discussed. Topics covered include the identification and reporting of adolescent abuse and neglect, investigation, assessment and treatment planning, and the provision of on-going services. An appendix lists seven assessment tests which may be used to determine an adolescent's educational needs.

Child Neglect: Mobilizing Services. Hally, C.; Polansky, N.F.; Polansky, N.A. (OHDS) 80-30257, 42 pp., 1980.

This manual discusses manifestations of neglect and ways in which it can be remedied. Areas covered include characteristics of neglectful parents, treatment approaches, and guidelines for placement. A Childhood Level of Living (CLL) scale is appended.

Child Protection in Military Communities. Broadhurst, D.D.; Eastey, R.S.; Hughes, W.; Jenkins, J.L.; Martin, J.A. (OHDS) 80-30260, 76 pp., 1980.

Child maltreatment within the armed services is examined. Specific topics discussed include stresses found in the military lifestyle, jurisdictional issues, military child advocacy programs, and a model approach for military/civilian cooperation. Appendix materials include a sample military/civilian agreement, and military reporting and emergency response procedures.

Child Protection: Providing Ongoing Services. Ragan, C.K.; Salus, M.K.; Schultze, G.L. (OHDS) 80-30262, 92 pp., 1980.

Intended primarily for child protective services workers in the field, this manual is designed to offer practical guidance in evaluating and working with families where abusive or neglectful behavior is present. Topics discussed include assessment of service needs, provision of direct services, assessment of client progress, foster care services, and termination of services and followup.

Child Protection: The Role of the Courts. Landau, H.R.; Salus, M.K.; Stiffarm, T.; Kalb, N.L. (OHDS) 80-30256, 73 pp., 1980.

This manual is designed to provide child welfare professionals with an understanding of the processes and procedures of juvenile court systems. Topics discussed include case preparation, presentation of testimony, and the use of witnesses. A separate chapter reviews court proceedings involving Native American children.

Child Protective Services: A Guide for Workers. Jenkins, J.L.; Salus, M.K.; Schultze, G.L. (OHDS) 79-30203, 89 pp., 1979.

This manual discusses the role of child protective services (CPS) workers in preventing, identifying, and responding to child abuse and neglect. Specific topics covered include investigation techniques, assessment of the situation, design and implementation of service plans, and preparation for and participation in judicial proceedings. An appendix contains standards applicable to the role of the child protective services worker.

Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect. Broadhurst, D.D.; Edmunds, M.; MacDicken, R.A. (OHDS) 79-30198, 69 pp., 1979.

This manual is designed for persons involved in programs that offer child care or educational development services to children of preschool age, including Head Start, nursery school, and day care center personnel. Specific topics include the recognition of child maltreatment in an early childhood program setting, reporting and prevention roles, and possible treatment and therapy approaches.

Family Violence: Intervention Strategies. Barnett, R.B.; Pittman, C.B.; Ragan, C.K.; Salus, M.K. (OHDS) 80-30258, 81 pp., 1980.

The nature, extent and possible treatment of domestic violence are examined in this manual. Special attention is given to the role of child protective services workers in assisting violent families. Specific areas covered include the causes and effects of domestic strife, intervention strategies, and program development techniques.

The Nurse's Role in the Prevention and Treatment of Child Abuse and Neglect. Broadhurst, D.D.; Heindl, C.; Krall, C.A.; Salus, M.K. (OHDS) 79-30202, 63 pp., 1979.

The roles and responsibilities of nurses in identifying, reporting, treating and preventing child abuse and neglect are discussed. Specific topics covered include indicators of problems in the child and in the parents, the assessment and treatment planning processes, prevention and treatment approaches, and interagency coordination and cooperation. An appendix includes standards applicable to the role of nurses.

Parent Aides in Child Abuse and Neglect Programs. Gifford, C.D.; Kaplan F.B.; Salus, M.K. (OHDS) 79-30200, 57 pp., 1979.

Intended to assist child protective services workers and other child care professionals, this manual provides information about the development and implementation of parent aide programs. Specific topics discussed include the goals and general structure of programs; the parent aide/client relationship; program development; and supervision, training, and evaluation. Sample application and evaluation forms are included.

Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions. Harrell, S.A.; Orem, R.C. (OHDS) 80-30255, 47 pp., 1980.

Forms of institutional maltreatment and ways to prevent them are discussed. Specific topics include factors contributing to institutional child maltreatment, reporting and investigation of child maltreatment, and institutional policies. Appendices include (a) standards on residential institutions, (b) a sample policy on resident rights, and (c) a sample disciplinary code for residents.

Reaching Out: The Volunteer in Child Abuse and Neglect Programs. Fisher, N. (OHDS) 79-30174, 55 pp., 1979.

Directed both to child protection agencies featuring volunteer programs and citizens concerned about the child maltreatment problem, this volume outlines ways in which volunteers can help. Specific topics covered include volunteer recruitment, the types of programs and services in which volunteers can be utilized, and procedures for integrating volunteers into the overall service program. A sample volunteer information sheet and a recruitment flyer are included.

The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Broadhurst, D.D.; Knoeller, J.S. (OHDS) 79-30193, 55 pp., 1979.

This manual provides information on the role of police officers and other law enforcement personnel in the identification, treatment, and prevention of child maltreatment. Specific subjects covered include the rationale for law enforcement involvement, reporting, intervention approaches such as arrest and protective custody, and referral to the courts and other agencies. Standards applicable to law enforcement officers are contained in an appendix.

Supervising Child Protective Service Workers. Ballew, J.R.; Salus, M.K.; Winett, S. (OHDS) 79-30197, 48 pp., 1979.

The responsibilities of the child protective services (CPS) supervisor are discussed in this manual. Areas covered include staff selection and recruitment, skills and techniques of CPS supervision, recordkeeping, worker burnout, and dealing with incompetent or unsuitable workers. A supervisor's self-checklist is included in the appendix.

Treatment for Abused and Neglected Children. Martin, H.P. (OHDS) 79-30199, 66 pp., 1979.

Designed primarily for use by child protective services workers, this manual discusses various aspects of the treatment of child abuse and neglect victims. Specific topics covered include immediate and long-term medical care, the provision of a safe home environment and the treatment of developmental and psychological problems. Possible negative effects of various treatment techniques are also discussed.

* * *

The following reviews, bibliographies, catalogs, directories and other materials provide information on child abuse and neglect research, publications, programs, laws and other relevant topics.

American Indian Law: Relationship to Child Abuse and Neglect. (OHDS) 81-30302, 56 pp., 1981.

The status of Native American tribal law on child abuse and neglect is examined in this publication. Specific topics covered include jurisdictional conflicts; the background, purpose, and applications of the Indian Child Welfare Act; and the legal systems in effect on Indian reservations. Appendices include a compilation of tribal code provisions pertaining to child abuse and neglect and the text of the Indian Child Welfare Act of 1978.

Data Aspects of Child Protective Services: A Report from the 4th National Conference on Data Aspects of Child Protective Services. (OHDS) 80-30291, 9 pp., 1980.

This report summarizes the views and experiences of the agency staff members participating in the Fourth National Data Aspects Conference. Topics discussed include computerized versus manual data systems, information sharing and problems of confidentiality, and the use of data systems for case management, program management, and fiscal and program reporting.

National Analysis of Official Child Neglect and Abuse Reporting, 1979. American Humane Association, (OHDS) 80-30232, 106 pp., 1981.

This document contains a descriptive analysis of reported and substantiated child abuse and neglect cases reported to child abuse and neglect protective services and related agencies during 1979. Specific areas covered include reporting summaries by Federal regions, statistical profiles of the involved families and the nature of the reported maltreatment, and the response of the child protective services units.

National Analysis of Official Child Neglect and Abuse Reporting, 1978. American Humane Association, (OHDS) 80-30271, 44 pp., 1980.

This publication presents a descriptive analysis of documented child abuse and neglect reports during 1978. Material covered includes an overview of national reporting statistics and techniques used in collecting and analyzing these figures. Topics summarized in accompanying tables include the source of report and substantiation, type of maltreatment, relationships between perpetrators and victims, stress factors present, and services provided.

National Analysis of Official Child Abuse and Neglect Reporting, 1977. (OHDS) 79-30232, 108 pp., 1979.

This report contains a descriptive analysis of reported and substantiated child abuse and neglect cases reported to child abuse and neglect protective services and related agencies during 1977. Specific topics covered include an overview of the extent of reported child abuse and neglect nationwide, statistical breakdowns by the type of maltreatment and type of perpetrator, and a comparison of the 1976 and 1977 data. Appendices contain the National Standard Reporting Form used in the survey, and a computer printout of the 1977 data from Level I participants.

1978 National Conference on Child Abuse and Neglect. (OHDS) 80-30249, 234 pp., 1980.

This volume summarizes the proceedings of Third Annual Conference on Child Abuse and Neglect held in New York City in April, 1978. It includes the text of major plenary session speeches, presentations by the winners of the "Best Paper on Child Abuse and Neglect for 1978" competition, and descriptions of the conference workshops and training sessions. Also included are descriptions of 36 demonstration projects funded by the National Center on Child Abuse and Neglect.

A Marketplace of Community Programs

Distributed at the Sixth National Conference on Child Abuse and Neglect (Sept. 1983), this publication describes about 170 child abuse and neglect prevention and treatment programs nationwide, and serves as a sourcebook for creative and innovative projects.

Shouldn't You Be Reading Children Today?

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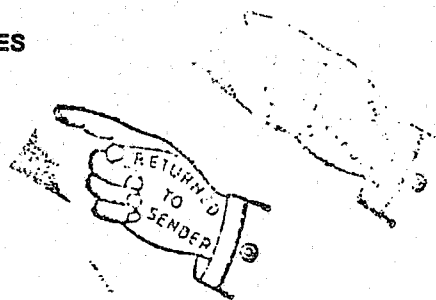
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