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CHILD ABUSE:
a current study

NCJRS

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SUMMARY

Dr. Vincent Fontana states in The Maltreated Child that,

"It is a tragic commentary on the mental and moral health of our nation that the most common cause of children deaths today is physical abuse of children by their own parents."

In Senate hearings on the Child Abuse Prevention and Treatment Act of 1974, it was estimated that over a million children may be victims of child abuse each year; some sources estimate the figure at several times higher. We cannot rely on reporting for an estimate of total incidence of abuse because only a small percentage of abuse is ever reported. As an example, Virginia had 426 cases of abuse and neglect reported in fiscal 1974; when the new reporting law was enacted, reporting leaped to 21,061. The fact that the majority of these 20,635 additional cases proved to be valid indicates how low reporting is. Over 2,000 deaths are reported annually from child abuse. In New York City, an average of 2 children each week are reported murdered by their parents. The question is, how many children actually die from child abuse that are never reported and for every child fatally abused, how many more are permanently maimed or disfigured and how many hundreds more are damaged emotionally and psychologically?

Any disease that killed, maimed and caused nearly as much suffering as does child abuse would bring on a unified effort to identify, inoculate and cure. Yet child abuse has only recently been given widespread attention. Not until the mid-1960's did the issue of child abuse begin to lose its image as separate incidents of cruelty by psychotic individuals and begin to be viewed as a national problem of far-reaching dimensions.

Another issue has recently emerged concerning child abuse. Growing evidence shows that abuse victims tend to become abusive parents, they also tend to be over-represented among juvenile delinquents and to exhibit more violent behavior and violent crime. If we allow child abuse to continue and increase, we risk an increase in crime as well.

The legislative provisions and resultant emphases of the jurisdictions in the Washington area in child abuse prevention and treatment are widely divergent:

The District of Columbia legislation is being revised. The

current legislation gives the Metropolitan Police Department primary responsibility for receipt and investigation of reports of child abuse. The legislation is non-accusatory. As abuse is not defined as a felony, any prosecution is based solely on the nature of the crime involved and is rare. In fiscal 1975, 396 cases of suspected abuse and 981 cases of suspected neglect were reported in the District.

The Maryland legislation is specific and accusatory. Child abuse is designated as a felony in the legislation and carries a penalty of up to fifteen years. Neglect is not addressed in the law and figures do not include it. In calendar 1975, 1,486 incidents involving 1,508 children were reported to the Central Registry.

The Virginia legislation was amended in 1975. Abuse and neglect reports are referred to the local social services department for investigation with little police involvement. Possible felonies are diverted to the Juvenile and Domestic Relations Court for investigation and possible prosecution. Reports have increased dramatically since enactment of the new legislation to total 21,061 cases in fiscal 1975.

Comparison of multi-state or metropolitan area totals is difficult because the various jurisdictions differ widely in what is classified as abuse and neglect, the local jurisdictions do not use a uniform - fiscal or calendar year - basis for reporting, Maryland does not include neglect in the figures, and reporting may not even approach actual incidence, but the totals show 24,000 cases of child abuse and neglect reported in the District, Maryland and Virginia in 1975 and 3,270 of them in the jurisdictions included in this report in metropolitan Washington.

In summary of the recommendations made in the conclusion of this study, there is a need for, at a very minimum, programs aimed at prevention of child abuse; increased public awareness of the problem and understanding of the nature of child abuse; emphasis on increased reporting of abuse and neglect; a central registry for compilation of records which includes considerably more data than name and disposition of the report; increased training for professionals in social services and the court system and those who may routinely come into contact with children, including development of parenting education programs for the general public; improved treatment programs for the abuser and for readjustment of the victim; adequate facilities for temporary or permanent care of the child in danger of subsequent abuse or neglect to keep pace with the rapidly increasing number of reported incidents; and research into the causes and effective treatment of child abuse and neglect with rapid filtering of those findings to the professionals and the general public.

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INTRODUCTION

Over 60,000 cases of suspected child abuse were reported in the United States in 1973, the year that Congress held hearings on the Child Abuse Prevention and Treatment Act finally adopted in 1974. This figure is a considerable increase over the 6,000 cases reported in 1967, but is still only the tip of the iceberg of actual abuse and neglect. It has been estimated that 10-100 times as many incidents can be classified as child abuse as defined under the law, but are not reported for a number of reasons, ranging from inability to recognize the difference between accidental injury and abuse to apathy or a desire to remain uninvolved. As many as 50% of the children involved in abuse cases reported to the authorities have sustained or will sustain some form of permanent physical injury, and almost all will have mental and psychological problems. At least 20% of all children identified as abused will be seriously abused within the next year if allowed to remain in the home in the absence of treatment for the abuser.^{1/} In terms of the actual number of incidents of child abuse occurring annually in the United States, only widely-varying estimates are available, and incidents of parental neglect, verbal and psychological abuse may be occurring at epidemic rates. Any disease that killed, maimed and caused as much suffering as does child abuse would bring on a unified effort to identify, inoculate and cure. But child abuse has only recently been studied as a wide-spread phenomenon in society. Very few studies of child abuse - its incidence, characteristics of abusers, of the effects of prevention-rehabilitation programs have been undertaken until recently (see below). Therefore, data has been largely unavailable.

^{1/} Findings of Dr. C. Henry Kempe, Dept. of Pediatrics, Univ. of Colorado School of Medicine, Denver, and Director of the National Center for Prevention and Treatment of Child Abuse and Neglect as reported in the Senate Hearings on the Child Abuse Prevention and Treatment Act of 1974 (Subcommittee on Children and Youth of the Committee on Labor and Public Welfare), 93rd. Congress, 1st. Session (S.1191), March 26, 27, 31, and April 24, 1973.

Not until 1962, did Dr. C. Henry Kempe coin the phrase "Battered Child Syndrome" in an article in the Journal of the American Medical Association^{2/} and not until the mid-1960's did the issue of child abuse begin to lose its image as separate incidents of cruelty by psychotic individuals and begin to be viewed as a national problem of far-reaching dimensions. Well-known professionals began to address the subject to the public with statements such as the following:

"It is a tragic commentary on the mental and moral health of our nation that the most common cause of children deaths today is physical abuse of children by their own parents."^{3/}

It was finally also recognized that for every child fatally abused, many more were permanently maimed or disfigured and many hundreds more were damaged emotionally and psychologically. The death rate of physical abuse among children is approximately three to four per cent and the rate of permanent injury is approximately 25 to 30 per cent unless treatment is initiated quickly.^{4/}

Brandeis University Study

One of the first national studies of child abuse was performed by the graduate school of Brandeis University under contract to the Department of Health, Education and Welfare (HEW) through the U.S. Children's Bureau. Because of the essentially private nature and low social visibility of child abuse, the Brandeis study approached the issue of incidence rates and distribution patterns in several stages. Stage one attempted to provide information on the knowledge, attitudes, and opinions of the general public.

^{2/} Kempe, Dr. C. Henry, et. al., The Battered Child Syndrome. JAMA 181:17-14, 1962.

^{3/} Fontana, Dr. Vincent J., The Maltreated Child. Springfield: Charles C. Thomas Publishing Co., 1964, p. vii. Dr. Fontana is a recognized authority on child abuse, Medical Director of the New York Center on Child Abuse, and the author of a number of informative books on child abuse and neglect. The Maltreated Child is the first comprehensive book published on the subject of the maltreated child.

^{4/} "Why Most Physicians Don't Get Involved In Child Abuse and What to Do About It." Children Today, May-June 1975, p.30.

Stage one began in October, 1965, with 1,520 respondents. Stage two was a pilot study and stage three was a nationwide epidemiologic study of child abuse cases as reported through legal sources. Stage three began in January 1967 and continued until the end of 1968. The study utilized the central reporting registries in each of the states, many of which were established especially for the Brandeis study. Each case was screened to provide a uniform base for comparison. The following is a brief summary of the findings of that study:

1. 89% of the perpetrators were parents or parent substitutes:

72% biological parents - mostly mothers (a large portion of the families in the study were fatherless), and 14% step-parents (mostly male), with a small percentage of adoptive parents.

2. Over 90% of the incidents occurred in the home of the victim. 40% occurred between 3:00 p.m. and 9:00 p.m. while 11% occurred between 9:00 p.m. and midnight.
3. The severity of the injuries sustained was 50% minor, 41% serious, 5% permanent physical damage, and 3% fatal.

It must be noted that the researchers encountered a failure to report fatalities to the registries. It was found during validation that 90% of the fatalities were not reported through the state registry system.

4. The individual first obtaining assistance for the child was the offender in 25% of the cases, and in 60% of the cases, a family member of the victim (sometimes including the offender), obtained assistance.
5. Help was sought within 3 hours in 30% of the cases, within one day in an additional 30% and anywhere from one day to one week in 22% of the cases. 18% of the cases were reported over one week after the incident.

It should be noted that incidents that are not reported within a couple of days are difficult to diagnose properly because symptoms tend to disappear rapidly in all but the most severe cases.

6. The choice for initial assistance was as follows:

50% hospital or clinic, 6% private physician, 25% police, 15% social agencies.

Hospitals refer most of the cases reported. Physicians refer considerably less than half of the cases that they see which are eventually reported by another person. Large numbers of cases were probably seen by private physicians that were never reported. The poor reporting record of physicians has been stressed as one of the main reasons why early studies showed an overwhelming number of low income and broken homes as well as a racial imbalance in child abuse incidents. These families are more likely to use clinics and hospitals rather than private physicians.

7. Post-abuse activities of social or judicial agencies were as follows:

90% of the cases, social agencies were involved with either the child or the family; 80% received some form of counseling services, and 37.5% of the children were removed from the family after the incident.

Court action against the offender was generally absent in favor of treatment for the offender and/or removal of the child from the home. In 17.9% of the cases, indictments were secured (less than 13% were found guilty and 7.2% received sentences).

8. 65% of all child abuse incidents occurred in an urban area, 15% in a suburban area, 6% in a rural area, and 14% of the cases, the locality of the abuse was not reported or unknown.

9. Typologies of abuse causation can be summarized as follows:

- a. Result of disciplinary action getting out of hand, but linked to either a real or imagined undesirable behavior act on the part of the child. While this reason appeared in 60-70% of the

cases, the behavior of the child was deemed by impartial judges to be in conflict with normal community standards only 23% of the time.

- b. Stress situations existed in 62% of the cases. This is significant in the urban system because stress situations are often inherent to the problems of the urban system.
- c. Mental or emotional deviation of the offender (48% of the cases). Severe mental or emotional deviations are not common.
- d. Linked to a severe or strict value system (over 30% of the cases).
- e. Abuse in the presence of neglect (35.2% of the incidents).
- f. Rejection of the child, not the result of a specific act but a constant rejection. This situation often occurs in the case of illegitimacy or when the child is viewed as the cause of problems, such as poverty, marital discord, etc.
- g. Battered Child Syndrome-Kempe (15% of the cases). It is significant to note that medical diagnosis is necessary in this label and the representation of private physicians as reporters in registries was poor.
- h. Instigated by the child - some behavioral pattern that was persistent and annoying.
- i. Abuse due to difficulties between the adult caretakers (less than 10%).

- j. Sometimes, other situations cause abuse that the public would view as primary causes based on the public opinion poll. These include alcoholic consumption, sexual or sadistic gratification, or temporary absence of the mother-figure from the home.^{5/}

By taking the most prevalent characteristics of the abuse situation together as noted here, we can derive a picture of the "average" circumstances surrounding the incident as follows:

The child is living with his or her parents in an urban area. The child is at home in the early evening and the child is behaving in a way which the parent judges to be in need of discipline. The behavior under normal circumstances might not have resulted in physical abuse, however, abuse occurs in this situation. The parent is under stress and the reaction that results from a combination of the stressful situation, the present mental attitude of the parent and the catalyst of the child's behavior is abusive. The child is not permanently injured physically, but some visible injury does occur. The emotional and psychological damage done will depend upon what happens after the abuse and whether or not the abuse is chronic.

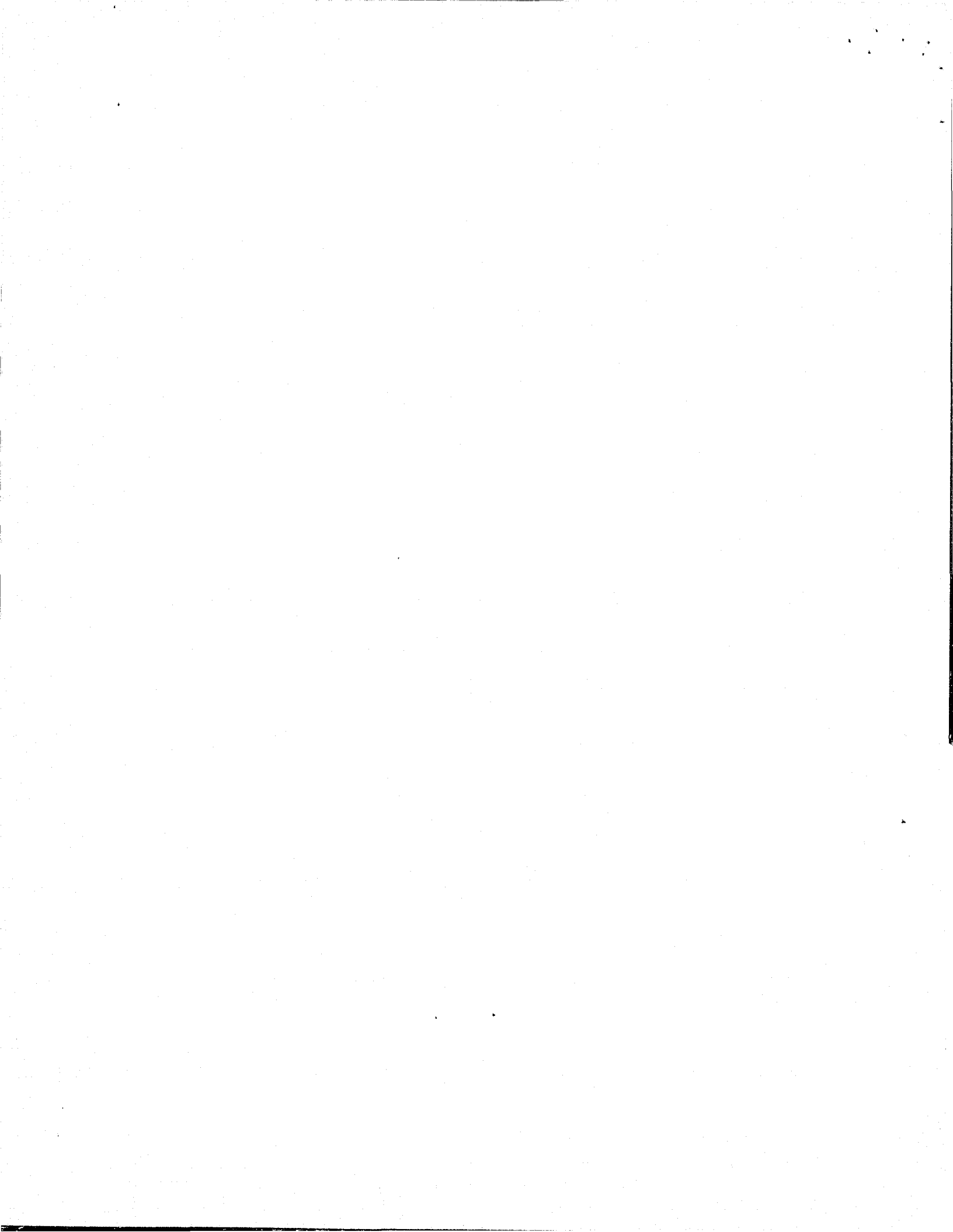
When statistics on child abuse from local and national central registries are added to the profiles, we can see a clear picture of the abuse situation. The abused child in our profile is very young, probably under six years old. The child will probably remain in the home following the reporting of the abuse; however, when the abuse has resulted in a report, the home will probably remain under supervision for at least a while and most often six months to a year.

^{5/} David G. Gil, Incidence of Child Abuse and Demographic Characteristics of Persons Involved, Report of the Brandeis University Study, 1968, and

Flammang, C. J., The Police and the Underprotected Child. Springfield: Charles C. Thomas Publishing Co., 1970, pp. 124-137.

Since it is recognized that not all reportable incidents are reported, statistics on the employment, educational level and racial characteristics of the child abuser have not been included. The cases that are reported are usually seen by hospitals, the police, or clinics or by other members of the community - often close neighbors. Reports by private physicians are rarer because they tend not to report abused children they see. It is far less likely that cases of abuse acted out upon children of parents with higher education or incomes will come to the attention of these agencies; these cases are seen by private physicians who are far less likely to report the incident and far more likely to believe that the injury was accidental as claimed by the parent (see the note after number 6 of the Brandeis study above). Although this study is widely recognized as highly valid, the findings of low educational and socio-economic status of the abuser have been disputed for the reasons given above. It is now widely recognized that no groups of society are completely free of child abuse. The problem tends to appear in the homes of the wealthy and educated as well as with the poor and disadvantaged.^{6/}

^{6/} This point was a recurrent theme in the testimonies before the Senate hearings on the Child Abuse Prevention and Treatment Act of 1974 by doctors, researchers, social agencies and criminal justice agencies testifying on the incidence of child abuse.



The Causes of Child Abuse

Most of the public feels that child abuse is the result of psychotic behavior.^{7/} Dr. Kempe and two psychiatrists, Steele and Pollock, at the National Center for Prevention and Treatment of Child Abuse and Neglect in Denver have extensively studied the parents of abused children in an effort to discover what actually motivates child abuse. The findings of these studies have been replicated by subsequent studies, for the most part. Therefore, the findings of Doctors Steele and Pollock are presented and compared with findings of studies by the Brandeis University and others.

While most of the parents of abused children seen at the Denver child abuse center have been judged to have emotional problems severe enough to warrant psychiatric or psychological treatment apart from child abuse, the psychiatrists point out that they feel, "only 10% of America's battering parents are too mentally ill to be helped while a child is in the home." The Denver researchers feel that two circumstances cause the majority of child abuse incidents. The first can be expressed as follows:

"There seems to be an unbroken spectrum of parental action toward children, ranging from the breaking of bones and fracturing of skulls through severe bruising to severe spanking and on to mild 'reminder pats' on the bottom. The amount of yelling, scolding, slapping,... acted out by parents on very small children is almost shocking. Hence we have felt that in dealing with the abused child we are not observing an isolated, unique phenomenon, but only the extreme form of what we would call a pattern or style of child rearing quite prevalent in our culture."^{8/}

^{7/} Gil, op. cit.

^{8/} Steele, Brandt F. and Carl B. Pollock, "A Psychiatric Study of Parents Who Abuse Infants and Small Children," The Battered Child. Chicago: University of Chicago Press, 1970.

Gil, in the Brandeis study states that,

"Our studies indicate that the widespread acceptance in our culture of physical discipline of children is the underlying factor of physical child abuse in ... various child care settings."^{9/}

The parent does not seek help because of the assertion that he or she is not wrong in disciplining the child. Often the parent expresses a desire to teach the child right from wrong and to prevent delinquent behavior in adolescence by "nipping the bud" in the two-year old (or perhaps younger), child. The importance of this antecedent of child abuse can be seen in the Brandeis study typology which states that the abuse resulted from disciplinary action getting out of hand in 60-70% of the abuse cases while only 23% of the cases were judged to have behavior in the child in conflict with normal community standards. In addition, over 30% of the cases were clearly linked to a severe or strict value system of the adult.^{10/}

The second major antecedent of child abuse is partially a continuation of the first, but extends much deeper. It can be stated that "the violent parent often suffers from a 'deprivation of basic mothering', a clinical term used to characterize a syndrome in which the individual is constantly rejected and rarely receives any form of attention or affection from the parent figure. Hence the observation that many abusive parents were themselves abused children, physically and emotionally. The abuse sustained by the parent in childhood provides a model of behavior that is often replicated as a parent. Unless the cycle of abuse can be broken at one point, each generation of abused children will perpetuate the abuse into the next.

The individuals in this category tend to be immature and ego-centric thereby lacking the ability to provide for and love others unselfishly; tend to over-react and lash out at others during stress situations; and tend to rely

^{9/} Gil, Op. Cit. and Violence Against Children: Physical Child Abuse in the United States. Chicago: Chicago Univ. Press, 1970.

^{10/} Gil, Ibid

heavily on the child for emotional satisfaction rather than being the source of emotional support for the developing child.11/

Often this parent expects the child to respond to an unrealistic degree long before it is able to respond. Steele and Pollock note role reversal in which the parent seeks to be dependent upon the child. When the desires and expectations of the parent are frustrated, the response of the parent is in two characteristic forms: (1) giving up the effort to provide for or work with the child - neglect, or (2) lashing out at the child as an emotional defense or in utter frustration - abuse.

The Brandeis study lends additional support to the findings of the Denver child abuse center. Both studies note the importance of the following conditions as precursors of child abuse:

1. The constant rejection of the child by the parent as a pervasive element of the relationship and not as a result of any specific act;
2. Abuse due to difficulties between the adult caretakers;
3. Abuse in the presence of neglect; and, most importantly,
4. Abuse when the parent is in a stressful situation (an overwhelmingly large 62% of the incidents).12/

Both categories of parents could be amenable to treatment. The parents whose disciplinary actions cause abuse to a child tend to fall into the following behavior pattern:

"It is obvious that they expect and demand a great deal from their infants and children. Not only is the demand for performance great,

11/ Dr. Kempe, C. Henry, The Battered Child and His Family. Philadelphia: Lippincott, 1970. And Kempe, testimony for the Senate hearings on the Child Abuse Prevention and Treatment Act of 1974, op. cit.

12/ Gil, Op. Cit.

but it is premature, clearly beyond the ability of the infant to comprehend what is wanted and to respond appropriately. Parents deal with the child as if he were much older than he really is."13/

These parents could be assisted in learning to more realistically relate to their children and what to expect from the developing child through parenting-oriented treatment. The parent who is emotionally disturbed due to the "deprivation syndrome" is much harder to treat. It should be noted that many abusive parents exhibit both of the major characteristics of child abusers to varying degrees and that often the parent can function quite adequately in the family given the right atmosphere, i.e. lack of stressful situation to trigger abusive behavior.14/

As child abuse and neglect has been studied, it has become evident that one of the major causes of child abuse is the abuse and neglect of the parent in early life. As stated by Elizabeth Davoren; Child Today, May-June 1975, the parent learned early in life that people were unresponsive to one's needs, that the most important function of a child was to give love to the parent, that children must be punished to achieve the desired results, and that when they had children, the society would allow them to release their stored up hostility without fear of reprisal. These destructive child-rearing patterns have passed from generation to generation and will continue to be passed until the chain can be broken.15/

Dr. Brandt F. Steele, Professor of Psychiatry at the University of Colorado Medical Center and Chief Psychiatrist at the National Center for the Prevention and Treatment of Child Abuse and Neglect (Denver, Colorado), agrees with this point.

13/ Steele and Pollock, Op. Cit., p.109

14/ Steele and Pollock, Ibid., p. 138

15/ Elizabeth Davoren has been a psychiatric social worker in the field of child abuse since 1960. She is a consultant to the Extended Family Center in San Francisco and the San Francisco Child Abuse Council. She is the author of The Battered Child in California - Survey and contributor to The Battered Child, edited by Helfer and Kempe.

He states:

"Almost without exception abusive parents were neglected and abused to some degree in their own earliest lives by their own parents. In essence, they are rearing their own children in the same fashion in which they themselves were brought up. Thus abusive behavior is related to a life-long pattern deeply embedded in the character structure. "

He goes on to state that:

"It is the triad of lack of sufficient emphatic love and care, accompanied by extremely high premature demand for performance and excessive criticism and physical punishment for failure that constitutes the essence of the syndrome of child abuse. The far-reaching effects of having had these experiences in infancy as they appear in adult life are what we try to modify when we are working with the abusive parents."16/

These same experiences have been increasingly identified with anti-social behavior. The child who grows up with abuse also grows up with anger. Faced with the crises and demands of life, the individual may lash out at society in much the same way that he lashes out at the child. If every time the child reached out for the parent, he received abuse and criticism, he soon learned that people cannot be trusted and that they are hurtful. He either isolates himself or learns to lash out in revenge.

Dr. Vincent Fontana, Medical Director of the New York Center on Child Abuse and Neglect, an affiliate of the School of Pediatrics at New York University, and author of The Maltreated Child, notes that there is growing evidence to link child abuse with juvenile delinquency and violent crime. Various studies in recent years have noted the tendency of murderers to be battered children. He considers child abuse and neglect to be a major source of violent crime and delinquency.17/ He is by no means alone in this view or unsupported by growing evidence.

16/ Brandt F. Steele, Working with Abusive Parents, U.S. Dept. of H.E.W., Publication No. (OHD) 70-75, pages 5-7.

17/ Dr. Vincent Fontana, statements made at a symposium and press conference on child abuse and neglect at American University, November 4, 1976.



THE DISTRICT OF COLUMBIA

The District of Columbia is in the process of developing new legislation on child abuse and neglect which is in the final draft stages after review and input by the various agencies in the D.C. system including Corporation Counsel, Youth Division of the Metropolitan Police Department, Protective Services, Department of Human Resources, the Office of Criminal Justice Plans and Analysis (OCJPA), etc. The draft legislation will go before the City Council shortly for review. The provisions of the draft legislation and comparisons to the present legislation will be reviewed in this report. The present legislation is included in two sections -- volume 16, Section 2301 of the District of Columbia civil code which covers neglect and non-serious abuse and Section 22-901 -- Cruelty to Children, of the District of Columbia criminal code which covers serious abuse.

Reporting and Investigation

The Youth Division of the Metropolitan Police Department is the agency designated in the legislation to receive reports of child abuse and to investigate the charge. The officers who investigate the report are specially trained for assignment to the child abuse unit which has been a separate unit within the Youth Division since September, 1974. Reports received by another agency of the government or a hospital must immediately be referred to the Youth Division. The confidentiality requirement of the D.C. legislation prohibits direct referral of reports by the Youth Division to Protective Services in the Department of Human Resources or to any other agency except the Corporation Counsel. The required procedure is that the Youth Division investigates the report, determines whether or not the report is verified and if it is child abuse or is neglect. Abuse cases can be referred to the Juvenile Court in the Corporation Counsel for custody determinations and treatment decisions and may be referred to the criminal court for prosecution. Suspected neglect cases where abuse or neglect is ruled out by the investigation but which are deemed to be in the need of services are referred from the Youth Division to the Corporation Counsel which is empowered to refer cases to Protective Services. The new law, as drafted, would simplify this procedure.

Reports would be received by the Youth Division or Protective Services with notification transmitted to the other. The draft legislation provides for neglect victims and abandonment cases to be the responsibility of Protective Services. The new legislation may authorize the institution of a 24-hour Central Registry for reporting and compilation of records.

The present legislation requires only medical practitioners to report suspected cases of child abuse and neglect. The legislation does not include a fine or other penalty for failure to report. The very low level of reporting by private doctors resulted in emergency legislation in November, 1975 through February, 1976 which included a fine of \$1,000 for conviction on failure to report a suspected case of child abuse or neglect by those required to report. This legislation expired in February, 1976, and was not renewed. The new legislation expands the categories of persons required to report to include nurses, social workers, and educators. The new legislation also incorporates a penalty for conviction on failure to report -- \$100 or thirty days in jail.18/

When the Youth Division investigates a suspected case of child abuse or neglect, the investigation may have four outcomes (1) the case can be dropped as unfounded and closed, (2) a neglect case or case in which it is determined that services are needed, can be referred to the Corporation Counsel for joint review and may be sent to Protective Services in the Department of Human Resources, (3) the case can be referred to the Corporation Counsel Juvenile and Family Court Division of the Superior Court of the District of Columbia for civil actions and treatment services provided by or coordinated with the court probation officer, and (4) the case can be referred to the Criminal Court for prosecution simultaneous or subsequent to Juvenile Court action.

If a determination is made by the Youth Division investigator that the child is in immediate danger if left in the home, the officer has authority to remove the child from the home. A Superior Court hearing is held within 24 hours of the removal to review the nature of the danger and determine temporary placement of the child until arrangements can be made to review the case more fully and suggest mid-term or long-term arrangements for the child during treatment of the abuser. The police officer is the only agent authorized to remove the child

18/ Interview, Ms. Natalie Nash, Juvenile Division, Corporation Counsel, District of Columbia Superior Court, November 19, 1976.

from the home under the provisions of the legislation. Protective Services social workers are not authorized to remove a child when abuse, neglect or an "unhealthy home environment" occurs but must notify the Youth Division and an officer must make a site visit, determine the serious nature of the situation, remove the child if deemed appropriate and notify the Corporation Counsel to hold a hearing within 24 hours of the removal.

Court Involvement

The legislation is non-accusatory in nature as child abuse is not defined as a felony in the legislation and no penalty clause is included. Since child abuse in itself is not a felony, prosecution of the abuser is rare and such prosecutions are based solely on the crime involved in the abuse, i.e., manslaughter, murder, assault with a deadly weapon or other crime specified as a felony in the District of Columbia Criminal Code.^{19/}

The Juvenile Division of the Corporation Counsel has four attorneys who work exclusively with child abuse and neglect cases in a juvenile court capacity -- hearings on custody of the child and factfinding hearings on the situation surrounding the offense and possible treatments -- and has probation officers who are assigned to all child abuse and neglect cases which have not been referred to Protective Services. When the case comes before the Juvenile Court, three attorneys are present -- an attorney of the Corporation Counsel representing the District of Columbia, an attorney representing the parent and provided by the parent unless the parent is indigent, and a volunteer attorney who represents the interests of the child as a guardian ad litem, as suggested in the federal legislation on child abuse and neglect (1973). The court must hold a hearing within 24 hours of emergency removal of the child from the home by a Metropolitan Police Department officer to determine the appropriateness of this action and to determine what additional placement is appropriate, what treatment should be provided to the parent as a condition for future return of the child and decide what additional court involvement will be in the case, including regular review of the custody of the child who remains in placement outside the home.^{20/} If the child is returned to the home, the court sets stipulations on the return such as a set of treatment conditions which must be met. The probation officer (court social worker) assigned to the case

^{19/} Interview, Lt. Jenkins, Youth Division, Metropolitan Police Department, August, 1976

^{20/} Interview, Ms. Natalie Nash, Op. Cit.

develops this plan for review by the court and the parent and meets regularly with the parent to assure that the conditions of the agreement are being met and that the child is in no further danger. The Stipulation Agreement which allows the child to remain in the home requires the parent to accept responsibility for the injury or neglect that the child has sustained, to cooperate with the court probation officer in accepting specified treatment and periodic contacts by the probation officer and review by the court when necessary. The Stipulation can run up to twelve months, at which time the need for further action is reviewed. The Stipulation is an alternative to court action as the judge only needs to sign the agreement rather than hold an extended hearing but the Stipulation does require that the parent admit to at least the existence of neglect which many abusers hesitate to do.^{21/}

Each child abuse case and those neglect cases which were not assigned a social worker by Protective Services are assigned to a probation officer who acts as a court social worker. A large number of these probation officers are masters of social work (M.S.W.), and all are specially trained for working with child abuse and neglect. The probation officer reviews the case, develops a treatment plan for the abuser and suggestions on placement of the child, provides information to the court on the home situation and responsiveness of the family to treatment and an estimation of the degree of safety of the child if returned to the home.

The Juvenile Court Division of the Corporation Counsel sees the serious child abuse and neglect cases in need of followup and treatment. The Juvenile Court personnel consider the function of the court, at this level, to be the protection of the child with an effort to keep the family intact, through treatment, whenever possible and in the best interests of the child. Any punitive actions are left to the criminal court.

Only about a third of all child abuse and neglect cases brought before the court for review result in the removal of the child for short-term or long-term placement. The probation officer is assigned to maintain contact with the family, make recommendations to the court, make referrals of the abuser to available services including mental health and psychological counseling services, homemaker services provided by the Department of Human Resources, nursery school program specially designed for the abused child, Parent Anonymous groups which provide

^{21/} Interview, Ms. Vanette Graham, Social Worker, Child Protection Center, Children's Hospital, November 2, 1976. This Center is funded by an LEAA Grant.

the parent with counseling and discussion groups, and other services as needed such as housing and medical services.

Criminal prosecution of a child abuse case can be initiated by the U.S. Attorney following hearings by the Corporation Counsel and based on the severity of the crime involved, usually a serious felony such as murder, manslaughter, assault with a deadly weapon or any attempt to murder or maim the child. These prosecutions are very rare, but most of the cases which reach this level result in conviction of the abuser and a sentence in jail. Proceedings in either the Criminal or Civil Courts may include expert witnesses such as physicians (often the hospital pediatricians since most cases are reported by the hospitals), psychiatric and psychological findings on the abuser and the family situation as a whole with analysis of the parent-child relationship, and information available from the probation officer assigned to the case.

The District has an LEAA-funded contract with the Children's Hospital Child Protection Center to provide a number of services including a private physicians' consulting service where a private physician who feels a child may be a child abuse victim can receive advice on what to look for in determining if abuse is indicated. The service will provide a pediatrician who will examine the child and take responsibility for referring the child to the Youth Division and appearing in court rather than requiring the private physician to be involved in reporting and court procedures. This service seems to have increased reporting by private physicians as it removes them from responsibility for the report (the present District of Columbia Legislation provides immunity only to physicians and not other reporters if suit is brought by a parent who is reported, in good faith, for suspected child abuse or neglect, in which abuse or neglect is ruled out on review), and from the time and emotional strain of court appearances. Other services provided in conjunction with the contract include monthly training of attorneys, probation officers, Protective Services workers, Youth Division officers, and Child Protection Center workers; conferences on child abuse; psychiatric and psychological review of the suspected abuser and psychiatric, psychological and medical examination of the child.

Other activities of the Corporation Counsel program include maintenance of a child abuse reference library, development of a slide presentation and public education program on child abuse and neglect, and analysis of court data on abuse and neglect.22/

22/ Interview, Ms. Natalie Nash, Op Cit.

Children's Hospital Child Protection Center

A large number of the total child abuse cases reported in the District of Columbia are reported by Children's Hospital. Children's had a Child Abuse Trauma Team utilizing available hospital personnel on a part-time, volunteer basis which was discontinued in March, 1975, and was replaced by the largely-H.E.W.-funded Child Protection Center. Staff includes a director, two administrative and two clerical staff members, one psychiatrist, one psychiatric nurse, three psychologists, three part-time pediatricians, one public health nurse, two social workers, and two family advocates.^{23/} Each of the professionals on the multidisciplinary team except the family advocates and to a lessening degree the pediatricians, rotates on 24-hour call. The member called in to take a case at night is assigned as the Case Coordinator to review the case and determine what action will be taken by Children's Hospital and recommended to the Youth Division. Only the Youth Division officer can authorize a hold on the child in the hospital for 24 hours to await a custody hearing.

The Child Protection Center takes cases from the emergency room and referrals from other departments of Children's Hospital. The Center provides intake and referral of reports to the Youth Division as prescribed by law and followup of cases including a trauma index of children seen at the hospital with injuries -- accidental or induced -- to identify children who reappear at the hospital with a second unexplained injury, training of health and other social service workers to spot child abuse and neglect, public education and provision of information as requested by the community, and all of the other services listed under the terms of the contract with the District of Columbia government as noted above.^{24/}

Other Services

The District of Columbia has additional services available within the governmental system and through private organizations that impact upon child abuse and neglect including a child abuse hotline; a Coalition on Child Abuse and

^{23/} Dr. Annette Ficker, Pediatrician, Children's Hospital Child Protection Center, October 29, 1976.

Dr. Ficker has been on the Child Protection Center staff since initial funding and previously on the Child Abuse Trauma Team since 1972.

^{24/} Interview, Ms. Vanette Graham, Social Worker, Children's Hospital, Child Protection Center, October 29, 1976.

Neglect made up of 23 member organizations and agencies meeting to review the system and make recommendations on legislation, procedures and availability of services; the Mayor's Interdepartmental/Interagency Committee on Abuse and Neglect made up of the various D.C. agencies including the Department of Human Resources, Corporation Counsel, Social Services, and a number of other organizations including the hospitals, Junior League and various private organizations meeting monthly to improve cooperation and to make recommendations on legislation and procedures; and Parents Anonymous group which offers one-to-one counseling with previously abusive parents who have received treatment successfully, to those abusers who cannot operate in the group situation and need more individualized treatment of the kind that a parent who has been through the problem may provide.25/

Child Abuse and Neglect Statistics

The Division of Operations Planning of the Metropolitan Police Department has available statistics on reported child abuse and neglect for fiscal year 1975 when 396 cases of suspected child abuse and 981 cases of suspected neglect were reported in the District of Columbia.

Of the 396 cases reported to the Youth Division as possible abuse, 118 (30%), were unfounded and 278 (70%), were founded with 119 presented to the court and 159 with insufficient evidence to prosecute but sufficient to substantiate the reports. Of the 981 suspected neglect cases, 342 (35%), were unfounded, 266 (27%), had insufficient evidence for presentation to the juvenile court and 373 (38%), were forwarded to the Court.26/

A total of 106 of the reported cases required medical treatment and 2 were fatal. Half the children reported by Children's Hospital in a 1973 survey had evidence of previous abuse and about one-third were sexual abuse victims. Because only about 3 cases per year are reported by private physicians, many of the seriously injured children may be treated by private physicians but never reported to the Youth Division.27/

25/ Interview Ms. Vanette Graham, Op. Cit.

26/ Interview, Captain Britt, Operations Planning, Metropolitan Police Department, November 8, 1976.

27/ Interview, Ms. Vanette Graham, Op. Cit.

FIGURE 1. Age of the Victim

Two years of age and under	21%
Over two and up to 6 years of age	35%
Over six and up to 13 years of age	29%
Over thirteen years of age	15% <u>28/</u>

28/ Interview, Captain Britt, Op. Cit.

THE STATE OF MARYLAND

The Maryland Central Registry of Incidents of Suspected Child Abuse was established in 1966 as a repository for information and reports on child abuse state-wide. The Registry was housed in the Social Services Administration (Department of Social Services). The original law included in the Annotated Code of Maryland in Article 27, Section 11A of the 1957 edition classified child abuse as a felony and specified criteria as to what constituted abuse. In order to be considered an abuse in legal terms, malicious intent had to be proven and only a court could rule on this issue so very few of the reported cases were legally founded. Records of the report and detailed information on the child, abuser, findings of the investigation and other information about the abuse situation were maintained for all reported cases with multi-analysis of these characteristics in relation to given characteristics such as age of child versus degree of injury of various characteristics versus the findings of the investigation.

In 1973, the year that growing national interest in child abuse resulted in hearings in the U.S. Congress culminating in the passage of the Child Abuse Prevention and Treatment Act of 1974, the Legislature of the State of Maryland amended the pre-existing law on child abuse. The Act which became effective July 1, 1974, provided that:

"The General Assembly hereby declares as its legislative intent and purpose the protection of children who have been the subject of abuse by mandating the reporting of suspected abuse, by extending immunity to those who report in good faith, by requiring prompt investigations of such reports and by causing immediate, cooperative efforts by the responsible agencies on behalf of such children."

"(a) Any parent, adoptive parent or other person who has the permanent or temporary care or custody or responsibility for the supervision of a minor child under the age of

eighteen years who causes abuse to such minor child shall be guilty of a felony and upon conviction shall be sentenced to not more than fifteen years in the penitentiary."29/

Reporting

The Maryland Act requires reporting of suspected cases of child abuse, including sexual abuse, from every health practitioner, educator, social worker, law enforcement officer or other person who comes into contact with a child and who has reason to believe that the child has been abused. Oral reports to the Department of Social Services or the police department are required to be made as soon as reasonably possible, to be followed by a written report to the local Department of Social Services with 48 hours of the contact with the suspected child abuse case, or in the case of a non-professional reporter (neighbor or other person from the community), as soon thereafter as possible. The contents of the written report are specified in the legislation. The Act includes provisions for immunity from prosecution for all persons reporting in good faith.

Investigation

The investigation of a reported abuse is the joint responsibility of the Protective Services Division of the Department of Social Services (DSS), and the local police department due to the felony clause in the Act. Both agencies normally respond to a report of abuse and DSS responds to reported cases of neglect, with or without police involvement. A thorough investigation must be completed within 10 days after receipt of the oral or written report disclosing the existence of a possible violation, and a written report from the Department of Social Services must be forwarded to the local State's Attorney's Office within 5 days after completion of the investigation. If the law enforcement agency participates in the investigation, it also provides the same report to the local State's Attorney. The State's Attorney assists in the investigation upon request.

The State of Maryland has been until recently rather unique in having as a part of the child abuse legislation a clause specifically outlining procedures and limits for removal of the child in cases of resistance and without prior approval of the juvenile court. When the legislation was passed in 1973, Maryland became one of four states to include the right of entry and one of six to provide for the immediate removal of the child

29/ Article 27 - Crimes and Punishments, Section 35A, Annotated Code of Maryland and 1973 Supplement.

in danger of further abuse as a part of the legislation on child abuse. Maryland was the only state to include right of entry, right of removal and a statement of criminal penalty for child abuse in the Act. The inclusion of these three clauses makes the legislation highly accusatory for the abuser but does provide for optimal protection of the victim.^{30/} The legislation states that:

"If, in the course of the investigation conducted by the local department of social services under the provisions of subsection (e), a representative of the department has probable cause to believe that the child or children is or are in serious physical danger and that an emergency situation exists, the representative may enter the household, if the representative has been previously denied the right of entry. A law-enforcement officer shall accompany the representative, and he may use reasonable force, if necessary, to assure that the representative is able to gain entry. If the danger proves to be genuine, the representative may remove the child or children from the household temporarily without prior approval of the juvenile court."^{31/}

Court Involvement

Long-term removal of the child from the home may be obtained at a later date through petitioning the juvenile court on behalf of the child for the added protection to the child which either commitment or custody would provide when it is shown that a long-term danger or unhealthy environment exists with little hope of rehabilitation. In some instances, the child is removed only until evidence is provided that improvement is occurring.

Few child abuse cases reach the criminal court for prosecution as a felony. The number of cases taken to court and the number found guilty and sentenced varies significantly among jurisdictions as some interpret the accusatory clause of the law more strictly and some prefer to avoid prosecution in favor of attempted treatment and rehabilitation.

^{30/} DeFrancis, Vincent and Carroll L. Lucht, Child Abuse Legislation in the 1970's (revised 1974). Denver: American Humane Association, 1974.

^{31/} Article 27, Section 35A, Annotated Code of Maryland.

Central Registry for Incidents of Suspected Child Abuse

The Central Registry in the Social Services Administration in Baltimore, Maryland, collects detailed information on child abuse cases dating back to 1967. The first full year of data is 1968 when slightly over 400 cases were reported and only 196 confirmed. In contrast, 1,486 cases involving 1,508 children were reported in 1975 and 794 cases were confirmed. By August of each year, figures are compiled and available to the public for the previous calendar year. Because of the large amount of data available in the Maryland Central Registry, it provides a good opportunity to analyze reported child abuse in more depth.

In calendar year 1975, 1,486 suspected child abuse cases with 1,508 children were reported in the State of Maryland, representing a 21% increase over 1974 and a 74% increase over 1973. This increase could be due in part to the increased emphasis on and awareness of child abuse in the early 70's. Congressional hearings in 1973 resulted in the enactment of the Child Abuse Prevention and Treatment Act (P.L.93-247), in January 1974, and the creation of the National Center on Child Abuse and Neglect. Even though the Maryland Central Registry has been collecting and analyzing statistics on child abuse since mid-1967, the effect of this publicity on the reporting of child abuse cannot be discounted. In 1970, the community reported less than 20% of all confirmed cases, while in 1975, 35% of all confirmed cases were reported by the community, indicating that publicity and increased knowledge by the public about child abuse and treatment may have increased the percentage of those cases known to the community which will be reported to social service agencies or the police.

Statistics show that the increased reporting has not resulted from merely an increase in unconfirmed cases. In 1968 when 418 cases were reported, 47% or 197 cases were confirmed. In 1975 53% (994), of the cases were confirmed under the provisions of the legislation, a more than 500% increase in number of confirmed cases; in 28% of the reported cases abuse was ruled out; and in the remaining 19% of the cases other determinations were made such as suspicious injuries, ongoing neglect, vestiges of injuries, conflicting information or other cause for failure to reach a verdict.

The profile of reporting shows that the largest number of reports come from the community, while social service agencies and police represent only about 20% of all initial reporting.

Figure 2 provides a break-down of the reporting agents and the degree of confirmation of those reports by originator.

Figure 2:

	<u>Confirmed</u>	<u>Suspicious</u>		<u>Ruled Out</u>	<u>Total Cases Rept.</u>
Hospital	172 (54.4%)	82 (26.0%)	254	62 (19.6%)	316 (21.2%)
Police	110 (67.9%)	22 (13.6%)	132	30 (18.5%)	162 (10.9%)
Schools	182 (67.9%)	34 (12.7%)	216	52 (19.4%)	268 (18.0%)
Agencies	76 (52.0%)	36 (24.7%)	112	34 (23.3%)	146 (9.8%)
Community & Other	254 (42.8%)	100 (16.8%)	354	240 (40.4%)	594 (40.0%)
Total	794 (53.4%)	274 (18.4%)	1068	418 (28.1%)	1486 (100%)

It should be noted that the police and schools have a higher percentage of confirmation of reports (67.9% of all reports filed by either agency). The community represents a much larger percentage of reports in which abuse was ruled out but accounted for about a third of all confirmed cases as well. The reported cases in which abuse was ruled out can be partially ascribed to a less well-defined understanding of the abuse legislation and many reports may be categorized as neglect and in need of agency attention, but not ruled to be abuse as defined in the legislation.

Figure 3: Age of the Child Abuse Victim

0-2 years of age	19.1%	7-12 years of age	25.6%
3-6 "	25.9%	13 years and older	28.6%

The younger child is over-represented in reported child abuse cases based on that age group's total population with the child six years old and younger representing 45% of all reported cases. The percentage of actual abuse may be considerably higher for this group because, unlike the older child who must attend school and is visible to the community, the parent can more easily keep the younger child in the home while evidence of the abuse is disappearing without eliciting suspicion.

Figure 4: Condition of the Reported Child Abuse Victim

Examined by a medical authority	65.4%
Not Examined	34.2%
Found to require medical treatment	54.3%
Did not require medical treatment	40.3%
Unknown	5.4%

These statistics include the medical conditions of all children reported to the Department of Social Services even if abuse was ruled out or could not be proven.

Figure 5: Classification of Serious Injuries

Lacerations	70	Eye or Ear Injury	2
Burns/Scalding	54	Internal Injury	14
Hemorrhage/Hematoma	2	Brain Damage	4
Bone Fracture	22	Sexual Molestation	144
Skull Fracture	18		
		Total Serious Injuries	330

Figure 6: Other Classifications of the Victim

Female Victim	50.8%	Victim is Only Child	30.1%
Male Victim	49.2%	Victim is Oldest Child	29.7%
		Second Child	4.5%
Caucasian Victim	60.3%	Third or Middle Child	4.4%
Negroid Victim	35.5%	Youngest	13.1%
Other Races	1.7%	Other	19.2%
Unknown	2.4%		
		Location of abuse in the child's home	93%

It is particularly important to note that the only child and oldest child are over-represented for the percentage of the general population they represent, accounting for 59.8% of all reported abuse cases.

Figure 7: Contact of the Family with Social Service Agencies Prior to the Abuse Situation

Public Assistance	496	33.4%
Protective Services	64	4.3%
Foster Care	30	2.0%
Other Contact/Services	120	8.1%
No Prior Contact/Services	<u>776</u>	52.2%

1486 reported families

Figure 8: Sex of the Abuser

Female Abuser 58.3%
93.7% of all female abusers are the natural mother

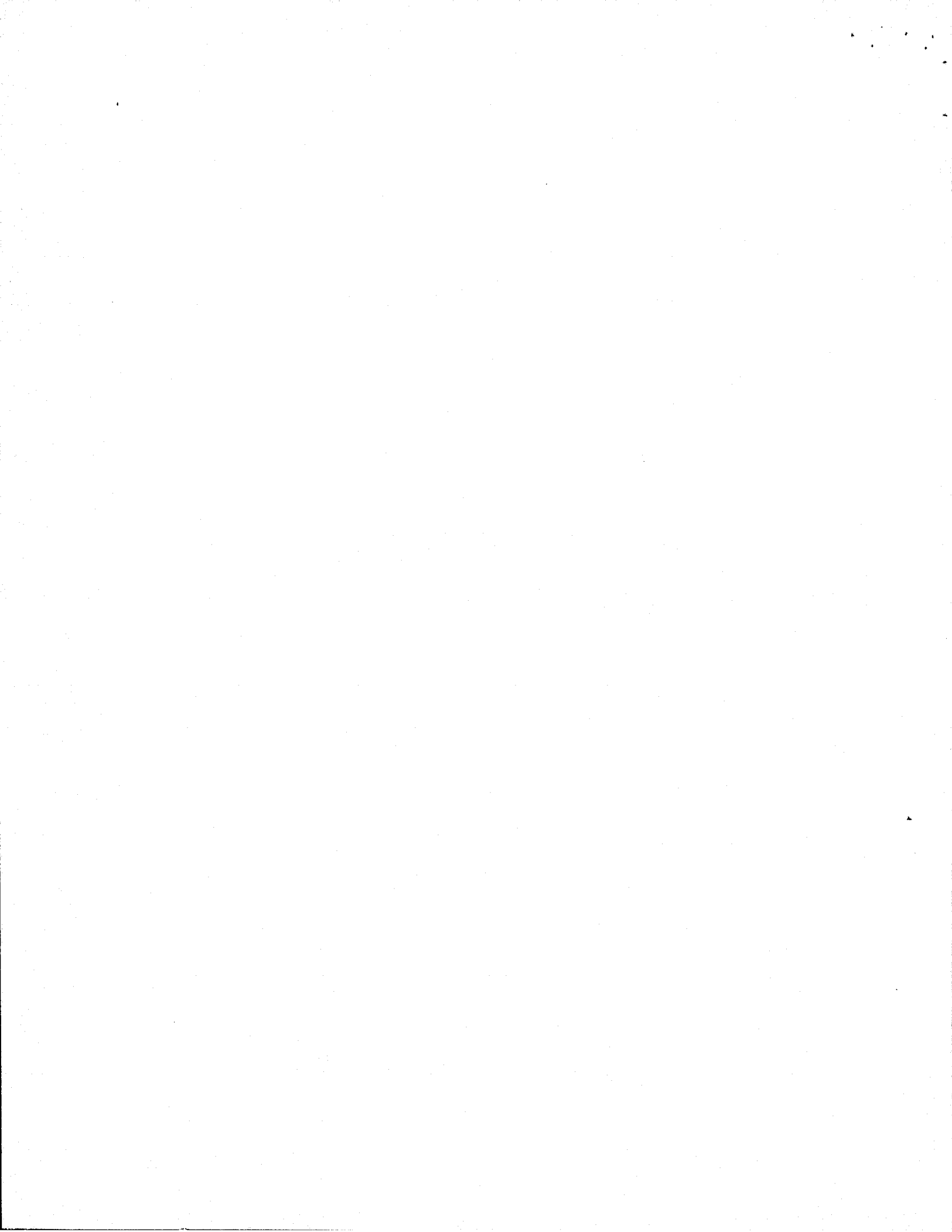
Male Abuser 41.7%
48% of all male abusers are the natural father
23.6% of all male abusers have no legal or implied responsibility for the welfare of the child
28.4% of all male abusers have some legal or implied responsibility for the child other than the natural father

Figure 9: The Age of the Abuser

Under 20 years of age	8.3%
20-29	" 28.7%
30-39	" 27.1%
40-49	" 16.2%
50-59	" 4.8%
60 and older	.8%

The age of the abuser is roughly in line with the average age of persons having primary responsibility for a child.32/

32/ Incidents of Suspected Child Abuse in Maryland (January 1 to December 31, 1975), published by the Division of Research and Analysis of the Maryland Social Services Administration, July 1976.



Montgomery County

Reported abuse in Montgomery County has steadily increased in the last 5 years from only 9 reported cases in 1971, 12 in 1972, a jump to 91 in 1973 when the new legislation and Senate hearings focused community attention on child abuse, 214 in 1974, 358 in 1975 and 258 for the period January through September, 1976. Of the 258 cases through September, 1976, 92 were judged to be founded and 5 were sent to court. Additional cases were possible abuse, but that determination was not made within the legal terms of the State legislation.33/

Often publicity surrounding an extraordinary event increases public awareness and the demand for action. Such an event was the Joanna Stern murder case in which a ten-year-old child was tortured to death by her parents. The case prosecuted by the Montgomery County State's Attorney's Office in March of 1973, highlighted the need for additional services and programs; and because of the publicity surrounding the trial, and the leadership of the State's Attorney and other County Officials in bringing this issue before the public, increased reporting of suspected child abuse. Quite naturally, the rapid increase in the number of reported instances increased the caseload and time involved in investigation and court involvement and taxed existing treatment programs, thereby increasing the need for new and expanded programs to respond to child abuse reports. Increased public awareness from the Stern case and similar cases locally and nationally spurred the County to develop a number of new child abuse programs and added impetus for revision of the state-wide child abuse legislation at the same time that the U.S. Senate was holding hearings on the Child Abuse Prevention and Treatment Act of 1974.

33/ Statistical Unit of the Maryland Central Registry on Child Abuse, Baltimore, Maryland, (statistics for 1971-1975), and Interview, Capt. Gabriel LaMastra Juvenile Aid Bureau, Montgomery County Police Dept., October 21, 1976 (statistics for 1976).

Reporting

During the day-shift, the Department of Social Services receives reports made through the hotline reporting number and notifies the Juvenile Section of the Montgomery County Police Department immediately. Reports which initially go to the police department are immediately referred to the Department of Social Services (DSS). During the night, a DSS worker is stationed in the police department to accept calls. Most reports are responded to within the hour. The largest number of reports come from the school system which accounts for about 35% of all reports.^{34/}

The Board of Education has been the recipient of a child abuse grant from HEW aimed at increasing the ability of school personnel to identify child abuse and increase awareness of the problem.^{35/}

Investigations

When a child abuse case is reported to DSS or the Juvenile Police Section, the report is investigated jointly. When the team arrives at the home to investigate a report, an assessment is immediately made as to the immediate danger to the child if left in the home. If immediate danger exists, the child is removed. The child may later be removed when deemed appropriate by petitioning the Juvenile Court. Following the termination of an investigation, both components provide the State's Attorney with a written report of the findings. The joint investigation precludes the possibility that the DSS worker will be denied entry into the home. This not only saves time, but assures that the child will be removed as soon as possible should the necessity exist.^{36/}

Court Involvement

The legislation allows the Department of Social Services to temporarily remove a child from the home when it is determined that the child is in danger of further abuse if left in the home. After the initial removal or if custody is deemed necessary at a later date, DSS can petition the Juvenile Court for custody of the child either permanently or for a prescribed length of time.

^{34/} Ibid.

^{35/} Interview Mr. Roland Sneed, Department of Health, Education, and Welfare, National Center on Child Abuse and Neglect, May 16, 1975

^{36/} LaMastra, Op. Cit., October 21, 1976

About two-thirds of the cases have some involvement with the court system to decide custody of the child, or to decide on a treatment plan for the abuser to assure that the child allowed to remain in the home will not be abused further, or for indictment. The Captain-in-charge of the Juvenile Section stated that he finds that once an offender is identified and a program of treatment is outlined, repeated offenses are rare and therefore indictment is also rare.37/

Written reports are submitted to the Office of the State's Attorney following the completion of the child abuse investigation. The Office of the State's Attorney is endowed with the responsibility to decide whether or not a case of child abuse is to be prosecuted. If it is deemed that a court action is necessary, a preliminary hearing can be set in the District Court in an attempt to review the facts of the case and work out an arrangement for cooperation of the parent and Social Services. Only about 5 or 6 cases per year reach the Circuit Court for criminal indictment before the Grand Jury.38/

Other Services

Montgomery County has a child Protection Coordinator in the Office of Human Resources who chairs an interdisciplinary team on child abuse. The Child Protection Coordinator is responsible for public information and education on child abuse and is available to persons and groups interested in child abuse prevention.

The interdisciplinary team which includes members from the health profession, DSS, police officers from the Juvenile Aid Bureau of the Montgomery County Police Department, and educators, meets regularly to discuss on-going programs and to review specific child abuse cases. This team is made up of line supervisors of the various agencies.

Montgomery County also has an Advisory Committee on Child Abuse that has been operational for over a year and a half and which replaced the Task Force on Child Abuse that met for two and a half years. The Advisory Committee was formed to review legislation and procedures on child abuse and provide a meeting ground for higher-level

37/ Ibid.

38/ Interview, Assistant State's Attorney Irma Raker, October 22, 1976.

administrator in agencies involved in the child abuse system including a state representative, private doctors and nurses, representatives of the Juvenile Aid Bureau of the Montgomery County Police Department, educators, and representatives of County agencies involved with juveniles including the departments of Social Services, Juvenile Services, and Human Resources. The Committee has recently reviewed the problems of abuse in the institutional setting and the problem of sexual abuse. During a recent six-month period, six cases of sexual abuse were reported, but the problem is estimated to be much larger because of the difficulty involved with obtaining reports of occurrences and the fact that children very infrequently seek outside help due to lack of knowledge that such help exists, fear, and shame.

A number of other services are provided by various agencies and organizations in Montgomery County including family and adult services available from the Office of Human Resources and programs available through Mental Health and Department of Education.39/

39/ Interview, Ms. Ernie Wormwood, Acting Child Protection Coordinator, Montgomery County Department of Human Resources, October 22, 1976.

Prince George's County

Reported cases of child abuse in Prince George's County, the largest suburban jurisdiction in the Washington, D.C. SMSA, has rapidly increased in recent years from 49 reported cases in 1973 to 136 reported cases in 1975. In July, 1976, 17 cases of child abuse and an additional 5 cases of neglect were reported in Prince George's County. Of the 17 reported child abuse cases, 6 were considered founded under the provisions of the State legislation with 2 tried in court, 3 others were charged and arrested but were not tried and one was referred to Pennsylvania. Even in those cases where a verdict of founded abuse cannot be made because of lack of sufficient evidence to charge an individual under the felony clause of the Act, in 90% of the cases the injury can be ruled to be of a suspicious nature, according to the Officer-in-Charge of the Juvenile Section of the Prince George's County Police Department.^{40/}

If the trends in reporting of child abuse hold, and the number of cases reported in July, 1976, indicate that they will, Prince George's County will have over 200 cases reported in 1976. As stated previously, this rapid increase in reporting of child abuse, whether due to actual increases or to increased public awareness and improved legislation, greatly increases the caseload of protective services workers and the time involved in investigation and court involvement and taxes the ability of the criminal justice and social service systems to provide adequate services to the victim and abuser.

Reporting and Investigation

Reports of child abuse may be made to the Department of Social Services or to the Juvenile Section of the County Police Department. Each agency notifies the other of the report and a close liaison is maintained on child abuse cases. The Department of Social Services investigates all reported cases of child abuse or neglect while the Police

^{40/} Interview, Sgt. Brinegar, Officer-in-Charge, Juvenile Section, Prince George's County Police Department, October 29, 1976.

Juvenile Section investigates only cases of child abuse, which is a felony under the provisions of the Maryland legislation. The Police Department will accompany the Social Services worker on night calls or when requested.

Investigations are initiated at once with an assessment of the degree of immediate danger to the child if he/she remains in the home. If a danger exists, removal can be made at once under the provisions of the legislation. Removal at a later date, when deemed appropriate, is obtained by petitioning the Juvenile Court.

The final report of the finding of the investigation is forwarded to the State's Attorney's Office within ten days and the State's Attorney is responsible for determining what further action will be taken on the case in the court system.^{41/}

Court Involvement

The Department of Social Services can temporarily remove a child from the home when it is determined that the child is in danger of further abuse if left in the home, without approval of the Juvenile Court. After the initial removal of the child or if custody is deemed necessary at a later date, DSS can petition the Juvenile Court for temporary or permanent custody of the child.

If the child does not appear to be in immediate danger from the parent and remains in the home and if the parent cooperates with the Social Services worker, prosecution is rare. However, if the State's Attorney's Office on receipt of the final reports of DSS and the Juvenile Section decides to take the case to court, the case can go to the District Court or the Circuit Court before the Grand Jury for indictment. Of those cases sent to the Grand Jury, 60-70% are sent to trial with about 80-90% of those reaching a conviction and about half of those serving a jail sentence.

For the period from May, 1975, through April, 1976, 26 cases of child abuse and sexual abuse were tried in Prince George's County. Sixteen cases were child abuse, nine

^{41/} Interview, Ms. Shirley Anderretta, Department of Social Services, Prince George's County (Social Services process),
and
Sgt. Brinegar, Op. Cit. (Police Department process).

were sexual abuse and one was child abuse-murder. Of these cases, four defendants were sentenced to jail for an average of four years, the murder defendant was sentenced to 30 years in jail, two defendants were sentenced to jail and probation, and 13 were sentenced to probation for an average of almost 5 years. Two defendants were found not guilty, one acquitted, one nolle prosequi, one stet and two pending trial.42/

Other Services

Prince George's County has a number of services and additional agencies involved in prevention and treatment of child abuse including the County Youth Coordinator, Child and Adolescent Abuse Coordinator, Child and Adolescent Abuse Advisory Committee, County reporting hotline (24-hour), Parent Anonymous hotline, and a number of teams at the Prince George's County Hospital including a pediatric Early Identification Team which attempts to identify the child in danger by use of a list of indicators and to provide special counseling to the mothers of these children, and an Administrative Committee which meets with Protective Services at least monthly.

The Child and Adolescent Abuse Coordinator is located in the Department of Human Resources. The Coordinator provides a staff function to the Advisory Committee on Child and Adolescent Abuse, liaison and coordination of child and adolescent services in the County, and works with various agencies and organizations in developing information materials and programs in child and adolescent abuse.

The Advisory Committee on Child and Adolescent Abuse has four subcommittees including:

- 1) Legislation - to review legislation and regulations and recommend necessary changes;
- 2) Prevention and Education - community education and information exchange;
- 3) Resources - needs assessment and review of available resources including development of a training package in cooperation with the Prince George's County Hotline for counseling services; and,

42/ Interview and statistics, Mr. Al Szal, Circuit Court Administrator, Prince George's County, October 29, 1976 and November 10, 1976.

- 4) Adolescent Abuse - special programs for prevention and treatment of adolescent abuse. Prince George's County has developed a treatment model for the adolescent abused, has held numerous adolescent abuse seminars among professionals and has received a \$5,000 grant from H.E.W. through the Maryland HELP Resource Center for monthly conferences and the development of written materials on the special problems of adolescent abuse. This program on the adolescent abused is believed to be the only one of its kind in the United States.43/

43/ Interview, Ms. Grace Caruso, Child and Adolescent Abuse Coordinator, Prince George's County, October 29, 1976.

THE STATE OF VIRGINIA

The child abuse and neglect legislation in the State of Virginia went into effect June 1, 1975, and was incorporated in the Virginia Welfare Act, Section 12.1 on child abuse and neglect. The legislation sets forth reporting requirements, definitions of child abuse and neglect, requirements on investigations, and responsibilities of the agencies involved in child abuse prevention and treatment including seven regional state welfare agencies, one of which is located in Falls Church in Northern Virginia.

The Act provided that:

"The General Assembly declares that it is the policy of this Commonwealth to require reports of suspected child abuse and neglect for the purpose of identifying children who are being abused or neglected, of assuring that protective services will be made available to an abused or neglected child in order to protect such a child and his siblings and to prevent further abuse or neglect, and of preserving the family life of the parents and children, where possible, by enhancing parental capacity for adequate child care." (1975, c. 341) 44/

Reporting

The Virginia legislation requires reporting of suspected cases of child abuse and neglect from any person licensed to practice medicine, hospital resident or intern, nurse, social worker, probation officer, teacher or employee of a public or private school, paid child care workers, Christian Science practitioner, mental health professional

44/ Virginia Welfare Act, Section 12.1 - Child Abuse and Neglect.

or law enforcement officer. Required reporters must immediately report the suspected abuse or neglect to the local department of public welfare or social services. The initial oral report will be taken down by the local department on forms as provided by the State Board of Welfare. Failure to report by those required to do so carries a fine of up to \$500 upon conviction. Subsequent failures are fined between \$100 and \$1,000.

Other persons who have reason to suspect that a child has been abused or neglected may make a complaint to the local department of public welfare or social services or via the toll-free hotline.

The Act provides immunity from civil or criminal liability for persons filing reports made in good faith or participating in judicial proceedings resulting from that report and for persons taking the child into custody under the provisions of the Act. This liability clause is all-inclusive unless it can be proven that the person acted with malicious intent.

Investigation

The local department of public welfare or social services in each jurisdiction is responsible for the investigation of reported child abuse or neglect unless the case involves a possible felony in which case the Juvenile and Domestic Relations District Court is required to investigate the report under the provisions of the Act. When a local caseworker takes a report of a case which appears to involve a felony under Section 18.2-8, Code of Virginia, the caseworker is required to immediately notify the Commonwealth Attorney. The offenses which are felonies can be briefly paraphrased as follows:

- 1) Murder or attempted murder;
- 2) Abduction and kidnapping whether attempted, threatened, or committed. This crime is a misdemeanor when involving a parent and a felony by all others;
- 3) Assault with intent to kill or seriously injure including use of guns, knives, poisons or any other means;
- 4) Extortion by threat to bodily injure a child;
- 5) Rape, carnal knowledge, incest or indecent liberties;
- 6) Performance of an illegal abortion;

- 7) Encouraging or soliciting a child to commit an illegal act including prostitution and sexual crimes against nature; and
- 8) Distribution of certain drugs to children.

An attempt to commit any of the above acts is also a felony. Any other act of child abuse and neglect is considered a misdemeanor not requiring a report to the Commonwealth Attorney and which is investigated by the local department.^{45/}

Court Involvement

The involvement of the court under the legislation is primarily in two areas - determination of custody of the child and investigation and prosecution of felonies committed in the child abuse and neglect cases as noted above.

If during the investigation of a report of child abuse and neglect, it is determined that the child is in danger of further abuse if allowed to remain in the home and if a court order is not immediately obtainable, and if procedures have been developed for placement of the child, the investigator may take the child into custody for up to seventy-two hours without prior approval of the parents. A court order is obtained as soon as possible thereafter. At a later date, the child may be removed from the home by petitioning the Juvenile and Domestic Relations Court for custody of the child. A hearing is held to review the evidence of the case in which an attorney or guardian ad litem is appointed to represent the child. The court may order pertinent psychological, psychiatric or physical examination of the parents, other caretakers, child or siblings of the child suspected of being neglected or abused and may admit that as prima facie evidence in review of the petition.

Central Registry of Child Abuse and Neglect Data

The Bureau of Child Protective Services located in Richmond, Virginia was established in response to the child abuse legislation passed in 1975. The Bureau of Child

^{45/} Social Services Directive 6420.D, felonies related to child abuse adapted from the Code of Virginia. Section 118.2-8.

Protective Services replaced the Bureau of Vital Statistics as the repository of statistics on child abuse and neglect and met a number of other requirements of the legislation including mandates to increase cooperation among various local, regional and State programs in child abuse and neglect, planning and development to improve the response of agencies to reports of child abuse and neglect, public education and training, and maintenance of a central registry of child abuse and neglect reports and preparation of an annual report including a compilation of data from the registry. The Bureau has also established a state-wide 24-hour toll-free telephone number for reporting of suspected child abuse and neglect. When a complaint is received, the local protective service worker on 24-hour call is immediately contacted to investigate the report.

Since enactment of the legislation, establishment of the state-wide reporting number, and publicity surrounding the new legislation, reporting of child abuse and neglect has increased dramatically. In fiscal year 1974, only 426 cases of child abuse and neglect were reported in Virginia. In fiscal year 1975, beginning one month after the effective date of the Act and with establishment of the toll-free number, 21,061 reports of suspected child abuse and neglect were received. Of these reports, the vast majority are suspected neglect cases. The increased reporting is not primarily false reporting because about 70% of all reports are determined to be valid abuse or neglect.

The degree of reporting in the counties and cities of Northern Virginia varies considerably, as noted in Figure 10. The number of reported incidents cannot be used as a reliable indication of how much abuse is actually occurring in any jurisdiction or as a comparison among jurisdictions because of the number of variables determining how much of the actual abuse and neglect is reported, what percentage of each is reported and variation in the severity of a reported abuse or neglect. The 50-fold increase in reporting state-wide in one year following the enactment of the new legislation indicates that a large percentage of the actual abuse and neglect cases may not be reported to the protective services. The level of reporting is, however, an indication of the caseload of the protective service units in the various jurisdictions although the amount of time required to investigate a report and provide the necessary short-term and long-term services to the family may vary significantly. It is evident, however, that the dramatic increase in number of reported cases has taxed the ability of the protective service workers to respond to each case in as much depth when the number of cases assigned to each caseworker has risen rapidly.

Figure 10: Total Incidents of Child Abuse and Neglect Reported by Jurisdictions in Northern Virginia During FY 1975

Arlington County	241	City of Alexandria	220
Fairfax County	448	City of Fairfax	30
Loudoun County	39		
Prince William County	521		

Total reports in these northern Virginia jurisdictions 1,499.

Additional categories of information on child abuse and neglect maintained by the central registry in the Bureau of Child Protective Services includes the ages of the children, the relationship of the abuser to the child, the type of abuse, and the type of individual providing the report. Figures 11 through 14 give a breakdown of the percentage of reports in fiscal year 1975.

Figure 11: Age of the Child Reported as Abused or Neglected

0-3 years of age	26%	10-12 years of age	17%
4-6 "	20%	13-15 "	16%
7-9 "	17%	16 and older	6%

The child six years or younger is highly overrepresented in this group based on the percentage of the total population of children in this age category. As noted elsewhere, even this figure may be low due to the fact that these children are less visible to the community and the school system than older children and less able to bring forth these problems to potential reporters themselves.

Figure 12: Relationship of the Abuser to the Child

Mother	47.1%	Step Father	2.8%
Father	17.2%	Paramour	2.5%
Both Parents	3.9%	Other Persons	26.6%

Figure 13: Type of Abuse

Lack of Supervision	17.1%	Medical Neglect	5.0%
Unattended	10.4%	Abuse - Bruises	5.0%
Disorganized Family Life	16.9%	Abuse - Beatings	8.1%
Lack of Necessary Care	11.0%	Other	29.6%

A total of thirty deaths from child abuse and neglect were reported to the central registry during fiscal year 1975. The two categories of abuse (bruises and beatings) account for a total of 13.1% of all reported cases or approximately 2,750 cases of abuse.

Figure 14: Source of the Report

Neighbor	22%	Hospital/Professional	7%
Anonymous Reporter	13%	Police Department	7%
Relative (Not parent)	13%	Father	5%
School Representative	9%	Mother	5%
Social Worker	9%	Other Reporter	10% <u>46/</u>

It should be noted that with over 21,000 reported cases of child abuse and neglect, a source reporting even 10% of the total reports represents a sizeable 2,100 cases.

46/ Annual Statistical Report, Bureau of Child Protective Services, Richmond, Virginia, Fiscal Year 1975.

Arlington County

Arlington County has a special grant, Pro Child, which began operations in May 1974, with a \$102,000 award from the Department of Health, Education, and Welfare. The program has received a total of \$307,000 over the three years of HEW funding. The program is in the final year of HEW funding but is expected to be continued by the County with State and local funds. Grant funds have been utilized to increase the responsiveness of the Preventive Protective Services program to child abuse by providing alternative placement of children, counseling and treatment of abusers, and a relatively low caseload per social worker to provide more time per family for individualized contacts with the social worker.

Reporting and Investigation

Preventive Protective Services of the Department of Social Services is the agency in Arlington County responsible for receiving and investigating all reports of child abuse and neglect. During the day shift, Protective Services workers provide intake and casework on reports. After hours, the new reporting hotline takes the call and refers them to the caseworker on call. The State hotline is only used when a resident calls that number and the reports are referred back to Protective Services in Arlington for investigation. The police and court system only become involved in the investigation when a felony has been committed in the act of child abuse and neglect. The cases in which this is necessary are enumerated in the State section of this report.

The Protective Services staff includes two supervisors, eight social workers, a nurse, a case aide, a homemaker, and two clerks for a total of fifteen employees. The supervisors provide community education and information, the nurse provides for examination of the child and determination if additional medical services are required, and the homemaker provides various services to the families including training on home management.

During fiscal year 1975, 241 cases of child abuse and neglect were reported to the Preventive Protective Services Program in Arlington County. In fiscal year 1976, 578 newly reported and continuing families and 1,329 children were provided services by the program. The level of service per family is higher than would be possible without the Pro Child grant which provides part of the funds for the crisis nursery with seven day care slots for placement of children, five foster homes, expanded social services to families, and treatment programs. The treatment programs include parent-group treatment, play therapy for children, family therapy, individualized therapy with the social workers for the abused and abuser, and an adolescent girls group for abused girls, including the sexually abused. Treatment usually averages six months to a year for families and individuals but contact may be longer than that period.

A large percentage of the cases reported in Arlington come from the community with about 25% from unrelated individuals and 20% from relatives of the child and from the school system with about a third of all reports. Hospital staffs and private doctors are rare in reporting. The Protective Services staff has attempted to increase reporting by hospitals and private doctors by holding orientation programs, but the percentage of reporting is still low.

When a report is taken of a possible abuse or neglect, the Protective Services worker immediately responds to the call with an investigation of the report. If the report is founded, the social worker makes arrangements for protection of the child by removal to protective custody or by having the homemaker on the staff stay in the home with the child by arrangement with the parents, if these services appear to be necessary until custody and treatment decisions are made.

Court Involvement

The Juvenile and Domestic Relations Court has jurisdiction in child abuse cases. The Court is involved in issues of custody of the abused or neglected child and in investigation and prosecution of felony cases (listed in the State report).

Arlington County very rarely imposes the 72-hour immediate custody provision of the legislation and very rarely removes the child from the home for long periods of time. Only about 10% of all reported cases are

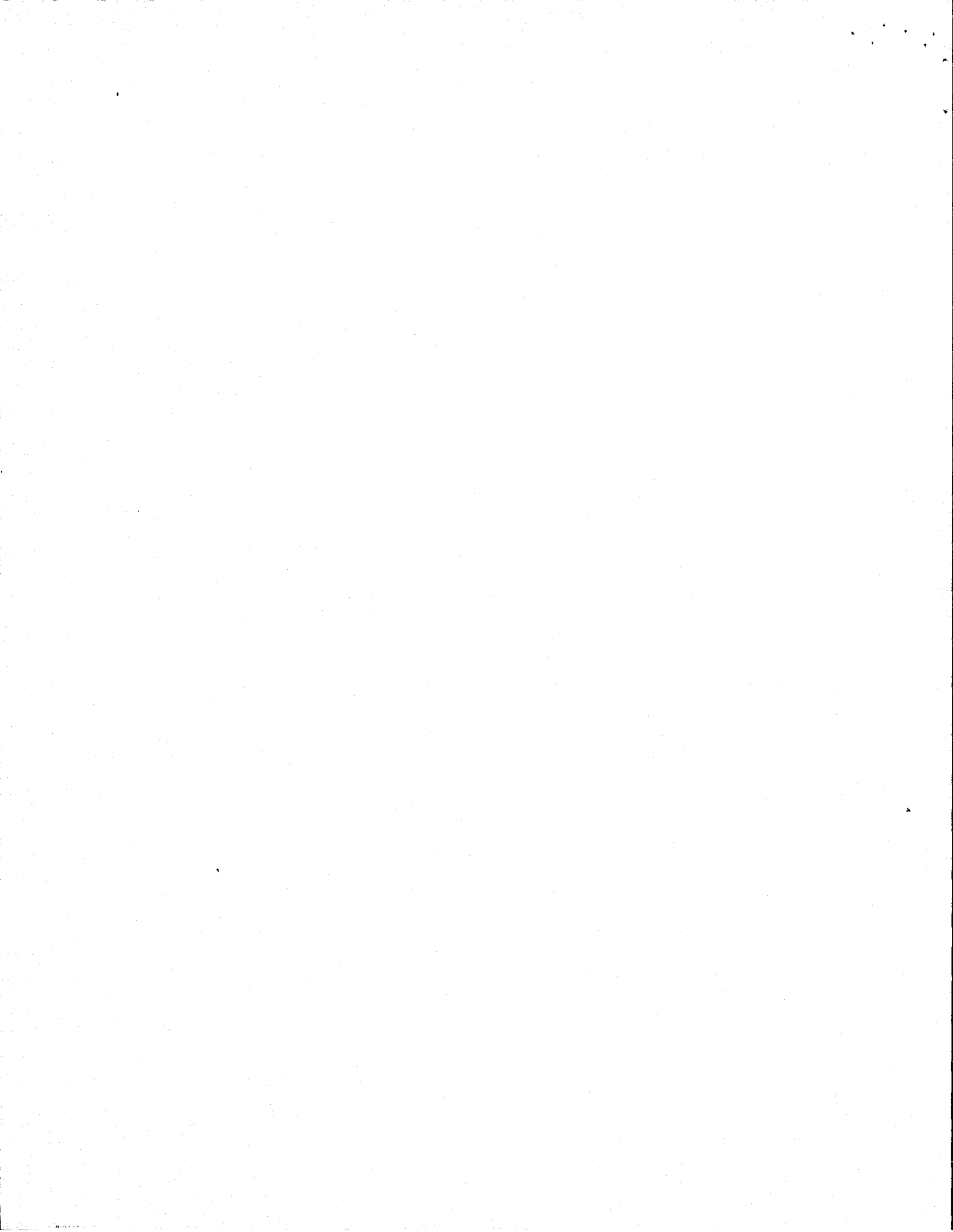
referred to the court for custody hearings when the parents are uncooperative. Often the parent and social worker can reach an agreement on treatment and conditions of custody in the hearing and avoid further involvement of the court. The parent can also sign an Entrustment Agreement to allow temporary placement of the child. The temporary waiving of custody of the child by the Entrustment Agreement keeps the case out of court and allows emergency placement until the family situation can be stabilized. Only about 3% of the children are placed in mid-range placements, most of which are returned to the home in three months.

The Court is rarely involved in prosecution of a child abuse or neglect case. The State has set forth a list of felonies applicable to child abuse which must be submitted by Protective Services to the Court via the Commonwealth Attorney. The Court usually only brings actions in severe cases such as murder, serious assault, rape and drugs.

Other Services

In addition to special treatment programs included in the reporting and investigation section above, Arlington County has a number of alternatives to long-term placement such as crisis nurseries for short-term day care services to abusive mothers in need of temporary care for the child outside the home and foster homes for short to mid-range placements. The County also has a reporting hotline, public awareness and community education programs, and a special multi-disciplinary team of legal specialists, health practitioners, psychiatrists, nurses, school representatives, and social workers to review the protective service approach to specific cases of abuse and neglect and improve service delivery.^{47/}

^{47/} Interview, Ms. Marsha Moss, Director, Pro Child of Arlington County, November 5, 1976.



Fairfax County

The Child Protective Services section of the Department of Social Services receives and investigates the child abuse and neglect cases reported in Fairfax County. During fiscal year 1975, 448 incidents of abuse and neglect were reported in Fairfax County and 30 in the City of Fairfax.

Reporting and Investigation

Fairfax County has a coordinator and eleven Child Protective Service workers in two units - intake and treatment. The Intake Unit has five workers including a team leader who covers the phones to take reports and four protective service workers who are assigned to cases for investigation. When a determination is made that a case is valid, it is assigned to the Treatment Team for follow-up and treatment. The Treatment Team consists of a team leader and five workers. One of the treatment workers is assigned to monitor those cases referred to other treatment programs such as the Mental Health Department and Alcoholics Anonymous, one is organizing a Parent Aide Program of volunteers with paraprofessional training to aid the abusive parent whenever possible to supplement social worker contacts with the family, and other members of the Treatment Team provide various forms of treatment including individualized and family counseling as well as providing liaison with local agencies, hospitals and community groups.

The caseload on the two Teams is high. The four intake workers must cover a county with over a half million people and 500 square miles of area, the largest county population in the Virginia portion of the SMSA. The treatment workers maintain an average caseload of 35-40 cases per worker with many cases remaining open and in treatment for six months and serious cases in long-term treatment for eight months to a year. Referrals to other agencies and organizations and the contacts maintained by the Parent Aides tends to keep the caseloads manageable.

Reports of child abuse and neglect are made to the Child Protective Services section during the day-shift. At night a switching device provides information on how to report the incident to the State reporting line. The reports are taken by the State and the social worker on call is notified to provide immediate investigation of the report. The Commonwealth Attorney is provided with a report of the incident for investigation if the reported incident involves a felony under the Virginia legislation.

Court Involvement

Fairfax County Protective Services rarely has a case that requires criminal prosecution, but the Juvenile and Domestic Relations Court holds a large number of custody hearings. Within five days after removal of the child from the home, a court hearing is convened to determine if the child will remain in custody or be returned home. Similar hearings are held at intervals to review treatment progress and to assure that the child will be returned home when the home environment has been normalized and the child is no longer in danger. The emphasis is on returning the child as soon as the home atmosphere warrants and on trying to maintain the child in the home, but this is sometimes not possible. In cases where placement is indicated, rather than place the child in foster care, efforts are made to provide alternative placement within the family such as grandparents.

Other Services

Although Fairfax County does not have an advisory committee or multi-disciplinary team, the staff is in close contact with various agencies and the county hospital. Other programs available in Fairfax County which affect the occurrence or treatment of abuse and neglect include a preventive program in parenting education offered by the Fairfax County school system, foster care program, community education and the Parent Aide Program.^{48/}

^{48/} Interview, Mr. Gerald Anderson, Chief, Child Protective Services, Fairfax County, Virginia, November 4, 1976.

Loudoun County

Only 39 cases were reported to the Loudoun County Department of Social Services according to the Virginia Bureau of Child Protective Services in Richmond. This figure does not accurately represent the caseload of the social service worker, as in many cases in which abuse or neglect cannot be ruled under the provisions of the legislation, the family is in need of services to prevent the disintegration of the home environment and the resultant effects on the child. These services are necessary functions of the social service agency, but they do increase the caseload of the worker and can only be performed as time permits. In Loudoun County, the Department of Social Services is the agency designated to take primary responsibility for local child abuse and neglect activities.

Reporting and Investigation

During the day, reports of suspected incidents of child abuse and neglect may go to the County information line to be referred to the Department of Social Services or to the Sheriff's office. During the night, almost all of the reports are filed with the Sheriff's office. The Department of Social Services has a social worker on duty 24-hours a day to investigate calls reported to the County line or the Sheriff's office or to the State hotline. The Sheriff's office only is involved in the investigation if the case is a felony and the legislation requires reporting of a felony to the Commonwealth Attorney for a determination as to whether or not to prosecute the case.

Court Involvement

Only a very small percentage, about 3%, of the cases reported in Loudoun County are prosecuted for child abuse and neglect. Over the last year, no cases have resulted in criminal prosecution.

The case may go to trial over custody of the child, however, the emphasis in Loudoun County is on keeping the

child in the home. A large majority of the cases reported are categorized as "disorganized home life" and removal of the child is usually not necessary. Court action may be requested in treatment of the parent when the parent is uncooperative, but social workers have found that treatment that must be ordered by the court is rarely successful due to lack of motivation on the part of the parent.

Other Services

Loudoun County has an advisory committee with representatives from Social Services, the school system, the health department, and medical profession. Contact is maintained with the Pro Child program and training is provided by the regional office in Falls Church.

In-depth treatment services are provided to founded cases by the social worker for about 2-3 months and contact is usually maintained perhaps monthly thereafter for several months. Unfounded cases in which the need for services is indicated are usually active about three months. A mental health counseling clinic open to any county residents accepts a number of social service referrals. The PIE - Parent/Infant Education - program which works with the parents' relationship to the very young child is another primary outside referral source. Social workers provide group treatment whenever possible. Other services available include foster care and day care centers for temporary care of children from abuse or neglect situations.49/

49/ Interview, Ms. Paula Busse, Department of Social Services, Loudoun County, Virginia, Nov. 1, 1976.

Prince William County

Prince William County Protective Services is split into two regions for geographic reasons. The Triangle office has three receptionists to take calls, one investigator and three caseworkers; the Manassas office has three workers who receive and investigate complaints and two caseworkers. The caseload is heavy with 521 suspected incidents reported to the Bureau of Child Protective Services in fiscal year 1975. The majority of these cases were determined to be founded by the investigators.

Reporting and Investigation

During the day, reports of abuse and neglect are received by the workers in the Protective Services offices. At night, volunteers from the Department of Social Services take calls and refer the call to a worker for response. The police department and State reporting line receive some calls which are referred to Protective Services.

The primary sources of reports are the school system and the community. About half of all reports come from these two sources. Local social agencies, police, hospitals, private doctors and nurses, and family members report the rest of the cases.

When the report comes into Protective Services, the intake worker receives the report, fills out the forms and asks pertinent questions; the investigator makes a site visit to assess the situation and make a determination of founded or unfounded and refers those cases requiring court involvement to the Commonwealth Attorney; and the caseworker provides the primary treatment for the abuser and the child. Some referrals are made to mental health clinics for psychological treatment and some other referrals occur as necessary. When the case is eventually closed, it is often referred to another county agency for additional followup as necessary.

Court Involvement

Cases in Prince William County very rarely require involvement of the Commonwealth Attorney for prosecution with the exception of possibly one or two incest cases in a year. The primary involvement of the court is in custody cases which are also rare and amounts to about five cases per year. Most of the custody cases are situations of abandonment where alternative placement is usually long-term.

Other Services

Prince William County has a multi-disciplinary team with the Director of Protective Services as the chairman and with representatives from most of the county agencies and reporting sources including the Department of Social Services and Protective Services, police department, probation officers, mental health practitioners, school system, pediatricians and public health doctors and nurses, and representatives of the local hospitals.^{50/}

^{50/} Interview, Ms. Gloria Washington, Coordinator of Protective Services, Prince William County, Virginia, November 4, 1976.

City of Alexandria

During fiscal year 1975, 220 suspected child abuse and neglect incidents were reported in the City of Alexandria, accounting to the Bureau of Child Protective Services in Richmond. The first four months of calendar year 1976, monthly new intakes averaged forty a month. The State figure for child abuse and neglect in Alexandria may be much lower than the actual reported cases as Alexandria reports only substantiated cases to the registry.

Reporting and Investigation

During the day, reports are received by Social Services; during the night, the Alexandria Hotline or the State hotline receive the calls and notify the social worker on call.

The Social Services unit has seven workers including the supervisor with a dicotomy of functions for intake and investigation. The social workers are highly trained and five of the six workers have masters of social work. The caseload of the workers is extremely high with about 40-50 cases per worker.

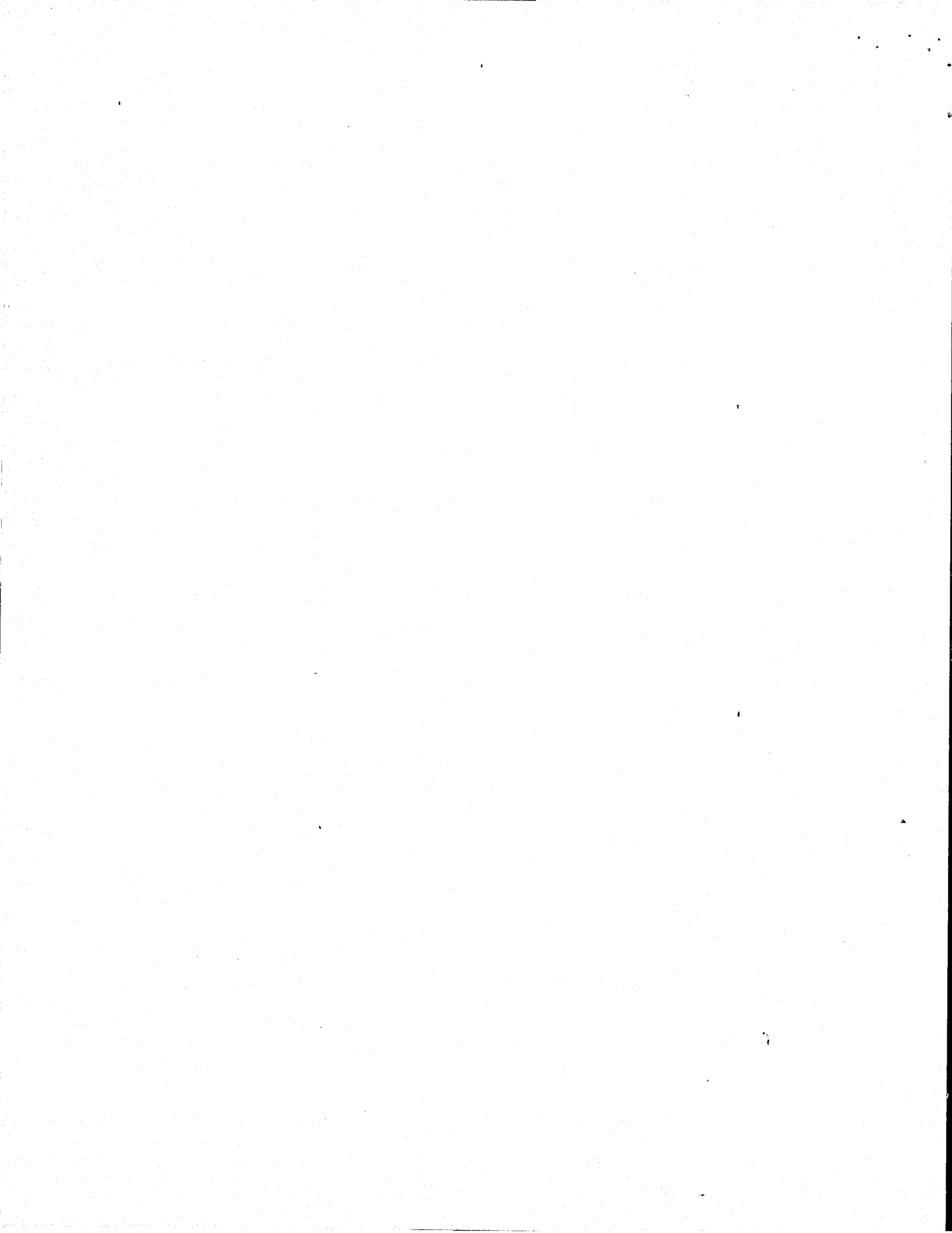
Court Involvement

Involvement with the court is minimal. Very few of the children are removed from the home and criminal prosecutions are very rare.

Other Services

Individual counseling and treatment is provided by the social workers. Family and group programs are provided as needed. The treatment available by the social workers is supplemented as indicated by referral to various organizations including mental health, medical and day care facilities. A homemaker service is available to teach the parent in home management as a large number of reported cases are neglect and "disorganized home life".^{51/}

^{51/} Interview, Ms. Fran Rosenfeld, Supervisor, Child Protective Services, City of Alexandria, Virginia, November 5, 1976.



RECOMMENDED SERVICES IN PREVENTION, PROTECTION
AND TREATMENT IN CHILD ABUSE AND NEGLECT

Based on the suggestions of the U.S. Department of Health, Education, and Welfare Children's Bureau, Senate hearings of the Subcommittee on Children and Youth and the Child Abuse Prevention and Treatment Act of 1974 which was approved pursuant to those hearings, model reporting laws such as the one developed by the Institute of Judicial Administration in New York City under an H.E.W. grant, and various research studies on child abuse and neglect, the following are recommendations for the development of a model child abuse program:

Prevention

There is a need for programs aimed at preventing child abuse and neglect before the damage can be done. In a large number of incidents, the child abuse or neglect is never reported to a social/protective service agency. Add the number of incidents that are less visible to the public because the child is too young and remains in the home out of the public eye or those children suffering from verbal or psychological abuse where the scars are just as destructive as some physical scars but where no outward signs are visible, and we realize that very many cases of abuse and neglect exist that we never have reported. Even in those cases that are reported, we are coping with the problem after considerable damage has already been done. Based on research that says abused children tend to become abusive parents, we cannot hope to have success in eradicating future child abuse unless we can prevent present abuse from occurring.

In a society where education and skills are so highly regarded, we neglect educating individuals for a task as important as parenting. This requires the parent to fall back upon learned models and if that model is poor, so will be the parenting which results. As stated in the introduction of this report, the abuse sustained by the parent in childhood provides a model of behavior that often is replicated as a parent. Unless the cycle of abuse can be broken at one point by revision of the

parenthood model, each generation of abused children will perpetuate the abuse into the next. Classes in parenting for abusive parents in treatment, adults with children who need additional information on child development, adults and youth contemplating parenthood, and students as a part of an approved curriculum should be provided at times and costs appropriate to the audience anticipated.

Services need to be provided to the parent with already identified problems - the parent who is experiencing problems which may be manifested as abuse or neglect as well as the parent who has already victimized the child. Services to these parents could include a counseling hotline manned by trained professionals, a Parent's Anonymous hotline staffed by previously abusive parents for those individuals who are not comfortable talking to a professional counselor but who need some form of help, mental health clinics with group counseling, and emergency day care services provided by the jurisdiction or by private organizations such as the churches or other non-profit organizations.

Reporting

Not all cases of child abuse are reported even when the laws require reporting of all suspected cases. As stated in the introduction, it has been estimated that 10-100 times as many incidents of abuse and neglect may occur as reported. As an example, Virginia had 426 cases of abuse and neglect reported in 1974; when the new reporting law was enacted, the reporting in 1975 leaped to 21,061 cases. Obviously, actual cases did not increase by 20,635 cases in one year. The fact that a majority of these additional cases proved to be valid indicates that the incidents were there but were never reported. Many times the child is seen by several professionals required to report child abuse and only one will report the incident. The individuals who did not report this case surely saw other cases which may not have been seen by another referral source and, therefore, were never reported.

A reporting law, to be effective, must require reporting from all persons who come into contact with a child who is suspected of being abused; must provide simplified procedures for investigating the charge and initiating protective and treatment measures; and must provide immunity from civil or criminal prosecution for those individuals reporting in good faith.

Studies of reporting have indicated that failure to report can be the result of any of the following:

- 1) Insufficient training to enable the individual to distinguish between accidental injury and intentional abuse;
- 2) The tendency to feel that the abusive parent is psychotic and that any individual in their family, in their neighborhood or among their friends could not be a child abuser, though studies note that only about 10% of all abusers are too seriously mentally ill to be treated while the child remains in the home;
- 3) The tendency to believe that what occurs in the family is private and that outside interference is unwarranted;
- 4) Lack of knowledge as to the process set in motion when a report is filed. Unless the individual who can report understands that the primary objective of the report and subsequent action is the identification of the child in need of protection, (about a quarter have been shown to receive additional abuse resulting in permanent injury when no intervention results), and treatment and rehabilitation of the parent rather than conviction and punishment, reporting will continue to be rare;
- 5) The drain on time, finances and emotions required to report a suspected incident, justify the report to the parent if that parent is a relative, neighbor, medical patient, etc., provide information in the necessary scrutiny associated with the investigation, appear in court before the parents and attorneys, added to the fear that the accusation may be unjust;
- 6) Fear of liability to prosecution if the report is not verified and if provisions for immunity are not included in the legislation;
- 7) Lack of faith in the ability of the public service sector to effectively treat the problem which is increased by the fact

that staffing of these agencies is often insufficient for the level of workload. Once a professional who comes into frequent contact with children who may be abused, such as hospital emergency room staff, is disillusioned by the investigation, followup and treatment or disposition of the case, or receives inadequate feedback from the system about treatment and disposition, future incidents may not be reported;

- 8) Lack of visibility of the child to the community. While the older child is seen by the school system (75% of all reports involve school-aged children), the younger child remains almost exclusively in the home and the abuse may defy detection if the parent avoids taking the child for medical services; and
- 9) Any number of other reasons or justifications such as the belief that others are more qualified to intervene, shared beliefs in strong discipline, etc.

In order to increase reporting, training programs must be provided to all professionals who may come into contact with children who have been abused or neglected in how to spot abuse, how to approach the parent with the knowledge that a report is required, and what is to be expected following filing of the report. Similar programs must be developed to educate the public on these issues which can be provided in PTA's, churches, town meetings, radio and television programs, and through any number of innovative approaches. If we educate the public and professionals to recognize abuse; that it is their duty to initiate a report that will be supportive, rather than accusatory; convince them that the process really is geared toward protection rather than punishment; teach them that many people are capable of abuse under the right set of circumstances and broaden their understanding of what is damaging to the development of the child; simplify the process so that reporting is not a large sacrifice; and allay fears about liability and outcome of the report, we have removed most of the reasons for failure to report.

Legislation should provide for a central registry of child abuse and neglect reports which includes pertinent information for analysis of the characteristics of the abuser and victim, circumstances surrounding the abuse,

action taken by local social service and law enforcement agencies, validity determinations, and custody or other court actions and dispositions. This information should be compiled annually and published in brief form for use by local agencies in determining the level of services required by the jurisdiction for planning purposes, and for the development of public education materials.

Investigation and Protection of the Child

If the language of the legislation and the intention of the investigation is accusatory, especially if the legislation is included in the criminal code and specific charges for various actions are provided, the reporter takes on the role of the individual making an allegation of criminal activity. Where the reportable abuse includes only incidents in which the injury is willful or intentional, the reporter is required to make a determination of intent and required to specify a perpetrator. Obviously, reporting will be minimal and the injuries sustained will be extreme because the reporter will tend to avoid the accusation unless the abuse is obvious. A child may have suffered repeated serious abuse before a report is filed due to the serious nature of the report. The complicated process involved in trial of a criminal case will further reduce the inclination to report a suspected incident.

Criminal prosecution requires proof of the intent to injure the child. The fact that over 90% of all child abuse occurs in the home, usually in the absence of witnesses, and because the child is often unwilling or unable to provide admissible testimony, and spouse and siblings are usually unwilling to testify, successful prosecutions are rare. An unsuccessful prosecution may return the child to a home where the situation has not been improved and the court process may have increased the animosity of the parent toward the child. These unsuccessful prosecutions and largely detrimental outcomes discourage future reporting without improving the position of the child. Clearly, there are instances in which prosecution is warranted. When a felony has been committed in seriously injuring or murdering the child, prosecution may be in the best interests of society, but any decision to prosecute the parent must not overlook the best interests of the abused child and other children in the family.

If the primary intent of the investigation is to gain a thorough understanding of the situation and to provide the best possible protection for the child, and appropriate treatment and rehabilitation for the parent with intent to preserve the family when the best interests of

the child can be so served, the investigation must be non-accusatory and basically fact-finding. This function is perhaps best fulfilled by a social or protective service-oriented agency which can provide the investigation, child protection and rudimentary treatment services in-house with referrals to outside agencies when needed. The involvement of a social agency rather than a prosecuting agency is much more likely to illicit cooperation from the parent and decrease reluctance associated with filing a report. If the case involves a crime which requires removal of the child, the court system becomes involved in the case and a determination of necessary prosecution can be made at that time, if warranted. In most serious cases, a custody hearing is held within 24 to 48 hours, so any delay in prosecution is minimal.

Any agency authorized to provide the investigation and services to the victim and parent must be staffed by fully trained and experienced workers. A multi-disciplinary approach is preferable, including social workers, psychiatrists and psychologists, hospital representatives and medical practitioners such as pediatricians and nurses trained to work with child abuse victims, and representatives of the court and enforcement agencies and any other agencies routinely in contact with child abuse victims or abusers. Citizen representatives and educators may be included if the team is to be an advisory board. Advisory boards should be staffed by representatives of the various agencies in a position to speak for the agency in matters of policy. In order to assure the protection of the child and treatment of the parent, a smooth information flow and high level of cooperation must exist among the various agencies and organizations involved in the child abuse system. Advisory boards and multi-disciplinary teams can increase this cooperation and assure that the needs of the system are adequately understood.

Adequate facilities must be provided for temporary care of the child in danger of subsequent abuse while the parent receives treatment. Due to the rapid increase in the number of reported incidents of child abuse and neglect, the provision of sufficient foster care, shelter care and emergency day care facilities for temporary placement and adoption or long-term foster care for permanent placement, has become a problem in many jurisdictions. Without sufficient care facilities for temporary or permanent placement of the victim, the child is returned to the home prematurely and the result is usually subsequent abuse.

Treatment and the Court's Role in Rehabilitation

Treatment of the abusive parent is a necessity because society cannot remove every child who is abused or neglected. Virginia, with the highest number of reports, had over 21,000 suspected cases reported in 1975 with about 12,000 verified. There are not enough placement facilities to accommodate that many children on a one-time basis much less on a continuing basis. Even if we could remove every child abuse or neglect victim, most abusers have other children who may be in danger.

Steele and Pollock, psychiatrists at the National Center for Prevention and Treatment of Child Abuse and Neglect, noted that only about 10% of all abusive parents are too mentally ill to be helped while the child is in the home and perhaps another 10% will not respond to treatment for various reasons (see section on the causes of child abuse). This leaves about 80% of the abusive parents who can be treated, if facilities and knowledge are available. As stated by Captain LaMastra of the Juvenile Aid Bureau in Montgomery County, repeated offenses committed by parents who have been identified and placed in intensive treatment programs are rare, but the number of persons who can be placed in these limited facilities are all too few.

Because treatment programs are voluntary unless the court orders treatment and because the psychological problems common to parents who abuse their children predisposes them to drop out of the program, the court must often step in and require treatment of the parent as a condition of child custody. Court coercion of abusers to participate in treatment may be particularly important with those parents who are part of the two largest categories identified by Gil -- 1) abusive parents who believe they are within the normal bounds of discipline, and 2) parents who tend to abuse children out of emotional instability. In the first case, parents fail to realize that physical punishment extremes are as abusive as they are, and in the second, the emotional instability of the parent increases the likelihood that the treatment program will seem threatening to the individual and result in refusal to participate.

In order to provide optimal services to the abuser and the child and to act in the best interests of all concerned - society, child and parent - the court must assure the provision of:

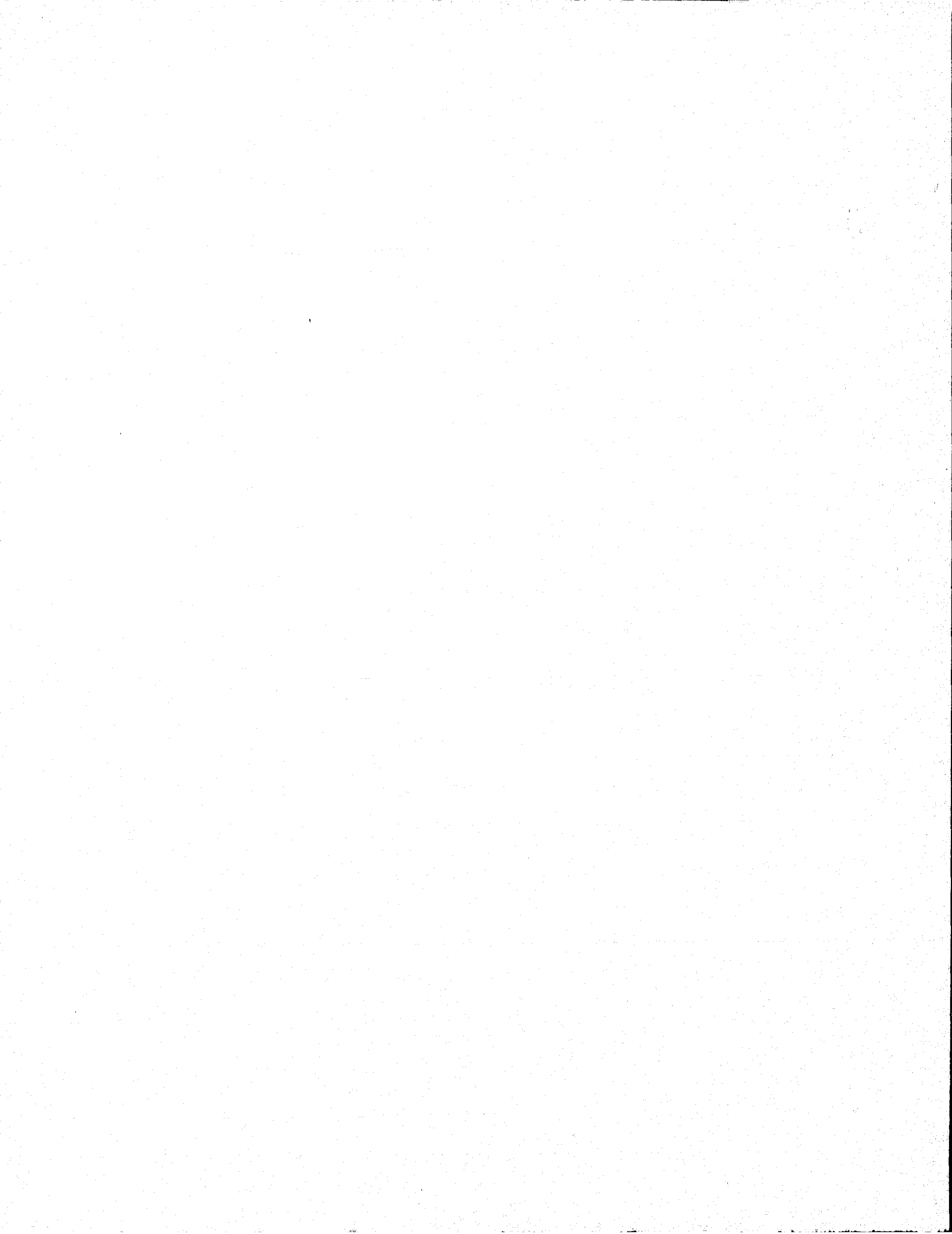
- 1) Treatment services provided to the abuser on an individualized program taking into account the emotional and behavioral difficulties of the parent;

- 2) Protection and care provided to the child;
- 3) Representation of the child in any actions initiated (Guardian ad litem);
- 4) Training for judges involved in the disposition of child abuse cases or custody actions with up-to-date information on research in child abuse treatment and prevention and facilities and services available to the jurisdiction for treatment and placement; and
- 5) Cooperation among social service-oriented agencies and the court to assure that the child is not returned to the home without input from all agencies as to the present family situation.

Research

In addition to the services provided to children and parents involved in abusive behavior which has already occurred, there is a need for continued research into the causes and treatment of child abuse and neglect and for continuing public education to assure that the findings of this research reach the public and professionals in the field.

For every act of child abuse prevented, not only is the child protected and the family retained intact, but a new generation of children can be foreseen that will be spared the problem of child abuse. Society gains in its mental health, in the protection of its children and families, in a probable decrease in violent crime and delinquency, and in the costs of child abuse - both the costs of services and the costs of human beings. How do we assess the cost of even one child?



END