Missouri Child Abuse Investigator's Manual

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Juvenile Specialist Program
Institute of Public Safety Education
College of Public and Community Services
University of Missouri
and
University Extension Division

in cooperation with
Missouri Council on Criminal Justice

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Editor:
Richard D. Ruddle M.S.

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Richard D. Ruddle

Columbia, Missouri
May 1981

In 1829 Ann Chapman, who was twenty-eight, was hanged for attempting to strangle her three-weeks-old baby at Acton, Middlesex. The verse is taken from a broadsheet.

Now mothers all, whose tender hearts
Doat on your infants dear,
Think of Ann Chapman's cruel act,
And shed a pitying tear;
With no compassion in her heart,
Even when her infant smil'd,
She with a cord did rashly aim
To strangle her dear child.

She left it in a ditch to die,
Where chance no one might lead,
But Providence, with watchful eye,
Revealed the cruel deed.
The infant sav'd—from the intent
A public death to prove,
She warns all women who forget
A tender mother's love.

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Preface

The Missouri Child Abuse Investigator's Manual is composed of four basic parts. The first part is devoted to Missouri law and it's application in suspected cases of child abuse and neglect in both the civil and criminal context. It is intended to assist the investigator in the proper and legal handling of such cases to assure resolution of each case in the best interest of the child.

The second portion of this manual is concerned with development of the ability to recognize indicators of abuse and neglect and provide a basic understanding of the medical implications.

Part three furnishes information regarding the abuser and the abusing family from a behavioral standpoint. An understanding of family relationships will aid the investigator in detecting hazardous situations through observation of interactions during the course of the investigation.

The fourth part of this manual deals with investigative techniques and procedures used in conducting an investigation of suspected cases of abuse and neglect. The mechanics of reporting is explained and sample forms provided. Reference is made to relevent materials in the other sections of the manual.

There are three (3) appendixes included in this manual. Appendix A. provides a glossary of terms. Appendix B. contains a catalog of library resources available from the Region VII Child Abuse and Neglect Resource Center to assist the investigator or trainer. Appendix C. lists resource agencies for the investigator and supplies a register of existing area councils on abuse and neglect in Missouri along with their Chairpersons.

Although this manual was writtern for law enforcement personnel, it lends itself to use by members of other disciplines who may become involved in the handling of abuse and neglect cases.

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PART ONE

Legal Aspects of Abuse and Neglect

CHAPTER ONE

What is Abuse and Neglect?

Child abuse and neglect is usually divided into four general types: physical abuse, sexual abuse, emotional maltreatment, and neglect. Our concern in this chapter will be to familiarize those involved in the child protective system with the legal aspects of these four major categories. It is important that law enforcement officers become familiar with the various formal definitions of these categories in relation to three distinct areas of the law relating to child abuse and neglect:

- *Criminal law* - those forms of child abuse and neglect which are crimes.
- *The Juvenile Code* - those forms of child abuse and neglect which authorize the court to require child protective services and, when necessary, remove children from their parents.
- *Child Protection Laws* - those forms of known or suspected child abuse and neglect which require reporting by some persons and permit reporting by others. These reports activate the child protective process which can result in either juvenile court or criminal court action.

Although there has been somewhat of a convergence of the definitions, the intent of each differs with the focus on how the abuse and neglect will be dealt with. The criminal law focuses on specific acts and mental states necessary for possible criminal prosecution. The juvenile code will focus on harm to the child as justification for taking protective steps in relation to the child. Finally, child protection laws attempt to describe situations which give rise to sufficient cause for concern ("reasonable cause to *suspect* abuse or neglect" is the statutory standard) to require the investigation of the home situation and assessment of danger to the child by some appropriate investigative agency [The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect, U.S. Dept. of HEW, 1979].

Civil Abuse and Neglect

Child abuse and neglect from the civil aspect must be considered in two contexts:

- That which requires or permits reporting, and
- That which invokes the jurisdiction of the Juvenile Court.

For purposes of reporting in Missouri [RSMo 210.110], abuse and neglect are defined as follows:

"Abuse" - any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for his care, custody and control. [RSMo 210.110.1(2)]

"Child" - any person under eighteen years of age. [RSMo 210.110.1(2)]

"Neglect" - failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, or medical, surgical or any other care necessary for his well-being. [RSMo 210.110.1(5)]

"Those responsible for the care, custody and control of the child" includes but is not limited to the parents or guardian of a child, other members of the child's household, or those exercising temporary or permanent care of a child. [RSMo 210.110.1(6)]

These definitions of child abuse and neglect determine the conditions which constitute reportable circumstances (for who is required to report - see section entitled "Who is Required to Report"), they are not meant to constitute definitions under which a child may be *adjudicated* abused or neglected (see discussion of Juvenile Court). For purposes of reporting, the terms as defined describe the conditions of the child, *not* the acts or omissions of those responsible for the child's care. The terms "physical injury," "sexual abuse," and "emotional abuse" are meant to be interpreted according to their common understanding. The reporting act is meant to be remedial rather than punitive. As stated earlier, the focus of child abuse and neglect should not be on who caused the abuse or neglect, but has a child in fact been abused by *someone*. Missouri's law reflects this attitude in that it is more than just a "reporting law." Its goals are discovery of the underlying causes and prevention of child abuse* [Governor's Committee for Children and Youth, House Bill 578 - Child Abuse and Neglect - A Background Paper (Feb. 7, 1975)].

In contrast, the juvenile court in Missouri is given exclusive original jurisdiction and can take action in cases involving any child who is a resident of or found within the county and who is alleged to be in need of care and treatment because:

- The parents or other persons legally responsible for the care and support of the child neglect or refuse to provide proper support, education which is required

by law, medical surgical or other care necessary for his well-being; except that reliance by a parent, guardian or custodian upon remedial treatment other than medical or surgical treatment for a child shall not be construed as neglect when the treatment is recognized or permitted under the laws of this state; or

- The child is otherwise without proper care, custody or support; or
- The behavior, environment or associations of the child are injurious to his welfare or the welfare of others. [RSMo 211.031.1(1) (2-B)]

Additional grounds for taking jurisdiction are also set forth in the statute but are not of primary concern in abuse cases.

NOTE: A report is required when there is reasonable cause to suspect that abuse or neglect has occurred, but the court can only take action if one or more of the aforementioned conditions exist.

The degree of "abuse" or "neglect" involved for reporting is much less than that for agency intervention into the family. For purposes of this manual, we will break child abuse and neglect into the four major areas as dealt with in The Reporting Act to develop a basic understanding of the parameters of abuse/and neglect.

Physical Abuse

The basic concern in the area of physical abuse is the nonaccidental injury of a child.

Examples:

- Peggy, 15, likes a boy in the neighborhood whom her parents dislike. She has been at a school party with him and returns home at 11:30 p.m. Her mother beats her with a metal clothes hanger and calls her a whore and a tramp. This was not the first time this has happened and she has been whipped in the past with a cord and a broomstick. Peggy is a victim of physical abuse.
- A child of 3 is brought in to the local emergency room with the following: cigarette burns on the hands, feet and buttocks, and a broken rib. The child has been physically abused.

Neglect

Neglect of a child includes the failure to provide necessary support and care for a child, including appropriate food, clothing, supervision, adequate housing, required education, and medical or surgical care necessary to sustain the life and health of the child. In this general definition, the caretaker responsible for the child may either deliberately or by extraordinary inattentiveness permit the child to experience avoidable present suffering or fail to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

The investigator must be cautious, however, as there is a fine line between cases of willful neglect and acceptable minimum standards of living. Poverty must not automatically be equated with neglect.

Physical neglect is "suspected" if the following conditions exist:

- Abandonment—leaving a child unattended or inadequately supervised for excessively long periods of time. An example of abandonment would be a situation in which parents or other caretakers leave a young infant in a car while they attend a movie; where parents leave children at home alone for long periods; or where parents totally abandon or desert a child.
- Lack of Supervision—a failure of the parent to account adequately for a child's actions and whereabouts.
- Nutritional Neglect—both a failure to provide sufficient quantities of food, and a failure to provide acceptable quality of diet (i.e., appropriate nutrients). An example of nutritional neglect would be a case where a parent provides so little food to a child that it suffers malnutrition.
- Medical and Dental Neglect—a failure of the caretaker to recognize medical and dental problems or obtain appropriate treatment. An example of medical neglect would be a case where a caretaker fails to obtain eyeglasses for a badly cross-eyed child after repeatedly having been informed by school officials that the child has poor eyesight and needs glasses.
- Educational Neglect—a failure to provide for a child's educational development. An example of educational neglect would be a situation in which a caretaker refuses to permit a child to attend school and makes no other provision for the child's education.
- Inappropriate or Insufficient Clothing—a failure to provide minimum quantity and quality of clothing to a child. An example of clothing neglect would be a situation in which a child has clothes which are unwashed and torn or clothing inadequate to protect the child from cold and rain.
- Shelter Neglect—a failure of the caretaker to provide basic minimum standards of adequate shelter (i.e., space, heat, and sanitation). An example of shelter neglect would be a case where a child's home is inadequately heated, unsanitary and unsafe.

Behavioral and physical indicators of neglect which can help the investigator in deciding whether neglect may have occurred are as follows:

Physical Indicators:
- Constant hunger, poor hygiene, or inappropriate clothing
- Consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
- Constant fatigue or listlessness
- Unattended physical problems or medical needs such as untreated or infected wounds.

Behavioral Indicators:

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

- Begging or stealing food
- Constantly falling asleep in class
- Rare attendance at school
- Coming to school very early and leaving very late
- Engaging in delinquent acts such as vandalism or theft
- Stating that there is no one to care for or look after him/her. [The Role of Law Enforcement, supra, n.2]

Examples:
- Baby is left in a car with windows rolled up on a 100° day for 1/2 hour while mother is in a bar. The child may be a victim of neglect.
- Lack of heat in the house during the winter months. The child is a victim of neglect.
- Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste. The children are being neglected.
- Children living in burned out or condemned buildings or under unsanitary conditions such as human and animal waste on the floors or infestation of rodents (rats and mice). The children are victims of possible neglect.
- A child is underweight and small in stature, there is not any food for the child to eat, and what food there is in the house is spoiled. The child is probably neglected.
- A child's mother goes out, gets drunk and leaves her 2-year-old infant alone and unattended for 24 hours. The mother has neglected the child.

NOTE: Neglect is often not one isolated incident but is of long duration, usually, undetected until it becomes glaring.

Sexual Abuse

While Missouri law includes sexual abuse in its listing of reportable forms of abuse [RSMo 210.110.1(1)], it is not defined. Sexual abuse, generally, refers to any sexual activity between an adult and a child, or by a person under the age of eighteen who is significantly older than the victim. It is thought of as being two types: assaultive and nonassaultive.

Assaultive sexual abuse produces both physical injury and results in severe emotional trauma for the child [Clinical Symposia, Vol. 29, No. 5, 1977, CIBA-Geigy Corp.].

Nonassaultive abuse may result in little or no physical injury. However, even if no physical injury is sustained, the child who is chronically sexually misused suffers a severe disruption in the development of normal sexuality [CIBA, supra, n. 20].

Children may be abused through rape, incest or molestation. Incest may be the most common form of sexual abuse. It occurs to infants and children of both sexes and all ages, however, most frequently to girls. (In many of these instances the mother is aware that the sexual activity is taking place.)

The law enforcement officer should note that any laceration, bruise, or injury to the genitals or groin area that cannot be attributed to accident (e.g., straddle injury) suggests sexual abuse.

Sexually abusive parents often display the following characteristics:

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

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

The mother:

- Is frequently cognizant of the sexual abuse but subconsciously denies it
- May hesitate reporting for fear of destroying the marriage and being left on her own
- May feel that the sexual activity between the husband and daughter is relief from her wifely sexual responsibilities and will make certain that time is available for the two to be alone
- Often feels a mixture of guilt and jealousy toward her daughter. [The Role of Law Enforcement, supra, n. 2]

Emotional Abuse

While emotional abuse or maltreatment is extremely difficult to define and work with, the basic concern is the failure of parents to provide a loving environment in which their child can thrive, learn and develop. Factors include ignoring, threatening, terrorizing, blaming, belittling or blatantly rejecting the child.

A major problem in detecting emotional abuse is that the effects are not as obvious as bruises or lacerations and are extremely difficult to detect and document. Court assistance, therefore, for families involved in this form of abuse is much more difficult to justify than in other cases. Like sexual abuse, emotional abuse is reportable in Missouri. It too is not defined. Interpretation is left to child protective services.

The Model Child Protection Services Act defines emotional abuse as:

> Mental Injury which includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to such factors as: failure to thrive, ability to think and reason, control of aggressive or self-destructive impulses; acting out or misbehavior including incorrigibility, ungovernability, or habitual truancy; provided however, that such injury must be clearly attributable to the willingness or viability of the parent or other persons responsible for the child's welfare, to exercise a minimum degree of care toward the child. [Child Abuse Intervention, Arnold Schuchler, 1976, National Institute of Law Enforcement and Criminal Justice]

Emotional maltreatment is rarely obvious in physical signs, however, speech disorders, lags in physical development, and failure-to-thrive syndrome (which is a progressive wasting away usually associated with lack of mothering) are a few physical indicators of emotional maltreatment. More often it is observed through behavioral indicators, and even these indicators may not be immediately apparent to the untrained observer.

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

- *habit disorders* such as sucking, biting, rocking, enuresis, or feeding disorders.
- *conduct disorders* including withdrawal and antisocial behavior such as destructiveness, cruelty and stealing. (Abuse of alcohol and/or other drugs may also occur.)
- *neurotic traits* such as sleep disorders and inhibition of play.
- *psychoneurotic reactions* including hysteria, obsession, compulsion, phobias and hypochondria
- *behavior extremes* such as appearing overly compliant, extremely passive or aggressive, very demanding or undemanding
- *overly adaptive behaviors* which are either inappropriately adult (parenting other children, for example) or inappropriately infantile
- *lags* in emotional and intellectual development
- *attempted suicide.*

> The law enforcement officer must be very sensitive to the fact that the behavior of emotionally maltreated and emotionally disturbed children is similar. However, parental behavior can help to distinguish disturbance from maltreatment. The parents of an emotionally disturbed child generally accept the existence of a problem. They are concerned about the child's welfare and are actively seeking help. The parents of an emotionally maltreated child often blame the child for the problem (or ignore its existence), refuse all offers of help, and are unconcerned about the child's welfare. [The Role of Law Enforcement, supra, n. 2]

Just as physical injuries can scar and incapacitate a child, emotional assault, or cruelty, can similarly cripple and handicap a child emotionally, behaviorally and intellectually.

Example:

- A 13-year old child's parents constantly belittle and reject the child because he does not excel in "anything" while his brother did. This lack of a loving support has caused the child to be very selfconscious of his inadequacies. The child becomes very withdrawn and rejects any social contacts with strangers. He has been emotionally abused.

NOTE: Because emotional abuse is so difficult to define and prove, extra caution should be used in deciding whether to intervene in the parent/child relationship. Courts are very hesitant to take action in this area of abuse, and law enforcement personnel should consider similar discretion since interfering with the parent/child relationship also causes trauma for the child.

Criminal Abuse and Neglect

While the Missouri Criminal Code does specifically have the crime of "Abuse of a Child," it also deals with abuse and neglect in several other areas:

- Offenses against the family
- Custody crimes
- Sex crimes
- Pornography
- Homicide and assault.

The elements of offenses in each of these areas are set out in the pages that follow.

Offenses Against the Family

This area is concerned with crimes designed to preserve family relationships and to protect the welfare of children.

Abuse of a Child §568.060 Class D Felony

Elements: A person commits the crime of abuse of a child if he:

- knowingly inflicts
- cruel and inhuman punishment
- on a child less than seventeen years old; or

- photographs or films
- a child less than seventeen-years-old
- who is engaging in a prohibited sexual act or in simulation of such an act; or

- causes or knowingly permits
- a child less than seventeen-years-old
- to engage in a prohibited sexual act or in simulation of such an act
- for the purpose of photographing or filming the act.

Comments: This section prohibits two types of conduct, severe physical or mental cruelty to a child, and use of children in pornography.

A "prohibited sexual act" includes any of the following acts engaged in alone or with another person: sexual or anal intercourse, masturbation, bestiality, sadism, masochism, fellatio, cunnilingus, or any other sexual activity or nudity, if such nudity is to be depicted for the purpose of sexual stimulation or gratification of any individual who may view such depiction.

This section provides a felony penalty for acts of extreme abuse. Many acts of abuse can be the basis for any of three possible charges: abuse of a child, endangering the welfare of a child, and assault. Note that the section is not limited to parents and guardians who abuse their own children, but applies to all people who abuse any child.

The pornography portion of this section prohibits causing or knowingly permitting a child to engage in sexual conduct for the purpose of photographing or filming it.

NOTE: "Child" means a person less than 17 years old, for purposes of this section, as opposed to the age of 18 for purposes of reporting suspected cases under Missouri's child protection laws.

Examples:

- A parent beats his 9-year-old child with a baseball bat. He could be charged with abuse of a child.
- A parent locks his 8-year-old child in a closet for several days. The proper charge would be abuse of a child.
- A parent, in return for $100, allows his 15-year-old child to engage in sexual acts so that Leroy can film them. The parent and Leroy are both guilty of abuse of a child.

Criminal child abuse cases are generally very difficult to prove since they must be proved beyond a reasonable doubt. They are usually based on circumstantial evidence. The victim often is too young or too frightened to testify. Cases too often depend on medical testimony from physicians who are reluctant to testify. For these reasons, prosecutors are likely to proceed only with the strongest cases and defendants are likely to plead guilty in return for leniency in sentencing.

Endangering the Welfare of a Child §586.050 Class A Misdemeanor

Elements: A person commits the crime of endangering the welfare of a child if he:

- knowingly acts
- in a manner that creates substantial risk to the life, body, or health
- of a child less than seventeen years old; or

- knowingly encourages, aids, or causes
- a child less than seventeen years old
- to engage in any conduct
- which causes or tends to cause the child to come within the provisions of subdivision 1(c) or (2) of section 211.031 RSMo; or

- is a parent, guardian, or other person legally charged with the care or custody
- of a child less than seventeen years old
- and he recklessly fails or refuses
- to exercise reasonable diligence in the care or control of such child
- to prevent him from coming within the provisions of subdivision (1) (c) or (2) of section 211.031 RSMo.

Comments: Section 211.031(1) (c) and (2) give the juvenile courts jurisdiction over children whose behavior, environment, or associations are injurious to their welfare or the welfare of others, and children who are alleged to have violated a state law or municipal ordinance.

This section covers acts of child abuse, contributing to the delinquency of a minor, and allowing one's own minor child to become a delinquent. The first subsection provides a misdemeanor penalty for acts of child abuse. This subsection may overlap in some situations with the assault provisions and with the crime of abuse of a child. The precise crime charged in these situations will depend on the seriousness of the threat to the child and the discretion of the prosecutor.

This Code provision protects children under seventeen and includes all conduct which creates a substantial risk to the child's life, body, or health.

The second subsection of the Code provides a penalty for persons who know that they are encouraging, aiding, or causing a child under the age of seventeen to violate state laws or municipal ordinances or to be involved in behavior, environment, or associations which are dangerous to the welfare of the child or others.

Parents or guardians who allow their children to engage in similar conduct by recklessly failing to use reasonable diligence in caring for or controlling the child are also guilty under this section. This means that they must have consciously disregarded a substantial risk that their child is violating laws or is involved in harmful behavior.

Examples

- A father punishes his ten-year-old child by beating him with his fists, bruising the child. He could be charged with endangering the welfare of a child or with assault.
- Donald, who is twenty, is the leader of a youth gang which steals and commits acts of vandalism. He encourages his thirteen-year-old friend Danny to join the gang. Donald is guilty of endangering the welfare of a child by encouraging him to associate with persons who are injurious to his welfare and to violate the law.
- The father of a thirteen-year-old child works long hours, leaving the child alone. The juvenile officers tell the father that the child may be involved with a gang of thieves and vandals. The father says "So what?" and takes no steps to discover if this information is true or to stop the child's association with the gang. The father may be charged with endangering the welfare of a child for recklessly refusing to exercise reasonable diligence in the care of the child to prevent him from associating with persons injurious to his welfare.

Criminal Nonsupport §568.040 Class A Misdemeanor

If the suspect leaves the state for the purpose of avoiding his obligation it is a class D felony. Otherwise, it is a Class A misdemeanor.

Elements: A parent commits the crime of nonsupport if (s)he:

- knowingly fails to provide
- without good cause
- adequate support
- which (s)he is legally obligated to provide for his minor child or step-child

The word "support" means food, clothes, lodging, and medical or surgical attention. "Child" includes any adoptive, natural, legitimate, or illegitimate child.

"Good cause" means any substantial reason why the defendant is unable to provide adequate support. Good cause does not exist if the defendant purposely avoids employment and other means available to provide support.

The term "minor children" means persons less than 21 years of age if the parent is still legally obligated to support them.

Comments: This section provides a criminal penalty for parents who knowingly fail to support their children.

Unlawful Transactions with a Child §568.070 Class B Misdemeanor

Elements: A person commits the crime of unlawful transactions with a child if he:

- is a pawnbroker, junk dealer, dealer in secondhand goods, or an employee of such persons
- and with criminal negligence buys or receives
- any personal property other than agricultural products
- from an unemancipated minor
- unless the child's custodial parent or guardian has consented in writing to the transaction; or

- knowingly permits
- a minor child
- to enter or remain in a place
- where illegal activity in controlled substances as defined in Chapter 195 RSMo is maintained or conducted; or

- with criminal negligence sells
- blasting caps, bulk gunpowder, or explosives
- to a child under the age of seventeen
- or fireworks as defined in Section 320.110 RSMo
- to a child under the age of fourteen
- unless the child's custodial parent or guardian has consented in writing to the transaction.
- Criminal negligence as to the age of the child is not an element of the crime specified in subsection (3).

Comments: This section covers transactions in certain prohibited items with children. The first subsection provides a penalty for pawnbrokers and junk dealers who negligently buy personal property from an unemancipated minor. An unemancipated minor is not defined but probably means a child under the age of 18, who has not yet left his parents' control.

The second subsection prohibits allowing someone who is known to be a child to enter or remain on premises where activity in drugs, such as sale, use, or possession, is carried on.

The third subsection prohibits sales of dangerous items such as gunpowder and explosives to children under the age of seventeen. The word "explosives" does not include firearm ammunition. It also prohibits sales of fireworks to children under the age of fourteen. It is not necessary for the state to show that the seller was aware or even should have been aware of the child's age. If the customer is in fact less than the statutory age, the seller is guilty.

Examples:

- The suspect is a pawnbroker. A 12-year-old child offers to pawn a watch, and the suspect agree. If written consent of one of the child's parents or a legal guardian is not obtained, the pawn broker would be guilty of unlawful transactions with a child.
- A 14-year-old child is knowingly permitted to enter and hang around the second-hand store where his mother's boyfriend works. The boyfriend is a narcotics addict who also sells narcotics from the store, frequently in the presence of the child. The boyfriend is guilty of unlawful transactions with a child.
- The seller sells a pound of black gunpowder to a 16-year-old boy. He is guilty of an unlawful transaction with a child.

Abandonment of Child §568.030
Class D Felony

Elements: A person commits the crime of abandonment of a child if he:

is a
- parent, or
- guardian, or
- other person legally charged with the care or custody

of a child less than eight years old; and
- leaves the child in any place
- with the purpose wholly to abandon it
- under circumstances which may result in serious physical injury, illness, or death.

The Code limits the age of children protected by this statute to children under eight. The language of the statute also makes it clear that the defendant may be convicted under this section if he leaves the child in any place, if he has a purpose to abandon it and the circumstances create a risk of harm to the child.

Examples:

- The mother of a three-year-old child leaves the child playing in a public park for a few hours while she does her housework. The child wanders through city streets and is finally found by the police. The mother later picks the child up at the police station. She may not be guilty of abandonment because there is no evidence of a purpose to abandon the child permanently. She may however, be guilty of endangering the welfare of a child, Section 568.050.
- The father of a seven-year-old child decides that he can't stand the pressures of fatherhood and moves to another city, leaving the child in his old house. He is guilty of abandonment of his child.

Custody Crimes

These sections prohibit unlawful interference with another person's liberty if done without lawful authority or the victim's consent. If the unlawful restraint creates a risk of serious physical injury, a higher penalty is authorized under 565.120, Felonious Restraint.

Kidnapping, felonious restraint, and false imprisonment involve restraint without consent of the victim. If the denfendant uses forcible compulsion [defined in 556.061(11)], the element of lack of consent is established. Persons under the age of fourteen or who are incapacitated are incapable of giving consent. A person is incapacitated if, before giving consent, he is in a temporary or permanent physical or mental condition in which he is unconscious, unable to appreciate the nature of his conduct, or unable to communicate unwillingness to an act.

Consent of the victim is not an element of the final crime in this section, interference with custody (565.150). The purpose of this section is to prohibit removal of persons from custody imposed by court order. The interest protected is the lawful custody itself, rather than the freedom of the person taken from custody.

Kidnapping §565.110
Class A or B Felony

Elements: A person commits the crime of kidnapping if he:

- unlawfully removes another from where he is found, or
- unlawfully confines another for a substantial period of time

without the victim's consent
with the purpose of

- holding that person for ransom or reward, or any other act to be performed or not performed for the return or release of that person (Class A felony); or
- using the person as a shield or hostage (Class A felony); or
- interfering with a governmental or political function (Class A felony); or
- facilitating the commission of a felony or any flight thereafter (Class B felony); or
- inflicting physical injury on or terrorizing the victim or another (Class B felony).

Comments: The suspect must know he is acting without authority of law. If he believes he has legal authority to move or confine the individual, he is not guilty.

Example:

- Donald carries off a small child who is playing in her front yard, intending to drive the child to his hideout and hold her for ransom. The police apprehend him before he reaches his hideout with the victim. Donald is guilty of kidnapping because he removed the victim without consent for the purpose of holding the child for ransom.

Felonious Restraint §565.120
Class C Felony

Elements: A person commits the crime of felonious restraint if he:

- knowingly restrains another
- unlawfully and
- without the victim's consent and
- substantially interferes with his liberty and
- exposes him to a substantial risk of serious physical injury.

Comments: This section differs from kidnapping in that the victim need not be removed from where he is found, or be isolated. If the victim is less than 14 years old, he may not legally consent, and even if he does consent, the defendant may still be guilty.

The defendant will not be guilty under this section if the victim consents to the restraint or if the defendant believes he was authorized by law to restrain the victim. Belief that the defendant had legal authority, even if that belief is incorrect, will mean that no crime is committed under this section, or kidnapping, or false imprisonment.

Belief in legal authority negates the required element that the defendant know the restraint is unlawful. If this were not so, every arrest without legal authority by a police officer would be kidnapping or a related offense.

Note that even if the victim consents or if the defendant believes he has legal authority, the defendant who restrains his victim and exposes him to harm may still be guilty of some other crime, such as assault, if serious injury does occur.

False Imprisonment §565.130
Class D Felony if Victim Removed from State, Otherwise, Class A Misdemeanor

Elements: A person commits the crime of false imprisonment if he:

- knowingly restrains another
- without authority of law, and

- without his consent and
- interferes substantially with his liberty.

Comments: This crime involves unlawful restraint without the aggravating element of risk of injury. The defendant must know that he is restraining the other person without authority of law or consent, and the restraint must substantially interfere with the victim's liberty. If the victim is less than 14 years old, he cannot legally give his consent. The restraint must be a significant restriction of liberty, a minor detention is not sufficient.

Defenses to False Imprisonment §565.140

A person does not commit the crime of false imprisonment if:

- the victim is a child under seventeen and
- a person in charge of the child's general welfare (parent, guardian, etc.) has consented to the restraint by the defendant; or

the defendant is a relative of the child and

- his sole purpose is to assume control of the child and
- the child is not taken out of the state.

Under the Code, a "relative" is a parent or step-parent, ancestor, sibling, uncle or aunt, including an adoptive relative of the same degree through marriage or adoption.

Comments: This section creates a defense to a charge of false imprisonment in two situations. First, no crime is committed where someone who has authority to consent to the restraint gives consent.

Second, the defendant has a defense to a charge of false imprisonment only if he is a relative of the child and is acting to assume control over the child. As long as the child is not removed to another state, a civil proceeding in the courts will be able to resolve the issue of custody.

Examples:

- A dentist is attempting to fill a tooth for a five-year-old patient, but the child refuses to stay in the chair. Finally, the child's mother agrees to let the dentist strap her child into the dentist's chair. The dentist would have a defense to a charge of false imprisonment. Although the child was restrained against his will, he had the mother's consent.
- Hal and Wendy are getting a divorce. Their 10-year-old child has been staying with Wendy's mother. Hal goes to the mother's house and takes the child while she is not looking. He would have a defense to a charge of false imprisonment because he is a relative of the child and his sole purpose is to assume control of the child. Note that this defense would not be available if Hal took the child out of the state.
- Hal and Wendy are divorced. A court has granted custody of the child to Wendy. Hal takes the child to his own house when Wendy is not looking. Hal will have a defense to a charge of false imprisonment, but he may be guilty of interference with custody, under 565.150, because there is a court order granting custody to Wendy.

Interference with Custody §565.150 Class D Felony if Victim Removed from State, Otherwise Class A Misdemeanor

Elements: A person commits the crime of interference with custody if he:

- takes or entices from lawful custody
- any person entrusted to the custody of another person or institution by court order
- knowing that he has no legal right to do so.

Comments: This section makes it a crime for one person to interfere with the court-ordered custody of another regardless of the person's age. The purpose of this statute is to protect court-ordered custody against unlawful interferences. The victim's consent is therefore irrelevant to the commission of interference with custody.

Children will likely comprise the bulk of the victims. It is designed in part to discourage the practice of divorced parents settling their child custody disputes by grabbing the children away from the parent who was awarded custody by the court.

Example:

- Hal and Wendy are divorced, and the court gave custody of the children to Hal. Wendy drives by Hal's house while Hal is not home and takes the children to her home. Wendy is guilty of interference with custody for removing the children from the court-ordered custody of her husband.

Sex Crimes §§566.010-566.130

The Code separates sexual offenses involving sexual intercourse into different crimes, according to their severity. Forcible sexual intercourse (rape) is distinguished from consensual acts (sexual assault or sexual misconduct).

Sexual crimes are also divided according to the age of the victim. Punishments are graded depending on the youth of the victim. All sexual intercourse with children under 14 is rape.

The provisions in this chapter of the Code are sex neutral for all crimes. A male or female may be a victim of a crime or, conversely, charged with committing a crime.

Suspects are likely to argue in some cases that they were not aware of the age of the victim or that the victim was incapacitated. Section 566.020 anticipated those arguments and provides as follows:

566.020 Mistakes as to Incapacity or Age

- Whenever in this chapter the criminality of conduct depends upon a victim's being incapacitated, no crime is committed if the actor reasonably believes that the victim was not incapacitated and reasonably believed that the victim consented to the act. The defendant shall have the burden of injecting the issue of belief as to capacity and consent.
- Whenever in this chapter the criminality of conduct depends upon a child's being under the age of fourteen, it is no defense that the defendant believed the child to be fourteen years old or older.
- Whenever in this chapter the criminality of conduct depends upon a child's being fourteen or fifteen years of age, it is an affirmative defense that the defendant reasonably believed that the child was sixteen years old or older.

Rape (§566.030) and Sodomy (§566.060)

Rape

Class B Felony—If a deadly weapon is displayed or serious physical injury is inflicted, it is Class A Felony. If it is not an aggravated Rape, the penalty is 5 years to life.

Elements: A person commits the crime of rape if:

- he has sexual intercourse
- with another person he is not married to
- without that person's consent
- by using forcible compulsion

or,

Class B Felony unless the action inflicts serious physical injury or a deadly weapon or dangerous instrument is displayed in a threatening manner, then it is a Class A Felony.

- he has sexual intercourse
- with another person he is not married to
- who is under the age of 14

Sodomy

Class B Felony—If a deadly weapon is displayed or serious physical injury is inflicted, it is a Class A felony. If it is not an aggravated Sodomy, the penalty is from 5 years to life.

Elements: A person commits the crime of sodomy if:

- he has deviate sexual intercourse
- with another person he is not married to
- without that person's consent
- by using forcible compulsion

or,

Class B Felony unless the action inflicts serious physical injury or a deadly weapon or dangerous instrument is displayed in a threatening manner, then it is a Class A Felony.

- he has deviate sexual intercourse
- with another person he is not married to
- who is under the age of 14

Comments: (Note: These comments are equally applicable to both crimes set out above.) These offenses are Class B felonies. If during the commission of the rape or sodomy a deadly weapon is displayed or serious physical injury is inflicted, then the offenses are punishable as Class A felonies.

The statutes cover all sexual and deviate sexual intercourse by forcible compulsion or with children under age 14. To be guilty under part A, the suspect must forcibly compel the victim to submit. If the suspect does not use forcible compulsion, he is not guilty of rape or sodomy unless the victim is under the age of 14. He may be guilty of a sexual assault crime, however.

These statutes also criminalize deviate sexual and sexual intercourse with persons under 14.

The defendant's belief that the victim was 14 or older is no defense, even if it is a reasonable belief.

Examples:

- Donald forced Mary to have sexual intercourse with him. She resisted to a reasonable degree, but was unable to overcome Donald's superior physical

strength. Donald is guilty of rape punishable as a Class B felony.

- Same facts as above except Donald threatened Mary with a knife to compel her to submit to him. Donald is guilty of rape punishable as a Class A felony, since he used a deadly weapon.
- Dorothy, who is 30, has intercourse with Bill, age 13. Dorothy is guilty of rape. Bill's willingness to participate is irrelevant, as would be Dorothy's belief that Bill is 14 or older.
- Donald forces Mary to have deviate sexual intercourse with him. In the process, he seriously injures her. Donald has committed sodomy. The offense is punishable as a Class A felony since Donald caused serious physical injury in the course of the crime.
- Donald has deviate sexual intercourse with Bill. Donald is unaware of Bill's age. Donald has committed sodomy because Bill is under 14. His lack of knowledge of Bill's age is not a defense. The crime is a Class B felony.

Sexual intercourse is any penetration whatsoever of the female sex organ by the male sex organ regardless of whether an emission results. This is the ordinary meaning of sexual intercourse. Deviate sexual intercourse is any sexual act involving the genitals of one person and the mouth, tongue, hand or anus of another person.

Forcible compulsion means either (1) physical force that overcomes reasonable resistance or (2) a threat that places one in fear of death, serious physical injury or kidnapping of himself or another (e.g., an escort or a relative). "Reasonable resistance" is such resistance as is reasonable under the circumstances.

Consent may be express or implied, but consent is not given if (1) it is given by a person legally incompetent to authorize the conduct and his incompetence is known by or should be clear to the actor or (2) the defendant induces consent by force, duress, or deception or (3) it is made by a person unable to make a reasonable decision to consent due to his youth, intoxication, or mental disease. The defendant must have known or should have known of the victim's condition.

Sexual Assault in the First Degree *566.030

Class C felony unless a deadly weapon is displayed or serious physical injury is inflicted, then it is a Class B felony.

Elements: A person commits the crime of first degree sexual assault if:

- he has sexual intercourse
- with another person he is not married to
- who is incapacitated, or
- who is 14 or 15 years old.

and

Deviate Sexual Assault in the First Degree §566.070

Class C felony unless a deadly weapon is displayed or serious physical injury is inflicted, then it is a Class B felony.

Elements: A person commits the crime of first degree deviate sexual assault if:

- he has deviate sexual intercourse
- with another person he is not married to
- who is incapacitated, or
- who is 14 or 15 years old

Comments: (Note: The only difference between the crimes is that one requires sexual intercourse and the other requires deviate sexual intercourse. The comments in this part are applicable to both crimes.)

Both first and second degree sexual assault concern what may be consensual sexual intercourse. Defendants convicted of these offenses are not labeled rapists. That label is saved for defendants in the most severe non-consensual cases of sexual intercourse or with children under 14. These crimes deal with consensual sexual intercourse where a fully consenting, and often fully developed and promiscuous social companion is involved.

An individual commits first degree sexual assault if he has sexual intercourse with an incapacitated person he is not married to. Incapacitation covers both mental and physical inability to consent to an act. The law conclusively presumes that an incapacitated person's consent is defective.

If the victim is under 14, regardless of whether or not the victim consented, the act is rape and not sexual assault in the first degree. If the victim is 14 or 15, the crime is sexual assault or deviate sexual assault, regardless of whether or not the victim consented. However, if the defendant reasonably believes the victim was over 15 years old or was not incapacitated, he has a defense to these crimes.

First degree sexual assault and deviate sexual assault are Class C felonies. If the defendant inflicts serious physical injury on the victim or displays a deadly weapon in a threatening manner, the crime is punishable as a Class B felony. If the defendant uses forcible compulsion and no valid consent is given, the crime is rape or sodomy rather than first degree sexual assault or deviate sexual assault.

Examples:

- Jane and David, both age 21, have been dating for several weeks. Jane has consistently refused to have sexual intercourse with David. One evening, Jane gets drunk and passes out. Later, while she is unconscious, David has sexual intercourse with her. He has committed sexual assault in the first degree punishable as a Class C felony.
- Lisa is a 15-year-old who looks 21. She voluntarily has sexual intercourse with David, who in fact believes she is 21. Although David's acts constitute sexual assault in the first degree, his mistake about Lisa's age may be a defense to the charge. If Lisa had been 13 and looked 18, David would be guilty of rape. His mistake about her age is irrelevant to a rape charge.

Sexual Assault in the Second Degree §566.050

Class D felony unless a deadly weapon is displayed or serious physical injury is inflicted, then it is a Class C felony.

Elements: A person commits the crime of second degree sexual assault if:

- he is 17 years old or older
- and he has sexual intercourse
- with someone he is not married to
- who is 16 years old

and

Deviate Sexual Assault in the Second Degree §566.080

Class D felony unless a deadly weapon is displayed or serious physical injury is inflicted, then it is a Class C felony.

Elements: A person commits the crime of second degree deviate sexual assault if:

- he is 17 years old or older
- and he has deviate sexual intercourse with someone he is not married to who is 16 years old

Comments: (These comments are applicable to both crimes set out above.) Both crimes combine the grading of offenses according to the age of the victim. The victim must be under 14 years old before an act is a rape or sodomy. The victim must be 14 or 15 for an act to be a first degree sexual or deviate sexual assault. In the two crimes above, the victim must be 16 years old. There is one other major change from rape and first degree sexual assault, however. The defendant must be 17 years old or older. No one under 17 years of age can commit second degree deviate sexual or sexual assault. A 16-year-old who has sexual intercourse with a 14- or 15-year-old may commit sexual misconduct, but not sexual assault in the second degree. A 16-year-old who has sexual intercourse with a 16-year-old commits no crime at all. The defendant may have a defense if he reasonably believed the victim was older than 16 years of age.

Both offenses are class D felonies unless the defendant inflicts serious physical harm or uses a deadly weapon. In these instances the crime is escalated to a Class C felony.

Examples:

- Dorothy, who is 18, seduces her neighbor John, who is 16. Dorothy is guilty of sexual assault in the second degree.
- Donald, who is 16, has sexual intercourse with Mary, who is also 16. No second degree sexual assault is committed because Donald is not 17. If Mary is 15, Donald has committed sexual misconduct (566.090). If Mary is 13, Donald has committed rape (566.030).

Sexual Misconduct *566.090 Class A Misdemeanor

Elements: A person commits the crime of sexual misconduct if:

- he is less than 17 and,
- has sexual intercourse
- with someone he is not married to
- who is 14 or 15 years old; or
- he has deviate sexual intercourse
- with someone he is not married to
- who is under 17 years old; or
- he has deviate sexual intercourse
- with another person of the same sex

Comments: Sexual misconduct covers three distinct offenses. First, it covers sexual intercourse between minors where the defendant is under 16 and the victim is 14 or 15 (A, above). Sexual intercourse between two consenting unmarried individuals of the opposite sex of legal age is not a crime in Missouri.

Sexual misconduct is also committed by having deviate sexual intercourse with a person who is less than 17 years old (B, above). Deviate sexual intercourse between two persons of the same sex, regardless of their ages is criminal (sexual misconduct) even if the parties are consenting adults. However deviate

sexual intercourse between consenting adults of the opposite sex is not a crime.

Anyone who has deviate sexual intercourse with another person who is under 17 commits at least sexual misconduct. If the victim is under 14, the crime is sodomy; if the victim is 14 or 15 the crime is first degree sexual assault.

Examples:

- David, who is 16, has consensual sexual intercourse with Mary, who is 14. David has committed sexual misconduct.
- David, who is 16, forcibly compels Mary, 14, to have sexual intercourse. David has committed rape rather than sexual misconduct since he forcibly compelled Mary to have intercourse with him. Sexual misconduct usually involves consensual intercourse.
- David, 16, has consensual sexual intercourse with Mary, who is 13. The act is rape since the victim is less than 14 years old. Sexual misconduct is not committed because the victim is not 14 or 15.
- Donald, 16, has consensual sexual intercourse with Mary, who is 14. Sexual misconduct is not committed because Donald is not less than 17. The offense is first degree sexual assault.

Introduction to Crimes Involving Sexual Contact. The Code criminalizes certain types of sexual contact, as well as sexual intercourse and deviate sexual intercourse. Sexual contact is any touching, directly or through the clothing of the genitals or anus of anyone, as well as the breast of any female for sexual purposes. Sexual purposes means for the purpose of arousing or gratifying anyone's sexual desires. This definition covers the actor touching another and the actor causing another to touch him. It also covers fondling through clothes.

Crimes involving sexual contact, called sexual abuse, are divided into three degrees. Punishments are matched to the severity of the offense. Forcible sexual contact (first degree sexual abuse) is separated from contact not involving force (second or third degree sexual abuse). Sexual contact made while the victim is incapacitated is second degree sexual abuse. Sexual contact made without force but also without the victim's consent is third degree sexual abuse. The sexual contact crimes are also divided according to the age of the victim. Punishments are matched to the youth of the victim. All sexual contact with children under 12 is first degree sexual abuse even if the child consents. Sexual contact with a 12- or 13-year-old is second degree sexual abuse, again, even if the child consents. Consensual sexual contact with someone 14 or older is not a sexual abuse crime.

In all crimes involving sexual contact, the authorized punishment is increased if the defendant inflicts serious physical injury or displays a deadly weapon in a threatening manner.

Sexual Abuse in the First Degree §566.100

Class D felony, unless a deadly weapon is displayed in a threatening manner, or serious physical injury inflicted, then it is a Class C felony.

Elements: A person commits the crime of first degree sexual abuse if:

- he subjects another person to whom he is not married
- to sexual contact
- without that person's consent
- by using forcible compulsion; or
- he subjects someone under 12 to sexual contact.

Comments: First degree sexual abuse may be committed in two ways. First, the defendant commits first degree sexual abuse if he forcibly compels sexual contact with someone without their consent. Forcible compulsion is force that overcomes a reasonable resistance or a threat that places a person in fear of death, serious physical injury, or kidnapping of himself or another. This is a form of aggravated assault, the sexual contact being the aggravating factor. Further aggravation (to a Class C felony) results if the defendant displays a deadly weapon in a threatening manner or inflicts serious physical injury.

Second, sexual contact with a child 11 years old or younger is also first degree sexual abuse. The consent of the child is irrelevant. Also, it does not matter whether the suspect thought the child was 12 or older. His mistake on that issue is no defense.

Examples:

- Donald grabs a woman, wrestles her to the ground and fondles her breasts. Donald has committed first degree sexual abuse punishable as a Class D felony.
- An 18-year-old female babysitter takes an 11-year-old male child into a bedroom where she touches his genitals to satisfy her sexual desires. She has committed first degree sexual assault since she had sexual contact with a child under 12.

Sexual Abuse in the Second Degree §566.110

Class A Misdemeanor, unless a deadly weapon is displayed in a threatening manner or serious physical injury is inflicted, then it is a Class D Felony.

Elements: A person commits the crime of second degree sexual abuse if:

- he subjects another person to whom he is not married
- to sexual contact
- when the victim is 12 or 13 years old
- or is incapacitated.

Comments: This section criminalizes sexual contact with very young or incapacitated persons. A defendant commits sexual abuse in the second degree if he has sexual contact with a 12- or 13-year-old child. The child's consent to the touching is irrelevant as is the defendant's belief that the child was older.

A defendant also commits sexual abuse in the second degree if he has sexual contact with somone who is incapacitated. Incapacitated covers both mental and physical inability to consent to an act. An incapacitated person is not capable of appraising or appreciating his circumstances, thus, he is unable to consent or refuse consent. Sexual contact with an incapacitated person is second degree sexual abuse regardless of the age of the victim.

The punishment is escalated to a Class D felony if the defendant causes serious physical injury or displays a deadly weapon in a threatening manner.

Examples:

- Mary is at a party and gets very drunk. She passes out. While she is unconscious, David fondles her breasts through her clothing. David has committed second degree sexual abuse even though he did not directly touch Mary's breasts. The crime covers fondling through clothes.
- Donald, a 35-year-old, lures Mary, a 13-year-old, into his car. She agrees to allow him to fondle her genitals. Donald has committed second degree sexual abuse since he had sexual contact with a 13-year-old. Mary's consent is irrelevant. Donald would still be guilty if he mistakenly thought Mary was 16. Note that the crime would be first degree sexual abuse if Mary had been only 11 or younger.

Sexual Abuse in the Third Degree

Class B misdemeanor unless a deadly weapon is displayed in a threatening manner, then it is a Class A misdemeanor.

Elements: A person commits the crime of third degree sexual abuse if:

- he subjects another person to whom he is not married
- to sexual contact
- without that person's consent.

Comments: If the victim is 14 years old or older and has not consented to the touching, then the sexual contact is a third degree sexual abuse. If the victim is less than 14, the crime will be either first or second degree sexual abuse.

Some contact, such as stealing a kiss, will not constitute sexual contact and should be dealt with under the assault statutes.

Examples:

- David, while riding on a bus, reaches over and begins to rub the knee of a woman he has never seen before. She slaps him. David has not committed a third degree sexual assault since rubbing another's knee does not fall within the definition of sexual contact. However, he may have committed third degree assault since it is an offensive touching.
- David and Mary, both age 16, are out on a date. David repeatedly attempts to fondle Mary's breasts, but Mary resists. Finally, David reaches over and grabs one of Mary's breasts. Mary responds by slapping him. David has committed sexual abuse in the third degree.
- David, who is 20, attempts to fondle Mary's breasts. She consents. No sexual abuse has occurred if Mary is 14 years old or older. If Mary is 12 or 13 years old, even if she consented, second degree sexual abuse is committed by David. If she is 11 or younger, he commits first degree sexual abuse.

Reference Chart of Sexual Offenses

A. Where the victim is:	The crime is:
1. under 12, and	
1) deviate sexual intercourse occurs	sodomy
2) sexual intercourse occurs	rape
3) sexual contact occurs	first degree sexual abuse
2. 12 or 13, and	
1) deviate sexual intercourse occurs	sodomy
2) sexual intercourse occurs	rape
3) sexual contact occurs	second degree sexual abuse

3. 14 or 15, and	
1) a. deviate sexual intercourse occurs	first degree deviate sexual assault
b. sexual intercourse occurs	first degree sexual assault
c. sexual contact occurs without consent	third degree sexual abuse
2) a. deviate sexual intercourse occurs and defendant is under 17	sexual misconduct
b. sexual intercourse occurs and defendant is under 17	sexual misconduct
4. 16, and	
1) deviate sexual intercourse occurs and defendant is 17 or over	second degree deviate sexual assault
B. Sexual Offenses Where Age Is Not A Factor:	Crime:
1. Deviate Sexual Intercourse	
1) by forcible compulsion	sodomy
2) where the victim is incapacitated	first degree deviate sexual assault
3) where the victim is 17	sexual misconduct
4) with someone of the same sex	sexual misconduct
2. Sexual Intercourse	
1) by forcible compulsion	rape
2) where the victim is incapacitated	first degree sexual assault
Sexual Contact	
1) by forcible compulsion	first degree sexual abuse
2) without the victim's consent	third degree sexual abuse

Incest §568.020
Class D Felony

Elements: A person commits the crime of incest if (s)he:

- marries; or
- purports to marry; or
- engages in sexual intercourse or deviate sexual intercourse
- with a person
- that he knows to be, without regard for legitimacy, his
  - ancestor or descendant by blood or adoption; or
  - stepchild, while the marriage creating that relationship still exists; or
  - brother or sister of the whole or half-blood; or
  - uncle, aunt, nephew, or niece of the whole blood.

Comments: This section prohibits sexual intercourse and attempts to marry between closely related persons. Since marriage ceremonies between such persons are void under Section 451.020 RSMo 1969, the Code uses the words "purports to marry." Sexual relations between related individuals are believed to pose some biological dangers to possible offspring and such activity may also threaten the stability of the family.

The Code prohibits sexual intercourse and marriage between half-blood brothers and sisters, persons who have only one parent in common. However, it is clear that sexual conduct between uncles, aunts, nephews, and nieces of the half-blood (that is, between a person and his parent's half-brother or half-sister) is not incestuous.

Note that a person must know that the relationship exists, or he is not guilty under this section.

Examples:

- Donald knows that Sally is his niece, but Sally does not know that she is related to Donald. Donald and Sally go through a marriage ceremony. Donald is guilty of incest, but Sally is not.
- Donald has sexual intercourse with his nineteen-year-old stepdaughter, Dorothy. Donald is still married to Dorothy's mother. Donald and Dorothy are both guilty of incest.

Pornography

Introduction: "Pornographic" is defined as follows: Any material or performance is "pornographic" if, considered as a whole, applying contemporary community standards:

- Its predominant appeal is to prurient interest in sex; and
- It depicts or describes sexual conduct in a patently offensive way; and
- It lacks serious literary, artistic, political or scientific value.

In determining whether any material or performance is pornographic, it shall be judged with reference to its impact upon ordinary adults.

The definition points out several general factors to be remembered in determining whether material is pornographic. First, the material must be considered as a whole. One passage in a book or one scene in a movie does not make the work pornographic; the work, in its entirety, must be judged pornographic. Second, the work is to be judged according to modern community standards. Additionally, in judging the material one must examine its impact on ordinary adults. Thus, the reaction of the average person is the measuring stick.

Bearing these things in mind, a three-pronged test is applied to determine whether material is pornographic. First, the work must predominantly appeal to prurient interest in sex. That means, the primary emphasis must be on creating lustful desires or thoughts. Second, the work must show or describe sexual conduct in a patently offensive way. Sexual conduct is defined in 573.010(10) and includes any act of sexual arousal or response, including masturbation, intercourse, the touching of another's sex organs and so on. Whatever the sexual conduct, the description must be repulsive or distasteful to the average person. Finally, the work must lack serious literary, artistic, political, and scientific value. This does not mean that it must be totally worthless; a work may have some value and still be pornographic. Keep in mind, each of the above three elements must be present for the material to be pornographic.

Some offenses refer to material which is pornographic for minors. A different, more stringent standard applies to minors in order to protect them from pornography. (A minor is any person under the age of eighteen.) This category of material necessarily includes anything which is pornographic for adults and in addition, it includes material which is pornographic for children even though acceptable for adults. Any material or performance is "pornographic for minors" if it is primarily devoted to description or representation, in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse and:

- Its predominant appeal is to prurient interest in sex; and
- It is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable material for minors; and
- It lacks serious literary, artistic, political, or scientific value for minors.

Again, a three-pronged test applies. First, the primary emphasis must be on the creation of lustful desires. Second, it must be patently offensive; that is, distasteful according to adult standards of acceptability for minors. And, it must lack serious literary, artistic, political, or scientific value for minors.

Finally, most of the offenses require that the suspect have knowledge of the content and character of the material. This does not mean that he must know it is obscene nor must he consider it obscene. It is enough that he knows what type of material he has and something of its contents.

A city or town may enact ordinances proscribing some activities dealing with pornography. However, such local laws are limited by statute and the penalty must not be greater than those provided by state laws.

Section 573.070 provides that the prosecuting attorney, circuit attorney, or municipal attorney can seek an injunction or declaratory judgment against one who violates or who allegedly violates the pornography laws. In many instances there will be serious questions whether or not the material sought to be suppressed is pornographic. This section provides a method other than criminal prosecution for determination of that question.

Furnishing Pornographic Materials to Minors §573.040 Class A Misdemeanor

Elements: A person commits the crime of furnishing pornographic materials to minors if:

- knowing that a person is a minor or
- with reckless disregard as to the minority of a person
  - he furnishes the minor material which is pornographic for minors
  - and he knows the character and content of the material; or
- knowing the content and character
- he produces, presents, directs, or participates in a performance pornographic for minors
- which is furnished to a minor
  - knowing the viewer is a minor or
  - with reckless disregard as to the minority of the viewer.

Comments: This section is designed to protect minors from exposure to pornographic material or performances. The section specifically deals with material that is *pornographic for minors.* This includes all material which is pornographic for adults

as well as some material which may be suitable for adults but is unsuitable for the use of minors.

A person violates the statute by furnishing to a minor pornographic material, or by participating in a pornographic performance which is furnished to a minor. The suspect must be aware of the content and must either know the individual is under 18 years of age or be aware that there is a substantial risk that the person is under 18 years of age.

NOTE: The statute does not require that the supplier of pornographic material to minors receive a payment of any kind. In other words, a person may be convicted under this statute whether or not he derives any gain from dispensing the material.

Examples:

- Donald owns and operates an adult bookstore and movie theatre. He allows Mike, who is obviously under age 18, to view a movie that Donald knows is filled with explicit sexual material. If the material is pornographic for minors, Donald is probably guilty of furnishing pornographic material to a minor. The question will be whether he was aware of a substantial probability that Mike was under 18.
- Mark, who is seventeen years old, goes to the window to buy a ticket at the adult theatre where a movie that is pornographic for minors is being shown. Mark has streaks of prematurely gray hair, a full beard, and appears to the average person to be over 21 years old. Donald sells him a ticket and allows him to see the movie. Donald is probably not guilty of violating the statute even though he allowed Mark to see a movie pornographic for minors since he did not know Mark's age and did not consciously disregard the risk that Mark was under 18 years of age.

Homicide and Assaults

Homicide or assault charges may be brought against individuals for physical abuse of a child. Capital Murder, First Degree Murder, and Second Degree Murder are not discussed in this manual.

Manslaughter §559.070

Every killing of a human being by the act, procurement, or culpable negligence of another, not herein declared to be murder or excusable or justifiable homicide, shall be deemed manslaughter.

Elements: A person commits the crime of manslaughter if he:

- while in a state of anger, fear, or agitation suddenly provoked by the unexpected acts of the victim,
- causes the death of another human being, and
- the death was not a justifiable or excusable homicide; or
- acts in such a manner as to show a reckless disregard for human life and safety
- and as a direct result of his act he
- causes the death of another human being, and
- the death was not a justifiable or excusable homicide.

Comments: Manslaughter is a "catch-all," including any killing which is not justified or excusable, or covered by other murder statutes. The statute does not define manslaughter, but the case law has limited its application to three situations: (a) killings done without "malice" (provoked by victim); (b) reckless killings (culpable negligence); and (c) killings which occur during the perpetration of a misdemeanor (elements not listed).

The manslaughter statute is a non-Code statute. "Culpable negligence," as used in the manslaughter statute, means recklessness or extreme indifference to human life.

The third type of manslaughter includes homicides occurring during perpetration of a misdemeanor. This is rarely used as a basis for manslaughter convictions today. Manslaughter may be an appropriate charge in a case of abuse or neglect which results in the death of a child.

Examples:

- Donald is driving his car on a street where children frequently play. He decides to see how fast his new car can go from 0 to 60 m.p.h. While watching the speedometer closely, he gets up to 58 miles per hour (in a 25 m.p.h. zone) and hits and kills a child playing in the street. He could easily have seen and avoided the child if he were paying attention to pedestrians and driving the speed limit. Donald is probably guilty of manslaughter.
- David brings his report card home from school and shows his father he has received all "C's." In punishing David, a blow by the father's hand kills the boy. The father is probably guilty of manslaughter.

Assault

The Code divides assaults into three degrees. The grading of these offenses turns on the mental state of the defendant, whether the injury is only threatened or actually accomplished, the seriousness of the injury and whether a deadly weapon is used.

The most serious assaults (first degree) usually involve causing serious physical injury intentionally or by extreme recklessness. Attempts to kill and attempts to cause serious physical injury are also first degree assault. Serious physical injury means an injury involving a substantial risk of death, serious permanent disfigurement or protracted impairment of a bodily function.

A deadly weapon is any firearm or similar mechanism, switchblade knife, dagger, billy, blackjack or metal knuckles. A dangerous instrument is any article or substance capable of causing death or serious physical injury in the circumstances in which it is used.

Second degree assault covers a variety of circumstances. Some second degree assaults would be first degree except for special mitigating circumstances. Second degree assault also includes recklessly causing serious physical injury and intentionally inflicting physical injury with a deadly weapon or dangerous instrument. Physical injury means any pain, illness or impairment of physical condition. It is less severe than serious physical injury.

Third degree assault covers intentionally causing physical injury, offensive contact, or fear of physical injury. This class of assaults also covers recklessly endangering others, where no injury or offensive contact occurs.

First Degree Assault (§565.050)

Class B felony unless deadly weapon or dangerous instrument used, then Class A felony.

Elements: A person commits the crime of first degree assault if he:

attempts
- to kill another person or
- to cause serious physical injury to another person; or

causes serious physical injury to another person
- and does so knowingly, or
- does so recklessly by engaging in conduct which creates a serious risk of death and causes serious physical injury to another, and indicates that he was acting with extreme indifference to the value of human life.

Second Degree Assault (§565.060) Class D Felony

Elements: A person commits the crime of second degree assault if he:

commits what would otherwise be a first degree assault but the suspect was
- acting under the influence of extreme emotional distress for which there is reasonable explanation or excuse, or
- believed his actions were justified, but his belief was unreasonable, or
- recklessly causes serious physical injury to another person; or
- knowingly causes or attempts to cause physical injury by means of a deadly weapon or dangerous instrument.

Third Degree Assault (§565.070) Class A Misdemeanor

Elements: A person commits the crime of third degree assault if:
- he attempts to cause physical injury; or
- he causes physical injury
  - recklessly; or
  - with criminal negligence using a deadly weapon, or
- he recklessly engages in conduct which creates a grave risk of death or serious physical injury to another person.

Class C Misdemeanor
A person also commits third degree assault if:
- he purposely places another person in apprehension of immediate physical injury; or
- knowingly causes physical contact knowing the other person will regard it as offensive or provocative.

The following analysis of assaults is based on the type of injury inflicted on the victim. Injury (or lack thereof) is usually the most visible element of an assault case. Thus, this approach should facilitate understanding the various assault statutes.

Assaults Causing Death

Assaults Causing Death are almost always a homicide offense. *Acts which cause serious physical injuries will usually either be first or second degree assault.*

An individual who knowingly or purposely inflicts serious physical injury commits first degree assault. First degree assault is normally a Class B

felony, however, if the defendant inflicts the injury with a deadly weapon or dangerous instrument it is a Class A felony.

A person who causes serious physical injury may be guilty of an assault even though he did not knowingly or purposely inflict the injury. If the suspect recklessly causes serious physical injury, he commits second degree assault. Suppose Donald and David are racing their cars down a city street. Donald sees John, but thinks he can miss him, and he does not want to lose the race. Donald runs a stop sign at 80 m.p.h., strikes John and seriously injures him. Donald is guilty of second degree assault.

The defendant may also cause serious physical injury because of his criminal negligence. If a person, acting with criminal negligence, causes serious physical injury, he is guilty of an assault (third degree) only if he was using a deadly weapon. The pertinent statute [565.070.1(2)] requires physical injury so that causing serious physical injury will also suffice. Note that if the defendant acting with criminal negligence inflicts serious physical injury, but is not using a deadly weapon, he does not commit an assault crime.

Assaults Involving Physical Injury

A person may commit an assault if he inflicts or attempts to inflict physical injury on another. If the defendant is attempting to kill the victim and physically injures him, the defendant commits first degree assault. Otherwise, assaults involving physical injury will be second or third degree assaults.

If the defendant knowingly or purposely (intentionally) causes physical injury to another, he has committed third degree assault. If he knowingly or purposely (intentionally) causes physical injury with a deadly weapon or dangerous instrument the offense is second degree assault. Thus, if Donald attacks John, leaving John with a black eye and a bloody nose, Donald commits third degree assault. However, Donald would have committed second degree assault if he had used a blackjack to inflict those same injuries.

An individual who recklessly or negligently causes physical injury to another may also be guilty of an assault. If the victim suffers physical injury because of the defendant's recklessness, the defendant commits third degree assault. Suppose David and Donald are drag racing in a busy part of town. Donald sees John, a pedestrian in the crosswalk, but thinks he can avoid hitting him. Donald is going 80 m.p.h. in a zone where the speed limit is 40 m.p.h. Donald's car strikes John causing him minor injury. Donald has committed third degree assault by recklessly causing physical injury to John.

One who with criminal neglegence causes physical injury to another with a deadly weapon or dangerous instrument commits a third degree assault even though the injury was unintentional. Suppose Donald is preparing to go hunting, and is very careless while loading his rifle. If his rifle discharges because of his carelessness, and someone else is injured, Donald has committed third degree assault.

Assaults Where No Physical Injury Results

- An individual may commit an assault even though he intends to cause no physical injury and none results. Purposely frightening another by placing him in fear of immediate physical injury is a third degree assault. No physical injury need actually occur and the defendant need not have intent to cause physical injury. Suppose Donald swings a stick at John, not with a purpose to hit him, but to make him believe he will be hit. Although Donald stops before striking John, John in fact was in fear of being hit. Donald has committed third degree assault since he purposely placed John in fear of physical harm.

  A person also commits an assault if he recklessly creates a risk of death or serious physical injury to another. This crime is something called "reckless endangerment" and is a third degree assault. If the defendant's recklessness actually causes serious physical injury, the act will be either a second or first degree assault, depending on how reckless the defendant was.

  Suppose, in the previous drag racing example, the pedestrian had not been hit or injured at all, that Donald missed him but only because the pedestrian jumped out of the way at the last second. Donald would have committed reckless endangerment, a third degree assault, even though he inflicted no injury because he recklessly created a grave risk of death or serious physical injury.

  Purposely or knowingly touching another, knowing that the touching will be regarded as offensive or provocative, even though no injury will result, may be an assault. For example, suppose Donald intentionally pushes John away from the bar so that Donald can get faster service. Donald does not intend to physically injure John. John in fact is offended by Donald's actions. Donald has committed an assault (third degree) since he knowingly caused physical contact with John that he knew John would find offensive.

  The intentional offensive touching sections may be useful in allowing official intervention in situa-

tions that have the potential to become serious problems.

The offensive touching section may also cover those offensive touchings not covered by the chapter on sex offenses. For example, if Donald kisses Sally without her consent, no sexual offense is committed. The act may be an offensive touching though, and Donald may have committed third degree assault.

- An assault may be committed if a person intends to cause physical injury but none results. A person who attempts to cause physical injury, but inflicts no injury, is guilty of third degree assault. If he attempts to cause physical injury with a deadly weapon or dangerous instrument, he is guilty of second degree assault. He commits first degree assault if he attempts to inflict serious physical injury regardless of whether or not a deadly weapon or dangerous instrument was used. However, if he uses a deadly weapon or dangerous instrument in this instance, the attempt will be a Class A rather than Class B felony.

Suppose Donald tries to hit John with his fist but misses him. Donald has committed third degree assault even though no injury resulted. The attempt to inflict injury is enough for assault. If Donald had tried to hit John with an axe rather than his fist, the crime would have been first degree assault. Donald's acts indicates he intended to cause serious physical injury rather than physical injury, making the offense a first degree assault. The crime would be a Class A felony since Donald used a dangerous instrument to commit the assault.

If a defendant attempts to kill or cause serious physical injury to another, he commits a first degree assault. The injury need not be actually accomplished to complete the crime.

The chart which follows is intended as a quick reference aid in deciding what assault crime has been committed. It does not include all assault crimes. It does not include attempts or assaults when an injury was threatened but none resulted.

Assaults Where Injury Results

Defendant's Mental State	Death	Serious Physical Injury	Physical Injury	Offensive Contact	Apprehension of Physical Injury
Purposely causes	See Homicide Statutes	First Degree	Second Degree if the defendant uses a deadly weapon or dangerous instrument, otherwise third degree	Third Degree	Third Degree
Knowingly causes	See Homicide Statutes	First Degree		Third Degree	No Assault
Recklessly	See Statutes	Usually second degree, sometimes first degree	Third Degree	No Assault	No Assault
With criminal negligence causes	See Homicide Statutes	Third Degree only if the defendant uses a deadly weapon, otherwise no assault		No Assault	No Assault

CHAPTER TWO

Who Is Required To Report

The Revised Statutes of Missouri [210.115 RSMo as amended effective August 13, 1980], titled Child Protection and Reformation, places affirmative obligations to report child abuse on certain professionals involved with the handling or treatment of children.

When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital and clinic personnel (engaged in examination, care or treatment of persons), and other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child care worker, *juvenile officer, probation or parole officer,* teacher, principal or other school official, minister, Christian Science practitioner, *peace officer or law enforcement official,* or other person with responsibility for the care of children, has *reasonable cause to suspect* that a child under the age of 18 has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, he shall immediately report or cause a report to be made to the Division of Family Services in accordance with the provisions of 210.110 to 210.165 RSMo.

Whenever such person is required to report in his official capacity as a staff member of a medical institution, school facility, or other agency, whether public or private, the person in charge or his designee shall be notified immediately. The person in charge or his designee shall then become responsible for immediately making or causing such report to be made to the division.

Any person or official required to report, including employees of the division, who has reasonable cause to suspect that a child has *died* as a result of abuse or neglect shall report that fact to the appropriate medical examiner or coroner.

In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with §210.110 to §210.165 RSMo if such person has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect. *Nothing in the Reporting Act is meant to preclude any person from reporting abuse or neglect,* provided the report is made in good faith.

The reporting law is meant to be remedial rather than punitive. It is more than just a "reporting law," however, as it is aimed at the underlying causes and prevention of child abuse.

While Missouri law requires some and permits others to report, there is no statutory requirement that abuse or neglect be reported to the *police*. The required report is to provide information to the Division of Family Services. The language of the statute is permissive in that police *may* be notified by the Division of Family Services or a private citizen, although this is not required.

CHAPTER THREE

Investigation - The Legal Limitations

When a report of suspected child abuse is received by the Division of Family Services (DFS), it is screened and assigned to an agency caseworker for investigation to determine if there is enough data and evidence to proceed with the case and intervene in the family home. The problem with the majority of child abuse investigations is that they are not thorough enough nor properly made.

There is a tendency in the investigation to focus on the reported injury, but child abuse is a pattern of behavior. The reported injury is in all likelihood just one small piece of a much more complex problem. The proper investigation needs to focus on the complete situation, not just a single event.

In this chapter, we are concerned with the legal ramifications of investigative action, and not investigative procedures and techniques.

The Mandated Investigation

Upon receipt of a report of suspected child abuse, the Missouri Division of Family Services shall immediately communicate such report to its appropriate local office, communication to be by telephone after a check has been made with the central registry to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, of his siblings, and the perpetrator, and relevant dispositional information regarding such previous reports. Such relevant information as may be contained in the central registry shall be also reported to the local office of the division [2 RSMo 210.145(3)].

The local office of the division *shall cause* a thorough investigation to be made immediately or no

later than twenty-four hours after receipt of the report from the division. The primary purpose of such investigation is the protection of the child. The investigation shall include but not be limited to the nature, extent, and cause of the abuse or neglect; the identity and age of the person responsible therefore; the names and conditions of other children in the home, if any; the home environment and the relationship of the subject child to the parents or other persons responsible for his care; and other pertinent data [3 RSMo 210.145(4)].

Multidisciplinary services shall be utilized whenever possible in making the investigation and in providing protective social services, including the services of the juvenile officer, the juvenile court, and other agencies, both public and private [4 RSMo 210.145(6)]. This allows the use of law enforcement officers to assist, and in most cases their expertise is invaluable in making the investigation.

As a result of its investigation, the local office of the division shall report a child's injuries or disabilities from abuse or neglect to the juvenile court officer, and *may* make such report to the appropriate law enforcement authority [RSMo 210.146(7)].

Within thirty days of an oral report of abuse or neglect from the division, the local office shall file a written report with the central registry.

The report shall contain the facts ascertained, a description of the services offered and accepted, those responsible for the care of the subject child, and other relevant dispositional information. The written report shall be updated at regular intervals for as long as the subject child and/or his family are receiving services [6 RSMo 210.145(8)].

One early problem which develops is confusion about what type of investigation should be done, and who should do it? Who is best qualified to do the investigation needed?

Pursuant to RSMo 210.145, the Division of Family Services shall report a child's injuries or disabilities from abuse or neglect to the juvenile court officer. Conversely, pursuant to RSMo 210.145, juvenile court officers shall refer reports of child abuse and/or neglect to the Division of Family Services. The police and/or prosecuting attorney are notified when appropriate to assist in the investigation. The police may also become involved in the investigation directly through reports made to them.

In reference to the question as to which group should conduct what part of the investigation, the mode of investigation is best worked out among the law enforcement groups as to the functions performed and the type of case involved. Police investigatory services are necessarily utilized in areas of extreme abuse/neglect where criminal prosecution is a possibility or where they are better trained in phases of the investigatory process.

There are four major areas of police investigation which are of particular interest here:

- taking custody of the child
- taking photographs of the child
- entering the family home to search for and seize evidence
- taking the child to the hospital for physical/psychological tests.

Taking Custody of the Child

A police officer, a law enforcement official, or any physician may take or may retain temporary protective custody of a child who is the subject of a report of actual or suspected abuse or neglect or who is being examined by a physician for suspected abuse or neglect, *without the consent of the child's parents,* guardian, or others legally responsible for his care, *after reasonable attempts have been made to advise said parents,* guardian, or others legally responsible for said child's care, *and when a court order cannot immediately be obtained and conditions are such there exists an imminent danger to the health or life of said child if he were not so taken or retained in custody;* provided that such custody does not exceed twenty hours [RSMo 210.125.1 (for purposes of this section, "temporary protective custody" shall mean temporary placement within a hospital or medical facility or emergency foster care facility)].

Any such person taking or retaining a child in temporary protective custody must immediately notify the parents, guardian, or others legally responsible for the child's care, if their whereabouts are known, and the Division of Family Services. The Division shall request the juvenile court officer to immediately initiate child protective proceedings [RSMo 20.125.2].

Missouri's Child Protection Law provides for a non-judicial procedure whereby a child can be retained or taken into "temporary protective custody" without parental consent by a law enforcement officer or a physician [210.125.1]. This allows the police officer to take or retain custody of the child if there is reasonable cause to believe that imminent danger to the health or life of the child exists if custody is not so taken, and a court order cannot be immediately obtained. The officer should use extreme care in taking emergency custody. Custody should not be taken on oral information or requests from a social worker unless enough information is provided to convince the officer taking custody that an imminent danger to the health or life of the child exists.

Temporary Protective Custody is defined as: "temporary placement within a hospital or medical facility or emergency foster care facility [210.125.3].

Upon placing a child in protective custody, the following procedure must be followed [210.125.1-.2].

- The parents, guardian, or those responsible for the child must be advised: and,
- The Missouri Division of Family Services must be notified. Said Division shall request the Court Juvenile Officer to immediately initiate child protective proceedings
- The child is temporarily placed within a hospital, medical facility or emergency care facility for a period not to exceed 20 hrs. unless a court order authorizing further custody is obtained.

NOTE: Abused children should never be placed in a jail or facility not specifically authorized by the court while in temporary protective custody.

Objections to protective removal of a child are basically those against his retention; "the protection of children cannot, and need not, be accomplished at the expense of violating the fundamental rights of parents [V. DeFrancis & C. Lucht, Child Abuse Legislation in the 1970s 184 (Amer. Humane Assoc., Children's Div. rev. ed. 1974)]. The court order is the parent's basic protection, as it requires someone to make a showing that irreparable injury is likely to occur to this child if he is not retained or removed.

In the subsequent custody proceedings, brought by the juvenile court officer, it is not the court officer's function to defend the action of the policeman or the physician, but to recommend what should be done currently. Immunity from any liability, civil or criminal is extended to the physician or policeman provided they exercised the protective custody in *good faith* [4 210.135].

Taking Photographs of the Child

Photographs and x-rays can be crucial to early and accurate diagnosis of child abuse and neglect. They can also play a crucial role in preserving evidence. Long after memories have faded, photographs and x-rays can provide extra assurance that subsequent child protective decision-making reflects the severity of the child's initial condition, particularly when case records lack sufficient detail. Color photographs have little diagnostic value, but can be used to preserve a pictorial explanation of suspected trauma.

Missouri law, unlike the Model Child Protection Act [MCPA §8], does not authorize all persons and officials required to report to take or arrange to have taken, photographs or x-rays. However, whenever a person is required to report in his official capacity as a staff member of a medical institution, whether public or private, he shall immediately notify the physician in charge or his designee who shall then take or cause to be taken color photographs of physical trauma and shall, if medically indicated, cause to be performed radiologic examination [x-rays] of the child who is the subject of a report, costs of which shall be paid by the Division of Family Services. Reproductions of such color photographs and/or radiologic reports shall be sent to the division as soon as possible (RSMo 210.120).

While such provisions makes it mandatory that color photographs and x-rays be taken when a medical officer is required to report, it does not authorize other persons and officials required to report to take, or arrange to have taken, photographs and x-rays without parental permission. There appears to be no justification to seize the child solely for procuring photos or x-rays to preserve evidence. As yet, Missouri has not dealt with this problem at the appellate court level.

If no emergency situation exists, a court order can probably be obtained to remedy these problems. If such an avenue is taken, it should be done so as soon as possible, as bruises and other injuries heal and vanish very quickly on young children.

Entering the Home to Search for Evidence

The officers' ability to gain entry to the home will usually be related to their initial approach to the family. If officers demonstrate concern and sympathy and explain their role as ensuring the health and safety of the child, they will likely be allowed in. In some cases, however, the officer will not receive permission to enter. Many families will perceive any police intervention into their home as an intrusion, and they will become angry, afraid or embarrassed. In cases where the family is in crisis, these negative reactions to police intervention are even stronger.

Not all entries into private property and homes require a search warrant. The two common exceptions to the warrant requirement are *consent* and *emergency*. In the realm of child abuse/neglect, we are concerned with these two exceptions and the consequences of an entry or search which is later determined to be invalid. (Note: As in areas of criminal investigation, the preferred method is securing a warrant before entering the family home.) This section will deal with those situations where getting a warrant is not practical.

The officer has the right of forcible entry if:

- *there is probable cause to believe a child in the home*
- *is in imminent danger.*

If the investigator believes entry is necessary but the family will not allow it and it does not appear there is an emergency situation, a court order or search warrant is advisable ("The Role of Law Enforcement in the Prevention of Child Abuse and Neglect", Broadhurst and Knoeller, U. S. Dept. of HEW, Aug. 1979).

Even if there is no consent, the search or entry into the home is valid even without a warrant if an emergency exists. Thus, in *State v. Timmons,* 574 S.W. 2d 950 (Mo. App. Spfld, 1978), the court said:

> Exigent circumstances existed justifying police entry and search of premises without warrant where officers were investigating offenses involving violence to 11-year-old boy which entailed use of a weapon, police had reasonably trustworthy information that the suspect was an occupant of the structure and was probably inside, and police heard people attempting to escape when they knocked on the door and identified themselves as police.

In *U. S. v Goldenstein,* 456 F.2d 1006 (8th Cir. 1972), cert. denied 416 U. S. 943, the court approved entry of homes for purposes of rendering aid in emergency situations without warrants. In *State v. Sutton,* 454 S.W. 2d 481, 486 (Mo. banc 1970), the Missouri Supreme Court specifically adopted the emergency doctrine quoting from *Patrick v. State,* 227 A.2d 486, 489 (Del. 1967):

> The general rules governing searches and seizures are subject to the exception of emergency situations called the "exigency rule". The reasonableness of an entry by the police upon private property is measured by the circumstances then existing . . . . As a general rule, we think, an emergency may be said to exist, within the meaning of the "exigency" rule, whenever the police have credible information that an unnatural death has, or may have occurred. And *the criterion is the reasonableness of the belief of the police* as to the existence of an emergency, not the existence of an emergency in fact . . . . Under circumstances, it was the duty of the police to act forthwith upon the report of the emergency - not to speculate upon the accuracy of the report or upon legal technicalities regarding such warrants. It follows that the entry by the police was reasonable and lawful.

However, should time and practicality allow, a warrant should be procured before entering a home to search for or seize evidence.

Even if an emergency does not exist, entry based on permission or "consent" to enter the family home to substantiate the report and/or to look for evidence is valid.

In a criminal search, the inherent coercion of the badge and the presence of armed police make it arguable that the consent to a criminal search is not voluntary. A confrontation with law enforcement personnel often comes as a surprise for which the citizen is unprepared. The subject of a criminal search will probably be uninformed as to his rights and the consequences of denial of entry. The burden of showing voluntary consent is on the police, and the question is whether permission was given voluntarily or because of coercion. By avoiding threats or promises, and merely telling the parents why you are there and asking permission to enter, the officer does all he can to insure that the consent will be voluntary. Don't be afraid to ask, but ask in a polite, non-intimidating manner, and the consent will most likely be valid.

The validity of a forcible entry is an unsettled area of law as it relates to juvenile court child abuse and neglect proceedings. Because abuse and neglect cases in juvenile court are classified as civil rather than criminal proceedings, the exclusionary rules which apply in criminal cases may not apply to such proceedings. The reported cases of exclusionary rule application in the juvenile courts are cases involving delinquency proceedings, not cases concerning removal from custody or termination of parental rights because of abuse or neglect. How the exclusionary rule would be viewed in terms of "best interests of the child" for child abuse/neglect is uncertain.

Thus, *the exclusionary rule may not apply to child abuse proceedings in Juvenile Court, and the evidence obtained will be admissible even if not lawfully seized.* Evidence illegally seized, however, in conjunction with an abuse proceeding may not be used in a criminal prosecution for abuse of a child.

Taking The Child to the Hospital for Testing - Physical or Psychological

Testing by health care professionals, be it physical or psychological, can be very important in both diagnosing of abuse/neglect and securing evidence of such. This procedure can, once again, be accomplished during a period of temporary protective custody, as was discussed in connection with taking photos and/or x-rays.

Again, the problem arises when the child is not in imminent danger of life or health and the law enforcement officer or social worker seeks to have the testing done solely for evidentiary purposes of casebuilding.

Such testing can usually be done with parental consent if they are informed that such is in the best interests of the child. When such consent can not be obtained and the testing is done without it, there may be some question once again as to the admissibility of that evidence before a juvenile court in custody proceedings. As was discussed before, the ramifications of the exclusionary rule in this area are yet undetermined.

CHAPTER FOUR

Abuse or Neglect - Procedure in Both the Civil and Criminal Context

Summary of Procedure

Juvenile Court	Criminal Court
Oral request made by DFS to juvenile court asking for petition for determination of abuse/neglect	Crime reported directly to police or referred to police
	Investigation
Preliminary Report and Social Study prepared by DFS	Arrest *of one responsible for the abuse/neglect* - may not be held more than 20 hours without an arrest warrant
Investigation conducted - multidisciplinary services *shall be* utilized	Booking and initial appearance
Child may be put in protective custody if in imminent danger (for not more than 20 hours if by a doctor or law enforcement officer; 48 hours if by order of juvenile officer). Once child is in custody, court shall order either continued detention or release	Preliminary Hearing or Indictment by Grand Jury if probable cause to believe a crime has been committed to bind defendant over
If child is in custody, petition shall be filed within 7 days	Defendant is held over to answer information of charges
A 2-step hearing on petition: • is child in need of care and treatment • if so, what should be done	Arraignment Plea
Child put under care or released back to parents	Trial
Detention should be only to safeguard the child	Sentencing if guilty
Order modified on changed circumstances	
Termination of parental rights in separate action for abuse/neglect	

Procedure in the System: A Case Study

At or about 9:37 A.M. on Saturday July 11, 1980, Midmo Police Department received a report from one Mrs. Susanna Lee of 1267 Conley of "unusual bruises and markings" on a three-year-old white male child for which she had occasion to babysit last evening. Mrs. Lee stated that the parents were Mr. and Mrs. Ronald J. Dietrich, 4441 Apple Tree Lane.

Mrs. Lee informed the Department that the child had bruises in various stages of healing on his back and left shoulder, other lacerations on his forehead, and complained of soreness in the rib area. When she ask the parents how their youngster had received the injuries, she reported they attempted to explain assorted accidents, from multiple falls down the basement stairs to a blow from a set of chest of drawers which toppled over when a neighbor child was climbing on top of them. Mrs. Lee fears the child has been harshly punished by his parents because he cries frequently and has refused to accept any toilet training.

Concerned primarily for the protection of the child, Officer William Woods went immediately to the Dietrich home to make investigation of the report, prevent possible further abuse, or neglect, safeguard the child's health and welfare, and preserve and stabilize the family if possible [RSMo 210.145]. Officer Woods also checked with the Central Registry of the Missouri Division of Family Services for possible prior reports.

Officer Wood's report was developed after inspection of the child's injuries, interviewing the child and his parents, neighbors, and the supervisor at the daycare where Johnny Dietrich attended 3 times a week. While the injuries to the child were most unusual, the family appeared stable and were very cooperative. Officer Woods determined the child's life and health were not in imminent danger and decided against taking protective custody [RSMo 210.165].

Officer Woods filed a written report of his findings (CA/N-2) with the DFS Central Registry within the required 48 hours and passed along his findings to the local juvenile court office.

At 6:07 P.M. on Wednesday, July 15, 1980, Johnny Dietrich was brought to the emergency room at Valley Memorial Hospital. Attending physician Dr. Stanley Josephs called the Department to report the child had multiple injuries, including bruises and lacerations on the head, back, and arms; a broken left forearm, and three broken ribs. It is the doctor's opinion Johnny is a classic example of "the battered child syndrome." When he ask Mrs. Dietrich how the child was injured, she only said "he woke up crying." The doctor is hospitalizing the child because he fears possible further injury to the child.

Officer Woods, who received the report, passed the information on the DFS Central Registry, the court juvenile office, and the county prosecutor.

After investigation by the Missouri Division of Family Services and the Prosecuting Attorney's office, the decision was made to proceed against the family for physically abusing their child. What is the procedure under which each proceeding will take place?

The Juvenile Court in Child Abuse/Neglect

Missouri has a dual system of handling child abuse cases—both civil and criminal. Becuase very few prosecutions of those who perpetrate abuse or neglect actually take place, the juvenile court is left as the major protective service for abused and neglected children. Although the juvenile courts have no direct jurisdiction over those who commit abuse and neglect (usually the parents), they can wield considerable indirect power over the parents through their power over their child.

Juvenile courts in Missouri are courts of limited jurisdiction and may exercise only such powers as are conferred by statute [*In re. A.N.* 500 SW2d 284 (Mo. App. 1973)]. Granting specific jurisdiction, 211.031 RSMo provides that the juvenile court has exclusive jurisdiction over any child who may be a resident of or found within the county in which the court is sitting and is in need of care or treatment [RSMo 211.031]. The law enforcement officer should note that abuse and neglect to invoke jurisdiction of the circuit court is 211.031—while that which requires or permits reporting is governed by RSMo 210.110-.165, a somewhat different standard. The juvenile court officer may file a petition of alleged abuse/neglect over any child within the county.

Jurisdiction over the juvenile attaches from the time the juvenile is taken into judicial custody. In the abuse/neglect context, custody is normally taken by an order of the court, or by a law enforcement officer, or juvenile court officer if there are reasonable grounds to believe that the juvenile is in imminent danger of harm by reason of his surroundings and his immediate removal from his home is necessary [RSMo 210.125]. Custody of a child can also be obtained for other reasons (see RSMo 211.131). (Note the terms custody and detention are sometimes used interchangeably.)

When a juvenile is taken into custody, the police officer or other individual taking custody must immediately make a reasonable effort to notify the juvenile's custodian [RSMo 210.125]. (Custodian is defined as "Parent, step-parent, adult spouse of a juvenile, guardian, guardian ad litem, or a person having legal custody of a juvenile. Whether the rights of detained juveniles suspected of being delinquents apply to abused/neglected children is a topic of much current debate.)

Once a juvenile is taken into protective custody, the policy of the juvenile code is that the detained juvenile be quickly returned to the custody of his parents, guardian or legal custodian unless return is impracticable or undesirable [RSMo 211.141(1)]. In child abuse/neglect situations, the only purpose of detention is to safeguard the juvenile pending the hearing.

The officer or the other person taking the juvenile into judicial custody is to release the juvenile at once to his custodian or "some suitable adult" unless custody was taken pursuant to a court order, or was authorized by the juvenile court officer, or unless detention is required to protect the juvenile, or because the juvenile has no suitable person to care for and supervise him [RSMo 211.141].

If the child is released, the person to whom the juvenile is released (or standing in loco parentis to the juvenile) may be required to sign a written promise to produce the juvenile when ordered by the court [RSMo 211.141].

If the juvenile is not released, he shall immediately be taken to the juvenile court officer or a person acting for the juvenile officer, or to a detention facility designated by court order [RSMo 211.141(2)]. Each juvenile court shall by order designate the detention facility or facilities to which juveniles shall be taken when within judicial custody. Copies of the order

shall be made available to all law enforcement agencies within the territorial jurisdiction of the court. The order shall distinguish between juveniles neglected or dependent and those dangerous to themselves or others.

The juvenile court has exclusive original jurisdiction in proceedings involving any child (under the age of 17) who may be a resident of or found within the county and who is alleged to be in need of care and treatment because:

- the parents or other persons legally responsible for the care and support of the child neglect or refuse to provide proper support, education which is required by law, medical, surgical or other care necessary for his well-being; except that reliance by a parent, guardian or custodian upon remedial treatment other than medical or surgical treatment for a child shall not be construed as neglect when the treatment is recognized or permitted under the laws of the state, or
- the child is otherwise without proper care, custody or support; or
- the behavior or associations of the child are injurious to his welfare or to the welfare of others. [RSMo 211.031]

Once jurisdiction over a child has been acquired by the juvenile court, that jurisdiction may be retained until the child reaches the age of twenty-one (21) years [RSMo 211.041]. Jurisdiction may be terminated by the court's own motion or by a petition of the juvenile or custodian of such juvenile [Rule 121.01, Mo. Rules of Court].

Pending disposition of the case, the juvenile court may order in writing the detention of the juvenile in one of the following places:

- a detention home provided by the country;
- a foster home, subject to supervision of the court;
- a suitable place of detention maintained by an association having or one of its objects the care and protection of children;
- such other suitable custody as the court may direct. [VAMR 111.03; RSMo 211.151]

A law enforcement officer or a physician may take or retain temporary protective custody if there exists an imminent danger to the life or health of said child if custody is not so taken. (While such custody may be taken without other authorization, it may not exceed twenty (20) hours [RSMo 210.125].)

Once the court is informed that a juvenile has been admitted to a facility, it shall without a hearing, examine the reasons therefor and shall either order the juvenile released or order the continued detention of the child [RSMo 211.141]. The court may at any time, on its own motion, order a hearing to determine whether the juvenile is to be continued in detention or released. Additionally, upon receipt of a written request from the juvenile or his custodian, the court shall order a hearing to determine whether the juvenile is to be continued in detention or released; and if such hearing is not held within four (4) days after receipt of the request, the juvenile shall be released from detention unless the court for good cause shall have the hearing continued [Rule 111.07(c), Mo. Rules of Court].

No juvenile shall be held in a detention facility for more than seven (7) days following his admission to such facility unless within that period a petition shall have been filed. If no petition is so filed, the juvenile shall be released forthwith. The matter of detention must be viewed in the context that, on the average, a period of one or two months will lapse from the time a petition for child abuse/neglect is filed until the time the petition is heard. Cases of extreme abuse/neglect may take longer.

Once a petition for abuse/neglect has been filed, the Division of Family Services shall in every case prepare a social study as to the habits, surroundings, conditions and tendencies of the juvenile for the juvenile court file (generally admitted entirely into evidence in the dispositional phase of the two-part hearing in cases of this type) and in the case of a temporary detention hearing, to prepare a preliminary report for that hearing.

A hearing in juvenile court is not to be considered purely adversary in nature as the best interests of the child are the paramount consideration of the court [*State ex rel RLW v. Billings,* 451 SW2d 125 (Mo. en banc 1970)].

Hearings on the allegation of child abuse/neglect are thought of as having two stages. These stages are referred to as the adjudicatory phase and the dispostional phase. This two-step process provides that the juvenile judge must first determine if there is evidence to establish by clear and convincing proof that the child is in need of care and treatment because of abuse or neglect in the petition has been met. If this first stage is met, the court then determines what action shall be taken regarding the juvenile. (Note: the social study shall not be considered by the court prior to the determination whether the allegations of the petition have been established.)

The court shall make a finding of whether the child is need of care and treatment, and if it finds the child in need of care and treatment, the court may proceed with the dispositional phase of the hearing. The court may:

- place the child under supervision in his own home or in custody of a relative or other suitable person upon such conditions as the court may require; or
- commit the child to the custody of:

  - a public agency or institution authorized by law to care for children or to place them in family homes;
  - any other institution or agency which is authorized or licensed by law to care for children, or to place them in family homes;
  - an association, school or institution willing to receive it in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured;
  - the juvenile officer; or
- place the child in a family home; or
- cause the child to be examined by a physician, psychiatrist or psychologist and when the health or condition of the child requires it, cause the child to be placed in a public or private hospital, clinic or institution for care and treatment. [RSMo 211.181]

Placement of the child in his own home is preferred [RSMo. 211.011]. Before the court can effectively deal with the child, the allegations of abuse or neglect must be proved by clear and convincing evidence. Due process requires that the person or agency seeking to remove the child from his parents bear the burden of proof.

The clear and convincing standard means the court should be clearly convinced that the child is in need of care and treatment because of abuse or neglect. This standard does not require there to be no evidence to contrary [see *Grissum v. Reesman* 505 SW2d 81 (Mo. 1975)].

At the detention hearing, the court shall receive testimony and other evidence relevant only to the necessity for detention of the juvenile. Any written reports or social records offered to the court at the detention hearing shall be made available to all parties at or prior to the hearing. The detention hearing may, in the discretion of the court, be held in the absence of the juvenile's custodian, and without the presence of the juvenile in a case in which the court's power to act is based upon neglect of the juvenile or absence of proper care, custody or support [Rule 111.08(c)]. The court shall make such determination based on possible effect on the child at the proceeding.

In every case involving an abused or neglected child which results in a judicial proceeding, the court may appoint a guardian ad litem for the purpose of appearing and representing the child or a parent who is a minor or who is mentally ill or otherwise incompetent [RSMo 210.160].

At the conclusion of the hearing, the court shall order the juvenile released from detention to his custodian or other suitable person or shall order the juvenile continued in the detention facility, giving reasons therefore, pending further proceedings [Rule 110.08(d)]. Only if further detention is necessary to safeguard the juvenile should he continue to be held [Rule 111.08; comments].

Once a juvenile is held in a detention facility under order of the court, he may be released upon a showing that a change of circumstances makes continued detention unnecessary [Rule 111.09(a)]. A written request for the release, setting forth the changed circumstances may be filed by the juvenile, by a responsible adult in the juvenile's behalf, by the juvenile's custodian, or by the juvenile court officer [Rule 111.09(b)].

Based upon the facts stated in the request, the court may grant or deny the request and release the juvenile to his custodian or other suitable person, or may deny the request and remand the juvenile to the detention facility [VAMR 111.09(c)]. Recommendations shall be submitted by the Division of Family Services and the juvenile court officer for court consideration. The circumstances which originally justified detention may change so that the juvenile can safely be released, and if so, it should be called to the court's attention.

The termination of parental rights is the final and most serious action the juvenile court can take toward the parent of a juvenile. Termination is a separate action and should not be confused with hearings or a temporary custody on allegations of abuse/neglect.

If the action is for termination of parental rights, then more in the way of misconduct and harm will be required before a court will terminate parental rights, as case law clearly holds that parents are presumed to be best able to care for their children [*State v. Greer,* 311 SW2d 368, 371 (Mo. App. 1958)]. The juvenile court may, upon a petition filed by the juvenile court officer, terminate the rights of a parent to a child if it finds that such termination is in the best interests of the child and one or more of the following conditions are found to exist:

- Where the parent has consented in writing to termination of his parental rights;
- When it appears by clear, cogent and convincing evidence that one or more of the following conditions exist:
  - The parent has abandoned the child. The court may find that the parent has abandoned the child if, for a period of six months or longer for a child over one year old or a period of sixty days or longer for a child under one year of age at the time of the filing of the petition, either of the following has occurred:
  - The parent has left the child under circumstances that the identity of the parent of the child was unknown and could not be ascer-

tained, despite diligent searching, and the parent has not come forward to claim the child;
  - The parent has, without good cause, left the child without any provision for support and without any communication or visitation from the parent. Evidence that the parent has acted to support, to communicate with or to visit the child during the period may be disregarded if such acts of the parent appear to have been merely a token effort;
- The parent has neglected, without good cause, the child for a period of six months prior to the filing of the petition. [The term "neglected" as used here is the failure of a parent to provide, on a continuing basis, the care, guidance and control necessary for the physical, mental and emotional well-being of a child; or the failure to provide a child who is in the legal or actual custody of others with a continuing relationship, such as, but not limited to, communication or visitation, and, to the extent the parent is financially able, the failure to provide for the child's care.] In those circumstances where the child is not in the legal or actual custody of the parent, the person or agency having legal or actual custody of the child must show that an appropriate plan approved by the court has not been reasonably complied with by the parent or has been unsuccessful, and that the parents were notified of the court approved plan and had at least (10) days in which to request a hearing on such plan. Token efforts by the parent shall not be sufficient to defeat a finding of neglect;
- The parent has committed, or knowingly permitted, an act of incest with the child, or other sexual molestation of the child;
- The parent has repeatedly or continuously abused the child by causing physical injury or mental injury to the child, or knowingly permitted such abuse by another;
- The parent has committed or knowingly permitted a single incident of life threatening or gravely disabling injury or disfigurement of the child or serious injury or death of a sibling due to parental abuse or willful and wanton neglect;
- The parent, who is both legally required and financially able, has failed to support the child for a period of six months;
- The parent is so mentally deficient he is unable to form an intent or act knowingly, and has substantially and continuously or repeatedly neglected the child or failed to give the child necessary care and protection. The parents are unfit by reason of debauchery, habitual use of intoxicating or narcotic drugs or repeated lewd and lascivious behavior, which conduct is found by the court to be seriously detrimental to the health, morals, or well-being of the child;
- The child has come under jurisdiction of the juvenile court pursuant to the provisions of subdivision (1), paragraph (a), (b) or (c) of section 211.031, and pursuant to an order of the court under section 211.181, and thereafter:
  - The parent in custody of the child has willfully and intentionally inflicted or attempted to inflict further injury or cruel punishment upon the child, or has continued, without good cause, to refuse or neglect to provide the child with necessary food, clothing, shelter, medical care or education; or
  - The custody of the child has not been with his parents for six months or longer, or the child has been under the jurisdiction of the court for one year or longer, immediately prior to the filing of the petition to terminate, and the parent has failed, on a continuing basis, to rectify the conditions which formed the basis of the petition filed under 211.031, and the order entered under section 211.181, and there is reasonable cause to believe that the parent will not, even if given more time, rectify those conditions on a continuing basis, and that the juvenile officer, division of family services or other agency has used reasonable, diligent and continuing efforts to aid the parent to rectify the conditions, and provide on a continuing basis a proper home for the child [RSMo 211.447].

In all proceedings for termination of parental rights of a child, except when the parent has consented in writing to the termination of his parental rights, an investigation and social study shall be made by the juvenile court officer, the state division of family services or other public or private agency authorized or licensed to care for children as directed by the court, and a written report shall be made to the court to aid the court in determining whether the termination is in the best interests of the child. It shall include such matters as the parental background, the fitness and capacity of the parents to discharge parental responsibilities, the child's home, parent adjustment, physical, emotional and mental condition, and such other facts as are pertinent to the determination. Attorneys representing parties before the court shall have access to the written report. All ordered evaluations and reports shall be made available to the attorneys representing parties before the court at least fifteen (15) days prior to the hearing [RSMo 211.472].

If after hearing, the court finds that one or more of the conditions set out in section 211.447 exist and the

termination of the parental rights of the parent in and to the child is in the best interests of the child, it may terminate all rights of the parent with reference to the child.

A general finding that termination is in the best interests of the child is not sufficient [*In interest of JAH* 592 SW2d 888 (Mo. App. 1980)]. Some of the factors that courts have considered in termination of parental rights are the attitude of the parent toward the child, irregular habits and lifestyle, excessive use of intoxicants, absence of a suitable home environment, overnight stays with people of the opposite sex, poor health or injuries of the child, and when custody of the child is in someone other than the parents, financial support and visits from the parents. [See: *Matter of CWB,* 578 SW2d 610 (Mo. App. 1979); *In re DLW,* 530 SW2d 388 (Mo. App. 1975); *In interest of Dimmitt,* 560 SW2d 368 (Mo. App. 1977).

If the court terminates the parental rights of all parents of the child, it may transfer legal custody of the child to a suitable person, the state division of family services or a licensed or an approved child welfare agency. If only one parent consents or if the conditions are found to exist as to only one parent, the rights of only that parent with reference to the child may be terminated and the right of the other parent shall not be affected [RSMo 211.447].

Parental rights may also be terminated under Chapter 453 as part of an adoption proceeding begun by a person seeking to adopt the child [RSMo 453.101 et seq.].

The Role of the Criminal Court in Child Abuse/Neglect

Criminal prosecution of child abuse and neglect is generally restricted to severe physical and mental cruelty. It also differs in that the court is directly dealing with the abuser, instead of the child. In dealing with this type of abuse and neglect, the procedure for handling those cases does not differ from that for other crimes, and in the name of brevity, will not be detailed in this manual.

Generally, the criminal court is not the favored judicial forum for child maltreatment cases. First, a higher level of proof is required in criminal proceedings than in juvenile court. Second, the prosecutor has the added difficulty of proving that the offender maltreated the child with the requisite intent demanded as an element of the alleged crime. Third, criminal prosecution neither changes any of the "underlying causes of the problem" nor does it offer rehabilitative advantages. Fourth, whether the prosecution is successful or unsuccessful, the already hostile parent may become more hostile, thereby subjecting the child to possible future harm. Finally, if acquitted, a parent may feel his behavior has been approved, and as a result the abusive or neglectful conduct is reinforced ["Child Maltreatment: An Overview of Current Approaches, 18 Journal of Family Law, 135 October 1979].

Therefore, because criminal courts do not deal effectively with child maltreatment, juvenile court proceedings generally are considered "more compatible with the preventive functions and rehabilitative aims of the invariable involved social welfare agencies" [Id at 136].

However, where extreme conduct of abuse/neglect warrants criminal proceedings, perpetrators of abuse/neglect should be brought to justice.

Role of Juvenile Court vs. Role of Criminal Court

Juvenile Court	Criminal Court
Attempts to handle cases in social services fashion	The criminal court treats child abuse and neglect as all other crimes, affording the defendant full due process rights and the state must prove abuse or neglect beyond a reasonable doubt
Will avoid if possible placing the child outside the home on a permanent basis or terminating parental rights	
Often send the child home under the supervision of the Division of Family Services or probation department *or* places child outside the home on a temporary basis.	
Juvenile court is to mandate services for the family and work closely with social services	

agencies to protect the child and simultaneously improve and help preserve the family situation

Focus: Child is within jurisdiction of the court

Focus: Abuser must answer criminal charges

CHAPTER FIVE

Civil and Criminal Liability for Improper Action

Criminal Liability

There is a criminal penalty for failure to report suspected child abuse or neglect, and for violating the provisions dealing with confidentiality. The violator may be guilty of a Class A misdemeanor, and if convicted, may be punished by a fine of not more than $1,000 or imprisonment in the county jail for not more than a year, or both [RSMo 210.165].

A person could violate the statute in a number of ways: failing to make a report where one was warranted; violating one of the notice requirements mandated when temporary protective custody is taken; or violating one of the provisions relating to the confidentiality of reports kept in the central registry. Because the primary purpose of the statute is to protect children by requiring certain specifed persons likely to come into contact with them to report any abuse or neglect that has occurred to a child, prosecution would most likely occur where a report was clearly warranted but not made [Sussman, *Reporting Child Abuse* 8 Fam. LQ] 95 (1974)].

With the recent change in the Missouri Statute from "reasonable cause to believe" to "reasonable cause to suspect" [RSMo 210.115 (effective August 13, 1980)]—the latitude afforded those required to report has been somewhat increased.

Therefore, where a reporter has reasonable cause to *suspect* that: (1) a child under age 18 has been injured, (2) that the injury had occurred other than by accidental means, and (3) that the injury had been perpetrated by someone responsible for the care, custody or control of the child, a report is surely warranted and should be made [Kraus Child Abuse & Neglect Reporting Legislation in Missouri 42 Mo LR 207 at 236 (1977)].

While the number of prosecuted cases for non-reporting is extremely small in number, there are claims that the penalty provision provides professionals with an incentive to report by imposing a penalty to which he will be vulnerable unless he does so report [Sussman, at 296]. The penalty provision is also thought to make reporting easier on the one required to report (especially physicians) psychologically [McCoid, The Battered Child & Other Assaults on the Family 50 Minn. L R 1, 43 (1965)] and aids him in explaining to the parents why he made the report [Paulsen, "The Law & Abused Children" in *The Battered Child* 153, 163 C. H. Kempe & R. Helfer, eds. 2d ed. 1974].

Civil Liability

A person mandated to report child abuse or neglect could find himself involved in civil litigation for failure to report suspected abuse. If an individual unreasonably fails to make a report, he has violated his statutory duty [RSMo 210.115.1]. The most likely situation for this type of lawsuit to arise is when a non-custodial parent sues a person (a doctor) for failure to report abuse inflicted by a custodial parent [Kraus at 237]. If the child were returned by a treating physician to the custodial parent, and the child suffered re-injury, the non-custodial parent might sue on the theory [Kraus at 237] that the doctor failed to prevent the injury to the child and that if he had reported, the injury would not have occurred.

Many physician malpractice actions are instituted on the theory that failure to diagnose in a timely fashion constitutes negligence on the part of the physician and some injured plaintiffs are recovering on this theory [Brown, *The Pediatrician & Malpractice* 57 Pediatrics 392, 397 (1976)].

In *Landeros v. Flood* [551 P2d 389 (Cal. 1976)], the Supreme Court of California upheld a malpractice action brought against a physician and the hospital for failure to properly diagnose and report a battered child syndrome, stating "the diagnosis of the 'battered child syndrome' has become an accepted medical diagnosis." The court also considered the statutory negligence of failure to report as well as the medical malpractice action. The court found that, the mandatory reporting provisions of the California statute [Cal. Pen. Code § 11160, 11161, 11161.5 (West 1970 amended 1971)] (which are similar to Missouri) are ambiguous but that a person can be found guilty of

statutory negligence if willful misconduct on the part of the physician is established. As yet, such a case has not surfaced in Missouri.

Immunity

Missouri law provides "good faith immunity" from any liability, *civil or criminal,* that otherwise might result from the making of a report not only to any mandated reporter, but also to "any person, official or institutions participating in good faith in the making of a report, the taking of color photographs and/or making radiologic examinations" pursuant to statutory authority. Immunity is also given to physicians, peace officers, and law enforcement officers who take temporary protective custody of a child [210.135 RSMo]. Immunity exists if the individual is acting in good faith. He need not be reasonable. For example, if a report was made and the reporter subjectively believed that the child had been physically injured, non-accidentally, by its parents, even if those beliefs were unreasonable, the reporter would undoubtedly have good faith immunity [Kraus at 240]. However, a reporter must act in good faith. If a person makes a malicious, unfounded report he would not have any good faith immunity under the statute and he would thus subject himself to a wide variety of civil liability [Sussman at 293].

Immunity from liability for reporting in good faith is essential to any child protective system which must rely on third party reporting. Otherwise, fears of unjust lawsuits for libel, slander, defamation, invasion of privacy or breach of confidentiality may discourage reporting. Therefore, to insure himself from these legal evils, those required to report or act need only do so in "good faith."

Good faith is an intangible and abstract quality with no technical meaning or statutory definition, and it encompasses, among other things, an honest belief, the absence of malice and the absence of design to defraud or to seek an unconscionable advantage. Honesty of intention to abstain from taking any unconscientious advantage of another, even through technicalities of law and being faithful to one's duty or obligation [Black's Law Dict. p. 623 5th Ed. 1979].

The ultimate success of a child protective reporting system depends upon the professionals and private citizens who willingly cooperate with the child protective agency. Reporting requirements would be unenforceable for the few who refuse to accept their legal and moral obligations to protect endangered children without specific criminal and civil penalties for failure to report.

Besides acting to encourage reporting, penalty clauses tend to assist mandated reporters in working with parents, they make it easier for doctors, teachers, social workers, day care workers and others to explain to parents why they are making a report [*The Maltreated Child* 4th Ed., Fontana & Besharov, Chas. C. Thomas, Pub. 1979 at 90].

CHAPTER SIX

Confidentiality of Reports and Records

All reports and records made pursuant to the Missouri Reporting Act [RSMo 210.110 to 210.165] and maintained by the State Division of Family Services, its local officers, the central registry, and other appropriate persons, officials, and institutions shall be confidential. Information shall not be made available to any individual or institution except to:

- a physician or his designee who has before him a child whom he reasonably believes may be abused or neglected;
- appropriate staff of the division and of its local offices, *including interdisciplinary teams which are formed to assist the division in investigation, evaluation and treatment of child abuse and neglect cases* (this may include law enforcement officers);
- any person who is subject of a report, or the guardian of such person when he is a minor, or who is mentally ill or otherwise incompetent, but the names of reporters shall not be furnished to persons in this category;
- a grand jury, juvenile court officer, juvenile court or other court conducting abuse or neglect or child protective proceedings; and
- any person engaged in a bona fide research purpose, with the permission of the director; provided however, that no information identifying the subject of the reports and the reporters shall be made available to the researcher.

"Subjects" include the child and any parent, guardian, or other person responsible for the child, who is mentioned in a report. "Reporters" shall include all persons and institutions who report abuse or neglect [RSMo 210.165].

Any person who violates RSMo 210.150 on confidentiality, or who permits or encourages the unauthorized dissemination of information contained in the central registry and in reports and records made pursuant to the reporting Act shall be guilty of a Class A misdemeanor [RSMo 210.150].

RSMo 210.165 expresses the concern for who may have access to reports of child abuse/neglect.

Even where reports in the registry are true, as the majority of them are, there is still a need to protect the rights and sensibilities of those who are named in them, for these records contain information about the most private aspects of personal and family life. Improper disclosure could stigmatize the future of all those mentioned in the report. Therefore, access to data in the registry is carefully limited to those who need the information and those who are the subjects of the reports. The data in the registry and reports are confidential; unlawful use is a crime. Although there are limits, people are generally entitled to know what information a government agency is keeping about them. The Missouri Act guarantees the subject of a report access to the report or registry at any time. Nevertheless, the subject of the report's right to access is not absolute. The identity of any person who made the report or who cooperated with the subsequent investigation may be withheld when giving such information is "likely to be detrimental to the safety or interests of such persons."

Recent legislation introduced into the Missouri General Assembly would amend Section 210.150 to include in the class of individuals to whom such reports are available the parents of the child who is the subject of the abuse report [HB 1301] or the guardian of the minor to have information relating to the report of child abuse. It would also prohibit the revelation of the names of reporters of child abuse to the parent or guardian or the individual who is the subject of the report [HB 986].

CHAPTER SEVEN

Admissibility of Evidence in Child Maltreatment

To better appreciate problems in the pre-trial stages, it is necessary to understand what can happen to a case once it enters the judicial system. Whether the civil or criminal route is chosen, the first step is to determine if maltreatment has occurred [Recognition & Protection of the Family's Interests in Child Abuse Proceedings 13 J Fan L 803 (1973-74)]. There are unique evidentiary problems in child abuse/neglect cases because there are usually no witnesses other than the child, who cannot or will not testify [Id. at 807-808].

The resulting difficulty in the collection and production of evidence may affect the final disposition. In a criminal proceeding, the state must establish maltreatment beyond a reasonable doubt. Conversely, the complainant in an ordinary civil proceeding must prove the case only by a preponderance of the evidence [Id. at 807]. In child abuse civil cases, the case must be proved by "clear and convincing evidence."

In all hearings involving adjudication of abuse and neglect in juvenile cases, the rules of evidence applicable to proceedings in equity are applicable [VAMR 117.04]. However, there is no clear expression of what those rules of evidence are, and the courts in Missouri vary greatly in deciding which rules of evidence will be applied.

The Court is required to receive evidence upon the allegations of the petition if those allegations are not admitted by the parents or guardian of the child [VAMR 119.02(6)]. Once the court finds that the allegations of the petition have been established, the court shall receive evidence and other relevant data offered by any interested party [VAMR 119.02.9].

The most significant case dealing with evidentiary rulings in child abuse/neglect proceedings in juvenile court is the case of *In re DLW* 530 SW2d 388 (Mo. App. K.C. 1975).

In *DLW,* the child was admitted to the hospital with multiple rib fractures and a non-displaced fracture of the left leg. Both parents worked outside the home and claimed the injuries were inflicted by a babysitter. The court ruled that in both the adjudicatory phase and dispositional phases of the hearing, evidence was admissible that seven and nine years previous to the trial, the mother had two other children removed from her custody because their environment had been injurious to their welfare. The court specifically held that past conduct on the part of the parents was admissible to help the court determine the state of the current environment of the child. The court also held that evidence from a psychologist that the parents fit a Child Abuse Profile and were in a high risk category with reference to the probability of child abuse occurring in their home and was admissible in both the adjudicatory and dispositional hearings being relevant to the child's environment. For example:

- In People v. Jackson [18 Cal. App. 3d 504, 95 Cal. Rptr. 919 (1971)], the court held that it was not prejudicial to admit expert testimony on the syndrome, even though it is a diagnosis based on probabilities—"the lack of scientific certainty does

not deprive the medical opinion of its evidentiary value" [Id. at 507, 95 Cal. Rptr. at 921]. The court in Jackson found that a child with the injuries described by the definition of the "battered child syndrome" did not suffer harm by accidental means:

- This syndrome means that a child has received repeated and/or serious injuries by non-accidential means; characteristically, these injuries are inflicted by someone who is ostensibly caring for the child. There are several elements that are the criteria for the "battered child syndrome." They are (1) the child is usually under three years of age; (2) there is evidence of bone injury at different times; (3) there are subdural hematomas with or without skull fractures; (4) there is a seriously injured child who does not have a history given that fits the injuries; (5) there is evidence of soft tissue injury; (6) there is evidence of neglect [Id. at 506, 95 Cal. Rptr. at 921].

- The conclusion that the injuries are inflicted by "someone who is ostensibly caring for the child" is based on the reasoning that this person is the one who has the opportunity to inflict them [Id. at 507, 95 Cal. Rptr. at 921]. In *In re S.* [46 Misc. 2d 161, 259 N.Y.S. 2d 164 (Fam. Ct. 1965)], the court denied a motion to dismiss a neglect petition and pointed out that proof of maltreatment by parents is difficult because it usually occurs in the privacy of the home in the absence of witnesses. The court said:
  - Therefore in this type of proceeding affecting a battered child syndrome, I am borrowing from the evidentiary law of negligence the principle of "res ipsa loquitur" and accepting the proposition that the condition of the child speaks for itself, thus permitting an inference of neglect to be drawn from proof of the child's age and condition, and that the latter is such as in the ordinary course of things does not happen if the parent who has the responsibility and control of an infant is protective and non-abusive. And without satisfactory explanation I would be constrained to make a finding of fact of neglect on the part of a parent or parents and thus afford the Court the opportunity to inquiry [sic] into any mental, physical or emotional inadequacies of the parents and/or to enlist any guidance or counseling the parents might need. This is the Court's responsibility to the child. [Id. at 162, 259 N.Y.S. 2d at 165. See also *In re* Young, 50 Misc. 2d 271, 270 N.Y.S. 2d 250 (Fam. Ct. 1966).]

    Even with the lower standard of proof in civil proceedings, the acceptance of expert medical testimony on the "battered child syndrome," and the doctrine that the maltreated condition "speaks for itself," courts will dismiss many cases for lack of evidence. [See, e.g., Higgins v. Dallas Co. Child Welfare Unit, 544 S.W. 2d 745 (Tex. Ct. App. 1976) (circumstantial evidence may be sufficient to establish child maltreatment, but evidence was insufficient to support finding that parents knowingly placed and allowed child to remain in conditions which endangered his physical well-being).]

Missouri courts, however, may not be quite as willing as the California courts to place as much emphasis on such evidence, and care should be taken to get as much solid, direct, and circumstantial, evidence as possible.

It is generally believed that despite the broad base of reporters required to report child abuse, physicians are in the best position to accumulate evidence of such abuse [Kraus n. 350]. They can order x-rays, do blood tests, and take photographs. Missouri law specifically authorizes the taking of color photographs of the physical abuse and, if necessary, radiologic examination of the child [210.120]. If a suit is subsequently brought to remove the child from the custody of his parents, the medical examiner can testify as to the injuries, and the x-rays and the photographs can be admitted into evidence [In interest of J11 402 SW2d 629 (Mo. App. Spfld. 1966) admitting black and white photos into evidence].

The evidence which the physician compiles, however, will not usually be limited to real evidence such as photographs and x-rays. At the hospital, abusing parents "are likely to display a set of characteristics, reasons and attitudes as distinctive as those exhibited by the child" [Daly, *Willful Child Abuse & State Reporting Statutes* 23 Miami LR 283, 295 (1969)]. Some of these signs include failure to volunteer information, evasiveness and contradictions, critical or unduly solicitous behavior, inquisitiveness and prying. In addition, there may be anger with the child for being "clumsy" and having been injured, little sign of remorse, infrequent visitation, and when visitation occurs, little sign of affection [Grumet, *The Plaintive Plaintiffs,* 4 Fan LQ 296, 298 (1970)]. It is also possible that the parents will admit having abused the child. The physician's report should include all relevant statements made by the parents because they may be used as admissions of the parent and are admissible in evidence [Daly at 342]. Also, observations of the physician and hospital staff are admissible and should be included in the investigator's report.

It is important to fully understand the role of the physician as an "evidence gatherer" because the evidence he obtains will also be used in any preven-

tive treatment program worked out with the Division of Family Services. It may also be used, if the circumstances warrant, to remove the child from the custody of his parents or in a termination proceeding [In re DLW 530 SW2d 388 (Mo. App. KC 1975); In the Interest of J-O- 372 SW2d 512 (St. L. Mo. App. 1963). For criminal prosecution see State v. Minnix, 503 SW2d 70, 71 (Mo. App. KC 1973).].

One of the main indicators of child abuse to the physician is the incompatibility of the story told by the party bringing the child in for treatment about how the accident occurred. If there is a later admission by the custodian, or a change in the original story, the earlier misrepresentation may be used against the parent in a neglect or termination proceeding [In the Interest of J.O. 372 SW2d 512 (St. L. Mo. App. 1963)]

In H. v. D., 373 SW2d 646, 654 (Spfld. Mo. App. 1963) the court stated "deliberate misrepresentation of facts by one or another party to a custody action indicates that the party is probably an unsuitable custodian of the child." Also, the number of different stories offered and the concomitant discrepancies can be used in evidence [In Interest of JLL 402 SW2d 629, 632-33 (Spfld. Mo. App. 1966)].

Clearly, one of the first places to look for evidence against an abusing custodian is the medical records of the doctor who observed the child, reported him, or treated him.

If the parents become involved in a subsequent neglect or termination proceeding, the initial making of the report might be attacked by claiming the reporter never had reasonable cause to suspect abuse as defined by the statute [RSMo 210.110]. The parents might also claim that the reporter was not, in any event, competent to form such a "reasonable" suspicion. It may be legitimate to question whether a licensed physician is trained to differentiate between "accidental" and "intentional" injuries, or whether he is equipped by his experience to determine whether these injuries were inflicted by a parent or other responsible for the child's care rather than by some irresponsible sibling or some other third person. "Multiple lacerated wounds due to blows by a blunt instrument" seems a permissible medical opinion, while "a blow non-accidentally struck by *X*" is not a permissible *medical* opinion [Krause, note 362].

It seems unlikely that a parent would find much success in such a challenge, however. If the case has progressed to a neglect or termination proceeding, then, despite the lack of reasonable suspicion in the beginning, a fairly strong case of abuse probably has been substantiated. To do so, a court would have to apply a theory similar to the criminal law exclusionary rule, holding that if the initial report of abuse was unwarranted, everything else that followed was tainted and could not be used against the parents. Because the neglect proceeding would be brought in the best interest of the child, it is doubtful that a court would gamble with the child's current situation because of a procedural irregularity in the beginning. Child abuse and neglect usually occurs behind closed doors without witnesses. In establishing that a child has been abused or neglected, great reliance is necessarily placed on the statements of the child and parents. Conversations between parents and many of the professionals most likely to learn about child abuse, such as those between doctor and patient or between husband and wife, are sometimes called "privileged communications." However, under current Missouri law, such privileges are not recognized in abuse and neglect cases, and statements made by parents to doctors, nurses, social workers and others are admissible in abuse and neglect cases. Also, statements by one parent to another are admissible in evidence in abuse and neglect cases. What that means is that the two most likely claims of privileged communications (Doctor-Patient and Husband-Wife) are no longer recognized in abuse and neglect cases.

> There is, however, no longer need to rely on case law to receive an attending physician's testimony into evidence. The statute creates an exception to the normal physician-patient privilege, regardless of whom one might argue the privilege belongs to—the child or the parent on behalf of the minor child.
>
> The report by the attending physician, if it complies with all the necessary requirements, would constitute a business record and thus would be admissible as an exception to hearsay. Statements by the parent or the child could be admissible under a number of exceptions to the hearsay rule. A statement made by an abusing parent indicating he had abused, or observed the abuse of, the child would constitute an admission, and would thus be admissible. If the party bringing the child in for treatment was not the abusing parent, any statements which are relevant to diagnosis or treatment made by this party could be admissible as statements made to an attending physician for the purposes of securing treatment for the child. Statements made by the child himself could also constitute statements made for the purpose of securing treatment, and thus be admissible.
>
> A child's statements to an attending physician could also be admitted into evidence as statements relating to his bodily condition at the time he was admitted. Statements made by the child indicating his state of mind at the time he was admitted could also be admissible to show that he was in pain. If the parents were charged with having emotionally abused the child, such statements could also be admitted to show the mental state of the child and, ergo, the extent of the emotional abuse.
>
> Currently in Missouri the "adverse testimony rule" applies only to criminal proceedings. Furthermore, in 1957 the Missouri Supreme Court held

that this privilege was not available to a defendant accused of mistreatment of his child. The rationale of the court seemed to be that a crime against a child was equivalent to a crime against one's spouse. Even at common law there was no privilege to prevent one's spouse from testifying against a criminal defendant if in fact the crime had been perpetrated on the spouse. The court merely extended the common law exception to include crimes against one's children. In any event, it would not exclude evidence in a proceeding to terminate parental rights since that is not a criminal proceeding.

Thus either spouse can be required to testify to any admissions made by the other spouse as to abuse of their child. [Krause, 42 Mo. L. Rev. 259, 260 (1972)]

Gather all available evidence, whether you think it will be admissible or not. It is especially important to keep detailed notes of all conversations because statements of parents will frequently constitute key evidence and will be admissible.

In homicide prosecutions, physician's testimony is admissible to establish death by child abuse. (See: People v. Sexton 334 NE]d 107 (Ill. App. 1975); Commonwealth v. Boudreau 285 NE2d 915 (Mass 1972); State v. Loss 204 NW2d 404 (Minn 1973); State v. Best 232 NW2d 447 (SD 1975).

Summary

The investigator must become familiar with three distinct categories and their formal definitions in reference to child abuse and neglect. These include criminal law, the juvenile code and child protection laws.

Incidents of child abuse or neglect may result in either criminal court or juvenile (civil) court action. The criminal law is concerned with mental states and acts necessary for criminal prosecution. The juvenile code and child protection laws are concerned with provision of protection for the child victim and the appropriateness of such actions in relation to the child given "reasonable cause to suspect abuse or neglect." The contexts which permit reporting and which invoke the jurisdiction of the juvenile court must be thoroughly understood.

Missouri's statutes require certain professionals to report suspected cases of abuse and neglect and outline the procedure to be used when reporting. When investigating a report, the investigator needs to focus on the complete situation, not just a single event. He should use multidisciplinary services whenever possible.

Many investigations are neither thorough enough or properly made. The investigator must become thoroughly familiar with both the criminal and civil process, and have an understanding of the requirements necessary for successful resolution in either arena.

Juvenile courts have no direct jurisdiction over those who usually commit abuse and neglect (parents). They do, however, have some indirect power over parents through their control of the child. The criminal court is usually not preferred in child abuse and neglect cases since a higher standard of proof is required and there is much difficulty in establishing the requisite intent to constitute the offense. Additionally, criminal prosecution does not change the "underlying causes" of the problem, nor does it offer rehabilitative advantages.

PART TWO

Medical Aspects of Abuse and Neglect

CHAPTER EIGHT

Law Enforcement: Part of the Community Team

The law enforcement officer is a key member of the community team to prevent and intervene in child abuse. Often the police are the first persons on the scene and, thereby, their observations and investigations are crucial components for the data in any instance where non-accidental injury could be suspected. At the onset, it must be pointed out that children have frequent accidental injuries and that child abuse is one small part of total injuries; however, it is an important distinction to raise since the primary concern of the law officer is in the protection of the child, as well as securing medical care for the acute injury.

The police are in a very special position to look at injuries since they are universally involved in investigating a wide variety of accidents, vehicle or otherwise, and thus, have experience to make some distinctions between the type and means of injury to the child.

The contact may take place in a variety of settings such as a home, medical facility, school, or child care facility. The contact may be initiated by the first-hand observations of police during their daily tour of duty, by a call to the police from an agency, or from individuals concerned for a child. A very important point to recognize is that the impact of the idea of child abuse is a most disturbing and infuriating thought to all people which can be readily reflected in the action and questions of the investigating person. It has been found that an aggressive or accusatory attitude towards the parents or caretakers tends to isolate them even more completely. It is not a question of proof of abuse that all such initial contacts have but to collect observations and information about the injuries which may raise further needs for investigation and mainly focus on steps to safeguard the child during the period of additional examination of the situation. All such data should be shared fully with other agencies such as the Missouri Division of Family Services. The police and family services are integral parts of an area staff to case-find and work with physicians and other community professionals to help families and children. The law enforcement officer must recognize that, wherever child abuse looms as a possibility in an injury, there is usually family sickness requiring broad assistance of a variety of resources. The police may contribute accurate observations which can be added to the body of data in the case. Of special value may be the law enforcement officer's awareness of certain problem families in the community through their understanding of the area in which they daily work.

Evaluating Suspected Cases of Child Abuse

The steps vital in the initial contact about child abuse as regards medical evidence are summed up under the processes of: (A) Observing Injuries and (B) Collecting and evaluating data for purposes of further investigation and reporting, including other pertinent records available to law enforcement officers for official investigations.

Observing Injuries

It is important to understand that the demonstration of evidence in a case of non-accidental injury depends on the relationship between the physical signs derived from examination, the alleged description of the cause of the injuries, and the investigation of the social background of the family.

The age of the children is usually under three years and more frequently under one year of age. Most deaths from child abuse occur under the age of three years.

Surface Skin Marks

The bruises of non-accidental injury may be the same as usual accidents; however, careful examination and analysis have shown that there are some special, typical characteristics of the bruises which distinguish them from those of accidental injury. The bruises are more often located on the face, lips, mouth, back, buttocks, and thighs (see figures 8.1 and 8.2). The pattern of the bruises can often be related to various external impacts on the skin. Since the face and head are common sites of injury, one can even make observations without having the child undressed; however, it is important to have the child examined unclothed or very nearly unclothed to

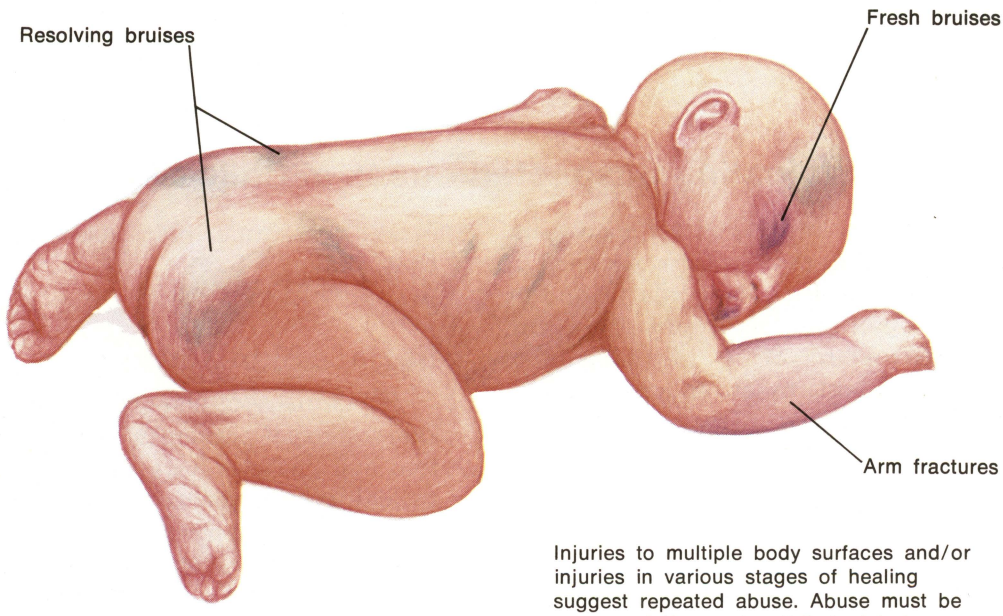
prevent missing injury to back, buttocks, genitals, etc., not visible when clothed.

Facial Marks

The usual finger-tip or hand slaps on the face produce round or oval spots, about 1-2 cm in diameter in crops on the face. With different occasions of slapping, the spots show various stages of healing. The fresh ones are bluish; the older ones are going into greenish-blue and finally they acquire a yellow color. This is important in determining likelihood of truth in the explanation provided by custodian of how the injury occurred and the time factor. If there are multiple bruises of various age, abuse may be *suspected*. The bruises are of different sizes and are within the skin without swelling of the tissue or other changes. Bruises on the forehead and cheek tend to be distinct while on the chin and neck they may come together into one area. It is sometimes possible to fit the pattern of the hand to a crop of bruises with the thumb imprint usually larger and the smaller bruises fitting the pattern of the fingers very closely. Sometimes the pattern has fitted a left- or right-handed person who inflicted the injury. For a right-handed person in front of a child, a forehead pattern may be shown by a large thumb bruise over the child's right eye and a crop of two or more smaller finger-tip bruises on the left forehead. A cheek pattern may show the larger bruise over the cheek prominence and the smaller group of bruises over the left cheek area. The chin pattern varies from a crop of bruises to a large bruise along the entire length of the lower jaw. For a left-handed person, these patterns are reversed. Such bruises are not seen in vehicle accidents or falls. Some observers have felt that the bruise over the eye and a laceration of the tissue of the inner middle aspect of the upper lip are virtually unique to non-accidental injury. The latter injury is sometimes the result of a blow to the mouth to silence a crying child.

Multiple Injuries

FIGURE 8.1



Injuries to multiple body surfaces and/or injuries in various stages of healing suggest repeated abuse. Abuse must be suspected if parents attribute injuries to a single "accident"

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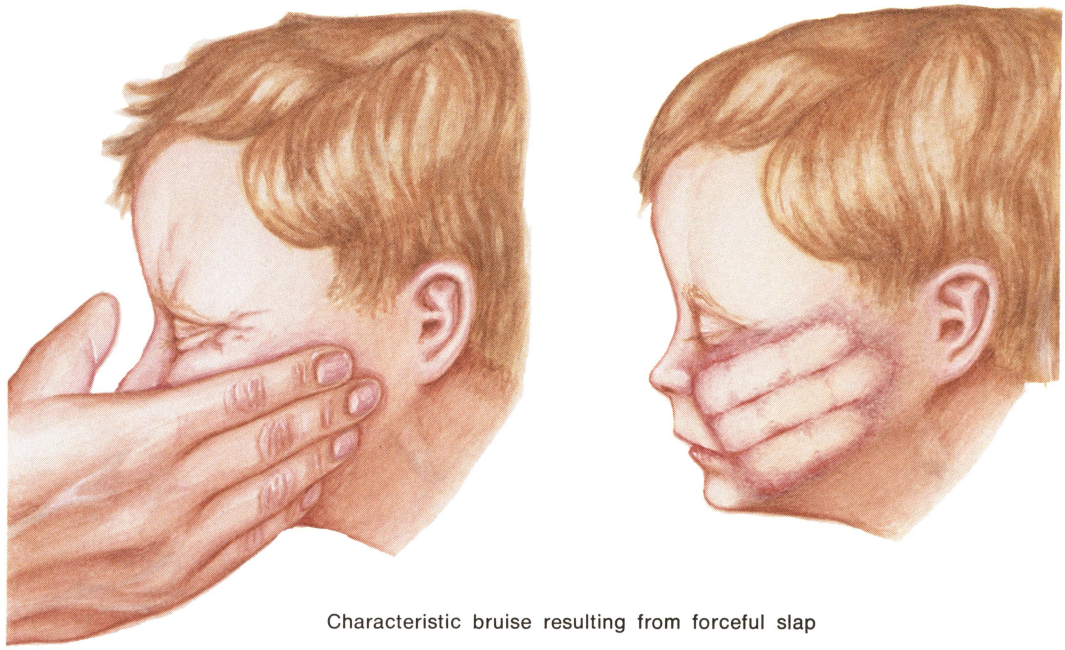
Bruises Caused by Abuse

FIGURE 8.2

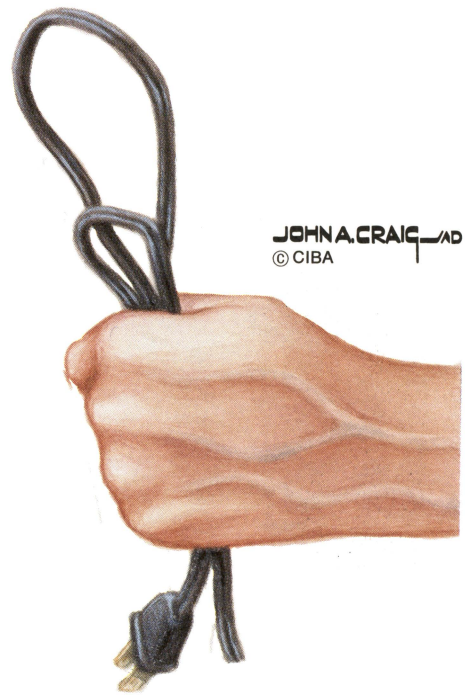
Bruises Caused by Abuse



Characteristic bruise resulting from forceful slap



Looped cord injury. Bruises caused by abuse may resemble shape of instrument used to inflict injury



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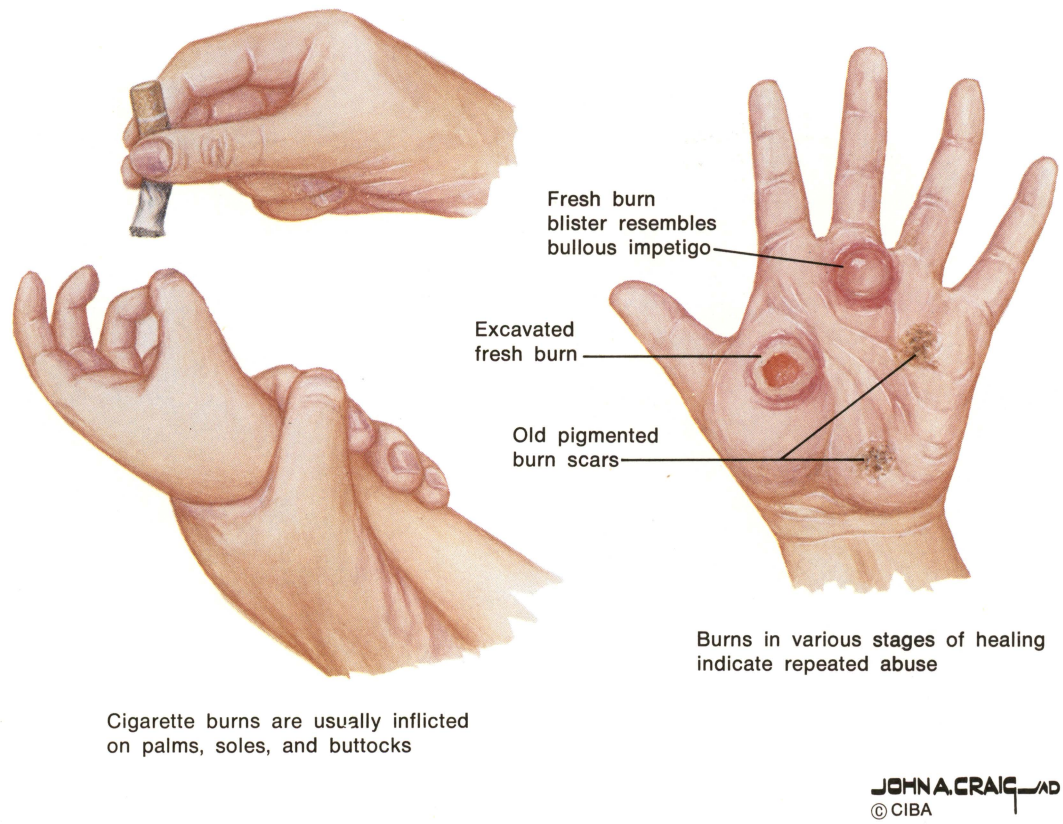
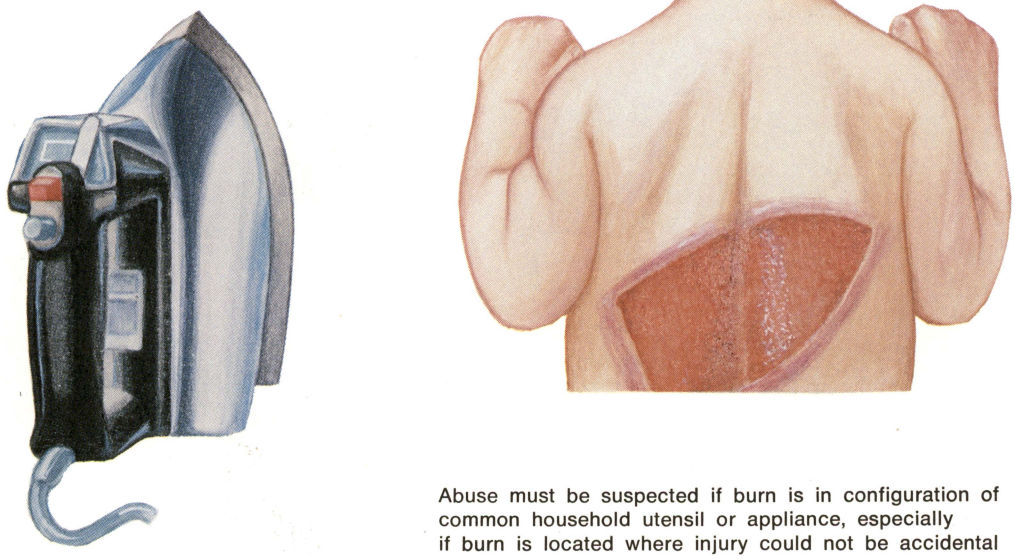
Burn Injuries

FIGURE 8.3





Abuse must be suspected if burn is in configuration of common household utensil or appliance, especially if burn is located where injury could not be accidental

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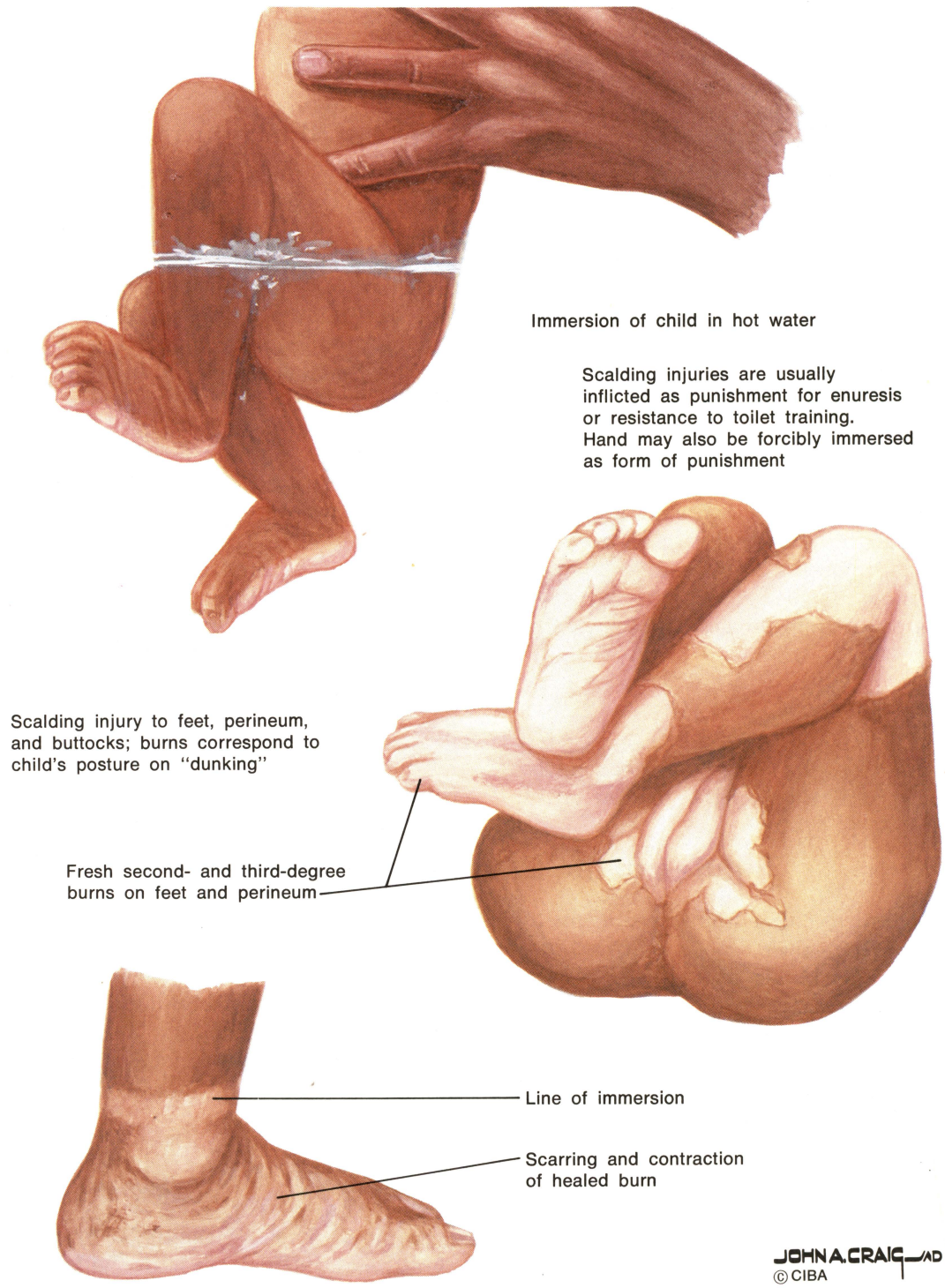
Scalding Injuries

FIGURE 8.4



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Eyes

Black eyes are frequently explained by the adults with the child as resulting from a fall; however, these are less frequently found in accidents. A round object fitting into the eye area is necessary to produce a black eye; a black eye cannot arise from a fall on a flat surface. When two black eyes are present in a home setting, it virtually must have arisen from another person. Two black eyes with no accompanying damage to the nose is highly suspect since it is virtually impossible to sustain accidental injuries of this type.

Other injuries to the eyes occur as hemorrhages of the white part of the eyeball, bleeding into the front part of the eye, detachment of the visual surface (the retina) inside the eye as well as hemmorrhage within the eye. Damage to the visual surface in the eyeball may lead to a squint. Damage to the head or eye of any kind should involve careful examination by a qualified eye physician.

Limbs

The extremities also show finger-tip bruises frequently around the elbows and knees resulting from an intense grip on the child in order to shake, pull, or hurl him into his bed or against some object. Larger bruises result from impacts from or against larger objects.

Torso

Blows to the chest, buttocks, and back have a similar appearance as the multiple bruises on the face. The softer abdomen less intensively shows marks, even in the presence of severe intra-abdominal injury.

Types of Skin Injuries

In addition to injuries from a blow to the body, a variety of other skin injuries are seen in child abuse. Gags may leave bruises at the corners of the mouth. Blisters, pigmented chronic changes, and rope burns can result around the wrists and/or ankles which have been tied as a punishment or to keep a child from moving around. Belts, buckles, and cords (electric cord) will show their imprint in the appearance of the bruise.

Thermal burns take a variety of forms (see figures 8.3 and 8.4). Cigarette burns are seen as circular lesions with fresh ones as blisters, ulcers, and old pigmented scars on the palms, soles, torso, and buttocks. A variety of hot appliances such as irons, hot plates, stoves, and radiators may produce characteristic shapes to the burns. Scalding with boiling water may produce a "dunking" posture with burns to the feet, buttocks, and perineum. Such scalding injuries usually occur as punishment for bedwetting or resistance to toilet training in an infant.

Caustic agents may sometimes be used to wash out the mouth as punishment for some action by the child and lead to ulcerated areas in the mouth.

Injuries to the Ears, Nose and Mouth

The ears exhibit swelling from bleeding in the tissue which can result over time in a "cauliflower ear". Also small hemorrhages may be visible in the skin of the ear. The ear drums may also show dark blood trapped behind the ear drum as an air-fluid level as the result of a fracture in the base of the skull.

The nose may show a blood clot in a nostril which resulted from a direct blow to the nose with damage to the medial nasal septum, the bone between the nostrils, causing bleeding.

The mouth may have swollen lips, laceration of the membranes between the lower lip and tongue, or upper lip and gum, and damage to the teeth as the result of direct blows or forced feeding in a violent fashion.

Head Injuries

The scalp may show bald patches where hair was pulled out. With a large clump of hair being pulled, a swelling in the scalp can arise from bleeding under the scalp surface.

Of grave concern are injuries to the skull itself where fracture of the skull may be seen on x-ray examination. One of the most serious injuries seen in non-accidental injury is what is called a "subdural hematoma". This is bleeding between the brain and skull resulting from tears in the vein bridging the space between skull and brain. A fall on the head can produce such damage. Another common way that battering can produce this bleeding in the skull results from violent shaking of the child. In such instances the trunk may show finger-tip bruises in the skin, usually at the lower level of the chest and

upper abdomen on both sides. Bruises on the skin located over the middle of the shoulder bone in the back and the center of the collar bone on both sides which indicate shaking injury, have also been associated with the intracranial bleeding. The seriousness of this type of injury in the head is evident in that permanent brain damage is present in more than 10% of "battered children". In fact, child abuse can be considered one of the important early-life causes of mental retardation. Early effects of bleeding within the head are seizures or coma which require emergency medical attention since they may indicate sudden increase in intracranial pressure. In a very young baby, the soft spot at the top of the head, called the anterior fontanel, may be bulging in such a situation and is another sign of extreme gravity.

Internal Injuries

Chest

Severe blows to the chest frequently result in rib fractures which, in turn, may puncture the space between the lung and chest wall with resulting air or blood in that space. Surface signs will be apparent for these injuries

Abdomen

Some of the more serious effects of child abuse are the internal injuries to the abdominal organs. Liver damage, rupture of the spleen, and internal injuries may show no outward signs in spite of the grave danger of perforated bowel, shock, and peritoneal infection. Signs of these kinds of impacts may be abdominal tenderness, distension, and masses in the abdomen. If there is reasonable cause to suspect abuse, take the child to a physician immediately for a complete examination, since such injuries cannot be detected by a lay person.

Injuries to the Skeletal System

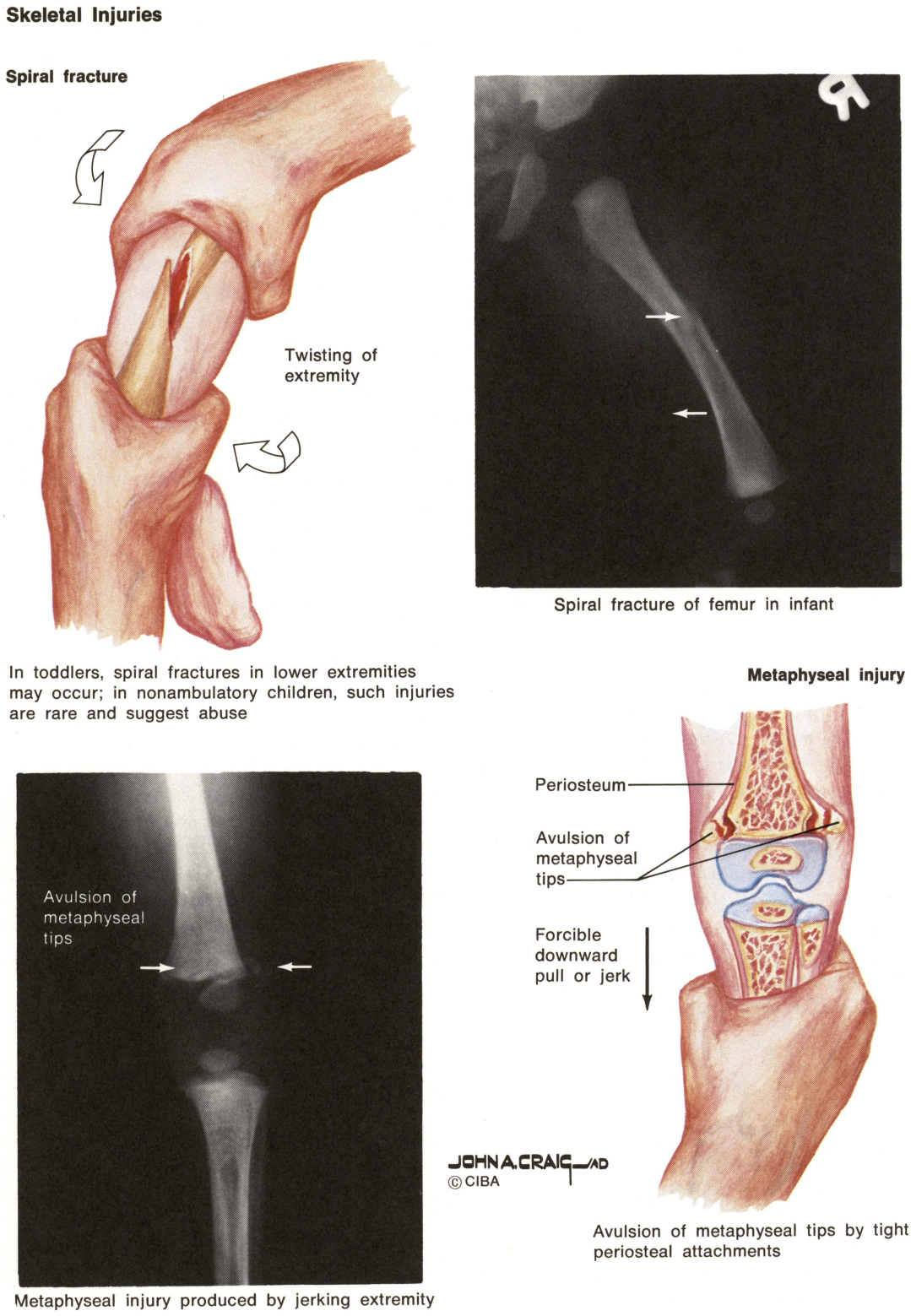
Localized swelling and inability to move a limb always suggest possible fracture and movement should be avoided without splinting the affected limb in preparation for transport to appropriate medical examination. X-ray examination of the entire skeleton is one of the needs in questions of non-accidental injury. A complete bone survey is usually carried out. There are a variety of "common" fractures seen in child abuse. Often no evidence of fracture is seen in the initial x-ray; however, in the next 2-3 weeks the fracture or bone damage become apparent on repeat x-ray. The x-ray is of particular importance in non-accidental injury by showing old or healing bone injuries along with more recent ones, a finding which usually substantiates non-accidental injury with the exception of some fragile bone diseases. The usual damage to the bones are at the ends. Spiral and transverse fractures are frequently seen (see figures 8.5 and 8.6). Such fractures in an infant who is not yet walking can hardly arise from a fall. The fractures earlier mentioned may be multiple and in various stages of healing. Compression fractures of the spinal vertebral bones may also be seen and may the the basis for paralysis of the extremities. It is particularly important that the explanation of the cause of injury correlate with the medical findings or abuse is highly suspect.

Sexual Abuse

The physical signs of sexual abuse more often occur in girls of school age or pre-adolescents, although injuries to the genitals and anus are seen in all ages of childhood. In the girls, lacerations of the hymen at the entrance to the vagina, blood collection, swelling of tissues of the vaginal outlet, tears of the vaginal area occur. In the anal area in both males and females are found tears, infected swollen tissue, and a very lax tone of the anal muscle from internal stretching (see figure 8.7). Infections of the vagina and lower urinary tract may ensue from violent entry into these immature organs. In the males, twisting injuries to the penis and scrotum may produce severe swelling, inflammation and internal bleeding. It is apparent that veneral disease in a pre-pubital child is an indication of sexual exploitation. For this reason, as well as treatment of the possible infection in the child, it is important for cultures to be taken to determine veneral infection. Both the mouth and anus need examination for tears and infected areas. The child may show difficulty in walking or sitting and have pain or itching in the genital area. They also may have torn, stained, and bloody underclothing.

Skeletal Injuries

FIGURE 8.5



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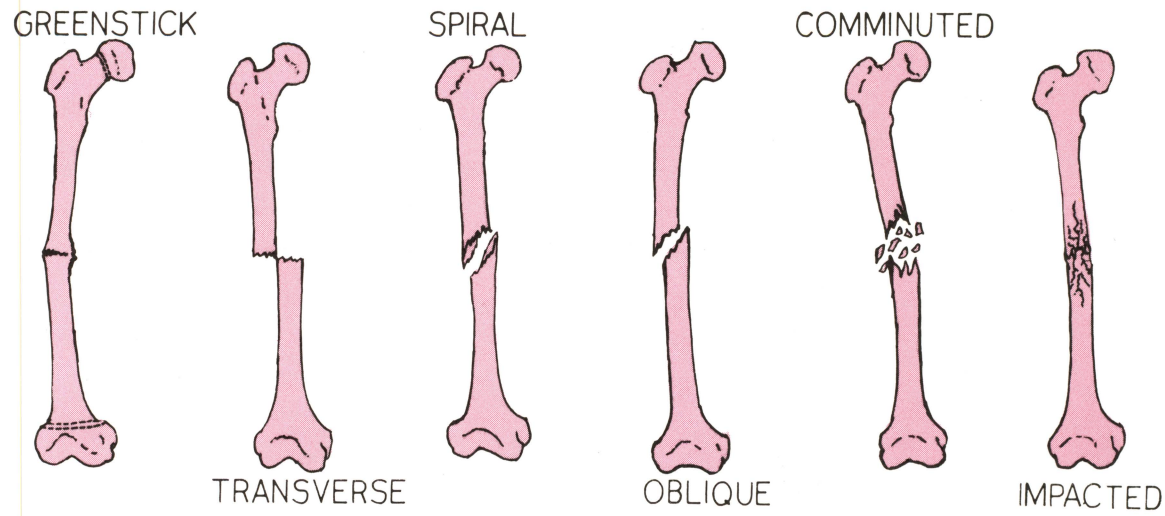
Fractures

FIGURE 8.6



Six types of fractures are shown. *a*, In a greenstick fracture, the bone in children which is soft is not broken completely through. *b*, A transverse fracture divides a long bone across the long axis. *c*, A spiral fracture takes a spiral or winding course. It usually results from a twisting injury. *d*, An oblique fracture cleanly divides a bone at an angle. *e*, A comminuted fracture is characterized by many fragments of bone. *f*, An impacted fracture is one in which the bone ends are driven together.

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Starvation

The child may look emaciated with little musculature and have a distended pot belly and a vacant stare. There frequently is paleness of the skin. These children, called "failure to thrive", also often show signs of neglect with poor hygiene, severe diaper rash with sores of the buttocks and thighs. Such children have been neglected, even abandoned at times without food or drink, and are not only severely under weight, but also lag in their development. It is also important to recognize that not all "failure to thrive" is simply neglect, since some infants seem to refuse intake by themselves. This group requires separation from pure neglect, since it cannot easily be included in the child neglect group.

Poisoning

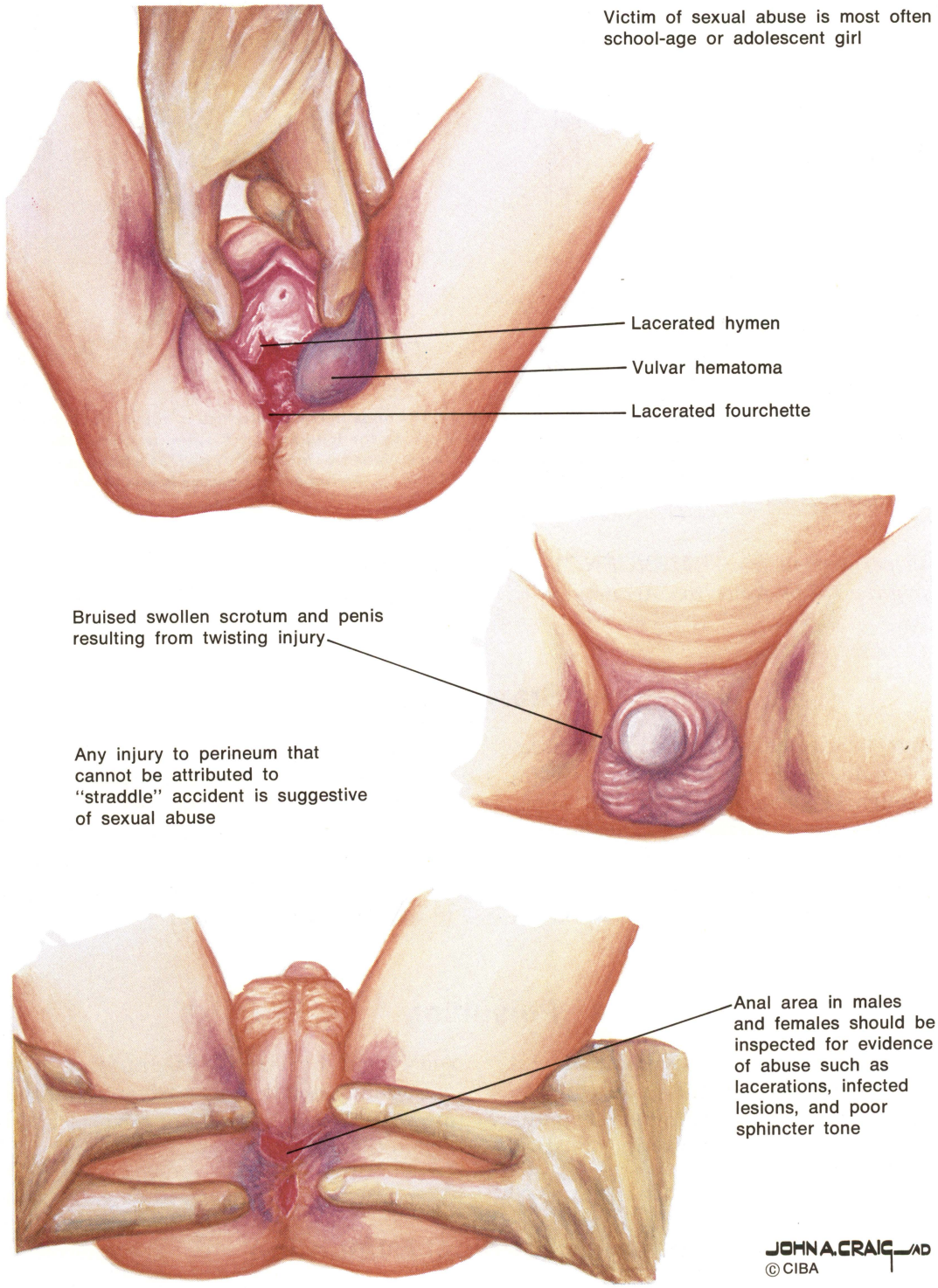
Although most poisoning in children is accidental ingestion, there are recorded instances of children who are repeatedly given toxic substances. When this occurs in an infant, intentional poisoning must be considered. Excessive salt, diuretics, or water deprivation may result in excessive salt in the blood and produce a serious danger of seizures and brain damage to the infant.

Behavior: Medical Evaluation

The behaviors of children who are abused or neglected can also be observed to show some common qualities. They will have a vacant, dull "stare" or a frozen pattern without movement, wary of adults. They may appear anxious to hear any argument, be frightened of their parents, be withdrawn or unusually aggressive when older. In school they may be afraid to go home, stay longer, and rarely even report injury by parents when older to the teacher. They may lag in development, have speech disorders, and be exceed-

Signs of Sexual Abuse

FIGURE 8.7



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ingly compliant or passive. Habit disturbances shown as sucking, biting, and rocking are seen. Some studies have reported them to be overly adaptive, acting inappropriately adult or infantile. Their relationships with peers may be poor. At an older age, they may be delinquent and run away.

These are some of the observations and their consequences which a law enforcement officer may have the opportunity to observe when a contact is made. Figure 8.8 provides a summary of key medical observations indicative of child abuse.

In the initial contact and assessment of non-accidental injury, there are many statements as to the cause of the injury, offered by the adults around the child. These are important to include in the evidence. The child is alleged to fall over easily, bruise easily, or to have fallen from a table, bed, or other elevated spot. Many explanations have a non-accidental injury connotation. A frequent statement is that the parents do not know what has happened but the child was well when he was put to bed last night and when he was awakened, he appeared unable to use his arm or his leg. Examples of common explanations of injury which are highly suspect are:

- He fell off the bed.
- He fell down the stairs.
- He bruises easily.
- He got caught in the rungs of the crib.
- Someone else must have hit him.

Delay in seeking medical attention may be evident and followed by the statement that they were planning to bring the child to some medical setting on that very day.

Many children are brought by the abusing adults to medical facilities (often in repeat instances, to different medical settings). It is recommended that the child be admitted for better assessment of the medical aspects. It is here that a number of important steps should be taken:

- General bone survey
- Complete history and physical examination with appropriate treatment for specific injuries.
- Blood tests for anemia, chemistries, and other bleeding tests to screen out any other disorders.
- Reporting, if the medical aspects are in keeping with the question, to the appropriate child protection agency (the Division of Family Services for the State of Missouri)

Death

Death commonly arises from internal injuries usually to the head and abdomen. The death of a child may be a result of sudden infant death syndrome (S.I.D.S.). It should be pointed out that the majority of "sudden infant deaths" are not the result of child battering.

Sudden Infant Death, the so-called "crib death", is the unexpected death of a previously well infant. In the majority of instances, autopsy reveals no disease process or injury sufficient to account for the death. Sudden Infant Death cannot be predicted, and that there is no known way to prevent it.

Most of the affected infants are between two weeks and one year of age. Available statistics suggest that about one in 350 liveborn infants will become a victim of Sudden Infant Death.

General Observations

The major effort of all professionals is to obtain clear and precise documentation of their observations. For the medical aspects, the judgment of non-accidental injury depends on a well-described statement from the adult as to how the injuries are alleged to have happened. Often this first statement is particularly significant since it may show some inconsistencies with the injuries. It is these incongruities which build the case for non-accidental injury and the need for further documentation and assessment of safety for the child, as well as protection and help for the abuser to prevent further violence.

The law enforcement officer often has contacts in the community of the case in question which shed light on some of the social aspects. Evidence of wife-battering, alcoholism, drug abuse, jail sentences for criminal behavior and other violent behavior may sometimes be available to tie together the social aspects with the medical aspects.

It is essential to recognize that the medical findings, when severe, multiple, and typical, clearly make the diagnosis of non-accidental injury. There are many instances where the injuries are neither sufficiently intense or characteristic and they cannot be sharply separated from accidental injury. In some instances, specific diseases may produce marked similarities to child abuse. A sufficient number of sudden infant deaths have inappropriately added tragic pain to their parents when accused of child abuse. The medical aspects, therefore, require careful and detailed examination. This is particularly true since more than 80% of the injuries which occur to children are the result of true accidents. The subject of child abuse is a very important and tragic one,

FIGURE 8.8

Physical and Behavioral Indicators of Abuse and Neglect

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

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often fraught with emotion by its interested parties and, sadly enough, avoided or neglected by others who refuse to admit its horrible occurrence. As a result, there is a great deal of emotionality even among professionals in this area which damages the clarity of the situation. At times professionals have been concerned with the entrance of the law enforcement officer into the situation and, yet, it is evident that the law enforcement officer is and will be a continuing, vital participant in the process of case finding and diagnosis. It is essential that all parties recognize that the situation is not one of always proving guilt but mainly to demonstrate that non-accidental injury has occurred and child protection and family help is necessary.

Summary

Law enforcement officers are an important part of the community team concerned with child abuse and neglect. Their expertise is essential to the process of evaluating suspected cases, which involves observing injuries and collecting data for further investigation and reporting. A basic understanding on the part of the investigator of common forms of injury encountered in abuse and the medical terminology used to describe these injuries is essential. Clear and precise documentation of their observations is of major importance to the professionals involved. Medical observations combined with information provided by the investigating officer from police sources may make the diagnosis of non-accidental injury. Actions may be taken to protect the child and assist the family when a non-accidental diagnosis results. It is not always a question of proving guilt.

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PART THREE

Family Dynamics of Child Abuse and Its' Investigation

CHAPTER NINE

An Overview

Social investigators and professionals in human health related services have come to recognize an alarming increase in the incidence of child abuse and neglect in American society during the past two decades. The recognition of this incidence as a very serious and pervasive social problem and as a grave risk to our nation's children received significant public and professional attention in 1962, as a result of the use of the term "battered child syndrome" to describe incidence of physical abuse of children observed in medical facilities. This problem received national prominence as a result of a detailed study published in the *Journal of the American Medical Association* by C. H. Kempe and his associates.[1] As public and professional attention has become increasingly focused on the nature and scope of child abuse and neglect, the issues of this problem have proven difficult to define, assess, and deal with.

Most social researchers believe that existing surveys of child abuse cases seriously underestimate the problem. The values defining what kinds of behaviors and injuries constitute physical or psychological abuse not only differ widely in various segments of society, but also affect the reporting of abusive incidents as well. In the past, the problem was usually considered only in terms of isolated individual cases. Among other investigators, the context of child abuse was assumed to exist only in certain strata of society, i.e., the poor, uneducated, or alienated segments of the lower social classes.[2] Understanding the scope of child abuse is further affected by the degree of visibility afforded quite differing social groups in American society, especially in the resources available to these groups with which to hide abuse and in the life styles and problem solving behavior of these groups. Contrary to some belief, research substantiates no clear cause and effect relationship between any definitive set of social or personality characteristics of parents and family relationships within households where abuse occurs. Efforts to devise methods of predicting the risk of abuse or re-abuse by parents, while abundant in literature, remain highly questionable, if not untenable, in relation to the current status of behavioral science methodology and knowledge.

Problems are encountered when defining child abuse within both the social context and the legal context. The available indicators of abuse, except for the immediate evidence of physical injuries themselves often fail to meet the legal standards required for court proceedings and judicial decisions. The implications of applying what we do know about the social and economic indicators of child abuse and neglect, is to face the prospect that millions of children might be removed from their homes in order to protect them from personal injury. This prospect would focus primarily on children who come from poorer families since these families are most vulnerable to state and local intervention under abuse and neglect statutes. The most alarming prospect of this state of affairs is the lack of substantial evidence that the various forms of remedial action, such as child removal, or even therapeutic intervention into abusive family situations, have a significant impact on either the damage already inflicted upon the children affected, or in influencing the statistical incidence of abuse itself.

In the State of Missouri less than one-half of one percent of the cases of abuse reported on the "hot line" are ultimately prosecuted for violation of the law. Since law enforcement personnel are frequently the most likely representatives of community interests to first encounter abusive family situation, the positive helping skills of the investigator become equally important to the fact gathering and law enforcement functions represented in the investigation. "In confronting this task, understanding the human dimensions of troubled families and other vulnerabilities, as well as self-awareness in the face of one of most emotionally ladened facets of community life, is of central importance."[3]

Scope and Incidence

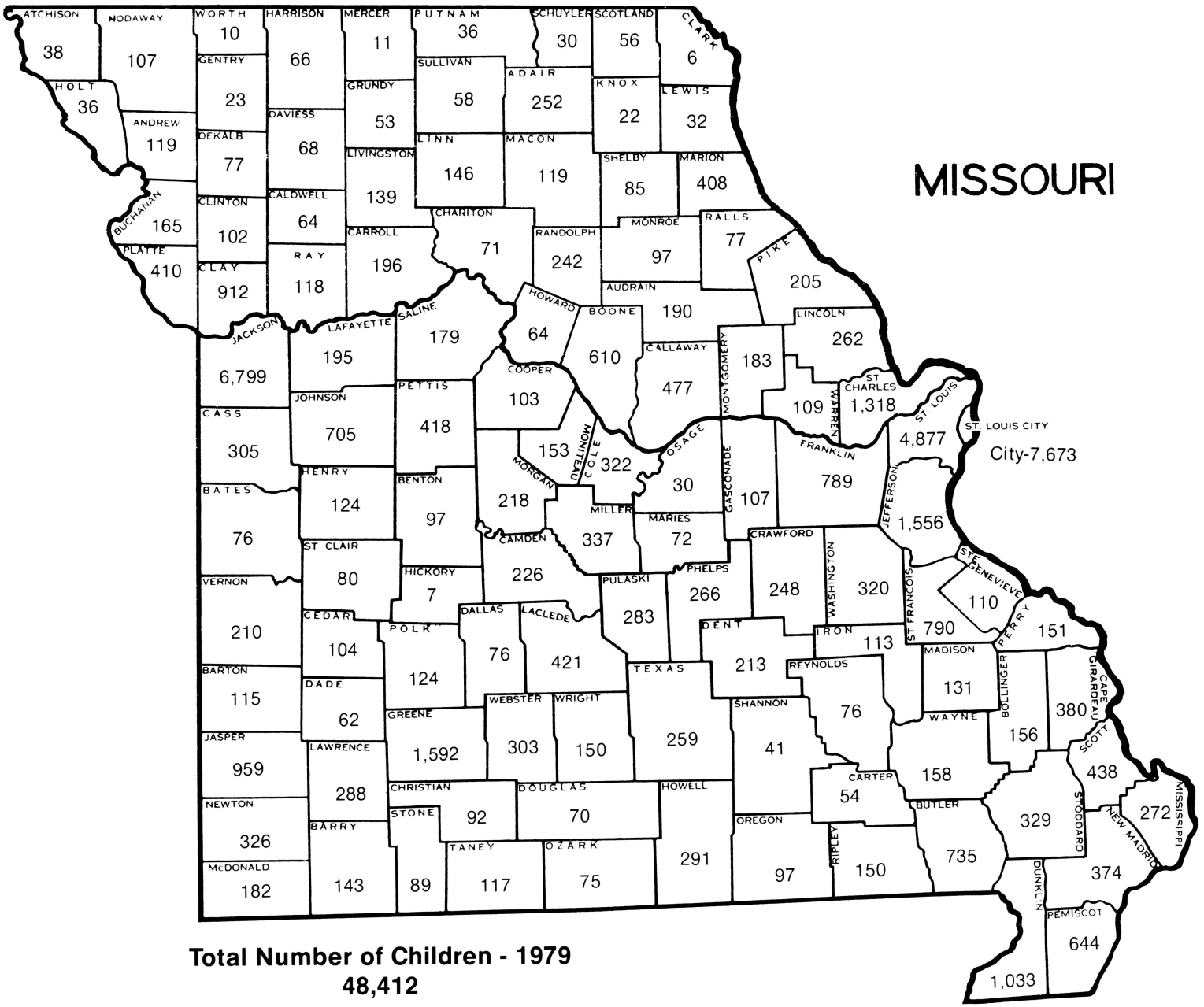
The National Center on Child Abuse and Neglect estimates that approximately one million children are maltreated by their parents each year. Of these children, as many as 100,000 - 200,000 are physically abused, 60,000 - 100,000 are sexually abused, and the remainder are neglected. And each year, more than 2,000 children die in circumstances suggestive of abuse or neglect.

In Missouri, according to statistics provided by the Missouri Division of Family Services, a total of 48,412 children were reported in 1979 as suspected abuse or neglect; of those, ⅔ were neglect situations, ⅓ were abuse. The substantiation rate in abuse cases is 70%, while the substantiation rate in neglect cases is about 60%. Five percent of abusing parents are psychotic; 5% are violent; and the remaining 90% are "normal" people, trying to do their best, but woefully immature. About 10% of all validated abuse is sexual abuse. In 75% of sexual abuse cases, the perpetrator

Number of Children Reported For Abuse & Neglect

Figure 9.1

January 1, 1979 thru December 31, 1979



Total Number of Children - 1979
48,412

Number of Children Reported For Abuse & Neglect

Figure 9.2

January 1, 1980 thru December 31, 1980



Total Number of Children - 1980
53,695

is well known to the family. Seventy-eight percent of sexual abuse cases involves father-daughter incest. One third of abused children are adolescents.

NOTE: In Missouri, law enforcement officers are exceeded only by social workers in the number of suspected cases reported by mandated reporters. Figure 9.1 provides a breakdown by counties of the total number of reports received by the Missouri Division of Family Services during 1979 and Figure 9.2 illustrates 1980 statistics for purposes of comparison. No further breakdown of the 1980 statistics is available as of this printing.

1979-Source of report of abuse/neglect:	Percent
Mandated Reporters	47.4
Social Worker	15.2
Law Enforcement Official	12.1
Health Professional	9.4
School Professional	8.3
Other Professional	2.4
Non-Mandated Reporters	51.9
Victim	0.7
	100.0

The Interdisciplinary Nature of Child Abuse Investigation

Investigating child abuse establishes whether child abuse has taken place within the framework of the law safeguarding the welfare of children, identifies potentially abusive or neglected families-at-risk as a preventive measure to keep potential abuse from occuring or re-occuring, and represents a positive helping resource facilitating the linkage of potentially abusive families to other community social services.[4]

The specific methods and procedures used by communities to investigate, prevent, or remedy child abuse vary according to particular state statutes and resources mandated to achieve these tasks. These methods are derived from the respective institutional functions of the government related to promoting the welfare of children and preserving family life. They often require the organization and cooperation of a number of helping professions. Among the professions most likely to discover or suspect incidents of child abuse are physicians, law enforcement officers, teachers, social workers, and juvenile authorities. States frequently mandate these professionals to report suspected incidents of child abuse to either juvenile authorities or child welfare agencies.

Missouri utilizes a "hotline" system of reporting suspected incidents of abuse. Usually, social workers in child welfare settings are mandated to initiate preliminary investigations to be made concerning reports of abuse received on the Missouri Division of Family Services' "hotline" within a limited span of time. To insure the safety of children victimized by the abuse of parents or other caretakers requires cooperation. Sharing of information, and coordinated services of the several helping professions is essential.

Because of their law enforcement functions, police and juvenile authorities are frequently the first resources within the community to have contact with the family in situations of child abuse. These officials are responsible to the court which is entrusted by legal statutes and community standards with the protection of children. While various patterns of reporting and procedures of investigation exist among differing state jurisdictions, suspected cases of child abuse and neglect are often ultimately referred to child protection agencies. These agencies have the responsibility of insuring the safety and proper maintenance of the child's welfare, investigating the social milieu, and recommending appropriate custody for the child. It is the responsibility of the social worker assigned by the Division of Family Services to assess the child's continuing capacity to cope with his home environment and to refer the family to resources required for its survival, maintenance, and potential capacity to meet the needs of its children. This requires the social worker to possess the skill to assess the emergent patterns of each family's capacity to cope with immediate stresses surrounding situations of child abuse, and to enable the family to utilize, as productively as possible, each phase of the community's investigative process and resolution.

Among the more important considerations regarding intervention into situations of child abuse, regardless of the professional role of the investigator are the following:

- Self-awareness is a prerequisite to understanding the family dynamics of child abuse. Over-identification with either parents or child diminishes the opportunity of understanding the relationship of family members to potentially abusive behavior. Anger or hostility increases the family's resistance to revealing information or asking for help.
- Concern for the child's safety, rather than communication which immediately attaches blame, should become a central focus in interviewing the family.
- An open and calm attitude toward the possibility of abuse and neglect taking place, is frequently an important pre-requisite to the comfort of family members in discussing their parenting practices.

- Supportive statements are important to establishing rapport with a family and provide clues as to what might be appropriate alternatives for parents to follow in assuring the best interests of their child. For example, "Parents under a lot of pressure sometimes don't realize they are hurting their child. I know that you will want the doctor to see if your child is all right."
- Honest presentation of the facts and answers to all questions about the consequences of behavior are important.
- Statements which minimize psychological risk and maximize safety in sharing information, are most likely to elicit useful data.
- It is important to become the object of the parents' projection of anger, deflecting anger from the child.
- It is important to understand the need to involve other community resources in determining the nature and danger of a potentially abusive incident. Confidentiality is central to the protection of the integrity and dignity of the family concerned; however, the need to collaborate with other appropriate helping disciplines, in the sharing of information, and in planning appropriate intervention within established public statutes and policies, is also of importance. Keeping the family informed about what is going to happen to them is essential in developing the family's trust in the use of needed resources.

Defining and Identifying Child Abuse and Neglect in the Social Context

The terms *child abuse* and *child neglect* pose immediate problems to the investigator confronted with the need to understand what these terms mean and how they may be applied. They pose further problems to the investigator when he/she must determine where the best interests and needs of a child may be threatened and where the community may be permitted to intervene into family life. While *child abuse* and *child neglect* are terms used to designate behavior which is unacceptably harmful to children by parents or child caretakers, opinions about the kinds of standards to be applied to these terms vary greatly among various segments of society and professional interests. Generally, societal attitudes favor the rights of parents to establish their own notions of what is appropriate in child rearing practices and to determine what measures of discipline might be applied to the child who does not meet parental standards (including the right to use spanking or reasonable corporal punishment in disciplining a child). The point where corporal punishment becomes severe enough to warrant the need for community intervention is often ambiguous.

Further problems encountered in arriving at definitions are derived from difficulties in assessing the quality and consequences of abuse over time. There is general agreement that the kinds of afflictions and degree of danger resulting from the child's unmet developmental needs fall along a continuum deserving various forms of community concern and attention. However, the potential harm to children by adult abuse is related to many emotional, social and physical factors which are not always readily apparent. For example, it is difficult to compare the potential safety of a child's home where "abuse" may be related to a single severe and isolated incident to a situation where the parental pattern of inflicting minor injuries on a child might cause more serious harm, or even death, over an extended period of time.

Finally, as the terms imply, *abuse* and *neglect* point to quite differing orders of probable parental intent and sources of motivation in their behavior toward children. Abuse generally refers to willful acts of *commission*. Neglect refers to acts of *omission* in parental caretaking behavior which includes nurture, protection, and supervision. There is usually general recognition of a radical difference in character and quality between cases of parental neglect, and instances of cruelty or injury to children. The consequences of both may cause suffering to the victimized child. Neglect is most likely to be caused by severe social and economic stress. Neglect may also stem from illness or ignorance, either because a parent is retarded, or too pre-occupied with a form of mental illness to provide proper care and attention to a child's needs. Abuse, on the other hand, is more likely to be related to deep seated characterological defects or physchological conflicts rooted in the childhood experiences of the abusing parent which are acted out in the emotional life of the family unit and in its child rearing practices.

Parental practices which are most readily observed as willful acts to produce hurt or injury (abuse) are most likely to be labeled as deviant and to generate emotional outrage from the community. More passive parental behavior such as failure to respond to children's needs (neglect), may be less apparent or go entirely unnoticed. Inadequate parenting practices may cause immediate damage and pose severe injuries to a child's capacity for further development regardless of speculation about parental intent. The way a social environment impinges on the

emotional life of an individual may be extremely complex and render assessment of "inner" vs "outer" sources of neglectful or abusive behavior meaningless. The distinction between acts of commission and acts of omission may be a source of difference between legal definitions of child abuse and those of helping professionals such as social workers.

NOTE: For additional perspectives on these distinctions please refer to Part One of this manual.

In general, the deliberations of court proceedings concerning child abuse and neglect are by necessity limited to "matters of clear and present danger," and the determination of whether violation of specific statutes have taken place. Helping professionals, on the other hand, often need to be more concerned about what developments may be in store for a child's future, if the child's current circumstances are not altered.

Many professionals working in the area of child abuse believe that definitions of child abuse and neglect are either too narrow or too broad. It is difficult to develop public policy or legislation that is specific enough to prevent misuse in application, yet broad enough to cover situations which may be harmful enough to warrant community intervention. A workable definition of child abuse suggested for the purposes of this chapter is as follows:

> ...any act of omission or commission that endangers or impairs a child's physical or emotional health and development.[5]
>
> ...this definition may include physical abuse, physical neglect or inadequate care, sexual exploitation, and emotional maltreatment.

In developing criteria for decisions to intervene in possible occurrences of child abuse, emphasis should be given to (1) the vulnerability of the child in family situations where abuse is suspected to have occurred; (2) the potential usefulness of the investigative process itself, as a preventive measure for potentially destructive family practices toward a child in the future, and as a method of linking families-at-risk to other potentially helpful and supportive community welfare resources. These criteria might include the following:

- Observation of suspicious injury or neglect, rather than immediate judgments about the degree of abuse, is the crucial determinant for intervention.
- The disposition of child abuse and neglect cases is usually a collaborative investigative process with other social and health agencies of the community. For example, referral of non-accidental injuries to an appropriate medical facility becomes the proper arena for preliminary assessment and diagnosis of all suspected physical abuse cases.
- Assessing family emotional relationships and behavioral interactions is a critical aspect of child abuse investigation procedures. When investigating situations of possible abuse, it is important to be aware of one's own personal biases, preconceptions, and preferences of child rearing practices, in order to distinguish those practices which may be truly harmful to a child, from those which merely reflect differing family life styles.
- Identifying child abuse is a purposeful process of organization and *fact gathering*. The purpose of the protective social investigation is three-fold:
  - To determine if abuse or neglect is occurring.
  - To determine whether the child is at risk in the home.
  - To determine whether the risk is serious enough to warrant taking immediate steps to guarantee the safety of the child.
- Identification of child abuse and neglect is developed from a composite investigation of facts derived from physical indicators of abuse, child behavior, parental behavior and from the physical, emotional and health environment of the child's home or place of shelter.

Physical Abuse

The most common source of physical abuse is injury caused by overpunishment. Corporal punishment that is unreasonably severe constitutes such overpunishment. This is likely to occur when a parent become extremely agitated or angry. A child's injury may be caused by the severity of a blow, by being thrown or from corporal and continuous beating. The combination of punishment and emotional rage can be deadly. Physical assault on children may also be caused by sadistic motivations and behaviors of parents quite unrelated to precipitatory factors appropriate to disciplining a child. Similarly, the physical threat and actual harm to a child from physical assault may be cumulative from prior and unhealed injuries inflicted over a period of time.

Physical abuse may be defined as:

> "an intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring or destroying a child."[6]

NOTE: For a detailed discussion of the "Physical indicators" of abuse please refer to Part Two of this manual.

Most behavioral scientists agree that in addition to the physical effects of excessive corporal punish-

ment, an equally tragic consequence is that family violence is the major source of socialization for future violent behavior in its victims. While physical punishment has not proven an effective disciplinary technique, it is a negatively effective source of social learning that teaches the resolving of conflict through physical power rather than through reason or verbal instruction. Parents who make excessive use of physical punishment are usually found to have experienced similar violence in their own childhood.

Behavioral Indicators of Physical Abuse

A child's conduct may frequently alert the investigator to destructive family relationships and behavior. This conduct may represent the child's efforts to survive and cope with disturbed parent-child interactions where the child is unable to fulfill certain basic needs, or can meet them only by either suppressing or exaggerating important aspects of the child's own personality. Such adaptive behavior usually develops into a pattern beginning in early infancy and is elaborated in relationships with others later in life. Some of the major patterns may be identified as follows:

- *Overly compliant or passive behaviors:* The child has learned to deal with the abusive situation through social withdrawal or avoidance and in trying to avoid any behavior which the abusive parent notices at all. Some children will be extremely wary of physical contact (even being touched or approached) by any adult.
- *Extremely aggressive, demanding or rageful behaviors:* Hyperactive behavior may be caused by extreme frustration. It may also represent an attempt to get attention through provocation. It should be noted, however, that hyperactive behavior in children may be caused by factors quite unrelated to abuse.
- *Extreme fearful behavior:* This behavior is particularly directed toward parents.
- *Role reversal behavior:* In situations where abuse is related to the parent's attempts to satisfy certain unfulfilled dependency or emotional needs from their own childhood, the child may be in some way expected to perform this parenting task by assuming adult responsibilities inappropriate to his/her age. On the other hand, the child may exhibit extremely infantile behavior by demonstrating overly clinging or babyish behavior.
- *Extreme lags in development of the child:* When energy normally directed toward growth is needed for protective survival, the child may fall behind in toilet training, motor skills, language development, or social skills. The child may also incur developmental disability from damage to his/her central nervous system or injury to his/her body.

NOTE: The behavioral indicators of physical abuse referred to here were developed from "The Police Perspective on Child Abuse and Neglect" and "A Curriculum on Child Abuse and Neglect."[7]

Physical Neglect

Physical neglect may be difficult to define because it is not always readily visible, and is not necessarily evidenced by the observation of a single incident in which injury has occurred, as in situations of physical abuse. Rather neglect is likely to occur over a period of time and represent the chronic failure of the parent to provide the necessary physical, emotional, and social support required for a child's development. Further, notions about what constitutes neglect are most likely to be related to quite differing cultural values (i.e., what constitutes acceptable standards of child care) and the resources available in differing communities to meet these standards. Neglect may be less readily identified with intentional parental misfeasance, as the dreadful circumstance and experiences of poverty in the multi-problem American family so clearly illustrates. A working definition of child neglect is provided by Polansky and Hally:

> "Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual, and emotional capabilities."[8]

Some of the conditions most likely to indicate suspicion of physical neglect are:

- *Abandonment.* Leaving a child alone or inadequately supervised for long periods of time. An example of abandonment is leaving a child in a closed automobile while shopping or attending a movie; or leaving a young child unsupervised at home for long periods of time; or where parents totally abandon, or desert a child.[9]
- *Lack of supervision.* Failure of parent or caretaker to adequately account for a child's actions or whereabouts. An example would be a case where a child is left to wander in the street; or is left in the care of other children too young to protect them; or where children are left exposed to dangerous situations, such as where it might be possible for the child to ingest poisonous substances.

- *Nutritional neglect.* This includes both the failure of the parent or caretaker to provide sufficient quantities of food or an acceptable quality of diet resulting in the child's malnutrition. A behavioral symptom of malnutrition includes the child's complaint of hunger (although this may also be evident in hyperactivity), a lack of concentration in school and the child's suffering of other severe development lags.
- *Lack of medical care.* A failure of the parent or caretaker to recognize medical problems or obtain appropriate treatment. An example of medical neglect is illustrated by a caretaker who refuses to obtain a hearing aid for a deaf child after repeatedly being informed by school officials that the child cannot participate in classroom study because of a hearing problem.
- *Inappropriate or insufficient clothing.* A failure to provide adequate quality or quantity of clothing to a child. An example of clothing neglect would be a situation in which a child has clothes which are torn or inadequate to protect the child from exposure to harsh weather.
- *Lack of adequate shelter.* A failure to provide the basic minimum standards of adequate housing (including heat and proper facilities for sanitation). An example would be a case where a child's home is structurally unsafe or where extremely unsanitary conditions exist.

Moral Neglect or Other Demoralizing Influences of the Home Environment

This may involve parental failure to provide clear expectations to the child regarding minimal standards of ethical social behavior; or where a parent or caretaker exposes the child to immoral or exploitive influences such as encouraging the child to steal, engage in prostitution, excessive drinking or drug abuse. Severe mental retardation or mental illness on the part of parents is also recognized as an influence on neglect. Investigating child neglect in the interest of the child's welfare may be critical to his/her survival but is it one of the areas most vulnerable to community ambiguity of definition and disposition. In approaching this task, the investigator must be sensitive to differentiating issues of poverty from instances of actual parental incompetence or neglect, and differing cultural expectations and values with regard to child rearing practices. Clearly, the data which comprise the factual basis of parental neglect are two-fold, i.e., examining what a family is actually providing in the care of a child, and examination of the child himself. In recent years a number of objective tests have been developed for use by helping professionals to determine the level of child and family functioning, as well as psychological tests, which indicate areas of potential deficiency or impairment in the child's capacity to function in his current social environment.

Sexual Exploitation

Sexual exploitation may be defined as "the involvement of dependent, developmentally immature children and adolescents, in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violates the social taboos of family roles."[10] Sexual exploitation represents one of the least visible but potentially most destructive forms of abuse to the personalities of children. Children may be abused through rape, incestuous relations with parents, or molestation. Sexual exploitation may also occur through solicitation of a child for prostitution or for pornographic purposes.

Because of the extreme censure and taboo of the community toward the sexual exploitation of children, the secrecy of families involved in sexually abusive situations, and the fact that it is possible to elicit the child's cooperation in sexual activity, the scope of the problem is not known and its direct discovery is infrequent. Incest is generally considered the most common form of sexual abuse. It occurs to infants and children of all ages, most frequently to girls. A variation of incestuous parental relations with a child frequently occurs in families where a step-parent, usually a stepfather, sexually molests a child. While the mother is frequently aware that sexual activity is taking place, the peculiar dynamics of incestuous families, shame, and fear of the consequences of disclosure, often result in maintaining a facade of ignorance and denial.

The tragedy of sexual abuse is compounded by the three-fold character of the problem. The extreme societal reaction of censure toward sexual abuse has not been accompanied by clear understanding of the causes of this problem or its effects. This has contributed to the difficulty of identifying the victims of sexual abuse. These factors also contribute to the continued isolation of the victim of sexual abuse from sources of potential help, and the long-term deviation of this experience on the development of the child as a future adult. The scope of this deviation has been described by one author as follows:

> "Child abuse can also be recognized as a fundamental betrayal of childhood trust and an affirmation of the powerlessness of being young and female in a society where victimization is often not recognized and protection is not guaranteed. Most child victims of sexual abuse are not attacked by sick strangers who appear from the shadows when a child is out

> alone. They are abused for the most part, by men whom they know and trust, their exploitation is usually at the hands of their own father, family members, or other familiar adults. Moreover they are generally not physically harmed, because their fear, their trust . . . preclude the need for violence. As a result many of them internalize their roles as victims. It is the instilling of this "victim mentality" in the mind and developing personality of a young girl that is, perhaps, the most insidious aspect of her sexual exploitation. It is not only pervasive to the many areas of her life in which it may be re-enacted, it is an extremely difficult self-concept to change, and can be a devastating source of continued self-depreciation."[11]

Many helping professionals have observed that the results of parental sexual abuse in the child represent a "psychic time-bomb" which only begins to become apparent later, when the victim is an adult.

Factors identified as characteristic of sustaining an incestuous family. As was indicated earlier, the prevalence of sexual abuse in American families is not known. A major reason given is that families involved fear dissolution if discovered. This fear is reinforced by the strong feelings of guilt and "collusion" experienced by family members in situations where incest is likely to exist. Usually this collusion (or cooperation) is characteristic of the family as a whole supporting, either actively or passively, their own incestuous equilibrium. No specific pattern of social or personality characteristics have been identified causally with incestuous relationships; however, such factors as age, intelligence, and socio-economic status often contribute to this pattern. Three-generational familial dysfunction, however, is often central to violations of the incest taboo. This dysfunction is specifically related to the tendency of mothers to perpetuate the relationships they experienced with their own fathers. Family incest is frequently precipitated by unhealthy marital relationships, in which the daughter is in some way caught up in being forced to act out behavior of role reversal as the wife surrogate for her mother. The mother may exhibit severe dependency on her spouse which out-weighs any sense of outrage at the father's behavior. Incestuous relationships may also be actively encouraged by mothers as compensation for their own promiscuity or as a preferable alternative to the father's involvement in sexual activity outside the family.

Patterns of family incest usually take place over a long period of time, from six months to several years. Incestuous practices are not usually related to a single event, but follow a continuum of increased sexual involvement beginning with parental fondling and leading to overt sexual stimulation. The propriety of incest may be rationalized by parents who see their children as property. This rationalization is often reinforced by their social isolation from the community. Characteristically, the participation of children in incest is willful, resulting from learned behavior that is motivated by eagerness for acceptance and compliance with parental authority, rather than being a product of violence.

While direct discovery of incestuous relationships within a family are not common, discovery may occur around the following incidents:[12]

- the daughter becomes pregnant
- the child becomes a runaway
- alcoholism of father
- report of rape
- family argument
- attempted suicide or homicide by the victim
- inappropriate social behavior of the victim such as unwillingness to change clothing for gym, bizzare or unusual behavior

In situations of molestation, medical examinations may reveal such evidence as:

- urogenital or anal injuries or pain
- the presence of semen (oral, rectal, vaginal)
- veneral disease (oral, rectal, or urogenital, particularly in girls under puberty)
- sexual knowledge or behavior, extreme social withdrawal, infantalism, or the appearances of being retarded.

Emotional Maltreatment

Emotional maltreatment is behavior by parents or caretakers taking the form of deprivation or assault on a child's sense of security, worth, and well being. This term is generally intended to expose situations of child abuse in which a child has become the target of destructive scapegoating, constant belittling, enforced isolation, or the continuous withholding of the security and affection required by the child's developmental environment and necessary for his growth. This assumes that for normal development, children need supportive emotional involvement from their parents as much as they need proper nutrition and protective shelter. While emotionally maltreated children are not always exposed to physical abuse, physically abused children almost always suffer emotional abuse.

Emotional maltreatment may stem from a pattern of parenting in which parents essentially ignore their children because of their own pre-occupations with personal problems, such as excessive alcohol use or exclusive commitment to some outside activities. It may also take the form of more assertive verbal and emotional expressions of hostility toward the child which are deliberately or unconsciously aimed at undermining the integrity of the child's person-

ality, or at preventing development of the child's capacity to meet basic developmental needs.

These more aggressive parenting practices of emotional maltreatment suggest important ways in which a child is used to cope with the parents' own unresolved conflicts of insecurities or is used as an object of displaced anger. For example, in a family of several children, where one of them is born out of wedlock, this child might be selected for special scapegoating because the child is a reminder to a parent of his/her own earlier unhappiness. The child may also be seen by the mother as a negative extension of her own self-concept in becoming pregnant with this child. Emotional maltreatment may stem from any number of defective practices in parenting and/or from the severely impaired capacities of the parents themselves. These behaviors often stem from parenting practices offering neither warmth for, nor interest in the child. They can also be derived from impossible demands being placed on the child. Finally, emotional maltreatment may result from practices in which the child is characteristically used as a weapon in marital conflict.

The determination of emotional maltreatment is normally developed from the following criteria:

- "Emotional maltreatment is a pattern of parenting behavior that has a serious effect on the child:
  - it produces mental or emotional injury
  - it stems from chronic parenting behavior
- The effect of emotional maltreatment can be observed in the child's abnormal behavior or performance. These behaviors may include:
  - lags in emotional and intellectual development or failure to thrive in general
  - refusal to eat and frailty
  - excessive attention or affection seeking behaviors from significant adults
  - anti-social behavior which is markedly aggressive or disruptive
  - overly rigid and conforming behavior to instructions from authority figures
  - excessively withdrawn, depressed or apathetic behavior
  - displays of idiosyncratic behavior, suggestive of severe anxiety or over compensation, such as head banging, infantile rocking, inordinate attention to details, lack of verbal or physical communication with others.
- The effect of emotional maltreatment is extensively damaging to the child's developmental capacities:
  - as distinguished from episodic emotional upheaval or regression
  - brings about erosion of a child's capacity to think and feel
- The effect of emotional maltreatment constitutes a *handicap* to the child. It causes substantial impairment of the child's ability to problem-solve, sustain relationships with others, or experience satisfaction in everyday living."[13]

Characteristics of Abusive Families[14]

Approaches to understanding the causes and dynamics of abusive behavior toward children have developed quite independently from several points of view. The psychological perspective has focused on the personality profile of the abusive parent. The family therapist has stressed that while family members may possess normal personalities as individuals, they may interact in a dysfunctional way in their abusive behavior toward other family members. Learning theorists have pointed to the crucial factors determining the transmission of child rearing practices from one generation to the next as a source of abuse. These theorists particularly emphasize the pervasive presence of physical violence, rather than rational problem solving, as a method of handling frustration in American society. Environmentalists have called attention to the presence of others in the immediate home situation as precipitating many incidents of abuse and neglect. The impact of poverty, unemployment, geographic isolation, loss of significant support from extended family networks have all been identified as being directly linked to the abusive practices of parents.

Contemporary studies of abusive families continue to identify relevant factors which contribute to defective parenting behavior. This is the central focus of attempting to understand abusive practices. These factors can rarely be attributed to causes in the usual sense, but rather, are seen as the psycho-social conditions which are usually present in a particular family context which influence the interaction of family members with each other and lead to various forms of child abuse and neglect.

The conditions are related to specific difficulties abusive parents share in parenting and which are frequently presented in some constellation or individualized pattern as follows:

- The most pervasive predictor of child abuse identified in research literature is that parents of abused children were themselves victims of violence or deprivation as children.
- In spite of possible contrary behavioral or situational appearances, the parents of abused children are unlikely to be capable of experiencing adequate emotional relationships. Rather, they are likely to

be distrustful of and isolated from these types of relationships. Extended family and community support systems are often minimally available to such parents. Although the latter may particularly apply to low income families, more affluent and better educated families are also frequently subjected to social isolation for a variety of reasons.

- These parents have unrealistic behavioral expectations for their children in relationship to the respective capacities of their child's stage of development. They tend to show role reversal in expecting their child to meet their own needs and make them feel better. They also see physical punishment or abandonment as an appropriate reaction to failure of their child to meet their own parental needs.
- They respond to stress poorly and their tendency to project feelings of inadequacy onto their children in times of personal crisis frequently precipitates incidents of abuse.

Understanding the Family Context in Which Abuse Takes Place

In approaching family situations in which child abuse takes place it is important to understand as clearly as possible how the family operates as a total unit within its own unique environment. While a central theme in child abuse is that of identifying its source in defective parenting practices, each family develops its own unique pattern of cooperation to accommodate individual needs within the boundaries of the family group itself. The relationships which characterize this cooperation result in the assignment of family roles. These roles define rules about how individual family members may communicate or behave in relation to meeting needs, particularly those rules related to the family's need for nurture, protection, the maintenance of self esteem, and consistency in the responsive behavior of others.

All of the role behavior supported by family rules is derived from learning, either from the generational experiences of a parent's membership as a child in another family or from shared beliefs developed over time from experiences of membership in the immediate family. Family members may not be fully aware of this learning. While the enactment of family roles and drama may be motivated by cooperative intent, it may not appear as such on the surface to others. It may in fact be expressed as hostile, rejecting, or even violent by some of its members. The performance of family roles is also derived from a particular family's rules about how a family copes with stress resulting not only from internal conflict within the relationship of the family, but also from perceived threats experienced in the family's external environment. Some of the behavior supported by these family patterns may be derived from shared beliefs and fears about the consequences of meeting certain needs or of perceived threats to the family's existence and survival. These shared beliefs also may not be fully conscious or explicit. They may, in fact, be irrational in origin and unfounded by fact or life experience.

The significance of these family practices in understanding the abusive practices of parents toward children may be summarized as follows:

- Each parent simultaneously carries the memory of what it was like to be a child and the memory of how one's parents cared for them.
- These memories are translated into determining, to great extent, how a child will perform later as a parent. Because the child is helpless and dependent upon seeing the parent as "good" and "right" in order to feel "safe", the child may, for example, be unable to later distinguish between corporal punishment and abusive injury when he or she becomes a parent.
- Those who have been maltreated in childhood have a tendency to select a spouse who has had a similar background and shares a similar view of child rearing. Hence, there may be a collusion between parents, even though only one of them may be the active instrument of abuse.
- The residual effects of parenting practices producing the use of aggression as a preferred problem solving method also predisposes the parent to other developmental anomalies such as lack of confidence, a feeling of emptiness, lack of impulse control, lack of empathy for others, or a life-time yearning to be cared for or cared about. These anomalies "somehow" can never be satisfied and are characterized in later life as "excessive dependence."
- These unresolved conflicts and anxieties of parents founded in their own childhoods are later projected onto their own child with the hope of resolution. Physical or emotional abuse is precipitated and/or reinforced as the parent continues to recreate family situations in collusion with other family members. In these situations a) the child continues to disappoint the parent by failing to relieve the anxiety the parent experiences about his own low self-esteem; and b) this disappointment invites further abuse by demonstrating that the child is "bad" because the child has been unable to live up to unrealistic expectations.
- Some of the common defensive scenarios which describe these parent-child relationships may be divided between those in which the child is symbolically viewed as an extension of the parent's own self and those which are in some way perceived as a threat to it. Defensive scenarios may be illustrated by the following examples:

- The child is perceived as a threat to a marriage which is coming apart: "If I did not have you, I would not be so trapped in having to be married to this awful man."
- Because of low self-esteem parents may not consider themselves important enough to be a factor in influencing a child's behavior or well being. This can be illustrated by a parent's statement: "He was born that way."
- The child is punished because he/she does not express enough gratitude or affection to the parents. Here, the child is not sufficiently enhancing the parent's self-esteem.
- The child is punished because his behavior demonstrates a lack of appreciation for opportunities or possessions the parent wanted as a child.
- The child is punished because his behavior demonstrates an inability to think the same thoughts or arrive at the same conclusions that the parents had.
- The child may be ignored or abandoned because he constitutes a painful reminder of marital dissatisfaction.
- The child who reminds one parent of the other may become the target of displaced anger; "you're just like you father" or, conversely, "you 're just like me, but you prefer him."
- The child may become the conduit of mutual abuse serving as the only angry communication available to the parents in expressing resentment toward each other.
- The "special child", one who is retarded or handicapped and may require extra parental attention, may provoke feelings of special resentment in the parent.

Assessing the Marital Relationship and Personal History of the Parents

Interviews with the parents frequently reveal the most important clues toward understanding the family dynamics around which the incidents (or patterns of incidents) of child abuse occur. It is rarely possible to generate sufficient data about the home situation from a single interview with one parent. (Frequently the mother is seen first.) It is not only the content of information revealed by the parents that is important in forming opinions about family troubles, but also what may be revealed about family relationships from their interaction in a joint interview and from possible discrepancies in their respective accounts of what has been taking place in the home.

Usually, "the family story" about what has taken place in the abusive incident breaks down as successive accounts of the incident are repeated by differing family members to successive helping professionals in the community. In single parent families the mother may have a boyfriend on whom she depends for support. She may be desperately dependent upon him for economic support or feel she is unable to function without him. She may tolerate his abuse of her children, and perhaps even of herself, as a result of an intense fear of losing this support. It is important that such persons be seen if possible. By scheduling several contacts with parents, even during the span of a brief period of time available in an investigation, it is possible to document how parents respond to crisis differently, how they relate to each other, and how they relate to other family members in resolving conflict.

The information which should be sought from parents about their marital and personal history may be summarized as follows:

- The story of the "incident" and the possible crisis leading to this event. The needs of the parents to discuss their worries, the hospitalization of their child, reactions of others to this event, etc.
- The nature of family discord or stress before the break, loss of job, threat of marital breakdown, illness, etc. Also, times of even minor stress which may have precipitated this event and its meaning to the parent (such as representing psychological loss or inadequacy) may be very powerful and useful when explored in detail.
- The family's socio-economic situation is an important source of potential stress. Family quarrels are frequently generated by arguments about family finances. Excessive physical or social isolation or loneliness of the mother may also produce negative effects on the capacity of both parents to cope with children.
- The history and circumstances of the marriage between the parents is of central importance. It is useful to know when in their lives and why the parents were married (i.e., was a pregnancy unwanted, or did the parents marry to get away from an uncomfortable home situation themselves). What associations the parents had in their own early home experience and whether or not they were excessively or severely punished is of importance.
- Determining whether or not these parents feel their own parents were dissatisfied or excessively critical of them as children will shed further light on the situation. In exploring this history, it is important to know that parents may reveal dramatic shifts in both the factual and emotional accounts of their past. For example, a very flat statement of how good parents have been may eventually give way to details which reveal deep disappointment that their own parents were not supportive of them.

Understanding the Parent-Child Relationship

Most behavioral scientists agree that the quality of the infant's attachment to the mother in the first months of life is the single most important determinant of the individual's future character formation and social capacity as a human being. At the time of birth the infant is totally dependent upon others (usually the mother) for nurture, protection, and support in confronting future developmental tasks. While the attachment of an infant to his mother has been widely studied and forms the basis of what Benedek called *confidence* and of what Erickson termed *basis trust* as a personality determinant in the life of the individual, only recent research interest has been directed toward the factors which determine the mother's affectional bonds with her infant.

It is generally agreed that the process by which the father develops affectional ties to his children is significant both to a child's development and supportive to the quality of maternal care provided. In most instances, both the parents and the quality of their relationship construct the relationship established between members of the entire family. The presence or absence of empathetic mothering is considered to be crucial to both the developmental needs of the child and the quality of parenting practices required to facilitate meeting those needs. Identifying the factors that may alter or distort this process can be significant in understanding important facets of potential parental abuse or neglect. Some of these factors may be summarized as follows:

Pregnancy. For most women, pregnancy frequently produces strong emotions of ambivalence, particularly in the birth of the first child. Alterations in the mother's physical appearance and other physical changes can become the source of extreme vulnerability to stress. Stress, such as lack of marital support, social isolation or loss of previous children, can seriously retard or inhibit parent-infant bonding.

Delivery and early past partum period. A wealth of information substantiates the importance of the delivery, initial physical contact and stimulation of the mother and child in forming the affectional ties of the mother to her infant. If the physical contact between mother and child is delayed or inhibited by premature birth or birth defects, the mother-child relationship may incur serious negative consequences.

Birth of the defective child. The physical, psychological and social consequences of giving birth to a defective child introduce overwhelming stress to all family relationships under the best of circumstances. The presence of a retarded or developmentally disabled child in a family situation introduces a high potential risk for abuse and neglect. The physical capacity for mother-infant bonding may be restrained or prevented completely. Although the mother may accept or reject this child, this eventuality introduces disturbances throughout the entire family system. Helping professionals agree that all families experience a normal grieving process with the introduction of a severely disabled child into the family situation. The normal grief process includes elements of denial, anger, rejection and the inability to cope with the stresses precipitated by the projected needs involved in providing adequate care for a developmentally disabled child throughout the entire life history of the family. Some common defensive maneuvers employed by families to the presence of a developmentally disabled child are:

- The disabled child is completely rejected, but the parents are unable or unwilling to accept alternative provisions of care. Neglect or abusive behavior may consequently occur.
- The parents compensate for feelings of guilt or rejection by focusing all of their emotional resources and energy on care of the disabled child while other children in the family may be neglected.
- The parents displace anger toward a disabled child by scapegoating normal siblings in the family as a method of dealing with feelings of rejection that are unacceptable to them.
- The siblings of a family abuse the disabled child because they identify the disabled child as a perceived threat to their self-esteem by peers or as a perceived threat to the family's welfare.

Infant care. Helping profesionals identify the importance of the first several months of maternal care as crucial in establishing the pattern of parenting practices and quality of child care to follow and as a developmental period of high risk for abusive and/or neglectful behavior as well. The infant may actually contribute to this pattern of neglectful behavior as a learned response to its efforts at meeting needs for nurture and stimulation. Particularly crucial to this stage of development are; a) the quality of interactions which surround feeding; b) the mother's response to the baby's messiness, smells, crying, etc.; c) the method of communicating her expectations of the child in relation to its developmental capacities; and d) the way the child is seen as contributing to her own needs and satisfaction as a parent. The infant may respond to the mother's parenting practice through learning a number of adaptations including aggressiveness, excessively demanding and irritable behavior or apathy and avoidance behaviors. All of these adaptations have consequences in the child's future

relationship to the parent. These consequences affect the child's own emerging capacities and skills as well, particularly as they relate to psycho-motor development and social skills prerequisite to managing future human relationships.

The emergent capabilities of the infant depend on learning a sequence of behaviors that ordinarily bring on appropriate or consistent response from the mother. The mother's response depends on her capacity to determine the child's needs accurately and on her motivation to meet these needs. In abusive or neglectful situations:

- When the mother has been raised in an abusive atmosphere, with little empathetic understanding of a child's emotional or social needs beyond the necessity of meeting the child's physical needs, she may not make an effort to arouse or interest a baby in feeding. If, on the other hand, her baby is difficult to feed or manage, the mother may be overwhelmed, easily discouraged or indifferent.
- If the mother has a self depreciating image, she may perceive the baby's behavior as a critical judge of her mothering capability, e.g., "I felt that when the baby cried, it showed she didn't love me, so I slapped her."
- If the mother has poor impulse control, she may either have difficulty labeling emotions before they are acted upon or lack the ability to distinguish or separate feelings from behavior. For example, when a mother describes her response to her child as: "I get angry at my baby and hit her," and is then confronted with the distinction that anger is a feeling and hitting is doing, the mother is frequently astounded. Many parents who were themselves abused as children have been reared to see feeling and behavior as a single function. Similarly, children who are severely abused may learn not to distinguish between themselves and their behavior. As a consequence, such children often learn not to respond to normal stimuli. Later, when such children are themselves parents, they may act as though they cannot respond to stimuli from their own children. For example, frequently abusive or neglectful mothers may act as though they do not hear their children crying.
- When the mother misperceives age-appropriate behavior as willful disobedience, she may distort the meaning of, or ignore completely, those behaviors which do not fit her wishes. Here, the mother is confused between the child's needs and her own needs. Frequently the mother's needs are so great that she has no capacity to perceive what normal infantile needs are. Her own learning as a child may have suggested that her child is the only appropriate means by which she can have her own needs met.

In the child's initial stages of development, the child's behaviors most subject to misinterpretation are apt to be crying demands for attention or physical coddling. Although the child grows older his/her demands become more complicated; they usually represent exploratory behavior, including eating, toilet training and reaching for any object within grasp. The following example illustrates the developmental dilemmas posed to a child's learning, when confronted with a mother's misinterpretations:

> . . . a family in which the boy named Keith was 7 months old and beginning to have activity which was increasingly irritating to his mother. Activity during diapering she found most unbearable and she said, "I had to whack him again and again to make him hold still." Keith was observed during diapering, lying completely immobile, intently watching his mother's hands with a serious expression on his face. Three months later, mother complained that Keith had learned his lesson only too well. During diapering and dressing, he now became quite limp, failing to hold up his hand to have his shirt put on. Mother said she would "have to show him he could only go so far before he got the flat of her hand again." This baby boy's infantile ego faces a difficult if not impossible task. First, he must learn to inhibit movement to avoid punishment. Not much later, he must learn special circumstances under which movement must be started in order to avoid punishment.[15]

Parent-Child Role Reversal

This refers to the kind of interaction a parent establishes with a child in an effort to meet the parent's own need for parenting and nurture. The parent's confusion in using a child to meet his/her own needs is a common and persistent source of child abuse. Role reversal involves attempting to resolve his/her own anxiety or tension by bestowing on the child those parental functions and responsibilities that the parent is unable to perform and that are designed to meet previously unfulfilled dependency needs. The parent manipulates family relationships and interactions to insure the continuation of the pattern of role reversal. Both overtly and covertly, the parents complain that their child has been unable to satisfy their emotional needs, as though they hoped that through having a child they would gain a lost parent. Hence, the child becomes the source of unrealistic expectations and is delegated authority and responsibility for family problems, tasks and decisions over which it has no real control.

Most frequently, the occurrence of role reversal leads to continuing feelings of frustration and disappointment in the child's performance, and the parent in some way feels wronged. To the child's burden is added the parents teaching or "brain-washing" of the child that the child is responsible for the parent's

inappropriate behavior or unmet need. "If it weren't for you, I wouldn't have had to . . ." If you hadn't done . . . I would have been able to . . ." "You know I can't stand loud noise when I am sleeping, and I wouldn't have had to hit you, if you hadn't . . . etc." Hence the child learns to accept the guilt for the parent's problems and behavior, along with the feeling of failure and responsibility about another's actions over which it has no control. Some of the more common patterns of role reversal are illustrated by the following:

- A mother expects a 12 year old daughter to assume responsibility for getting her brothers and sisters off to school, while she sleeps. When the children are not in school, the daughter is expected to supervise them. The daughter accepts her mother's expectations passively. If the mother is disturbed anger is directed on this daughter. While the daughter responds to her situation through some harassment of the other siblings, she has developed a fatalistic and depressed outlook about herself, while developing compulsive eating habits leading to obesity.
- A teen-age girl, who is the oldest of several children assumes a very authoritarian role in the family, and is led to believe that her mother is incapable of performing parental duties. This child develops difficulty in relating to authority figures at school, and has no friends or satisfying relationships with peers. Although there is some gratification from the self-esteem derived from her authoritarian role, her anger and resentment are expressed through extreme aggressive behavior toward other siblings and peers.
- An adolescent son is the constant companion of his mother during frequent absences of the father from the home on business. During most of his childhood the son has slept with his mother during the father's absence. During family arguments and in the son's presence, the mother frequently described the father's attributes unfavorably in comparison to the son. At gatherings of the extended family the father has referred to the son as a "momma's boy". The son has been referred to juvenile authorities on two occasions for assaultive incidents at school, once involving the striking of the school's principal.

The Assessment of Stress

Incidents of child abuse and neglect are frequently precipitated by the presence of stress in the social context of family parenting practices. Parents who may already experience vulnerability to their self-esteem and the social disorganization of their lives, become even more vulnerable to forces in their social environment which precipitate chaos in the social management of the family. This frequently leads to impulsive behavior, or may lead to increasing social isolation from potential sources of community support. The experience of family stress tends to have a "snow ball" effect of introducing new factors which have a cumulative influence in eroding the strength of the family by depriving its members of needed consistency and stability, and which may perpetuate patterns of instability through several generations of extended family life.

Hence, abuse may be precipitated by acute situations of stress, experienced in specific instances of the family's life situation. It may be chronic, and cumulative, which is more likely to be related to the family's posture relative to the community's values, assumptions, and social institutions. Some of the more significant environmental factors identified with child abuse and neglect are:

Social and family structure. Families living in poverty (particularly those headed by a single parent) have frequently been identified as vulnerable to stress leading to abuse and neglect. The high statistical incidence of child abuse and neglect reported from lower socio-economic groups have led many sociologists in the past to draw simplistic conclusions about the relationship which exists between ghetto life styles, the deprivations of poverty, and poor education, as primary causes of abusive parental behavior.[16] While the stresses and deprivations of low socio-economic status are undeniably influential to the socialization and child rearing practices of poor families, the patterns of violence and neglect observed in abusive parenting practices are evidenced in all strata of society - as are the qualities of affection and care which enhance the development of children as well. Recent studies focused on the impact of poverty on child rearing practices among the poor appear to confirm the findings drawn by those authors who questioned the conclusions of the famous Moynihan report of the 1960's.[17] This report portrayed poverty and social instability in the black community as directly linked to the family structure of the black family, most characteristically a matriarchal household. Subsequent studies have shown that:

- Family patterns of coping with stress, as well as child rearing practices in the impoverished black families and poor families in general, are far more varied, than earlier generalizations, emanating from limited studies, have suggested. [18,19]
- A vast majority of poor families provide adequate care and are deeply concerned for the welfare of their children.[20]
- While many impoverished families include a family structure characterized by a female head of house-

hold, a number of surrogate parental styles are practiced which include the presence of an adult male in the home.[21] These styles affect the quality of child care practices evident in the home, but it is generally helpful for a family to have a father in the home.[22]

- The quality of child rearing practices in the ghetto, particularly among black families, is augmented by, and dependent upon, a close social network of mutual aid relations with friends, relatives, and neighbors.[23] These social resources and interactions operate from norms, and a sense of loyalty, which differ markedly from practices and styles evident in most middle class families.
- The economic viability of a family is the most crucial element in the enhancement or deterioration of family functioning. Education of the family head is another.[24] These factors in the midst of an affluent society frequently lead to a lack of adequate pleasure or reward in merely living. This condition in turn may lead to unbearable frustration and anger, which cannot help but find expression in child rearing practices and the statistics of child abuse and neglect.

This state of affairs carries a special burden for women in our society. The dilemma posed by traditional societal expectations that mothers are ultimately responsible for the care of children, without guarantee of adequate economic support in our society, places the ultimate stress of parenting on the one-parent family living in poverty. Frequently the mother has been abandoned to care for several children, with the need to provide for the financial support required for their care. As may frequently be the case, her mothering role has left her with few marketable employment skills. She is also vulnerable to continuous financial pressure, crowded housing, and limited energy available for emotional nurture or enrichment of her children. As Salvadore Minuchin has shown, the impoverished single parent may be particularly vulnerable in two significant areas of parenting. First, being a single parent limits the repertoire of parenting skills and energy available to the family. Secondly, the single parent is most likely to rely on older siblings to share parenting functions, with its attendant confusion of carrying both management and nurturing tasks simultaneously.[25]

Unemployment. Job loss correlates highly with the incidence of child abuse and neglect. This may relate to a combination of factors associated with unemployment, such as erosion of the self-concept. This is true especially for the male, whose social role as family provider is threatened. Unemployment may also produce disruption in the home occasioned by the leisurely presence of the father in the house. Increased frustration and potential consequence of impulsive or alcoholic behavior derived from feeling responsible for financial loss to the family may generate situations of severe marital or family conflict.

Social isolation. Frequent moving or changes in employment have a significant correlation to individual instances of abuse and neglect. Isolated families, whether by design of social unfamiliarity or geographic isolation, have severely impaired networks of social and emotional support outside of the home. If the parents, by personality disposition, are already handicapped by low esteem in the capacity to reach out to others for needed social support and stimulation in times of crisis or stress, frequent changes in the social environment of these parents intensify this isolation. Not only does successful family role performance require stimulation, feedback and informational exchange for growth and development in the performance of social skills, but the lack of such feedback is likely to intensify rigidity in patterns of family interaction and distortions in self perceptions, as well. Most importantly, many abusive parents are unable to develop or use outside support systems even if such opportunities are available to them. During periods of crisis or intense stress the abusive parent has no one to turn to. Frequently, it is during such periods that the potential child abuser commits actual abuse.

Cultural Influences and Beliefs

Among many factors in the environment contributing to abusive parenting practices are certain community values and beliefs about children and their relations with parents. These beliefs may be so ingrained that they are never examined or questioned. Some of the cultural attitudes and behaviors which are particularly hazardous to children are the following:

- Children are the parents' property, to be handled as the parents wish. Children must respond to the instantaneous wishes of adults about what is expected of them, even if they are not overtly instructed to do so, e.g., "When I say jump, my kids say 'how high' on the way up."
- Children require physical punishment to develop discipline and respect for authority.

- Children, if left to their own inclinations without corporal punishment, are naturally bad: "spare the rod and spoil the child."
- Punishment is a positive modifier of child behavior, even though punishment has limited value in teaching the child new behaviors.
- Children (reinforced by the mass media and advertising) should live up to some ideal (like the baby in the advertisements that is quiet and smiling and is never squalling or spitting up). This concept is reinforced by the belief that children exist to gratify their parents and should be "grateful" for parental sacrifice and nurture. Hence the child who does not develop in ways parents approved may be seen as a "rotten kid" or a "difficult problem child." This reasoning may at minimum, provide a powerful rationalization for abuse and neglect when reinforced by other motivations and factors in the parent-child relationship.
- Violence is the most efficient and viable means for coping with frustration, when dealing with a competitor or dominating others. Behavior, rather than verbal instruction, may indeed provide a more powerful source of learning to the child than verbal instruction. However, this notion is at variance with research that has shown a positive correlation between the use and transmission of verbal skills and increased problem solving behavior. On the other hand, parents with sophisticated verbal skills but emotional impairment in their parenting practices may also abuse their children, as is exemplified in some practices of emotional maltreatment.
- Problematic relationships between parents and children cannot be solved by removing the child through placement, or isolating one or more of the parents through institutionalization. If there is a lack of affectional ties (or even in spite of them) between the caretaker and child, the dynamics of the original parent-child situation may be duplicated and the damage exacerbated. Further, if removal of the child is not accompanied by competent and accountable professional personnel, temporary planned separation of parent and child may result in permanent isolation of the child. This may represent not only an added burden, but provide potentially permanent damage to the child's future development. Conversely, if spokesmen for "problem oriented" institutions of the community favor extreme attitudes, such as the attitude that a child should remain in his "natural home" at all costs, the impairment of the child's welfare and development may be irreparably endangered.

NOTE: It is essential that the decision to take emergency protective custody of a child or to physically remove an abusing parent (arrest) must be made only after the most careful consideration of all pertinent evidence and information.

The Need for Emergency Psychiatric Evaluation and Referral

A psychiatric evaluation of the parents and child is always helpful to determine not only the treatability or type of treatment appropriate for the family, but particularly in developing valuable information about a child's developmental deficiencies and needs. However, these services are not always readily available.

In instances where a child has been severely injured or neglected, psychiatric evaluation should be seen as mandatory. Remarkably, the most important criteria for a decision about the need for immediate psychiatric intervention is the atypical profile of serious mental illness in parents who have abused their children; approximately 10 to 15% of parents who abuse their children are reported by Kempe and Kempe, as severely impaired by psychiatric illness, and showing a poor prognosis for treatment. Among those persons most severely impaired in their capacity as caretakers are parents who are acutely psychotic, and who may temporarily at least, include their children into their delusional system. Severely depressed parents, particularly mothers of small infants, may be so incapacitated as to have little or no energy available for meeting a child's needs. Other high risk parents include those addicted to drugs or severe use of alcohol, or patterns demonstrating a pattern of severe trouble with the law and who tend to explode in violent behavior. To some extent the need for psychiatric evaluation is dependent upon the requirements of the court in corroborating evidence obtained from non-medical sources, such as the personal observation of behavior of the suspected abuser by a law enforcement officer or other investigator.

A majority of parental abuse and neglect situations are not seen as a product of severe mental illness. However, because the immediate task of the investigation of child abuse is a determination of the child's safety in the home, it is important that a preliminary decision be made about the need for psychiatric evaluation of the parents.

Kempe and Kempe have developed the following check list of the more clear-cut indicators for the need of psychiatric assessment which should be red warning flags to the investigator:

- When the family dynamics don't fit or match many of the standard classic histories found in 80 percent-plus cases of abuse and neglect. This is, an obvious case of serious abuse and neglect where the parents are found to have a poor rearing experience, isolation, poor self-image, unrealistic expectations of children, and so forth.
- When premeditated abuse has occurred - e.g., a father who planned the setting of the house on fire to burn his children.
- When torture has taken place, such as tying a child to a chair and burning him with a cigarette.
- When one part of the body is constantly picked on, e.g., the left arm is repeatedly broken or the penis is repeatedly twisted.
- When there is distortion of reality and what the parent says just doesn't make sense - e.g., "My baby is a whore." ". . .I caused my parents' divorce when I was 20 because I was conceived out of wedlock."
- Inappropriate responses to questions indicating a loss of affect - e.g., "How do you feel today?" I don't have feelings."
- Severe depression
- Religious or culturally-based fanaticism
- On-going drug/alcohol addiction
- Bizarre ideas that seem to make little or no sense[26]

Summary

The incidence of child abuse is recognized as a major social problem in American society. An increasing number of states, including Missouri, have instituted statutes designed to address this problem through the implementation of a "hot line" for the reporting of child abuse. The purpose of the hot line is intended to ensure the prompt investigation of child abuse or neglect, to mandate that teachers, physicians, and other helping professionals identify such incidents where they are suspected to occur. However, few of the cases reported actually lead to criminal prosecution. Rather, the focus of most professional persons who are likely to intervene in family situations of abuse or neglect is most likely to be concerned with the immediate and future developmental needs and welfare of the child. This requires that families demonstrating defective parenting practices leading to incidents of child abuse be approached from a helpful rather than a punitive posture, to ensure their cooperation in using available community resources required to correct these practices, and to prevent their future occurrence.

The sources of abusive parenting practices toward children are exceedingly complex, and rarely are associated with any single cause and effect relationship. A common predictor of abusive behavior in a parent is a history of similar treatment in the preceding family generation. This history may also be supported by strong parental beliefs in the benefit of physical punishment to the rearing and discipline of children. Frequently, abusive parenting practices occur within the context of stress; especially in situations where parents lack a sufficient repertoire of skills to cope with the frustrations of dealing with children and have few supportive relationships with others to assist them in the performance of family tasks.

Abusive parental behavior is rarely associated with the presence of serious mental illness. However, unmet developmental needs and conflict over early childhood experiences in the life of the parent are likely to be reenacted by the parent in his or her own relationship to a child. This may be demonstrated by the parent who has distorted or unrealistic expectations of the child's age-appropriate behavior - for example, in the instance where a mother is disappointed in looking to the child to care for her as her own parent.

While the way in which a child's interaction with a parent reflects on the latter's sense of self-esteem, and may offer important clues to sources of abusive parental behavior, the origin of specific patterns of child-parent interaction have only recently become an important and significant new area of study. Such study has focused on the affectional bonds a mother and father establish with their infant during the first days of its life. The characteristics of this process, while not as yet fully understood, are seen as potentially predictive of the reciprocal quality of the future relationship between the child and his/her parents.

Footnotes

[1]Henry C. Kempe, *et al.*, "The Battered Child Syndrome," J. of American Medical Association, 181 (1): 17-24, July, 1962.

[2]Brandt F. Steel and Carl B. Pollock, "A Psychiatric Study of Parents Who Abuse Infants and Small Children," The Battered Child, Helfer and Kempe, eds., University of Chicago, Cross, 2nd ed., 1974, p. 95.

[3]Arnold Schuchter, "Prescriptive Package: Child Abuse Intervention," overview of what is known about child abuse.

[4]*Ibid.*, pg. 4. National Institute of Law Enforcement and Criminal Justice (U.S. Government Printing Office, 1976), pp. 3-19.

[5]Cited by *The Police Perspective in Child Abuse and Neglect,* International Association of Chiefs of Police, Inc., Gathersburg, MD, 1977, p. 4.

[6]Cited by David G. Gill, *Violence Against Children,* Cambridge, Mass, Harvard Univ. Press, 1970, p. 6.

[7]"The Police Perspective in Child Abuse and Neglect," *op. cit.*, p. 5 and *Resource Materials: A Curriculum on Child Abuse and Neglect,* HEW, 1979, p. 23.

[8]Norman Polansky, *et al., Profile of Neglect: A Survey of the State of Knowledge of Child Neglect,* HEW, Public Services Administration, 1975, p. 5.

[9]It should be noted that professional judgments about whether a child has been subjected to abandonment, or other forms of neglect described here may differ from statutory definitions. Consult the legal definitions in Part One of this manual.

[10]Helfer and Kempe, "Child Abuse and Neglect," *The Family and the Community,* Ballinger, 1976.

[11]Kee MacFarland, "Sexual Abuse of Children," *The Victimization of Women,* 1978, pp. 81-92.

[12]Reported by "The Police Perspective in Child Abuse and Neglect," *op. cit.*, p. 8.

[13]Developed from sources cited by "A Curriculum on Child Abuse and Neglect," *op. cit.*, p. 50.

[14]Much of the material developed in this section has been developed from Ray E. Helfer and C. Henry Kempe, ed., *Child Abuse and Neglect,* Ballinger Pub., Cambridge Mass., 1976.

[15]This quotation of Kay Tennes, is cited in C. Helfer and C. Henry Kempe, *Child Abuse and Neglect,* Ballinger Pub., 1976, p. 71.

[16]D. G. Gill, "Violence Against Children," *J. of Marriage and Family,* 33 (November, 1971), pp. 644-648.

[17]*The Negro Family: The Case for National Action. . .*, Office of Policy Planning and Research, U.S. Department of Labor (U.S. Government Printing Office, Washington, D.C., 1965).

[18]Elizabeth Herzog, *About the Poor: Some Facts and Fictions,* U.S. Children's Bureau Publication #451 (U.S. Government Printing Office, Washington, D.C., 1967).

[19]Hylon Lewis, *Culture, Class and Poverty,* Council of the National Capital Area, Washington, D.C., February 1967.

[20]Conille Jeffers, *Living Poor: A Participant Observer Study of Choices and Priorities* (Ann Arbor, Michigan, 1967).

[21]David A. Schulz, *Coming Up Black: Patterns of Ghetto Socialization* (Prentice-Hall, Englewood Cliffs, New Jersey, 1969), p. 127.

[22]Andrew Billingsly, "A Study of Child Neglect and Abuse," (unpublished manuscript) quoted in Marvin Sussman, *Sourcebook in Marriage and the Family,* Houghton Mifflin Company, Boston, 4th ed., 1974, p. 255.

[23]Jeffers, *op. cit.*

[24]Billingsly in, "Marriage and the Family," *op. cit.*, p. 258.

[25]Salvador Minuchin, *et al.,* Families of the Slums: An Exploration of their Structure and Treatment, Basic Books, New York, 1967, pp. 216-223.

PART FOUR

The Police Investigation

CHAPTER TEN

Why Police Should Be Involved

There are many reasons why law enforcement officers can and should be involved in the prevention, detection, and resolution of situations involving the abuse and neglect of children. Central among these is the fact that the law enforcement officer is perhaps the most widely available helping professional in the community. Additionally, there are legal mandates for law enforcement involvement, as well as those associated with professional responsibility.

From their first day at the Police Academy, and throughout their tenure as law enforcement officers, police are constantly reminded of their primary duties. These are: the protection of life and property, and preservation of the peace. Since this service is carried on seven days a week, 24 hours a day, 365 days per year, in neighborhoods and homes where children are likely to be abused, their response is critical.

Law enforcement officers provide five key services in carrying out their responsibilities in situations of suspected abuse and neglect:[1]

- Law enforcement officers provide a "protective service" function through early detection of circumstances and conditions that might reasonably result in cases of abuse or neglect.

  This service is particularly important since it has been demonstrated that mild or borderline cases which are not detected or acted upon will frequently result in repeated or more serious damage to the child. At this early stage, police can be most effective by causing some positive intervention to occur through cooperative efforts with agencies providing services to families and children. This initial screening and case finding activity may be the most important of all the services which law enforcement can provide. It is truly protection of life in its purest form.

  Today's highly trained and motivated law enforcement professional brings a new understanding and concern to his profession. This is reflected in his willingness to work cooperatively with other disciplines to achieve a common goal; protection of the child.

  Law enforcement officers must always bear in mind that their principal concern in suspected cases of abuse and neglect is *protection of the child.* Gathering information for possible court action or prosecution is secondary to the health and safety of the suspected victim, although this too is an important function for police.

  In deciding what the appropriate response will be in a given situation, police must exercise discretion. There may be much difficulty in determining whether or not a given situation actually constitutes abuse or neglect. Missouri's child protection laws allow reporting of conditions or circumstances which would reasonably result in abuse or neglect, to the Division of Family Services (RSMo. 210.115.1). In making a good faith report of this nature, the police officer can cause preventive, protective services to be provided. This brings us to the second key service of law enforcement in abuse and neglect cases.
- Receiving reports of suspected cases of abuse and neglect. Even though Missouri has an operational reporting hotline over which reports may be made to the Division of Family Services, many people still rely on only one person to respond when danger or trouble threatens: The Police Officer. Whether these reports to police come via telephone, letters, walk-in complaints or persons seeking assistance for themselves, the police response is extremely important. Unfortunately, most police officers today have only a cursory knowledge of abuse and neglect. Many contemporary police agencies provide for these cases to be handled by a specialist in dealing with families and children. This may be an officer assigned to a child abuse investigative unit or as in many Missouri departments, a trained certified Police Juvenile Officer. In any event, law enforcement officers are required under Missouri law to perform a third key service.
- Reporting suspected cases of abuse or neglect. Missouri law (RSMo. 210.115.1) requires every peace officer or law enforcement official along with other designated professionals, to make an immediate oral report to the Division of Family Services if there is reasonable cause to suspect that a child under the age of 18 has been abused or neglected or is being subjected to conditions that would reasonably result in abuse or neglect. Law enforcement officers in Missouri currently report more suspected cases of abuse or neglect than any of the other mandated reporters with the exception of social workers. This speaks well for the officer's concern for the welfare of the child. Once a suspected case is identified and reported, a thorough investigation must be made. This brings us to the fourth key service of law enforcement.
- Investigating reports of suspected abuse or neglect. An officer may do this alone or as part of a joint team composed of state or local protective service agency personnel, officers of the Juvenile Court or other interested agencies. Law enforcement brings expertise in collection and preservation of evi-

dence, crime scene examination, and taking admissible statements and confessions that compliment the human skills of the social worker. If forcible entry or emergency protective custody of the child is necessary, law enforcement can accomplish these things. If an arrest of the suspected abuser is necessary and warranted under the circumstances, the police officer once again has the needed skill and authority. In no other area of public safety is the need for inter-agency cooperation more essential. Failure to work together by all the agencies involved in handling abuse and neglect will often preclude effective efforts on behalf of the child and the family with destructive consequences. Whether the proceedings which may result are in the Juvenile Court or a Criminal Court, admissibility of evidence is governed by rules of evidence and procedure which are part of the officer's every day working life. Police involvement in child abuse investigations can prevent the exclusion of vital evidence and information necessary for successful case handling. Law enforcement officers are also skilled witnesses who can add their professional testimony to the matter in question. Finally, whether the matter goes to court or not, police are in an excellent position to provide another key service.

- Provision of needed emergency services. The child in need of protection may have to be taken into protective custody. Missouri allows police (210.125) to take temporary protective custody of a child who is the subject of suspected abuse or neglect. The officer, in conjunction with the Juvenile Court and Social Services, can cause the child to be treated at a medical facility and to be placed temporarily in a safe caring environment. In minor or borderline cases encountered by the officer, he may refer the family to an appropriate community agency or make a direct referral himself without protective custody or physical arrest.

Police have a vital part to play in the handling of abuse and neglect. Their new direction is to approach the situation more from the aspect of problem solving than a strict prosecutorial orientation. Emphasis is placed on multidisciplinary involvement and supportive cooperation with disciplines other than law enforcement. The combination of legal and human skills required of the professional police officer must be developed through increased training. The manner and sensitivity with which police go about their duties of enforcing the law and securing needed services in abuse and neglect cases, will set the tone for any effective resolution of the situation. It is agreed by those who are actively involved in handling situations of abuse and neglect, that no one agency or department can do the job alone, and that cooperation must be multidisciplinary, involving Law Enforcement, Social Service Agencies, Juvenile Court Officers and Court Probation departments.

Investigating Cases of Child Abuse and Neglect

Law enforcement officers are frequently the first ones to become aware of suspected cases of abuse and neglect. Their ready availability and quick response to calls for assistance routinely prompts the general public to rely only on police whenever assistance is needed.

Major Sources of Complaints

The following list illustrates the manner in which law enforcement agencies commonly become aware of suspected abuse and neglect situations. They are not listed in order of frequency or importance.

- On-view observations by law enforcement officers who are frequently in homes and neighborhoods where children are subjected to abuse or neglect. Indicators of abuse or neglect may be detected during the course of investigation of an unrelated incident.
- Relatives or members of the household in which the reported incident allegedly occurred.
- Neighbors or other concerned persons, including nursery or day-care providers.
- Teachers or school nurses who have observed physical or behavioral indicators and suspect abuse or neglect.
- Personnel of the Juvenile Court, Missouri Division of Family Services, or after-care staff of the Missouri Division of Youth Services.
- The victim of abuse or neglect who may come to the attention of police as a runaway, or seek assistance via telephone or walk-in complaint.
- Anonymous phone calls or letters alleging abuse or neglect.
- The abuser, who may realize the need for treatment and request law enforcement assistance.
- Medical staff of hospital emergency rooms or other treatment facilities.
- Agencies and/or organizations providing services to the family or individual members whose personnel suspect abuse or neglect in the families they work with.

Who Should Investigate?

The investigation of suspected cases of abuse and neglect should be handled by officers who have been trained in the handling of juvenile cases, and have a working knowledge of the legal and social factors involved. If the agency has a Police Juvenile Officer or Juvenile Division, the case should be so assigned. Too often, the average patrol officer has only a cursory knowledge of juvenile law and procedures, and is even less familiar with abuse and neglect. The officer may be totally oriented toward the apprehension and prosecution of adult offenders, which may preclude appropriate case handling if non-traditional methodology is called for in a given case. The fact remains, however, that the majority of cases will be handled by officers other than trained police juvenile personnel. In view of this fact, it is essential that every police agency develop written policy and procedures regarding appropriate handling of abuse and neglect cases by their departmental personnel, and that specific abuse and neglect related training be provided for all officers both at the entry level and in-service programs.

Preparing For The Investigation

The investigation is initiated when the investigator becomes aware of a suspected situation of abuse or neglect. The Investigator begins immediately to secure as much detailed information as possible relevant to the situation. "In many of the cases in which police will become involved, the investigative process will fail to uncover either the full facts of how the crime took place or the identity of the responsible party. These failures will lead to the failure to prosecute. This means that the majority of police actions in these cases will be directed toward the juvenile court, not the adult court."[2] A detailed consideration of procedures in both the criminal context and civil (Juvenile Court) context is found in chapter #4 of this manual.

Proper preparation for the investigation will provide an edge for the investigator. The following steps are recommended in gathering information for use in either context.

- Whenever possible, (non-emergency situation) prior to responding to the scene, secure as much relevant information about the incident, persons possibly involved, and potential witnesses as possible. It is important to ascertain the identity of the complainant, how knowledge of the situation was obtained, what knowledge they possess, and reasons for making the report to police. The complainant may be a witness, possibly the only witness. His/her testimony could be decisive in successful resolution of the situation. Reports of child mistreatment are sometimes made by former spouses or relatives in order to harass and have no factual basis. The investigator should be aware of this possibility.
- If names of the alleged abuser, suspected victim, and household members are available or are provided by the complainant, several checks should be made:
  - Police arrest records should be checked for prior offenses committed by the alleged abuser and other members of the household. These records may reveal previous violent behavior or arrests for assault, child molestation, rape, etc. Since it is not possible to know which household member might be the abuser in this instance, a knowledge of prior behavior will alert the investigator to possible involvement.
  - If the police agency has a Police Juvenile Officer or Juvenile Division, a check of their records should be initiated. Information on prior contacts with the child, the alleged abuser, and members of the household may reveal vital information. It may be that the given incident is one of sibling violence wherein the perpetrator of the abuse is also a juvenile. It would be important to know of any prior records of such activity. Evidence of curfew violations, truancy or running away may alert the investigator to problems in the home.
  - The Court Juvenile Officer may provide some data as to his knowledge of the family or child if prior referrals have been made.
  - School nurses, Counsellors, and other officials sometimes provide information regarding their observations of the child and contacts with the family. If there is a police liaison officer in the school, a basis for cooperation already exists.
  - The officer who patrols the area can provide data on his knowledge and prior contact with the family and persons in question.

It is also important that the Investigator have at least a basic understanding of the human dynamics involved in abuse and neglect. (See part three of this manual). In most instances, the investigator will be dealing with probabilities and not hard evidence. A knowledge of prior activities coupled with skills in observing and interpreting behavior, physical trauma, and family interaction will facilitate the building of probable cause. (Part two of this manual deals with medical identification of injuries).

Throughout the investigation, the Investigator will be looking for indicators to reinforce his suspicions. The Investigator must remember that at this point, unless he is a witness to the act, he is proceeding on probabilities and suspicions which

may later prove to be unfounded. Discretion is essential since the offense is only alleged at this time and unsubstantiated accusations may be harmful if unfounded or not proven. If one or more of the following has occurred, abuse is highly suspect:

- The child has suffered more than one injury, either from a single reported incident or several incidents over a period of time. This suggests a pattern of repeated injury possibly the result of abuse.
- The child has suffered different kinds of injuries such as combinations of burns, abrasions, or fractures resulting from one alleged incident.
- The explanation given does not account for or fit the injuries as seen, or the explanation changes from the account originally given.

Frequent disturbance calls, alcoholism, or family violence calls to the home will alert the Investigator to the possibility of abuse having occurred. If the area is served by more than one agency or is on a jurisdictional borderline between agencies, the neighboring agency should also be checked. This might entail communication between local police agencies, or local agencies and county Sheriff's departments.

- The local office of the Missouri Division of Family Services should be contacted for any pertinent data about the family. Some reluctance to release information to law enforcement must be expected since Division of Family Services personnel are not required to provide it. That decision is left to the Division of Family Services office who may share information with police if they feel it is appropriate or the officer is part of a joint team conducting an investigation (RSMo. 210. 150(2)). It is very important that information be shared with the police officer who has before him a child who is the subject of an investigation of suspected abuse or neglect, for the purpose of assisting in making the proper decision regarding the necessity for emergency protective custody. It is generally agreed that removal of the child from the home can be a harmful action. It should not be done routinely or unless an imminent danger to the health or life of the child is clearly present. Sharing of information by the Division of Family Services may provide a basis for this decision during the course of the investigation.

In an emergency situation or on-view offense requiring immediate action, these informational activities should be deferred to a later time or be completed by an assisting officer simultaneous with the actions of the investigating officer.

Building The Case

The purpose of the law enforcement investigation must remain clear. It must determine if abuse or neglect has occurred or there is resonable cause to suspect it has occurred; if the child is still at risk in the home; if there is imminent danger to the health or life of the child if temporary protective custody is not taken; if a crime has been committed, and if so, what type of crime; and if an arrest of the suspected abuser is to be made.

The tools of the Investigator have been identified by O'Hara as "The three "I's", namely: Information, Interrogation and Instrumentation"[3]. As stated previously, the Investigator begins by developing as much information as possible concerning the persons and events involved in the matter under investigation. This information gathering process continues throughout the course of the investigation. A number of other activities must be carried on at the same time, and the Investigator must be prepared to handle them without losing sight of his information gathering responsibilities.

- The Investigator must be prepared to take immediate action.
  - To gain entry to the home, either with consent or forcibly. (Chapter 3 provides detailed information on entry into the home). At this time, the Investigator must pay strict attention to the persons in the household, both from the standpoint of his personal safety and to prevent possible suspects from making an exit while he is distracted. In some instances, even this brief delay will provide sufficient time for the destruction or concealment of valuable physical evidence, i.e. instruments used to injure the child.
- The Investigator must make a thorough visual inspection of the premises both inside and out. These observations, made in the first crucial minutes after arrival, will be important to the court in establishing the conditions encountered when the Investigator arrived. These conditions will certainly be modified and hazards corrected, at least temporarily, after this initial contact.

Police involvement in the initial contact is particularly important. Since at that time the exact nature of the situation is not known, exclusion of police by social agency personnel may preclude effective handling if the case involves organized activities such as child pornography, prostitution or narcotics traffic. Once aware of official involvement, those involved in such activities will quickly distroy or dismantle and move any

incriminating evidence. Involving police after the first contact often means a lost opportunity to gather valuable physical evidence and take useful statements.

Visual observations should be noted in detail, including anything that might have a bearing on the case, such as:

- The condition of the home, including health and safety hazards.
- Number of persons in the home and activities observed therein.
- The condition of the child.
- The condition of the parent or others in the household, i.e., drunkenness or influence of other drugs.
- The interaction between the child and other members of the household, both verbal and non-verbal. (See Chapter 9 for discussion of the importance of these behaviors)

It must be remembered that there are conditions that may seem to indicate abuse or inflicted physical injury such as Sudden Infant Death Syndrome (S.I.D.S.) where there may be a mottled or bruised look about the head of the victim due to settling of blood after death. Familiarity with S.I.D.S. is recommended for anyone who may be an Investigator of child abuse or neglect cases. (See chapter 8 of this manual for S.I.D.S information). In reality, such situations are not abuse at all and could not have been prevented by the parent. S.I.D.S. can only be diagnosed after an autopsy has been performed.

Accurate facts facilitate accurate judgements. The Investigator must carefully record observations in his/her written report.

When the Investigator feels that there is reasonable cause to suspect that a child under the age of 18 has been, or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, an immediate oral report must be made to the Missouri Division of Family Services (RSMo 210.165). Peace officers or law enforcement officials are mandated reporters in addition to representatives of a number of other professions in Missouri. (See chapter 2 for information on mandated reporters). The oral report is to be made via the statewide toll free hotline maintained by the Division of Family Services. The number is 1-800-392-3738.

Evidence of sexual abuse or sexual molestation of any child under eighteen years of age shall be turned over to the Division of Family Services within 24 hours by those mandated to report (210.130.3).

Mandated reporters must additionally complete and submit a written report to Division of Family Services. A standardized form is provided by Division of Family Services for use in making this report. This form, Missouri Division of Family Services form CA/N-2 (Rev. 1-77) is available on request from the Division. Each law enforcement agency should retain a supply of these forms which must be submitted within 48 hours after the initial oral report by those mandated to report. An example of this form is provided in figures 10.1 and 10.2 of this manual. This three page form is color coded with the third copy (yellow) marked for retention by Investigator's agency. The agency's copy should be maintained in compliance with existing statutory and departmental procedures governing the keeping of juvenile records.

If the Investigator has access to persons with specialized training during the course of the investigation, their involvement is recommended. These may include Police Juvenile Officers, Division of Family Services Protective Service Workers, Juvenile Court Officers, Medical or Ambulance personnel, Evidence Technicians, Photographers and the like. A list of agencies, units, and individuals who are available to assist in the investigation of child abuse and neglect cases in their area should be compiled by each law enforcement agency and distributed to each officer along with guidelines regarding their use. Knowing where and how to secure needed assistance may mean the difference between a successful investigation or failure.

Whether the instant case involves suspected abuse or neglect, photographs are one of the most important pieces of evidence. The scene as it appeared to the Investigator who first responded can be permanently documented for later consideration, should court action result. The location of the victim, evidence such as clothing, instruments used to injure the victim, bloodstains, the exact nature and extent of inflicted injuries, and hazardous conditions are best preserved by photographs. The court will be better able to understand "how it was" by simple viewing of these photographs to supplement the oral testimony of the Investigator. (See chapter 3 relative to taking photographs of the child)

Figures 10.3 through 10.5 provide a clear illustration of the value of photographs in demonstrating the nature of the injury and explaining how it was inflicted. These photos were reprinted with permission from the Self-Instructional Text for Head Start Personnel: Child Abuse and Neglect, 1977 U.S. Department of Health Education and Welfare.

Abuse

Physical abuse is the offense most commonly reported to police. It is more easily observed and therefore comes to the attention of potential reporters more often than conditions or behaviors indicative of the other forms of abuse. Instruments commonly

FIGURE 10.1

MISSOURI DIVISION OF FAMILY SERVICES
CHILD ABUSE/NEGLECT REPORT FORM FOR MANDATORY REPORTERS

CA/N-2
(Rev. 1-77)

IMPORTANT: Please see the back of this form for explanations and instructions.

1. NAME OF ABUSED☐ OR NEGLECTED☐ CHILD _____ (Telephone Number)
(Check whichever is appropriate) (First) (Middle) (Last)

ADDRESS _____ BIRTHDATE _____
(No.) (Street/Rural Route) (City/Town) (Zip) (Month) (Day) (Year)

SEX: Male ☐ Female ☐ Unknown ☐

ETHNICITY: Asian ☐ Black ☐ Caucasian ☐ Spanish Surname ☐ Native American ☐ Unknown ☐ Other (Specify) _____

RELIGION: Roman Catholic ☐ Protestant ☐ Jewish ☐ Other ☐

2. NAME OF PARENT(S)/SUBSTITUTE(S) WITH WHOM THIS CHILD HAS BEEN LIVING PRIOR TO THIS INCIDENT:
(Check whichever is appropriate)

MOTHER☐ OR SUBSTITUTE☐ _____ BIRTHDATE _____
(First) (Maiden) (Last) (Month) (Day) (Year)

FATHER ☐ OR SUBSTITUTE☐ _____ BIRTHDATE _____
(First) (Maiden) (Last) (Month) (Day) (Year)

3. OTHER FAMILY MEMBERS (IF KNOWN):

Name	Relationship To: Mother/Substitute	Father/Substitute	Birthdate	Sex

(List additional names in Section 10)

4. OTHER PERSONS RESPONSIBLE FOR THE CARE OF THIS CHILD (IF KNOWN):

Name	Relationship to Child	Address

5. DATE OF ALLEGED ABUSE OR OBSERVED NEGLECT _____
(Month) (Day) (Year)

6. NAME OF KNOWN/SUSPECTED PERPRETATOR _____
(First) (Middle) (Last)

ADDRESS _____ BIRTHDATE _____
(No.) (Street/Rural Route) (City/Town) (State) (Zip) (Month) (Day) (Year)

7. INJURIES SUSTAINED (Circle all that apply):

1. None Apparent
2. Bruises, Welts
3. Abrasions, Lacerations, Lesions
4. Wounds, Cuts, Punctures
5. Sprains, Dislocations
6. Internal Injuries
7. Fracture, Single (other than skull)
8. Fracture, Multiple
9. Dismemberment
10. Exposure, Freezing Heat Exhaustion
11. Burns, Scalding
12. Skull Fracture
13. Subdural Hemorrhage/ Hematoma
14. Brain Damage
15. Poisoning
16. Multiple Injestions
17. Evidence of Previous Injuries
18. Malnutrition (due to improper feeding)
19. Failure to Thrive (due to neglect)
20. Inappropriate Punishment
21. Sexual Abuse (Specify) _____
22. Congenital Drug Addiction
23. Abandonment
24. Physical Neglect
25. Emotional Abuse/Neglect
26. Medical Neglect
27. Educational Neglect
28. Lack of Supervision
29. Locking In or Out
30. Unknown
31. Other _____

8. EXTENT OF INJURIES:
Mild Moderate Serious Permanent Damage Fatal Unknown

9. IS THERE EVIDENCE OF PRIOR ABUSE/NEGLECT?
Yes No Suspicioned Unknown

10. OTHER PERTINENT INFORMATION (Use an extra sheet of paper if necessary):

11. PERSON REPORTING ABUSE/NEGLECT: _____
(Name) (Address) (Telephone Number)

1. Physician
2. Medical Examiner
3. Coroner
4. Dentist
5. Chiropractor
6. Optometrist
7. Podiatrist
8. Resident
9. Intern
10. Nurse
11. Other Hospital or Clinic Personnel (engaged in examination, care or treatment of persons)
12. Other Health Practitioner
13. Psychologist
14. Mental Health Professional
15. Social Worker
16. Day Care Center or Other Child Care Worker
17. Juvenile Officer
18. Probation or Parole Officer
19. Teacher
20. Principal or Other School Official
21. Minister
22. Christian Science Practitioner
23. Peace Officer or Law Enforcement Official
24. Other Person with Responsibility for Care of Children

12. ACTION TAKEN BY REPORTER: ☐Color Photographs ☐20-Hour Protective Custody ☐Radiologic Examination ☐Notification of Coroner or Medical Examiner ☐Hospitalized ☐Treated and Released ☐None

13. DATE OF THIS REPORT: _____ SIGNATURE _____

FIGURE 10.2

Explanation

CA/N-2 (Back)

Purpose:

All persons mandated by the Missouri Child Abuse and Neglect Law (210.110 - 210.165, RSMo, 1975 Supplement) to report suspected incidents of abuse or neglect are required to do so immediately. The initial report must then be followed by a written report within 48 hours. The Missouri Division of Family Services is the state agency designated to receive these reports. The Child Abuse/Neglect Report Form for Mandatory Reporters has been developed for your convenience and to standardize this report.

1. The initial report of abuse/neglect shall be made immediately to the Division of Family Services. A report may be made by telephone to the toll-free state Child Abuse/Neglect "Hot Line". That number is 1-800-392-3738, and is operative 24 hours a day.
2. The information requested by this form should be as complete and accurate as possible. If the reporter has any questions regarding completion of the form, he may call the Division of Family Services Child Abuse/Neglect Unit at (314) 751-3221 or the local office of the Division.

Instructions:

1. If more than one child was involved in the initial report, a separate form CA/N-2 should be completed for each child.
2. First and second copies (white and pink) of this form are to be sent to:

   Missouri Division of Family Services
   State Child Abuse/Neglect Unit
   Broadway State Office Building
   Jefferson City, MO 65101

   The pink copy will then be forwarded to the local office where the investigation was completed.
3. Third copy (yellow) is for your files. This is the copy on which these instructions appear.

Note: Sections of the law pertaining to this report are:

Section 210.115, subsections 1 and 2
Section 210.130

used to inflict physical abuse may include any object near at hand, for example:

- Fists, feet, elbows, knees
- Belts, belt buckles, straps, ropes
- Broomhandles, baseball bats, coathangers
- Cords (extension, ironing, telephone)
- Hairbrushes, metal combs
- Knives, scissors
- Lighted cigarettes, matches or lighters
- Hot coffee, tea, boiling water, other hot liquids
- Radiators, hot plates, curling irons
- Alcohol, other chemicals
- Hot spices
- Teeth
- Guns

Prevalent Types of Abuse

A national survey by David Gil on the incidence of child abuse identified the most prevalent types of abusive conduct engaged in by those who physically abuse children. They are:

- Beating with instruments, (present in 44% of abuse cases).
- Beating with hands, (39%).
- Burning, scalding, (9%).
- Kicking, (4%).
- Deliberate neglect or exposure, (3.8%).
- Locking in or tying, (1.7%).
- Strangling, suffocating, (1.29%).
- Stabbing, slashing, (1.0%).
- Poisoning, (0.9%).
- Drowning, (0.2%).

Location of Injuries

In addition to the nature of the injury, the location of the trauma is also often suggestive of abuse. (Figure 10.6 illustrates normal and suspicious areas of bruising. (additional information may be found in Chapter 2 of this manual).

It may be that sexual abuse is suspected. In addition to observable injury, some behaviors of the child may suggest sexual abuse to the Investigator.

- Withdrawal of the child into a fantasy world. Sometimes these children give the impression of autism or mental retardation. A total loss of self-esteem is not uncommon.
- Delinquent and aggressive behavior. Frequently, these children become angry and hostile, taking out their frustrations on others. This is particularly true with male victims of sexual abuse whose injuries are compounded by the status of the male in society and questions of manhood regarding anyone involved in sexual contact, particularly homosexual activities, whether by force or voluntary. Knowing this, he may keep the situation to himself with serious psychological damage resulting. It is not uncommon for the Investigator to become aware of this type of situation through complaints involving such a child coercing or physically forcing other children to take part in similar activities with him.
- Runaways, particularly require a close look at the home situation prior to routinely taking a child home. The child may become involved in sexually related activities while on a runaway status such as prostitution or pornography.
- Misuse or abuse of alcohol and other drugs may be providing a temporary avenue of escape for the child victim of sexual abuse.

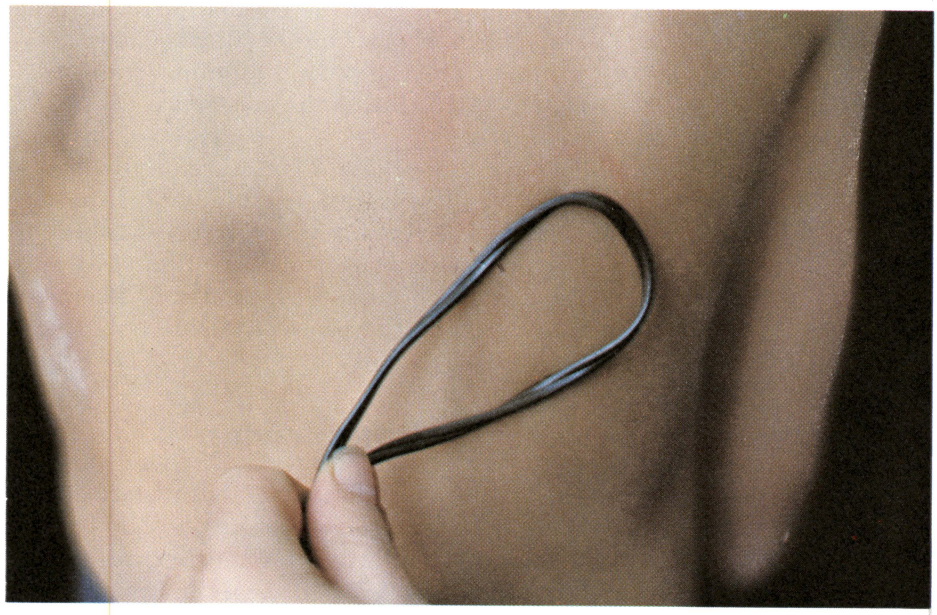
"The American Humane Association estimates 200,000 to 300,000 cases of female child molestation in the United States per year, with at least 5,000 cases of father-daughter incest".[4]

In many instances, it will be difficult for the Investigator to decide whether the incident under investigation should be classified as abuse or neglect. "Many cases of abuse are such that it is easier to present the matter as being one in which the injuries are the result of the failure of the parent to offer proper care and supervision than it is to attempt to show the parent actually and willfully attacked the child".[5]

Neglect

In situations of suspected neglect the most important thing for the Investigator to prove is the fact that a child has been neglected. Efforts of the Investigator should be directed toward this goal. If neglect can be substantiated, the investigator can cause some intervention to occur to alter the situation or remove the child from it. This would involve juvenile court action. If the person or persons responsible for the neglect can be identified, it remains to be decided whether or not an arrest is indicated. In some jurisdictions, the prosecuting officials will want to review the Investigator's report and supporting evidence prior to any arrest being made. A warrant could then be issued or the matter referred to a grand jury for consideration. The action taken at this point will be dictated by the particular circumstances of the case and the policy and procedures set out by the Investigator's agency. "Since neglect cases are usually a family situation, the decision to prosecute is one in which a grave responsibility lies. It is up to the officer to have so performed his investigation that the decision made by him will amount to the proper and most effective utilization of the administration of justice".[6]

FIGURE 10.3



Looped Electric Wire

FIGURE 10.4



Belt Buckle

FIGURE 10.5



Cigarette Lighter

Typical Forms of Neglect

Neglect involves an act of omission on the part of the parent or custodian of the child. Some common forms of neglect are as follows:

- Failure to provide sufficient quantities and quality of food.
- Failure to secure needed medical, dental or other care.
- Failure to provide minimum quantity and quality of clothing.
- Failure to provide for a child's educational needs and development.
- Failure to provide for the emotional development of the child through consistency and continuity of care.
- Failure to provide ethical or moral guidelines or continued exposure of the child to immoral or exploitative circumstances.
- Failure to properly supervise a child's actions and whereabouts.
- Failure to provide a suitable alternative to leaving a child alone and unsupervised for excessive periods of time.
- Failure to give constructive discipline for proper development of good character and conduct.
- Failure to provide basic minimum standards of shelter (heat, light, sanitation, space, etc.).

The key to evaluation is to carefully look at the total picture. The overall potential for a situation to continue and grow worse posing a threat to the child, will be the decisive factor in determining the proper course of action. Figures 10.7 through 10.12 provide a sample representation of actual situations of neglect.

Interviewing

The nature of child abuse and neglect and the frequent absence of corroborating physical evidence make interviewing skills extremely important for the Investigator. The effectiveness of the Investigator is largely dependent upon his ability to obtain information from complainants, witnesses, informants and suspects. Careful, patient interviewing will facilitate identification of suspects and tie the facts of the case together into a body of evidence that can be successfully presented in court.

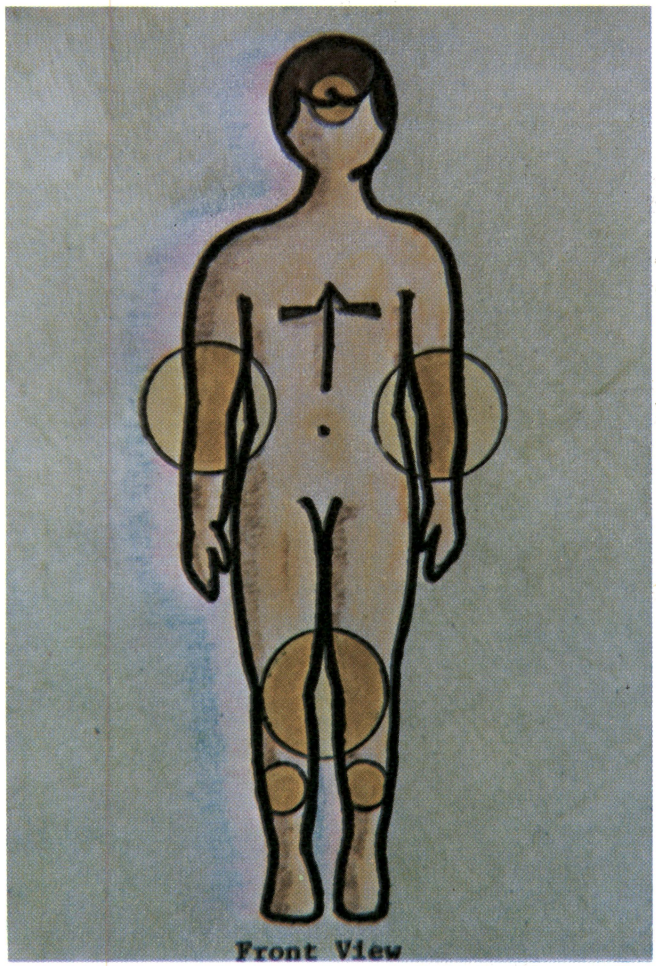
The Child Victim

Careful preparation by the Investigator will facilitate a successful interview of the suspected child victim. A recommended practice is the use of anatomically correct dolls which can be used during the interview to allow the child to indicate parts of the body for which the proper name is unfamiliar. Small pocket tape recorders are relatively inexpensive in proportion to their value during the course of an investigation. Setting in front of the child with a pad and pencil in hand for notetaking can be a distraction for the child. It takes time to write down the responses. This may impede the natural flow of the interview. The tape recorder, once introduced, will usually be given little attention by the victim.

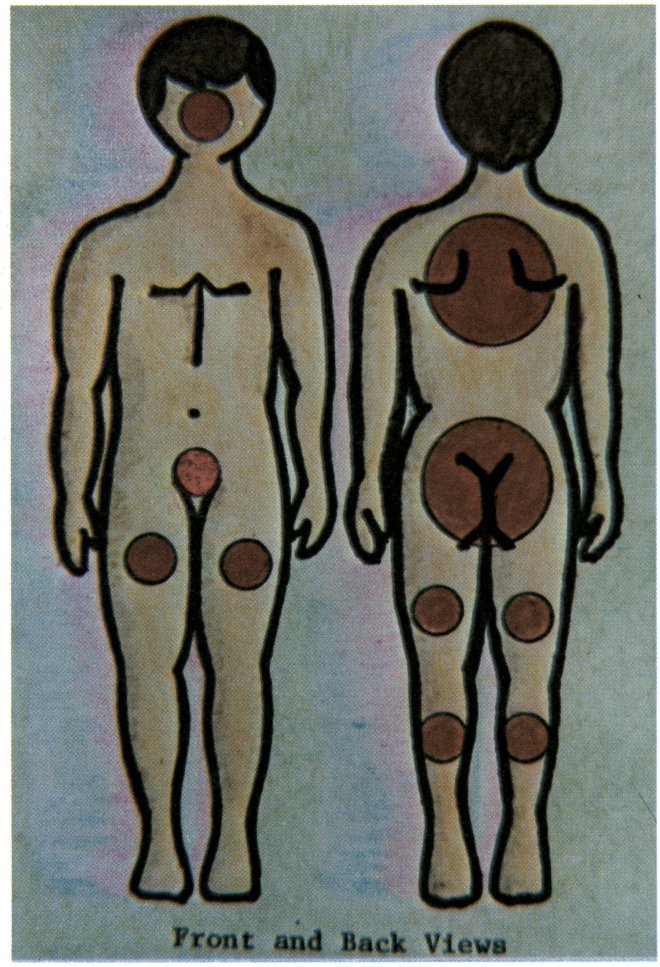
The importance of the Investigator's gathering as much information as possible preceeding an interview of the suspected victim will quickly become apparent. Several factors have to be considered in making a decision when and where a child victim will be interviewed, these include the physical and emotional condition of the child, his age, and the situation that exists at that time. The child must be allowed to provide complete answers without being interrupted. Parents or other persons in the house-

Location of Injuries

FIGURE 10.6



Normal Bruising Areas



Suspicious Bruising Areas

hold may attempt to interfere or prevent the child from telling what happened. As a practical matter, interviews outside the immediate physical presence of the parent may be more suitable to encourage cooperation with the investigator. The presence of a third party, particularly in cases of sexual abuse is usually suggested, both to make the child more comfortable and to corroborate the actions of the officer. The third party might be a protective services worker, juvenile court officer or trusted family member. The policy of the Investigator's agency and good common sense will serve as a procedural guide in these situations.

Whether or not to interview the child victim is not the question. Rather, it is where and under what circumstances shall the child be interviewed?

During the interview, the Investigator must keep several key procedural steps in mind:

- The child should be interviewed separately from other members of the household who may inhibit or interfere with the interview. In some cases, the child may feel more comfortable with a female present. Conversely, it may not be acceptable if the abuser was a woman. The Investigator will have to use good judgement in this area.
- The child must be frequently reassured that you are only trying to help make things better for him and his family including the alleged abuser who can get treatment.
- Always be truthful with the child. Let him know how his statements are to be used if he asks.
- Speak in terms that are familiar to the child. If the child uses slang or baby talk to describe acts or body parts, use the same terminology. The child who is the victim of sexual abuse may be unfamiliar with terms such as vagina or sexual intercourse.

Shelter Neglect

FIGURE 10.7



Figure 10.7 shows an unvented gas space heater surrounded by flammable clutter. Open flames and hot fire brick are exposed due to the broken glass. A can of gasoline and an insecticide sprayer are on the floor next to the heater. There were small crawling-about children in this home.

FIGURE 10.8



Figure 10.8 shows unsanitary conditions and general clutter present in this home where several children lived.

Shelter Neglect



FIGURE 10.9

Figure 10.9 shows a child's chair-swing situated in front of a mirror to provide a diversion while the parent left the child unattended for excessive periods of time. Animal feces left for considerable time covers the floor.



FIGURE 10.10

Figure 10.10 shows a lack of proper sanitary facilities. The toilet is stopped up and is filled with waste which has been standing for a considerable period of time. Human feces has been left on the floor.

Photos courtesy of the St. Louis Metropolitan Police Department.

Shelter Neglect



FIGURE 10.11

Figure 10.11 shows a refrigerator in actual service. Its' contents are cans of corn beef and a bag of candies which composed the diet for children in the household.



Photos courtesy of the St. Louis Metropolitan Police Department.

FIGURE 10.12

Figure 10.12 shows an example of unsanitary conditions frequently found in homes where neglect is present.

- Maintain a concerned, calm attitude. Never laugh or express shock or anger at what the child says. The child must feel safe in talking to you.
- Never condemn or blame the alleged abuser in the presence of the child.
- It may help to reassure the child that parents sometimes need help too.
- Let the child talk. Questions can be raised at a later time.
- Phrase your questions so as to promote more than a yes or no answer. Open ended questions are sometimes helpful. "Can you tell me how you hurt your arm?" "What happened then?"
- Avoid criticism of the child and insistance on precise recollections of time and dates. The child often can associate time better when referenced to major events such as birthdays, Christmas, or other significant dates.
- Emphasize to the child that many children are involved in such incidents every day, that they are not alone, unique, or a "bad child" because it happened to him.
- Self-control *must* be exercised by the Investigator at all times. An emotional outburst or open showing of displeasure or disgust may result in an unwillingness to speak further.
- In closing the interview, let the child know what is going to happen next, where he is to be taken, and answer questions he may have.
- Assure the child everything is all right and that he did the right thing in telling what happened.

If the case is one involving incest or sexual abuse, the following information should be determined from the child if at all possible:

- "The most recent incident including a detailed sequence of events and the specific act itself.
- The duration of offenses, including the initial contact, the nature and frequency of the molestings, and any specific dates available. A specific date of offense must be determined if prosecution is to be considered.
- Are there any possible witnesses? This could be someone who merely came home early and felt it suspicious that the victim and offender were in the bedroom alone with the door closed, someone who heard the victim crying or someone who actually saw the offense. Friends of the victim, babysitters, and other relatives are often surprising witnesses or additional victims.
- Who has the child told about the offense? A person whom the victim may have told immediately after the offense can be an excellent corroborating witness. Also, if the child told her mother it is significant to know whether the mother took action to protect the child, if she chose to ignore her, did not believe her or just hoped it wouldn't happen again."[7]

The child who reports sexual abuse or incest and provides details of sexual contact beyond that of children the same age is usually telling the truth.

If the investigation has focused on a suspect, you have reached the accusatory stage of the investigation. At this point, prior to interrogation, Miranda warnings and full constitutional protections regarding statements and admissions must be observed. It may be that the matter under investigation involves sibling violence. If the suspect is a juvenile, questioning must take place at the court or in the presence of the court juvenile officer as mandated by the Juvenile Code (Chapter 211-R.S.Mo.), the Supreme Court Rules and current case law.

The Suspected Abuser

Child abuse and neglect are emotionally charged situations. Feelings of anger, guilt and fear of apprehension often exacerbate these feelings.

This is particularly true where one parent has actually done the abusing while the other "let it happen". The Officer may ease the situation by explaining to both parents that the Officer is aware of the difficulty of the situation, and that the child's continued safety is the foremost consideration. It is important to stress the need to learn the truth so the child can be protected, and other professionals enlisted to help the family. The Investigator should remember:

- Never interview parents together. If one parent is the abuser, the other often has allowed the abuse to occur and will cover for the abuser.
- Conflicting or changing stories may strengthen your suspicions.
- Be sure to carefully record all statements for later comparison to determine inconsistency or inappropriateness.
- Try to determine the possible motive for the abuse/neglect.
- It is usually better in sexual abuse cases to question the mother alone before the father is aware of police involvement.

"Questioning of the father can be most effective in the police station. Frequently, the father will come in voluntarily if asked and if immediate arrest is not indicated. An emotional approach in questioning the incestuous father is frequently effective, because the father often will express guilt about the incest and relief that the "secret" is out. Encouraging the father to expain his own difficulties in childhood, marriage, sex, etc., allows him an opportunity to "save face". If

you become aware that he is one of the incestuous fathers who appear to feel that sexual abuse is appropriate, justified (as with certain religious arguments), and acceptable, then a matter-of-fact, no-big-deal approach might be effective. If the father admits the sexual abuse, an attempt should be made to obtain specific information about each incident, especially where dates may be available."[8] If the person being interviewed is in fact a suspect, the full constitutional protections regarding self-incrimination and right to counsel must be observed if statements are to be admissible in evidence.

"In conducting these interviews, officers must consider how their individual actions impact on the family. A harsh, judgemental attitude on the part of an officer will likely be met with hostility and anger from the family in return. A cool professional attitude, on the other hand, can keep from igniting an already volatile situation. Officers who make light of complaints may alienate reporters. Those who reveal reporters names to angry parents may be setting the stage for future violence. And those who reinforce questionable actions by such statements as, "If he were mine, I'd hit him too", may be giving a disturbed parent license to increase the assaults upon the child.

Certainly, it is possible to be understanding and sympathetic to the parent without necessarily approving of their actions. Child abuse and neglect, especially in its severe forms, can make Investigators angry and desirous of revenge on the child's behalf. But the skilled Investigator realizes that such feelings impair professional judgement.

It is important to remember that abusive and neglectful parents have difficulty trusting others and are fearful of authority. Regardless of how skilled the investigator is, it is unlikely that the parents will admit to abusing or neglecting their child(ren). Attempting to coerce a confession from the parents may make a future treatment relationship difficult to establish."[9]

"Parents may be apprehensive, fearful or angry at the prospect of talking with law enforcement officers about an injured or neglected child. If accurate information is to be gathered, it is necessary to make the parents as comfortable as possible. It is better to conduct the interview in an environment as free from distraction as possible and to avoid using jargon when talking to parents. The interview should be conducted privately, away from curious neighbors, relatives, and the child. The parents should be told the reason for the interview, given the legal authority for the investigation, and treated with respect. If parents offer explanations, the officer should listen carefully and sympathetically. Under no circumstances should the officer display horror, anger or repugnance. The officer must avoid passing judgement before all the facts are known."[10]

Witnesses

During the course of an investigation, many different types of persons and professions will be encountered. Among these will be Physicians and Nurses performing medical evaluations of children injured as a result of suspected abuse or neglect. The following steps will make the Investigator's task of securing needed evidence much easier.

"Whenever the victim has been transported to the hospital by ambulance or other conveyance, the driver and attendant should be immediately interviewed to ascertain if the victim made any spontaneous utterance. Emergency room personnel should also be interviewed immediately concerning anything that the victim might have said. This mandates an interview with the treating Physician and Nurses. Too often, if the hospital personnel are not interviewed immediately, they will forget what has been said or what has transpired. In addition, hospitals are not overly anxious for their personnel to be involved in criminal matters and more particularly court actions. So move immediately."[11]

It is unrealistic to expect Physicians to play detective. The Investigator should inform the Physician of his suspicions regarding possible abuse. Most medical facilities have an established protocol or procedure to be followed in the event abuse or neglect is suspected. The Physician will need to know what basis the Investigator has for his suspicions. When a medical evaluation has been made, the Investigator should ask for a layman's explanation of the nature of the childs injuries in addition to the clinical terminology.

The Investigator must attain an understanding of some basic medical terminology. A recommended aid in this area is a publication entitled "Understanding Medical Terminology" by Sister Agnes Clare Frenay, S.S.M. This publication is available through the Catholic Hospital Association, St. Louis, Missouri, 63104. A brief explanation by the Physician as to common causes of the observed injury may support the Investigator's suspicions; i.e. spiral fractures (figure 8.5) which usually result from a twisting injury. The Physician should be asked whether in his professional opinion the injuries he has observed can be adequately accounted for by the explanation provided by the parent or caretaker of the child. If the explanation given cannot account for the medical findings, abuse is highly suspect. In addition, statements made by the child to the Physician during the course of the examination have been held admissible by the courts as an "excited utterance" in exception to the hearsay rule. It is important to document any such statements. (Part two of this manual provides details on medical evaluation).

In addition to those persons previously mentioned, a number of other persons should be interviewed regarding their knowledge of the situation. These include:

- Members of the family
- Babysitters
- Neighbors
- Landlord
- Teachers, Principal
- School Nurses
- Boy friend or girl friend of victim's divorced or separated parent
- Social workers
- Doctors or other medical personnel who have had contact with the victim on previous occasions.
- Siblings
- Other persons who are in contact with the victim

In contacting the school, the investigator should be sure to interview the teachers of all the children in the family in addition to the other school personnel previously mentioned. School attendance, behavior, dress, and general health can be documented. If the child has missed an excessive number of days because of illness, the guardian should be asked the reason for the absences and whether the child had been under medical care. If not, the reason for not seeking medical assistance would be an important question. Police contact with the child outside of school during regular school hours where the child may be truant might indicate improper supervision.

Physical Evidence

Investigator's at the scene of suspected abuse will often gather a great deal of physical evidence. This may include photographs of the injuries sustained by the victim and the exact location where the incident occurred. Photographs of the implements used to injure the child and other items connected with the offense will also be taken. Clothing worn by the victim showing blood, other stains or damage must be properly collected, marked for identification and properly packaged to preserve the chain of evidence. Instruments or weapons actually used to inflict injury on the child must be secured as evidence regardless of whether it is a rock or a typewriter thrown at the child. "Physical evidence and photographic evidence can be used as trial to clearly indicate to the jury the actual injuries and wanton damage suffered by the victim and his property. If you merely testify that the victim suffered twenty stitches to the head, this means little. If you secure photographs of the actual injury and take the bloody clothing of the victim, it can demonstrate to the jury what you saw at the crime scene and what shocked your sensibilities."[12] Collection of evidence by the Investigator may serve more than one purpose. "In the collection and preservation of evidence, police should be careful to obtain evidence of any nature, admissible or not. This is because of the ability for some pieces of inadmissible evidence, such as hearsay, to be utilized by social agencies in their subsequent efforts in a case, after court adjudication."[13] If sufficient photographs and physical evidence are not secured by the Investigator, the possibility of a satisfactory resolution of the matter by the courts is decreased. It is better to have and not need than to need and not have. Those materials that are relevent and of evidential value may be extracted from the rest.

Scientific testing and evaluation of evidential materials by todays highly efficient police crime laboratories provide the instrumentation needed to supplement evidence already gathered.

Arrest and Judicial Custody

The Investigator will have to rely on established procedures and the dicta of the court in deciding if and when an arrest of the suspected abuser is to be made. In some jurisdictions, arrest is deferred pending presentation of the case to the prosecuting officials for issuance of a warrant. In any event, every law enforcement agency should have clearly defined, written guidelines on the proper handling of abuse and neglect cases and procedures to be followed regarding arrest and/or judicial custody.

Authorities are increasingly recommending that the suspected abuser be removed from the home instead of the abused child whose trauma may be increased by the experience of removal and temporary placement. This calls for good judgement since the child might still be unsafe in the home, even after the perpetrator of this abuse is removed.

Arrest may be indicated when:

- "Injury to the child is extremely severe.
- Evidence exists that a serious crime has been committed.
- There is reason to believe that the parent or caretaker will flee the jurisdiction if given the opportunity.

- It is necessary to preserve the peace.
- The person believed responsible presents an immediate danger to others.
- The physical environment of the home poses an immediate threat to the child.
- Evidence suggests that parental anger and discomfort with the investigation will be directed toward the child in the form of severe retaliation against him or her.
- Evidence suggests that the parent or parents are so out of touch with reality that they cannot provide for the childs basic needs.
- Evidence suggests that the parent or parents' physical condition poses a threat to the child.
- The family has a history of hiding the child from outsiders.
- The family has a history of prior incidents or allegations of abuse or neglect.
- The parents are completely unwilling to cooperate in the investigation or to maintain contact with any social agency, and may flee the jurisdiction.
- Parent or parents abandon the child."[14]

If it appears that the child will be in serious danger in the home, a court order authorizing protective custody should be obtained. The Juvenile Officer of the Circuit Court may verbally authorize such custody for a period of not to exceed forty-eight hours pending issuance of a court order (Supreme Court Rule 111.06, b).[15] The order should be reduced to writing as soon as possible, however. If the Investigator is unable to obtain a court order or to contact the court Juvenile Officer and an emergency condition exists, a second option is open. A law enforcement officer or a physician may take or retain temporary protective custody of a child who is the subject of a report of actual or suspected abuse or neglect if there exists an imminent danger to the life or health of said child if custody is not so taken (R.S.Mo. 210.125). Such custody may not exceed twenty hours and may be taken without a court order or other authorization. During this time the child may be placed within a hospital, medical facility or emergency foster care facility. He should not be detained in a juvenile detention facility, jail, or police station. Persons taking temporary protective custody must notify the parents, guardian, or others leglly responsible for the child's care and Division of Family Services who shall immediately request the Juvenile Court to initiate child protective proceedings.

Emergency protective custody of a child should be taken if:

- There is an imminent danger to the health or life of the child.
- There is a need for immediate treatment for the child.
- The child may be physically removed from the courts jurisdiction if immediate action is not taken.

Since it is not unlikely that what happened to one child in the family could also happen to siblings, the Investigator should remove all the children if protective custody is necessary.

"The facts are clear. Law enforcement must be involved in cases of child abuse and neglect. Where there is no sufficient training provided, changes must be made to insure that peace officers will receive it."[16] "The police must expand their own role concepts. They must identify areas of weakness and error within their own expertise. Finally, they must move forward assuming a new and challenging role of leadership, wherein the police articulate effectively to other disciplines some new horizons of child protection."[17] Law enforcement officers will never be afforded a better opportunity to fulfill their primary function of the protection of life, than in cases of abuse and neglect. In these cases, the life of an innocent child.

Summary

Law Enforcement Officers provide five key services in carrying out their responsibilities in abuse and neglect cases. These are; early detection, receiving reports, reporting suspected cases, investigating reports, and providing emergency services. Police are frequently the only persons contacted by the general public when they become aware of a suspected situation of abuse or neglect. Proper preparation is essential for the investigator and will provide a needed edge. Whenever possible, the investigation should be conducted by a trained police juvenile officer rather than a line officer who may have little knowledge of child abuse and neglect. The Officer will use "three tools" in conducting the investigation which include; information, interrogation, and instrumentation. Police Officers are mandated reporters of abuse and neglect and must notify the Missouri Division of Family Services regarding their suspicions. The nature of the injury, location, and explanation are key areas for inquiry. In situations of neglect the important question is whether a child has in fact been neglected. Once established, the investigator can cause some intervention to occur. Interviews must be made, the question is when and where? Physical evidence must be collected, examined and, evaluated. Police crime laboratories and trained personnel add

significantly to the development of a body of evidence in cases of this type. Arrest and/or judicial custody are issues which must be handled in compliance with the dicta of the court, along with established departmental policies and procedures. Written guidelines are essential in these areas to assure proper actions on the part of police who must be involved in cases of abuse and neglect.

Footnotes

[1]Richard D. Ruddle, "Child Abuse and Neglect: A New Direction For Police", Law Enforcement, Vol. 36, Spring 1981, pp. 29-31
[2]C.J. Flammang, The Police and The Underprotected Child, Charles C. Thomas, Springfield, Illinois 1970, p. 149
[3]Charles E. O Hara, Fundamentals of Criminal Investigation, 3rd ed., Charles C. Thomas, Springfield, Illinois 1973, p. 5
[4]National Committee for Prevention of Child Abuse, Basic Facts About Child Abuse, 1978, p. 1
[5]Flammang, p. 150
[6]Flammang, p. 58
[7]Carolyn F. Bailey, "Incest: A Practical Investigative Guide," The Police Chief, April 1979, p. 37
[8]Ibid, p. 37
[9]Diane D. Broadhurst and James S. Knoeller, The Role of Law Enforcement In The Prevention of Child Abuse And Neglect, U.S. Dept. of Health, Education and Welfare, Washington, D.C., 1979, p. 39
[10]Ibid, p. 38
[11]Arnold Markle, Criminal Investigation And Presentation of Evidence, West Publishing Company, St. Paul, Minnesota, 1976, p. 12
[12]Ibid, p. 16
[13]Flammang, p. 152
[14]Broadhurst and Knoeller, pp. 48-49
[15]Supreme Court Rules of Practice and Procedure in Juvenile Courts, Police Juvenile Officer's Training Booklet, Vol. 2 no. 2, University of Missouri, Columbia, 1976, p. 9
[16]Richard D. Ruddle, "Child Abuse And Neglect: The Law Enforcement Response," The Missouri Sheriff, Fall 1980, p. 9
[17]C. J. Flammang, "Toward An Understanding Of The Police Role In Child Protection", in Cooperative Approaches To Child Protection, Mary Urzi, Minnesota Department of Public Welfare, St. Paul, Minnesota, 1978, p. 67

APPENDIX A

Glossary of Terms

Glossary of Terms

Abandonment

A parent's or custodian's act of leaving a child without adequate care, supervision, support, or parental contact for an excessive period of time; an express or implied intention to sever the parent-child relationship and avoid the obligations arising from the relationship.

Abdominal Distention

Swelling of the stomach area caused by internal injury or malnutrition.

Abuse

Cruel and inhuman punishment inflicted upon a child less than 17 years old, or the photographing or filming of said child engaging in or simulating a prohibited sexual act.

Adjudication

The process of rendering a judicial decision as to whether the facts alleged in a petition or other pleading are true.

Admissible Evidence

Evidence which can legally and properly be used in court.

Admission

1) A statement tending to establish the guilt of the person making the statement.
2) The transfer of a minor's physical custody to a detention or shelter facility.

Adult

A person seventeen years of age or older.

Adult Friend

One who has reached the legal age of majority and is attached to another by affection or esteem and is not hostile to that person.

Affidavit

A written statement of facts signed under penalty of perjury, often before a Court Clerk or Notary Public who administers the oath to the signing party, who is called the Affiant or Declarant.

Aftercare

Care and treatment by court-directed personnel of youths who are in a period of re-adjustment after having been placed either on parole or probation by the courts.

Anemia

A blood disorder characterized by a reduction in red blood cell count.

Anterior

Front of the body.

Apnea

Temporary absence of respiration.

Autism

A mental state which completely disregards reality factors.

Avulsion

Forcible separation or tearing away of a body part or tissue.

Battered Child Syndrome

Combination of physical and other signs indicating a child's injuries resulted from acts of the parent or caretaker.

Bonding

Psychological attachment of mother to child which develops during and immediately following childbirth.

Brain Stem

Stemlike portion of the brain connecting with the spinal cord.

Burden of Proof

The duty to establish a claim or allegation by admissible and credible evidence at the time of hearing.

Burn

The effect of exposure to heat, chemicals, electricity or sunlight.
1st Degree Burn - Redness involving superficial layers of skin.
2nd Degree Burn - Blisters involving deeper layers of skin.
3rd Degree Burn - Charring or destruction of tissue below the skin.

Callus

Substance growing between ends of fractured bones which is converted into hard tissue in the process of repair.

Capias

A legal writ or process commanding an officer to arrest the person named in it.

Cephalic

Toward the head.

Cerebral

Pertaining to the brain.

Character

A combination of qualities or features that distinguishes one person, group or thing from another.

Coerce

To force an individual to act or think in a given manner.

Colic

Acute abdominal pain with intermittent cramps, common in infants and young children.

Collusion

A secret agreement between two or more persons for deceitful or fraudulent purposes.

Commitment

An order by a court of appropriate jurisdiction ordering the care, custody, and treatment of a juvenile.

Competency

In the law of evidence, a witness's ability to observe, recall and recount under oath what happened.

Confession

A formal declaration of guilt.

Consent

Consent or lack of consent may be expressed or implied. Assent does not constitute consent if:

(a) It is given by a person who is legally incompetent to authorize the conduct charged to constitute the offense and such incompetence is manifest or known to the actor; or

(b) It is given by a person who by reason of youth, mental disease or defect, or intoxication, is manifestly unable or known by the actor to be unable to make a reasonable judgement as to the nature or harmfulness of the conduct charged to constitute the offense; or

(c) It is induced by force, duress or deception.

Contusion

Bruising or crushing without laceration. The reaction of soft body tissue to a direct blow.

Counsel

Representation by a person who is proper or sufficient to be recognized by law.

Cranium

The skull.

Crime

An offense for which a sentence of death or imprisonment is authorized. Crimes are classified as felonies and misdemeanors.

Criminal Negligence

A person "acts with criminal negligence" or is criminally negligent when he fails to be aware of a substantial and unjustifiable risk that circumstances exist or a result will follow, and such failure constitutes a gross deviation from the standard of care which a reasonable person would exercise in the situation.

Custodian

Parent, step-parent, adult spouse of a juvenile, guardian, guardian ad litem, or a person having legal or actual custody of a juvenile or standing in loco parentis to the juvenile.

Custody/Judicial

The taking or retention of custody of the person of a juvenile over whom the court has the power to act.

Custody/Legal

The right to the care, custody, and control of a juvenile, and the duty to provide food, clothing, shelter, ordinary medical care, education, treatment and discipline to a juvenile.

Custody/Physical

The actual possession of the body of the juvenile.

Cyanosis

Purple or bluish discoloration of skin due to lack of oxygen.

Decree

A decision or sentence given in a cause by the court.

Defendant

A defending party, the person sued or accused, opposite to the Plaintiff.

Dehydration

Absence or lack of fluid or water.

Delinquency

The commission of an illegal act by a juvenile.

Delinquent

A juvenile who has been classified as such through court proceedings.

Dependency

A situation where a child is dependent upon another for financial support.

Deposition

Written testimony of a witness taken by competent authorities before the trial, for later use at the trial.

Derma

Skin.

Detainer

A writ or instrument, issued or made by a competent officer of the court, authorizing the proper agency to keep in its custody a person therein named.

Detention

The temporary taking and retention of the person of a juvenile in judicial custody in connection with proceedings under the Juvenile Code.

Detention Facility

A place of temporary care for juveniles in judicial custody pending court disposition and includes facilities which are physically confining and those which provide care for juveniles.

Detention Hearing

A judicial hearing, usually held after the filing of a petition, to determine the interim custody of a minor pending an adjudication of the petition.

Dislocation

Displacement of one or more bones at a joint.

Disposition

A report of the final determination and decision of the court regarding a legal case.

Distal

Away from the center of the body.

Diversion

Procedures for handling related minor juvenile problems informally, without referral to the juvenile court.

Due Process

The constitutionally-guaranteed right of persons to be treated by the law with fundamental fairness. In juvenile delinquency proceedings, these include the right to adequate notice in advance of the hearing, the right to counsel, the right to confront and cross-examine witnesses, the right to refuse to give self-incriminating testimony, and the right to have allegations of conduct that would be criminal if committed by an adult proven beyond a reasonable doubt.

Ecchymosis

Discoloration of the skin caused by subcutaneous and intracutaneous hemorrhage.

Edema

Local or general swelling caused by fluid escaping into tissues.

Emancipated Minor

A juvenile who has undergone a mutual surrender of duties and rights between parents and a child.

Evidence

Generally, any sort of proof put forth during a trial for the purpose of influencing the judgement.

Circumstantial: Evidence of circumstances from which another fact may be inferred.

Direct: First-hand evidence, usually of a witness who saw an act committed.

Hearsay: Second-hand evidence, generally consisting of a witness's testimony that he heard someone say something. Though there are numerous exceptions to the rule, hearsay evidence is generally inadmissible because the person making the statement is not available for cross-examination, and because it is inherently unreliable.

Opinion: If a witness is qualified as an expert in a particular field, he or she will be allowed to state his or her opinion as an expert based on certain facts.

Physical: Any tangible piece of proof (document, x-ray, weapon, etc.). Also called "real" evidence.

Failure to Thrive Syndrome

A condition most often affecting children under one year of age, wherein the child's weight, height, and motor development fall significantly short of normal growth rates of children. Primarily caused by disturbed parent-child relationships, but may have organic origin.

Felony

A crime is a "felony" if it is so designated or if persons convicted thereof may be sentenced to death or imprisonment for a term which is in excess of one year.

Fetus

A developing human, usually from 3 months after conception to birth.

Forcible Compulsion

Means either:

(a) Physical force that overcomes reasonable resistance, or

(b) A threat, express or implied, that places a person in reasonable fear of death, serious physical injury, or kidnapping of himself or another person.

Foster Care

A form of substitute care, usually in a home licensed by a public agency, for children whose welfare requires that they be removed from their own homes.

Fracture

A broken bone.

Guardian

A person legally placed in charge of the affairs of a minor or person incapable of managing his own affairs.

Guardian Ad Litem

An adult person appointed by the court to represent a child's interests in a particular judicial proceeding. (The phrase means "Guardian at Law").

Habeas Corpus

A Writ directed to the person detaining another, commanding him to produce the body of the prisoner, and to obey whatsoever the Judge or Court awarding the Writ shall direct.

Hearing

A proceeding of relative formality with definite issues of fact or the law to be tried, in which parties proceeded against, have the right to be heard. Much the same as a trial, and it may terminate in a final order.

Hematoma

A tumor or swelling containing blood.

Hemophilia

Inability of the blood to coagulate.

Hemorrhage

Heavy or uncontrollable bleeding.

Immoral

Behavior which is contrary to the established morality of a society.

Immunity, Legal

Legal protection from liability, such as the protection given to reporting parties under child abuse reporting statutes.

Inflicted

Caused by action or direct act (commission).

Infraction

1) An offense defined by the Criminal Code or by any other statute of this state constitutes an "infraction" if it is so designated or if no other sentence than a fine, or fine and forfeiture or other civil penalty is authorized upon conviction.
2) An infraction does not constitute a crime and conviction of an infraction shall not give rise to any disability or legal disadvantage based on conviction of a crime.

Injunction

A court order enjoining or prohibiting a party from a specific course of action.

In Loco Parentis

"In the place of the parent", refers to actions of a Custodian, Guardian or other person acting in the parent's place instead.

Institutional Child Abuse and Maltreatment

Situations of child abuse or maltreatment while the person responsible for the child's welfare is a foster parent or employed by a public or private residential home, institution or agency, and the abuse occurs during the course of the duties performed for the institution.

Interrogation (Accusatory Stage of Investigation)

A technique for the purpose of determining a person's involvement in an offense, and illiciting a confession.

Interview (Pre-Accusatory Stage of an Investigation)

An attempt to gain information or obtain facts regarding an alleged offense in order to clear up same; to discover who was involved; to learn significant facts about those involved.

Judicial Proceeding

Any official proceeding in court, or any proceeding authorized by or held under the supervision of a Court.

Jurisdiction

1) The power of a particular Court to hear cases involving certain categories of persons or allegations.
2) A geographical area subject to a particular law or Court.

Juror

A grand or petit juror, including a person who has been drawn or summond to attend as a prospective juror.

Jury

A grand or petit jury, including any panel which has been drawn or summoned to attend as prospective jurors.

Juvenile

A person under seventeen years of age. May include persons under the age of twenty-one who are subject to the jurisdiction of the Juvenile Court.

Juvenile Code

Section 211.011 through 211.431 of the Revised Statutes of Missouri, including any amendments or revisions thereof which may hereafter be made.

Juvenile Court

The Circuit Court, except that in Judicial Circuits of more than one Judge, the term means a Juvenile Division of the Circuit Court.

Juvenile Officer

Includes Deputy Juvenile Officer and other court personnel the Court has authorized to exercise the powers of a Juvenile Officer.

Knowingly, a person "acts knowingly", or with knowledge

1) With respect to his conduct or to attendant circumstances when he is aware of the nature of his conduct or that those circumstances exist; or
2) With respect to a result of his conduct when he is aware that his conduct is practically certain to cause that result.

Laceration

A wound resulting from tearing or cutting body tissue.

Lateral

Toward the side.

Law Enforcement Officer

Any public servant having both the power and duty to make arrests for violations of the laws of this state. Includes Sheriff, Deputy Sheriff, Highway Patrol Officer, Police Officer, and Marshal.

Lesion

A wound or injury.

Long Bone

One of the elongated bones of the body, i.e. the femur or thigh bone.

Malice

The intentional commission of a wrongful act without legal justification with the intent of inflicting injury or harm, or under circumstances such that the person acting should reasonably have known that injury or harm would result.

Minor

Any person under the age of eighteen.

Misdemeanor

A crime is a Misdemeanor if it is so designated or if persons convicted thereof may be sentenced to imprisonment for a term of which the maximum is one year or less.

Motion

An application to a court for a ruling, order, etc.

Moving Party

The party who initiates a law suit or other judicial proceeding. In Juvenile Court, this is usually the Juvenile Officer or Prosecuting Attorney who files the petition.

Municipal Ordinance

An ordinance duly adopted by any city, town, village or county of this state.

Neglect

Failure to provide by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, or medical, surgical, or other care necessary for his well being.

Nurturance

Care and affectionate attention provided to a child to promote healthy emotional and physical development.

Parens Patriae

A Latin phrase used to describe the power of the state to act in place of the parents for the purpose of protecting the property and person of a child.

Parent

Either a natural parent or a parent by adoption, whose parental rights have not been terminated.

Petition

A written request or plea in which a specific Court action is requested.

Plaintiff

A person who brings a suit into a court of law; a complainant or victim.

Pleading

Any one of the formal written statements of accusation or defense in an action at law.

Pledge

Usually refers to a written promise by the Parent, Guardian, or legal Custodian to bring their child into Court when notified to do so.

Police-Juvenile Officer

A Law Enforcement Officer who has received specialized training in working with juveniles, and is responsible for handling juvenile offenses for a law enforcement agency.

Prima Facie

Lit., "On the first appearance", evidence which on its face makes out the necessary elements of the allegation, and which will suffice to establish that allegation as true until it is contradicted and overcome by other evidence.

Privileged Communications

Confidential communications to certain persons that are protected by law against forced disclosure.

Probation

In adult or Juvenile Court, a disposition which allows the defendant or the minor to remain at liberty under the supervision of a Probation Officer, frequently with a suspended commitment or sentence of imprisonment and usually requiring compliance with certain stated conditions.

Protective Custody

In child abuse and neglect cases, the emergency removal of a child from his home when the child would be in imminent danger if allowed to remain with the Parent(s) or Custodian(s).

Proximal

Toward the center of the body.

Posterior

Back of the body.

Recklessly

A person "acts recklessly" or is reckless when he consciously disregards a substantial and unjustifiable risk that circumstances exist or that a result will follow, and such disregard constitutes a gross deviation from the standard of care which a reasonable person would exercise in the situation.

Relevant

Evidence that is logically connected to, and helps to prove, a material point or issue in a case.

Remand

Lit., "to send back", frequently used to describe the order transferring a minor to adult court for trial, or an adult court's order sending a minor to the Juvenile Court.

Reporting Statutes

State laws requiring certain designated persons (Physicians, Nurses, Teachers, and like) to report to proper authorities suspected cases of child abuse and injuries inflicted by unlawful means.

Residence

A place at which a home or regular place of abode is maintained. A juvenile's residence is that of the Parent, Guardian or legal Custodian.

Runaway

A child under the jurisdictional age limit established by the State, who has run away from his home without consent of the Parent, Guardian, or legal Custodian.

Sadomasochistic Abuse

Flagellation or torture by or upon a person as an act of sexual stimulation or gratification.

Scapegoating

Casting blame or failure on an innocent person, i.e. a child abused as punishment for problems unrelated to him.

Sealing

In a Juvenile Court practice, the closure of juvenile records to all inspection except by the minor upon petition to the Court.

Serious Physical Injury

Physical injury that creates a substantial risk of death or that causes serious permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ.

Social Study

The report prepared by a Probation Officer or Social Caseworker for the Judge's consideration at a dispositional hearing. Such reports review the minor's behavior and family history and frequently contain material that would be inadmissible in most judicial proceedings because of hearsay, lack of verification, etc.

In many states, specific statutes permit their admission into evidence. Social studies may not be received by the Court until after the petition has been adjudicated and jurisdiction established.

Sprain

Injury to a joint without tearing ligaments and tendons.

Status Offense

The term essentially refers to non-criminal misbehavior, which would not be criminal if committed by an adult (e.g. truancy, runaway, etc.) The behavior is an offense only because of the minor's status as a minor.

Stipulation

An agreement between the Attorneys in a case, entered into in Court, allowing a certain fact to be established in evidence without the necessity for further proof.

Subpoena

A legal document, usually issued by a Court Clerk, requiring that the person named in the subpoena appear on a stated day and time at a specified court to give testimony in a case.

Subpoena Duces Tecum

Lit., "Bring with you", a subpoena served upon the person who has custody of records, commanding that such custodian bring the specified records to Court on the stated day and time.

Sudden Infant Death Syndrome (S.I.D.S.)

Commonly known as "crib death" or "cot death" is a disease which causes approximately 6,500 infant deaths annually in the United States. It cannot be predicted or prevented in light of current knowledge. It has no specific symptoms and may occur in all families regardless of social or economic status. It is not caused by Abuse or Neglect.

Summons

A legal document, issued by the Court Clerk or other Court Officer, notifying the named person that a law-suit or legal cause has been filed against or involves him or her, and notifying such person of any dates set for hearings and deadlines for responding to the complaint or petition.

Termination of Parental Rights

A judicial proceeding freeing a child from all custody and control by a parent or parents, so that the child can be adopted by others.

Testimony

A statement or declaration made to establish a fact or facts and given under oath.

Tort

A private civil wrong or injury as opposed to a crime which is a public wrong.

Transfer

The sending of a case from the Juvenile Court to Adult Court for trial.

Trauma

An injury or wound to living tissue caused by an outside force.

Trauma X

Designation by some hospitals for abuse and neglect.

Venereal Disease

Commonly syphilis, gonorrhea, or chancroid, contracted through sexual intercourse with an infected partner.

Venue

The place or county in which alleged events from which a legal action arises takes place.

Vital Signs

Determination of physical state by observable physical signs, pulse, blood pressure, respiratory rate, temperature and level of consciousness.

Voluntary Act

1) A person is not guilty of an offense unless his liability is based on conduct which includes a voluntary act.
2) A "Voluntary Act" is:
   a) A bodily movement performed while conscious as a result of effort or determination; or
   b) An omission to perform an act of which the actor is physically capable.
3) Possession is a voluntary act if the possessor knowingly procures or receives the thing possessed, or having acquired control of it was aware of his control for a sufficient time to have enabled him to dispose of it or terminate his control.
4) A person is not guilty of an offense based solely upon an omission to perform an act unless the law defining the offense expressly so provides, or a duty to perform the omitted act is otherwise imposed by law.

Waiver

1) The understanding, and voluntary relinquishment of a known right, such as the right to counsel or the right to remain silent during police questioning.
2) The Juvenile Court's relinquishment of it's jurisdiction over a minor, and transfer of the case to adult court for trial.

Waiver Hearing

A hearing held in Juvenile Court to determine the fitness of a minor for retention in Juvenile Court, and the minor's amenability to Juvenile Court resources.

Ward

A minor who is under the jurisdiction of the Juvenile Court for a delinquent act, status offense, or an allegation or finding of abuse, neglect, or dependency. Also, a person who has a legally appointed Guardian is the Ward of the Guardian.

Warrant

Legal document issued by a Judge authorizing the search of a place and seizure of specified items found there (search warrant), or the arrest or detention of a specified person (arrest warrant). No hearing is required and the person need not be notified, but the Court must be given probable or reasonable cause to believe that the warrant is necessary for apprehension before it issues a warrant. Affidavits are frequently used in establishing this probable or reasonable cause.

Writ

An order issued by a Court commanding that a certain act or acts be done or not done.

APPENDIX B
Catalog of Library Resources

Region VII Child Abuse and Neglect Resource Center
Institute of Child Behavior and Development
The University of Iowa
Oakdale, Iowa 52319
(319) 353-4791

Catalog of Library Resources

This catalog comprises the library holdings of the Region VII Child Abuse and Neglect Resource Center as of January 1980 and also contains a list of new materials received by the center during 1980. In addition, it describes audiovisual materials available through the Resource Center.

These materials are available for loan to individuals living in the four states served: Iowa, Kansas, Missouri, and Nebraska.

A maximum of one book and/or three articles may be borrowed at one time for a period of four weeks.

Circulating Collection
Reference Collection
Government Documents
Newsletters
Periodicals
Vertical File
How To Order Audiovisual Materials
Films Available in Region VII
Films Available in Kansas
Films Available in Missouri
Films Available in Nebraska
Educational and Training Materials
Audio Cassettes
Video Cassettes
Lift A Finger Curriculum
We Can Help Curriculum
New Additions
Free Publications Available

Circulating Collection

Because our Circulating Collection is so small only one book may be borrowed at one time. The loan period is one month.

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Newsletters

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A.B.S.W./National Child Abuse Neglect Resource Center Newsletter—National Resource Center on Child Abuse and Neglect for Black Social Workers. Philadelphia, PA

The Advocate—Child Advocacy Council. Springfield, MO

The American Family: National Action Overview—Wakefield Washington Assoc. Washington, D.C.

Caring—National Committee for Prevention of Child Abuse. Chicago, IL

Case Record; A Bulletin About Permanency For Children In Foster Care—Regional Research Institute for Human Services, Portland State University. Portland, OR

Centering; A Newsletter For People Concerned About Child Abuse and Neglect—Family Stress Center. Chula Vista, CA

Checkpoints For Children—*Regional Institute of Social Welfare Research. Athens, GA. Region IV Child Abuse and Neglect Resource Center.

Child Abuse and Neglect Reports—National Center on Child Abuse and Neglect. Washington, D.C.

Child Protection Report; The Idependent Newsletter Covering Children/Youth Health & Welfare Services—Washington, D.C.

Children: Iowa's Growing Resource—Iowa Council for Children. Des Moines, IA

Common Focus—The Center for Early Adolescence, The University of North Carolina at Chapel Hill.

Contact—Center for Social Work Research, School of Social Work, The University of Texas, Austin.

Council On Children At Risk Newsletter—Council on Children at Risk. Moline, IL

Direction—*Region IX Child Abuse and Neglect Resource Center. Los Angeles, CA

Family Life Developments—*Family Life Development Center. Ithaca, NY. Region II Child Abuse and Neglect Resource Center.

Focus on Child Abuse and Neglect—H.E.L.P. Resource Project. Baltimore, MD

Frontiers—Parents Anonymous. Torrance, CA.

Interchange—*Region I Child Abuse and Neglect Resource Center. Boston, MA

ISR Newsletter—Institute for Social Research. Ann Arbor, MI

Iowa PTA Bulletin—Iowa Congress of Parents and Teachers. Des Moines, IA

The Last ? Resort—End Violence Against the Next Generation. Berkeley, CA

Legal Response: Child Advocacy and Protection—National Legal Resource Center for Child Advocacy and Protection. Washington, D.C.

Midwest Parent-Child Review; An Inter-Disciplinary HEW Region V Information Exchange—*Region V Child Abuse and Neglect Resource Center. Milwaukee, WI

National Child Protective Services Newsletter—American Humane Association. Englewood, CO

National Indian Child Abuse and Neglect Resource Center Newsletter—National Resource Center on Child Abuse and Neglect for Indians. Tulsa, OK

National Resource Center on Child Abuse/Neglect for Mexican American Migrants Newsletter—Texas Migrant Council. Laredo, TX. National Resource Center on Child Abuse and Neglect for Migrant Farmworkers.

Perspectives—Region VI Child Abuse and Neglect Resource Center. Austin, TX

Police-Juvenile Specialist Project Newsletter—Police-Juvenile Services. Columbia, MO

RE: Children; News About Children/and Families Gathered By The Children's Bureau—U.S. Department of Health and Welfare. The Children's Bureau. Washington, D.C.

Recap—*Region III Child Abuse and Neglect Resource Center. Washington, D.C.

Region 8 News—*Region VIII Child Abuse and Neglect Resource Center. Denver. CO

Region X Child Abuse and Neglect Resource Center Bi-Monthly Memo—*Western Federation for Human Services. Seattle, WA. Region X Child Abuse and Neglect Resource Center.

The Reporter—*Region VIII Child Abuse and Neglect Resource Center, The University of Iowa, Iowa City.

Research in Review: Perspectives For Social Services Utilization—New York State Department of Social Services. Albany, NY

Response To Violence and Sexual Abuse In The Family—Center for Women Policy Studies. Washington, D.C.

San Francisco Child Abuse Council News—San Francisco Child Abuse Council.

Sharing—Project Share. Rockville, MD

*Identifies the newsletters of the 10 Regional Child Abuse and Neglect Resource Centers.

Periodicals

The Region VII Child Abuse and Neglect Resource Center subscribes to the following journals. Requests will be considered on an individual basis. However, if at all possible these materials should be used at the Resource Center Library.

American Humane Magazine

Ceased publication in December 1978.
Library has from November 1976-December 1978.

Child Abuse & Neglect, The International Journal

Published quarterly.
Official journal of the International Society for Prevention of Child Abuse and Neglect.
Library has from 1977-

"Provides an international, multidisciplinary forum on the prevention and treatment of child abuse and neglect including sexual abuse. The scope also extends further to all those aspects of life which either favour or hinder optimal family bonding."

Children Today

Published six times a year by the Children's Bureau.
Library has May/June 1975, Nov./Dec. 1975, May/June 1976, Sept./Oct. 1976, Nov./Dec. 1976, 1977-

"Current events, programs and research relating to the life of children from infancy through the high school years."

Human Services Bibliography Series

Published approximately five times a year by Project Share.*
Library has:

June 1976—Evaluation of Services Integration Demonstration Projects.
Aug. 1976—Needs Assessment.
Sept. '76—Roles of Cities in Human Services.
Oct. 1976—Approaches to Human Services Planning.
Dec. 1976—Approaches to Budgeting and Cost Analysis.
July '77—Providing Human Services to the Elderly.
Aug. 1977—Trends in Mental Health Services Coordination.
Sept. '77—Human Services for Children and Youth.
Nov. 1977—Experiences in Evaluating Human Services.
Dec. 1977—Multi-Service Centers, Co-location and Services Integration.
Feb. 1978—Approaches to Human Services Planning revised.
Mar. 1978—Case Management in Delivery Systems.
May 1978—Social Indicators.

Human Services Monograph Series

Published approximately six times a year by Project Share.*
Library has:

Aug. 1976—Roles for General Purpose Governments in Services Integration.
Sept. '76—The Elusive Unit of Service.
Nov. 1976—Illustrating Services Integration from Categorical Bases.
June 1977—Cultivating Client Information Systems.
Aug. 1977—Managing the Human Service "System": What Have We Learned from Services Integration?
April '78—Application of Organization and Systems Theory to Human Services Reform.
Sept. '78—The Citizen as the Integrating Agent: Productivity in the Human Services.
Mar. 1979—The Development of Fee Schedules.
April '79—Dimensions of Services Integration.
Nov. 1979—Evaluability Assessment: Making Public Programs Work Better.

Journal of Human Services Abstracts

Published four times a year by Project Share.*
Library has:

January 1976	January 1978
April 1976	April 1978
July 1976	October 1978
October 1976	
April 1977	July 1979
July 1977	October 1979

*Project Share, a National Clearinghouse for Improving the Management of Human Services, provides State and local governments with a central, systematic way to share information on their experiences in planning, management and delivery of human services. The annotated bibliographies are on selected topics of major interest to human services planners and managers. The State of the Literature and the State of Knowledge in the field of human services planning and management are surveyed and described by experts in the field in the monograph series. The *Journal* announces documents recently by Project Share including information on ordering them.

Vertical File Index

Our pamphlet file is arranged alphabetically by subject. The *Child Abuse and Neglect Thesaurus* (an NCCAN publication) was used as the source of terminology. What follows is the list of subjects we currently have folders on to give you an idea of the diversified materials in the Region VII Child Abuse and Neglect Resource Center Library. Three items may be borrowed at one time from the pamphlet file. The loan period is one month.

Abusive Parents
Adolescent Abuse
Adolescent Pregnancy
Adoption
Alcoholism
American Humane Association
Battered Child Syndrome
Blacks
Burns
Central Registries
Child Abuse History
Child Abuse Reporting
Child Abuse Research
Child Advocacy
Child Care
Child Development
Child Neglect
Child Protection Services
Childrens Rights
Community Agencies
Community Programs
Corporal Punishment
County Programs
Crisis Nurseries
Day Care Programs
Dentists Role
Detection
Diagnoses
Drug Abuse
Educational Programs
Emotional Abuse
Emotional Neglect
Epidemiology
Etiology
Failure To Thrive Syndrome
Family Life
Federal Laws
Followup Studies
Foster Care
Guardian Ad Litem
Handicapped Children
Head Start
Homicide
Hospitals Role
Hot Lines
Incest
Incidence
Institutional Abuse and Neglect
Iowa
Juvenile Courts
Juvenile Delinquency
Kansas
Lawyers Role
Malnutrition
Maternal-Infant Bonding
Mental Retardation
Mexican Americans
Missouri
Multidisciplinary Teams
National Center on Child Abuse and Neglect
National Committee for Prevention of Child Abuse
Native Americans

Nebraska
Neglecting Parents
Netherlands
Nurses Role
Parenting
Parents Anonymous
Pediatricians Role
Physicians Role
Play Therapy
Police Role
Prediction
Prevention
Program Evaluation
Psychiatric Services
Psychologists Role
Public Awareness
Region I CAN Resource Center
Region II CAN Resource Center
Region III CAN Resource Center
Region IV CAN Resource Center
Region V Can Resource Center
Region VI CAN Resource Center
Region VII CAN Resource Center
Region VIII CAN Resource Center
Region IX CAN Resource Center
Region X CAN Resource Center
Religion
Schools Role
Sequelae
Sexual Abuse
Social Workers Role
Socioeconomic Stress
Spanish Language Materials
Spouse Abuse
Standards
State Laws
Teachers Role
Television
Termination of Parental Rights
Therapeutic Programs
Training
Venereal Diseases
Violence
Volunteers
Witnesses
Worker Burnout

Audiovisual Materials

All audiovisual materials owned by the Region VII Child Abuse and Neglect Resource Center are scheduled for use through the University of Iowa Media Library.

The University of Iowa
Media Library
C-5 East Hall
Iowa City, Iowa 52242

Hours: 8:00-5:00 Mon.-Fri.
Phone: (319) 353-5885

How to Place Your Order

Film orders will be accepted by phone, by mail, or in person. Collect calls will be accepted for scheduling from *Iowa,* Illinois, *Kansas,* Minnesota, *Missouri, Nebraska,* North Dakota, South Dakota, and Wisconsin.

Information needed: Catalog Number and Title; Desired Use Date; Alternate Use Dates, if possible.

Always include your *Customer Number* (assigned the first time your order audiovisual materials), complete *Shipping Address,* and *Billing Address.* Be sure to specify if you want materials shipped via United Parcel (UPS).

For those using institutional purchase order: If order is phone in, to be followed by the institutional purchase order, be sure to mark the purchase order—"Confirming order by (phone or letter) of (date)." This will prevent duplication of orders and charges. *If an open purchase order is on file:* Be sure to include the purchase order number (by phone or letter) to which the films should be charged.

To change or cancel an order: All notifications of changes or cancellation must be received at least two days prior to the shipping date indicated on the film confirmation which you will receive. A full rental fee of $5.00 must be charged for any changes or cancellation received after the film has been shipped.

To extend a booking: Phone and ask for "Film Scheduling." Your request will be granted if others are not booked to use the film.

Confirmations

Confirmations will be sent within 24 hours after scheduling. Note that the same form also serves as a cancellation notice and an overdue notice. The words "Confirmation," "Cancellation," and "Overdue Notice" appear in the upper left hand corner of the form. Please check for this information when you receive them to avoid misunderstandings.

Explanation of Charges

Basic 3 day rental=$5.00. (Rates are subject to change without notice. Orders will be invoiced at prices currently in force. Confirmation notice will show exact rental charge.)

5 day rental: add 50% to price quoted for basic 3 day rental.

10 day rental: double price quoted for basic 3 day rental.

Late return of films: A charge of $3.00 per day will be billed for each day film is kept by the user beyond the *Return Date* stated on the confirmation and shipping label.

Minor film damage: No additional charge beyond regular rental rate.

Major film damage or loss (in transit): Customer will be charged for replacement of the film. A depreciation allowance will be made depending on the age of the film and the amount of use it has received.

Returning Films

Immediately after use: Rewind on original reel, and replace in shipping container in which film was received. Return date is indicated on the confirmation and the shipping label.

How to return: Use return mailing label enclosed with each film. Its use will assure the film being returned by *Parcel Post-Library Rate—Special Handling.* Affix the return label over the shipping label on the film case.

Remember

For prompt scheduling always include the *Catalog Number, Title,* and your *Customer Number.* This information means your order goes directly to the computer for scheduling instead of waiting until the missing information can be looked up.

For emergency service call *The University of Iowa (319) 353-5885.* They will schedule and confirm your order while you wait. Collect calls for scheduling are accepted from Iowa, Kansas, Missouri, and Nebraska.

For rapid delivery request that your order be shipped via United Parcel. The small additional charge will be itemized on your invoice.

Policies and Restrictions

Rental requests are booked in the order in which they are received. Please order far enough in advance to allow for proper scheduling and shipping. Preview privileges cannot be provided for rental requests.

Audiovisual materials may not be loaned to other groups, organizations, or individuals without permission from the University of Iowa Media Library.

No admission charges (direct or indirect) may be collected.

Audiovisual materials may not be duplicated, reproduced, televised, or transmitted in whole or in part without specific permission from the copyright holder. User is responsible for obtaining this permission.

Films

Barb: Breaking The Cycle of Abuse

Not surprisingly, abusive parents are often former victims of abuse or neglect themselves. Barbara was such a parent—neglected herself, she had trouble coping with the responses and needs of her tiny daughter. Adapted from an actual case history, the film shows the development of Barb's situation from the time a neighbor calls the police. In time and with help, Barb comes to understand her own reactions and learns to cope with her responsibilities. This is a revised version of the popular training film, "Don't Give Up on Me," and an excellent public awareness builder.

16mm film color 28½ min. 1977 Catalog Number 50596

Child Abuse and The Law

Educators' responsibilities in detecting and reporting suspected cases of child abuse and neglect—as specified in the Federal Child Abuse Law—are carefully explained and shown. The physical and behavioral signals of a variety of abuse cases, including sexual abuse, are dramatized in situations involving teachers and students. Legal, medical, and social welfare experts analyze the teachers' approaches and give precise answers to their probing questions. Especially designed to help familiarize teachers, social workers, school nurses, and administrators with federal and state laws concerning child abuse.

16 film color 27 min. 1977 Catalog Number 50578

Child Abuse: Cradle of Violence

A documentary explores the problems and feelings of actual child abusers. Former abusers recall their feelings of frustration and anger which led to the act of abuse. They reveal how they overcame these feelings and how they presently relate to their children. Also shown are nonabusive parents sharing their attitudes about child rearing.

16mm film color 22 min. 1976 Catalog Number 40244

Cipher in the Snow

A dramatization of a true story of a boy who dies suddenly of no apparent cause which reconstructs the boy's life and emphasizes the need of every child for love and attention. A teacher investigating the boy's school records found that the boy became inattentive and listless in school at about the time his parents were experiencing marital difficulties; he was a victim of emotional neglect, both at home and in school. The film ends on an optimistic note, with the teacher vowing never again to let a child be so forgotten.

16mm film color 23 min. 1973 Catalog Number 48719

A Cry of Pain

One of the best of the recent crop of films on child abuse; not only does it cover the dynamics of child abuse and the range of treatment services for abusive parents, but it also shows how society also suffers since abused children often grow up to be abusive parents.

16mm film color 15 min. 1977 Catalog Number 30522

Don't Give Up On Me

The film depicts a case of child abuse and the way in which the mother is helped through a multidisciplinary team approach. The case is followed from the initial complaint to the police, through the court hearing, follow-up by a social worker, and Parents Anonymous workshops. The film creates empathetic identification with the parent.

16mm film color 29 min. 1975 Catalog Number 58511

Double Jeopardy

This film is designed to educate professionals to the problems of the child victim during the judicial proceedings of a child sexual abuse case. The film discusses the important role of children's advocates, the techniques of interviewing a child, and prosecutor case preparation and courtroom technique. It offers examples of proper and improper prosecutor and police demeanor when interviewing child victims. "Double Jeopardy" is intended to provide training support for professionals and encourage cooperation between social service and justice system personnel in order to attenuate the problems of the child victim and her family.

16mm film color 40 min. 1978 Catalog Number 60077

Incest: The Victim Nobody Believes

Three women who were victims of incest in childhood discuss their experiences and their reaction to the abuse. The methods each woman used to cope with the problem and the ways it affected her life are discussed.

16mm film color 20 min. 1976 Catalog Number 40245

Interviewing The Abused Child

"Interviewing the Abused Child" uses spontaneous interviews to illustrate the delicate interaction needed between the vulnerable abused child and the professional interviewer—doctor, nurse, social worker, teacher. The film sensitively demonstrates the balance the interviewer needs to maintain between respecting the child's privacy and feelings, and getting the information required by the interview.

16mm film color 21½ min. 1978 Catalog Number 40247

Last Taboo

In a dramatic weekend therapy session, six victims of early childhood sexual abuse work through some of the pain they carry from this early mistreatment. The film, edited for public awareness building, alerts the viewer to the reality of the incest experience, deflates the frequent position of well-intentioned adults who discount as fantasy children's reports of incest, and shows the long-term personality damage resulting from the experience. It also shows that victims can overcome the damage and lead reasonably normal and full adult lives.

16mm film color 30 min. 1977 Catalog Number 50567

Ordinary People

"Ordinary People" shows how normal stresses can combine to place an average, normal parent in danger of behaving abusively toward his or her children. John and Rita and their children have recently moved from a major urban area to a small town. While John makes exciting strides in his new job, Rita feels isolated in her new environment and locked into her role as mother. As Rita's unhappiness builds, she finds herself less and less able to cope with her 9 year-old son and her infant daughter. Unfortunately, no one hears her unspoken cries for help until it is too late.

16mm film color 28 min. 1977 Catalog Number 50595

Second Chance

This film presents a case study of a young child admitted to a hospital diagnosed as suffering from maternal deprivation syndrome and emotional maltreatment. The dramatic results of the six-week treatment course—which includes a volunteer foster grandparent—are documented in touching sequences shot throughout the course of treatment and culminating as the child prepares to leave the hospital.

16mm film color 13 min. 1978 Catalog Number 30523

We Were Just Too Young

Janice was 15 and John was 18 when their son was conceived. The film picks up their lives 2 years after Jeremy's birth. Janice and John are not married. They are not living together. They are not happy, independent, or self-supporting. Janice's overwhelming loss of freedom, her sense of frustration and entrampment with the emotional, economic and social hardships of parenthood is contrasted by a deep love and affection for her child. John's attitude is characterized by the unrealistic assumption that once they are united things will work out. This film will inform, educate, and sensitize teenagers, parents of teens, educators, social service and medical personnel and the general public about the real difficulties of adolescent parenting.

16mm film color 30 min. 1979 Catalog Number 50598

Please Refer to the Page Titled **Audiovisual Materials"** for Instructions on How to Place Your Order!

Films Available in Kansas

Broken Eggs

16mm film color 10 minutes

Depicts an incident at a preschool in which children ignore the authority of a student teacher.

Child Abuse and the Law

16mm film color 27 minutes

Educators' responsibilities in detecting and reporting suspected cases of child abuse and neglect are carefully explained and shown.

Child Parent Relationship/(Look At Me Series)

16mm film

A Far Cry From Yesterday

16mm film

Interviewing the Abused Child

16mm film color 21½ minutes

Useful training tool for all professionals who interview children.

Parenting: Growing With Children

16mm film 22 minutes

Through four families, the film looks at the realities, rewards, and responsibilities of being parents.

People Different But Alike

16mm film

Reward and Punishment

16mm film color 14 minutes

The principles of reward and punishment are outlined by Dr. James Gardner, a child psychologist. He discusses the use and abuse of punishment, its positive applications as well as negative effects.

Yellow Summer

16mm film color 28½ minutes

A determined 9-year old repeatedly tries to engage his father in a meaningful relationship without apparent success.

Multimedia Packages

Effective Parent

A set series of sound-and-color filmstrips

Set 1—Learning Through Play
Set 2—Learning Away From Home
Set 3—Learning in the Home
Set 4—Parent as a Teacher

The School-Age Parent

4 set series of sound-and-color filmstrips

Set 1—Becoming a Parent: The Emotional Impact
Set 2—Dealing with Practical Problems of Parenthood
Set 3—Rights and Opportunities
Set 4—Building a Future

Explores the special needs and problems of young people faced with the abrupt transition from childhood to parenthood and provides guidance and information they need to understand and cope with their new responsibilities.

How To Place Your Order

Write: Mrs. Virginia Lockhart, Director
Bureau of Health and Environmental Education
Kansas Dept. of Health and Environment
Forbes Field
Topeka, Kansas 66620
(913) 862-9360

Policies

- No rental fee.
- Borrower pays return postage only—no insurance required.
- Distribution limited to the state of Kansas with one exception, Kansas City, Missouri.

Films Available in Missouri

Barb: Breaking The Cycle

16mm film color 28 minutes

Revision of DON'T GIVE UP ON ME. New sequences, vignettes of other abusers. Interview with Douglas Besharov.

A Chain To Be Broken

16mm film color 27 minutes

Discusses child abuse and parenting skills in broadest forms. Offers alternatives and solutions for communities and individuals and stresses positive side of problem.

Child Abuse: Cradle of Violence

16mm film color 20 minutes

Parents discuss factors which led them to become abusive and offer helpful suggestions.

Cipher in the Snow

16mm film color 23 minutes

True story of a boy who was a victim of emotional neglect, both at home and in school.

Incest: The Victim Nobody Believes ("for professional use only")

16mm film color 21 minutes

Three young women discuss incestuous experiences and how it affected their lives.

Interviewing the Abused Child

16mm film color 21½ minutes

Useful training tool for all professionals who interview children.

The Last Taboo ("for professional use only")

16mm film color 30 minutes

Six women relive experiences of early sexual abuse. A compelling public awareness document.

Ordinary People

16 mm film color 28 minutes

Shows how normal stresses can combine to place an average, normal parent in danger of behaving abusively toward his or her children.

How To Place Your Order

Write: Films and Literature Unit
Missouri Division of Health
Broadway State Office Building
P.O. Box 570
Jefferson City, Missouri 65102
(314) 751-4131
Specify: Title of film
Date to be shown as well as an alternate date
Shipping address

Policies

- There is no charge for borrowing a film.
- No film can be booked more than three months in advance.
- Film requests are accepted on a first-come, first-served basis.
- The film librarian will accept only emergency orders by telephone—films needed within 7 days.
- Once a film is booked, it will not be cancelled unless the film is damaged or not returned on time by a prior user.
- Public health personnel should not schedule films for schools or other groups unless they personally are going to show the films. Borrowers should normally order films for their own use.
- Film requests should be limited to three titles per booking date.
- Films must be returned by Insured Mail or United Parcel immediately after scheduled showing date. The practice of constant late return will be sufficient cause for discontinuing our services to any user.

Films Available in Nebraska

Barb: Breaking The Cycle

16mm film color 28 minutes

Revision of DON'T GIVE UP ON ME. New sequences, vignettes of other abusers. Interview with Douglas Besharov.

A Chain To Be Broken

16mm film color 27 minutes

Discusses child abuse and parenting skills in broadest forms. Offers alternatives and solutions for communities and individuals and stresses positive side of problem.

Child Molestation: When To Say No

16mm film

Childhood Sexual Abuse: Four Case Studies

16mm film color 50 minutes

Based on same case studies as THE LAST TABOO. Rich insight into dynamics of early sexual abuse. Ideal for in-service training, entry-level orientation.

Cipher in the Snow

16mm film color 23 minutes

True story of a boy who was a victim of emotional neglect, both at home and in school.

A Cry of Pain

16mm film color 15 minutes

Child Abuse in America. Affirmative action film for caring communities. Families in distress and what can be done to help them.

Don't Give Up On Me

16mm film color 28 minutes

Widely acclaimed for its impact as an attitudinal training film for resource centers.

Fragile: Handle With Care

16mm film color 26 minutes

Narrated by Bill Cosby, the film shows that abuse of children is an old but increasing problem and examines why parents abuse their children and what happens to children, both physically and mentally.

Incest: The Victim Nobody Believes

16mm film color 21 minutes

Three young women discuss incestuous experiences and how it affected their lives.

The Last Taboo

16mm film color 30 minutes

Six women relive experiences of early sexual abuse. A compelling public awareness document.

Ordinary People

16mm film color 28 minutes

Shows how normal stresses can combine to place an average, normal parent in danger of behaving abusively toward his or her children.

Multimedia Packages

Child Abuse and Neglect

5 set series of sound-and-color filmstrips

Set 1—A Crippling Disease
Set 2—Discipline Versus Abuse
Set 3—Who is the Abuser. . .Who, the Abused?
Set 4—How Can We Tell?
Set 5—Treatment and Prevention

Child abuse is defined through an explanation of the types of neglect—physical, medical, educational, moral and emotional—and their degrees of severity. The type of individual who becomes an abuser is looked at, with attention given to the fact that he or she was most likely an abused or neglected child.

Video Materials

Vantage Point Series ("for professional use only")

7 ¾" videocassettes and accompanying training guides

Case 1—Child neglect in multi-problem family of the working poor.
Case 2—Child abuse/neglect in single-parent family. Child returned from placement.
Case 3—Child neglect in family in midst of crisis.
Case 4—Child neglect in deteriorating young family.
Case 5—Child neglect in multi-problem family of Appalachian background.
Case 6—Child neglect in single-parent family. Children and mother living with extended family.
Case 7—Chronic child neglect in disorganized family with problem involving alcohol.

Seven videotape training modules convey on-the-scene, unrehearsed actual worker-client and worker-supervisor interactions. Useful for agency pre-service or in-service training and in educational settings.

Videocassette Series on Child Abuse ("for professional use only")

5 ¾" videocassettes and accompanying study guides

1. Child Abuse: An Overview
2. Physical Abuse
3. Sexual Abuse
4. Nonorganic Failure to Thrive
5. Discussion of Child Abuse: A Question and Answer Session

These videocassettes serve as an instructive overview of the many facets and forms of child abuse and were developed for use by any professional who may come in contact with abused children and by medical students in their clinical years.

How To Place Your Order

Write: Nebraska Dept. of Public Welfare
301 Centennial Mall South
5th Floor, Training Unit
P.O. Box 95026
Lincoln, Nebraska 68509
Attn: Cheryl Reynolds
(402) 471-3121 x347

General Public Should Contact Their Local Welfare Office in Order to Schedule a Film.

No Rental Fee.

Educational and Training Materials

Developed By
Region VII Child Abuse and Neglect Resource Center

These materials have been designed for graduate and undergraduate programs of certain disciplines and professions, particularly those involved in providing service to abused and neglected children and their families.

Child Abuse and Neglect: A Basic View

Synchronized color slides (65) and audiocassette (55 minutes) 1976.

Narrative slide presentation including history of abuse and neglect, legal responsibilities, etiology, incidence, definitions, levels of abuse, abusive pattern, detection, medical workup, prognosis and treatment.

Audience: students, practicing professionals, and lay persons.

Child Abuse and Neglect: A Health Module

Synchronized color slides (80) and audiocassette (45 minutes) 1977.

Narrative slide presentation including definitions of abuse and neglect, legal responsibilities, early warning signals, suggestive indicators and treatment. Sexual abuse and emotional abuse are briefly discussed. Educational objectives and handouts are included.

Audience: students and practicing professionals.

Child Abuse and Neglect: A Manual For School Personnel 1977

This manual was designed to focus on the role and function of school personnel in the management of child abuse and neglect. The manual contains units on incidence data, suggestive characteristics, abuse and neglect occurring within the school, legal responsibilities, policy and reporting procedures, treatment goals and prevention. Colored photographs depicting those injuries school personnel are most apt to see are also included.

Audience: students and practicing professionals.

Child Abuse and Neglect: The Role of Protective Services 1978

This monograph was designed to acquaint social work students and beginning practitioners with the problems of child abuse and neglect and how social workers can respond.

The following areas are discussed: the family, child abuse and neglect as social problems, legal aspects, protective service (purpose, intake, study, treatment of the family, the role of the court), varied social service settings, prevention, and trends and issues.

Audience: students and practicing professionals.

Please address orders and inquiries to the following address:

Region VII Child Abuse & Neglect Resource Center
Institute of Child Behavior and Development
University of Iowa - Oakdale Campus
Oakdale, Iowa 52319

Audio Materials

Helfer, Ray E. *A Self-Instructional Program on Child Abuse and Neglect.* Evanston, Illinois: American Academy of Pediatrics, 1974.

3 audiocassettes with accompanying manual.

A self-instructional package comprised of six units. Each unit is less than thirty minutes in length and consists of a cassette audio tape which must be used with the accompanying manual. The units covered are: 1. The World of Abnormal Rearing (W.A.R.)—an overview of unusual rearing practices and their results; 2. Criteria for the Diagnosis of Child Abuse and Neglect—Historical and Observed Interactions; 3. The Diagnostic Process—the steps that should be taken and their orderly sequence; 4. Current Therapeutic Programs; 5. Developing Community Programs; and 6. Review and Preview—with some speculations on the future.

Catalog Number 70071 — Cost: $5.00
Order through University of Iowa's Media Library.

Johnston, Carol A. *The Art of the Crisis Line for Child Abuse Prevention: A Training Manual for Volunteers.* Oakland, California: Parental Stress Service, 1976.

1 audiocassette with accompanying manual.

This program has been written for those who have the opportunity to train prospective volunteers to work on crisis lines in child abuse prevention. An additional purpose is to provide a format for your own training program. This training course is a result of four years of experience training volunteers to answer a crisis line in an effective, supportive manner.

Available from the Region VII CAN Resource Center Library.

Video Materials

Portrait of a Self-Help Group: Parents Anonymous
Region VII Child Abuse and Neglect Resource Center, University of Iowa.
b&w ¾''videocassette (27 min.).
1978.

A videocassette of a Parents Anonymous chapter meeting. A rare opportunity to view a P.A. group in operation.

Catalog Number 70054 — Cost: $5.00
Order through the University of Iowa's Media Library.

Multimedia Packages

Lift A Finger. The Administrator's Role in Combating Child Abuse and Neglect.

Education Professionals Development Consortium C, Houston, Texas.
2 sets of synchronized color slides-audiocassettes (12 min.; 8 min.); manual (63 pp.).
1975.

A learning packet structured around 2 slide-tape presentations and accompanied by background information presents material intended to make educational leaders aware of the magnitude of the child abuse problem and their responsibilities under Texas law. A case of abuse which should have been reported by a school administrator, but was not because of ignorance of the law is depicted. Guidelines detailing common forms of abuse and ways to diagnose the problem are presented. Suggested administrative procedures on reporting child abuse and neglect cases are outlined. An explanation of court hearings and an excerpt from Texas Family Code are presented. A pre- and post-test are included.

Catalog Number 70050 — Cost: $5.00
Order through University of Iowa's Media Library.

Lift A Finger. The Citizen's Role in Combating Child Abuse and Neglect.

Education Professionals Development Consortium C, Houston, Texas. synchronized color slides-audiocassette (20 min.); manual (88 pp.).
1975.

A learning packet comprised of a manual and a slide-audiocassette presentation reviews the seriousness of child abuse and neglect, the citizen's responsibility to abused and neglected children, and the role of supportive agencies in protecting children from abuse. Case histories, a court hearing, Texas law excerpts, court case records, and letters of referral are provided. The slide-audiocassette presentation follows the case history of an abused infant and describes the events which led to abuse. The cyclical aspect of child abuse is emphasized and steps to ameliorate the problem are suggested.

Catalog Number 70053 — Cost: $5.00
Order through University of Iowa's Media Library.

Lift A Finger. The Teacher's Role in Combating Child Abuse and Neglect.

Education Professionals Development Consortium C, Houston, Texas.
3 sets of synchronized color slides-audiocassettes (10 min.; 25 min.; 8 min.); manual (124 pp.).
1975.

The objectives of this program are to apprise teachers, school nurses, and counselors of the nature of child abuse, to prepare them to identify abused children, to inform them of their responsibilities to abused children under the law, and to suggest administrative alternatives. Parts 1, 2, and 3 consist of slide-tape presentations depicting the development of agencies and legislation to assist the abused child, an actual incident of abused which stresses the responsibility that school personnel have to report, and a question-answer session about reporting laws and juvenile court proceedings of Texas and those of other states. Part 4 provides an overview of community agencies that will aid individuals in referring child abuse cases. Part 5 consists of a collection of supplemental materials.

Catalog Number 70051 — Cost: $5.00
Order through University of Iowa's Media Library.

Lift A Finger. The Young Adult's Role in Preventing Child Abuse and Neglect.

Education Professionals Development Consortium C, Houston, Texas.
synchronized color slides-audiocassette (30 min.); manual (77 pp.).
1975.

The program provides students, grades 9-12, with an insight into the problems of child abuse and neglect. Emphasis is on the responsibility involved in having children and the kinds of people who abuse children. The signs that lead one to suspect abuse are noted, and procedures for reporting are provided. Texas law concerning the citizen's responsibility to report abuse is cited.

Catalog Number 70052 — Cost: $5.00
Order through University of Iowa's Media Library.

We Can Help. Unit 1. Introduction To The Curriculum.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (30 min.); manual (16 pp.).
1976.

Guidelines for conducting activities designed to establish the learning climate and explain the structure, content, and processes of a curriculum on child abuse and neglect are presented. Activities include a large group meeting, group interchange with the trainer, an experiential exercise to acquaint the trainees with each other, 2 lectures, and a film. The first lecture explains the objectives of the program and the second presents an overview of the problem of child abuse and neglect, which includes topics such as: the needs of children; definitions of child abuse and neglect; abusive or neglectful individuals; institutional abuse; and the incidence and sequelae of child abuse and neglect. The intended length of this program is 2 hours and 40 minutes.

The film, "Working Together," depicts members of multidisciplinary teams or councils in 3 different communities addressing the benefits of using the multidisciplinary approach to child abuse and neglect case management. Team members discuss how teams: (1) offer easy consultation and expertise on child abuse or neglect situations before and after court involvement; (2) consider and identify gaps in services; (3) promote the involvement of more people; (4) initiate better uses of local resources; and (5) stimulate intergovernmental efforts.

Catalog Number 70055 — Cost: $5.00
Order film through University of Iowa's Media Library.
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 2. Introduction To The Identification Sequences.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C. manual (14 pp.).
1976.

An overview of the 4 units that comprise the identification sequence of the curriculum is presented via 2 lectures. The sequence comprises units on physical abuse, neglect, emotional maltreatment, and sexual abuse. This unit is designed to take 40 minutes and should precede the units it describes.

Catalog Number 70056
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 3. Identifying The Physically Abused Child.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (30 min.); 2 synchronized color filmstrip-audiocassettes (13 min.; 14 min.); manual (29 pp.).
1976.

An overview of physical abuse includes discussions of physical and behavioral indicators, social, familial, personal causes, and precipitating factors. Trainees are encouraged to identify and share their feelings about abused children and abusive parents while participating in a small group exercise in which a case history is analyzed. This program is designed to take approximately 5 hours.

The filmstrip-audiocassette, "Physical Abuse: What Behavior Can Tell Us," depicts and describes behavioral signs of child abuse. The film-strip-audiocassette, "Physical Indicators of Abuse, Signs of Alert," presents and describes actual photographs, x-rays, and illustrations of common injuries found in physically abused children. The 16mm film, "Abusive Parents," includes excerpts from a panel discussion by 4 women incarcerated for crimes involving child abuse. The discussion is followed by an interview with Elsa Ten Broeck.

Catalog Number 70057 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 4. Identifying The Neglected Child.

National Center on Child Abuse and Neglect (DHEW), Washington D.C.
synchronized color filmstrip-audiocassette (12 min.); manual (41 pp.).
1976.

A unit on child neglect covers physical and behavioral indicators, trainee's attitudes toward neglected children and neglectful parents or caretakers, and the difficulties of conclusively identifying suspected cases. Activities involved in this unit include a lecture on definitions of neglect, a filmstrip and discussion, and analysis and discussion of 4 case histories. The program is intended to last 4 hours and 35 minutes.

The filmstrip-audiocassette, "Identifying Neglect: Before It's Too Late," depicts various signs of neglect accompanied by a narration which begins by pointing out that neglect occurs when a child's basic needs are not met by his parents.

Catalog Number 70058 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 5. Identifying The Emotionally Maltreated Child.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C. manual (11 pp.).
1976.

CURRENTLY MISSING FROM THE COLLECTION

We Can Help. Unit 6. Identifying The Sexually Abused Child.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (25 min.); manual (19 pp.).
1976.

A program on intrafamily sexual abuse of children covers physical and behavioral indicators, underlying family dynamics, and society's response to the problem. Trainees explore and compare their feelings toward both the victims and the perpetrators. Activities include a film on the problem, a supplemental lecture, and small group analysis of a case history. The program is designed to last 3 hours and 40 minutes.

The film, "Sexual Abuse," provides an overview of intrafamily sexual abuse of children. It includes definitions of the problem, common myths, physical and behavioral indicators, family dynamics, and different approaches to the problem.

Catalog Number 70060 — Cost: $5.00
Order film through University of Iowa's Media Library.
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 7. Introduction To The Community Response Sequence.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
manual (12 pp.)
1976.

An introduction to the community response segment of the curriculum provides an overview of: the reporting of child abuse and neglect, investigating, case planning and referral, the role of the courts, and coordinating community resources. A discussion of the need for multidisciplinary cooperation in responding to child abuse and neglect cases follows. Specific activities involve 2 lectures and a brainstorming session. This program lasts approximately 70 minutes.

Catalog Number 70061
Manual is available from the Region VII CAN Resource Library.

We Can Help. Unit 8. Reporting Child Abuse and Neglect.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
synchronized color filmstrip-audiocassette (15 min.); manual (29 pp.).
1976.

State reporting laws, the local procedures for reporting and responding to reports, and the major issues involved in the reluctance of some professionals to report are examined. This program lasts approximately 3 hours.

The filmstrip-audiocassette, "Issues in Reporting Child Abuse and Neglect," presents a discussion of the effectiveness of child abuse and neglect reporting laws and a variety of reasons why child care professionals may be reluctant to report cases.

Catalog Number 70062 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 9. Investigating Child Abuse and Neglect.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (28 min.); manual (23 pp.).
1976.

Investigation is defined and described from the different professional perspectives. The methods of accomplishing an investigation are reviewed. Specific activities include a lecture and discussion and a film and discussion. The program is intended to last 2 hours and 40 minutes.

In the film, "Investigating Reports of Child Abuse and Neglect," an incident of suspected physical abuse and an incident in which 2 children were left unsupervised are dramatized.

Catalog Number 70063 — Cost: $5.00
Order film through University of Iowa's Media Library.
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 10. Case Planning and Referral.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
synchronized color filmstrip-audiocassette (15 min.); manual (24 pp.).
1976.

The third phase of the community response to cases of child abuse and neglect, case planning and referral, is examined. A lecture and a filmstrip introduce the unit and describe the components of case planning and referral. The unit requires 3 hours and 20 minutes.

Presented in the filmstrip, "Case Planning and Referral," are the major components of case planning, from both the family's and professional's point of view. A case history is demonstrated as it progresses through needs assessment, treatment planning, implementation and referral, and case monitoring.

Catalog Number 70064 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 11. The Role of the Courts.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
manual (40 pp.).
1976.

An overview of the functions and purposes of criminal and juvenile courts as they pertain to child abuse and neglect cases is presented. An introductory lecture sets forth and contrasts the general purposes and functions of criminal and juvenile courts including the advantages and disadvantages of each for child abuse cases. Trainees discuss their attitudes concerning the roles of these 2 court systems in child abuse and neglect cases. A guest lecturer, following a specified outline, spells out specific procedures for handling a case of suspected abuse or neglect in the trainee's juvenile court system. A description of the role of the various participants in the court process is included. The approximate length of this unit is 2 hours.

Catalog Number 70065
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 12. Coordinating Community Response to Child Abuse and Neglect.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (30 min.); manual (21 pp.).
1976.

Multidisciplinary and multiagency relationships that affect the community response system to child abuse and neglect are explored. The program includes a group simulation of a community task force established to explore the possibility of multidisciplinary, multiagency cooperation and potential obstacles to that process. Also included is the film, "Working Together," which focuses on 3 different multidisciplinary teams established in an affluent suburb of a large city, a small city, and a rural community. The unit ends with a group formulation of plans for multiagency, multidisciplinary cooperation in their own communities. The program is designed to last 4 hours and 25 minutes.

Catalog Number 70066 — Cost: $5.00
Order film through University of Iowa's Media Library.
Manual is available from the Region VII CAN Resource Center Library.

We Can Help. Unit 13. Specialized Training for Social Work Professionals.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
b&w 16mm film (32 min.); manual (193 pp.).
1976.

A program is presented which increases the social work professional's knowledge of and skills in the process of investigation, the legal issues in child abuse and neglect, the process of social assessment, and the process of case planning; in addition, it helps trainees clarify their roles as social workers. The program consist of modules. Module 1 describes the investigation process. Module 2 presents information concerning the court system. a film, entitled "Presenting the Case," gives information on how to testify in court. Module 3 explores social assessment. Module 4 examines the process of case planning including development of a treatment plan. The entire unit requires 19 hours and 35 minutes.

Catalog Number 70067 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 14. Specialized Training for Medical and Health Professionals.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
1976.

MODULE 1: 4 color synchronized filmstrip-audiocassettes (22 min.; 17 min.; 13 min.; 15 min.); manual (31 pp.).
This module presents the medical indicators to be aware of in diagnosing child abuse and neglect, the special factors associated with diagnosing different types and effects of maltreatment, and some procedures to be used in developing a plan for making a final diagnosis of abuse or neglect. Trainees practice using the medical indicators and planning procedures in developing a case study diagnosis. The module, which requires 4 hours and 20 minutes to present, includes a glossary of medical terms and a filmstrip-audiocassette series, "Medical Indicators of Child Abuse and Neglect."

MODULE 2: color 16mm film (35 min.); manual (16 pp.).
This module describes the importance of the medical interview in cases of suspected child abuse and neglect, outlines the content of the medical interview as the basis for further investigation, interventions and treatment, and presents guidelines concerning the process and style of interviewing in such cases. The module, which takes 55-90 minutes to present, includes resource papers and outlines for a lecture on medical interviewing and a film entitled "The Interview."

MODULE 3: color filmstrip (20 min.); manual (7 pp.).
This module describes how observation of the behavior of parents and children in suspected cases of child abuse and neglect can provide corroborative evidence. The module includes resources for a lecture and a filmstrip of 6 vignettes of behaviors which test the trainee's perceptive skills. Each vignette is meant to suggest an abusive or neglecting situation to the trainees. The intended length of the module is 65 minutes.

MODULE 4: manual (64 pp.).
This module describes the case planning process, with emphasis on the assessment and treatment planning phases. A sample child abuse case is used in a lecture demonstration to teach trainees the process of developing assessment and treatment matrices. The suggested time for presenting the module is 4 hours.

MODULE 5: manual (20 pp.).
This module describes the last phase of the case planning process, the case monitoring process. It identifies how case monitoring can be used to evaluate and improve the effectiveness of treatment and provide on-going reassessment of treatment goals. The suggested time for the module is 2 hours.

MODULE 6: CURRENTLY MISSING FROM THE COLLECTION

MODULE 7: color 16mm film (35 min.); manual (11 pp.).
This module includes a film and discussion of the physician's role as an expert witness in a child abuse case. The suggested length of the module is 55-90 minutes. The film, "The Medical Witness," portrays a physician carrying out the various functions involved in testifying in a juvenile court child abuse case.

Catalog Number 70068 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 15. Specialized Training for Educators.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
synchronized color filmstrip-audiocassette (15 min.); manual (65 pp.).
1976.

The feelings that may affect an educator's willingness to become involved in cases of suspected abuse or neglect are explored. Major aspects covered are physical and behavioral indicators of child maltreatment that an educator is likely to observe; the critical elements of policies and procedures for school districts in suspected cases of abuse and neglect; key points to know when interviewing children who may be abused or neglected; and the roles, beyond reporting, that educators can play in abuse or neglect cases. The program takes approximately 5 hours.

The filmstrip, "Child Abuse and Neglect: What the Educator Sees," presents physical and behavioral indicators of abuse and neglect which children are likely to display in a school setting.

Catalog Number 70069 — Cost: $5.00
Order complete unit through University of Iowa's Media Library.

We Can Help. Unit 16. Specialized Training for Law Enforcement Professionals.

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
color 16mm film (30 min.); manual (138 pp.).
1976.

This program is divided into 3 modules. Module 1 presents information about the legal context of child abuse and neglect and also describes the social service approach to problems of child abuse and neglect. Presentations cover the responsibilities of law enforcement, definitions of child abuse and neglect, reporting laws, the juvenile court approach, criminal child abuse and neglect laws, and the child protective service approach to child abuse and neglect cases. The film, "Abusive Parents," is shown and followed by a discussion of the propriety of criminal prosecutions. Trainee attitudes toward the social service approach are explored. For information regarding modules 2 and 3, please contact the Region VII CAN Resource Center.

Catalog Number 70070 — Cost: $5.00
Order through University of Iowa's Media Library.

New Additions

5/1/80 New in Circulating Collection

American Humane Assoc. *Child Protective Services Entering the 1980s: A Nationwide Survey.* Englewood, CO: c1979.

Armstrong, Louise. *Kiss Daddy Goodnight: A Speak-Out on Incest.* New York: Hawthorn Books, 1978.

Bybee, Rodger W., ed. "Violence Toward Youth in Families." *Journal of Social Issues* 35 (2):1979.

Garbarino, James, and Stocking, S. Holly, et al. *Protecting Children from Abuse and Neglect.* San Francisco: Jossey-Bass, c1980.

Holder, Wayne, and Mohr, Cynthia, eds. *Helping in Child Protective Services: A Casework Handbook.* Englewood, CO: American Humane Assoc., c1980.

Mason, Diane; Jensen, Gayle; and Ryzewics, Carolyn. *How To Grow a Parents Group.* Milwaukee, WI: International Childbirth Education Assoc., c1979.

Straus, Murray A.; Gelles, Richard J.; and Steinmetz, Suzanne K. *Behind Closed Doors: Violence in the American Family.* New York: Doubleday, c1980.

New in Reference Collection

American Academy of Child Psychiatry. *Journal of the American Academy of Child Psychiatry* 18 (Spring 1979): entire issue.

American Journal of Orthopsychiatry 45 (April 1975):entire issue.

"Child Abuse and Neglect." *Victimology: An International Journal* 2 (Summer 1977): entire issue.

New Periodicals

Child Welfare; Journal of Child Welfare League of America, Inc. January 1980-

New AV

ACCESS. "Don't Hurt Me Daddy." (Side 1) & 5 PSA's (Side 2). Milwaukee, WI: Milwaukee County Dept. of Social Services, 1980. 1 45 rpm record

New Government Documents

Adolescent Abuse: A Symptom of a Family in Crisis; Interrelationship Between Adolescence & Middlescence; Training Manual. College Park, Maryland: Prince George's County Hotline, Inc., July 1977. (GOV/ADO)

Bross, Donald C., ed. *Legal Representation of the Maltreated Child.* Denver, CO: National Assoc. of Counsel for Children, c1979. (GOV/LEG)

Callard, Esther Dean, and Morin, Patricia E., eds. *PACT: Parents and Children Together; An Alternative to Foster Care.* Detroit: Wayne State Univ., Dept. of Family and Consumer Resources, c1979. (GOV/CAL)

Goldman, Gerald; Drew, Jenifer D.; Aber, J. Lawrence. *Outside In: A Handbook for Citizen Review of Children's Residential Facilities.* Boston, MA: Office for Children, 1980. (GOV/GOL)

Harhai, Stephen, ed. *Handling Paternity Cases Under the Uniform Parentage Act.* Denver, CO: University of Denver Law Center, 1978.

Johnson, Clara L. *Child Sexual Abuse Case Handling in Mississippi.* Athens, GA: Regional Institute of Social Welfare Research, n.d.

Johnson, Clara L. *Child Sexual Abuse Handling in Tennessee.* Athens, Georgia: Regional Institute of Social Welfare Research.

Metropolitan Area Comprehensive Emergency Services Task Force. *Metropolitan Area Comprehensive Emergency Services.* August 1979.

National Legal Resource Center for Child Advocacy and Protection. *Advocating for Children in the Courts.* Washington, D.C.: American Bar Association, c1979.

Pike, Victor; Downs, Susan; Emlen, Arthur; Downs, Glen; and Case, Denise. *Permanent Planning for Children in Foster Care: A Handbook for Social* Workers. U.S. Department of Health, Education, and Welfare, Children's Bureau, 1977.

Prevention of Abuse and Neglect of Children in Out-of-Home Care: Module I: Child Abuse & Neglect: An Overview; Module II: Guidelines to Treatment; Module III: The Uniqueness of Foster Parenting; Module IV: Discipline: Alternatives to Corporal Punishment; Module V: Child Abuse & Neglect in Out-of-Home Care. San Francisco Abuse Council, c1979.

Simmons, Jane. *Child Protective Service Workers and Supervisors: Qualifications, Training Needs and Roles; Florida.* Athens, GA: Regional Institute of Social Welfare Research, n.d.

Sundel, Martin. *Local Child Welfare Services Self-Assessment Manual.* Washington, D.C.: Children's Bureau, September 1979.

U.S. Department of Health, Education, and Welfare. Children's Bureau. *Local Child Welfare Services Self-Assessment Manual: Checklists.* Washington, D.C.: Revised September 1979.

6/19/80 New in Circulating Collection

Brady, Katharine. *Father's Days: A True Story of Incest.* New York: Seaview Books, c1979.

Collins, Marilyn C. *Child Abuser: A Study of Child Abusers in Self-Help Therapy.* Littleton, MA: Publishing Sciences Group, c1978.

Cook, Joanne Valiant, Bowles, Roy Tyler. *Child Abuse: Commission and Omission.* Toronto: Butterworths, c1980.

Goldstein, Joseph; Freud, Anna; and Solnit, Albert J. *Beyond the Best Interests of the Child.* New York: Free Press, c1979.

New in Reference Collection

Chu, Godwin C., and Schramm, Wilbur. *Learning From Television: What the Research Says.* Washington, DC: National Association of Educational Broadcasters, 1979.

New AV

Adapting to Parenthood. Polymorph Films. Color, 16mm film, 20 min., 1975.

Whose Child Is This? Learning Corp. of America. Color, 16mm film, 28 min., 1979.

Shatter the Silence. S-L Film Productions. Color, 16mm film, 29 min., 1980?

New Government Documents

American Indian Lawyer Training Program, Inc. Suggested Strategies for Successful Implementation of the Indian Child Welfare Act of 1978: "A Preliminary Review." Oakland, CA: September 1979.

11/17/80 New in Circulating Collection

Chase, Naomi Feigelson. *A Child Is Being Beaten: Violence Against Children, an American Tragedy.* Dusseldorf: McGraw-Hill Book Company, 1976.

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Free Publications Available from the Region VII Child Abuse and Neglect Resource Center

One copy of the following publications may be ordered free of charge (unless otherwise noted) from the Region VII Child Abuse and Neglect Resource Center by persons living in Iowa, Missouri, Kansas, and Nebraska while the supply lasts. Multiple copies of many titles are available by special request (write or phone 319-353-4791). Please check the desired publications on this form. Include your name and the address in the return address portion on the back page of this form. Then fold, stamp, and mail.

Publications from the National Center on Child Abuse and Neglect

☐ **Adolescent Abuse and Neglect: Intervention Strategies.** (User Manual Series) For protective service workers and personnel in community agencies which provide treatment services; provides basic understanding of characteristics of maltreated adolescents and their families, and a guide to specialized service and treatment planning. (62 pages)

☐ **Child Abuse and Developmental Disabilities.** A collection of papers presented to HHS Region I Conference on Developmental Disabilities. (45 pages)

☐ **Child Abuse and Neglect among the Military: A Special Report from the National Center on Child Abuse and Neglect.** Examines characteristics of military life which may increase likelihood of child maltreatment, incidence, development of child advocacy programs in the military, child advocacy regulations, jurisdictional problems, and future directions. (9 pages)

☐ **Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel.** Provides basic and current information in nontechnical language for Head Start personnel from a variety of backgrounds and experiences. (135 pages)

☐ **Child Abuse and Neglect Audiovisual Materials: May 1980.** NCCAN's updated comprehensive listing of audiovisual materials. (92 pages)

☐ **Child Abuse and Neglect Helplines.** Updated listing of programs operating child abuse and neglect helplines. (12 pages)

☐ **Child Abuse and Neglect in Residential Institutions: Selected Readings on Prevention, Investigation and Correction.** Articles and essays discussing various types of residential child maltreatment, identification, and measures to remedy the problem. (193 pages)

☐ **Child Abuse and Neglect Information Management Systems.** Topics covered include state approaches to development and maintenance of central registries, client tracking and case management capabilities, current problems and issues, and future prospects. (30 pages)

☐ **Child Abuse and Neglect Prevention and Treatment in Rural Communities: Two Approaches.** Two reports: "A Rural Community Self-Help Approach to the Prevention of Child Abuse and Neglect" and "Operation Reach—Wyoming People Reaching Out to Help Their Abused and Neglected Children." (201 pages)

☐ **Child Abuse and Neglect Programs in HEW Region VII.** Describes programs in Iowa, Kansas, Missouri, and Nebraska. (111 pages)

☐ **Child Abuse & Neglect: State Reporting Laws.** Summarizes key elements of statutes such as reporting requirements, role of child protective service agencies, and judicial proceedings. (39 pages)

☐ **Child Abuse and Neglect Research: Projects and Publications.** Directory containing abstracts of over 600 publications plus descriptions of 160 research projects under way in 1979. (249 pages)

☐ **Child Abuse and Neglect. The Problem and its Management.** Volume 2. *Roles and Responsibilities of Professionals.* Roles of professionals involved in child abuse case management are discussed and procedures for working with abusive parents detailed. (89 pages)

☐ **Child Abuse and Neglect. The Problem and its Management.** Volume 3. *The Community Team: An Approach to Case Management and Prevention.* Topics covered include identification and diagnosis, treatment, education and training, and primary prevention. (208 pages)

☐ **Child Abuse, Neglect and the Family within a Cultural Context.** Reprint of August-September 1977 P.S.R.I. REPORT (Vol. 2, No. 7), which is a collection of articles on child abuse in various cultures. (15 pages)

☐ **Child Abuse Prevention and Treatment Act (Public Law 93-247 as amended by P.L. 95-266, April, 1978).** Contains full text of the 1974 federal law which authorized and funded the National Center on Child Abuse and Neglect. (8 pages)

☐ **Child Neglect: Mobilizing Services.** (User Manual Series) An overview showing a larger context of services in the treatment of neglect; includes sections on viewing the neglectful family, placement, and social policy considerations. (56 pages)

☐ **Child Protection in Military Communities.** (User Manual Series) Includes discussions of stress on military families, jurisdictional issues, child advocacy, and military/civilian cooperation. (76 pages)

☐ **Child Protection: Providing Ongoing Services.** Overview of resources and services that child protective service providers may draw upon within their community for guidance in insuring effective services. (92 pages)

☐ **Child Protection: The Role of the Courts.** Overview of court system with reference to child abuse and neglect cases; includes detailed explanation of juvenile court procedure, case preparation, proving a case, and the use of witnesses. (73 pages)

☐ **Child Protective Services: A Guide for Workers.** (User Manual Series) Discusses role of CPS worker in preventing, identifying, and responding to child abuse and neglect. (89 pages)

☐ **Child Sexual Abuse: Incest, Assault, and Sexual Exploitation.** Summarizes current state of knowledge about sexual abuse of children, scope of the problem, definitions, the dynamics of sexual abuse, effects on children and their families, and prevention, intervention, and treatment techniques. (18 pages)

☐ **A Community Approach: The Child Protection Coordinating Committee.** (User Manual Series) Manual for professionals and concerned citizens interested in developing coordinated community response. Describes essential activities involved in planning, organizing, and operating a community-wide committee. (63 pages)

☐ **Crisis Intervention: A Manual for Child Protection Workers.** (User Manual Series) Intended as supplement to the manual *Child Protective Services: A Guide for Workers*. Discusses approaches to crisis intervention in possible child abuse and neglect cases. (33 pages)

☐ **Critical Issues in Child Protective Services.** Report of NCCAN sponsored symposium on improving quality of services provided by CPS workers; six major issues discussed. (9 pages)

☐ **Data Aspects of Child Protective Services; a Report from the 4th National Conference on Data Aspects of Child Protective Services: September 1980.** Conference participants discuss issues and problems related to collection, analysis, and use of child abuse and neglect data on both the state and national levels, as well as demonstrations of state data management systems currently in operation and presentations of findings of data-related research projects. (9 pages)

☐ **Defining Emotional Neglect.** Reprint of article from Jan.-Feb. 1976 issue of *Children Today*. (5 pages)

☐ **Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Designed for persons involved in child care programs or educational development services to preschool children. Topics include recognition of child maltreatment, reporting and prevention roles, and possible treatment and therapy approaches. (69 pages)

☐ **The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Roles and responsibilities of teachers, administrators, school nurses, and other educators in the prevention, identification, and treatment of child abuse and neglect. Topics include recognition of child maltreatment, reporting by educators, prevention, and school-based therapeutic services. (53 pages)

☐ **Families in Stress.** Questions and answers for parents who are under stress and at risk for abusing their child. Encourages parents to seek support from local community resources. (24 pages)

☐ **Family Violence: Intervention Strategies.** (User Manual Series) Outlines various approaches to short- and long-term intervention in child abuse cases, including sections on identification, legal issues, and program implementation. (81 pages)

☐ **Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects (Draft).** Sets forth NCCAN standards in such areas as state law; legal rights; research and evaluation; state and local authority; physical and mental health, educational, judicial, and law enforcement systems; and prevention and correction of institutional abuse and neglect. (258 pages)

☐ **Fiscal Year 1978 Grant and Contract Awards.** (*Child Abuse and Neglect Reports*, Feb. 1979 issue). (17 pages)

☐ **Guidelines for the Hospital and Clinic Management of Child Abuse and Neglect.** (User Manual Series) Manual helping health care facilities to manage child abuse and neglect cases by establishing standardized procedures. (81 pages)

☐ **Head Start's Role in the Area of Child Abuse and Neglect.** (*Child Abuse and Neglect Reports*) (8 pages)

☐ **How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect.** (User Manual Series) Outlines public relations, planning, budgeting, and activities related to carrying out public awareness programs. (71 pages)

☐ **"I Love My Child but I Need Help."** *How to Develop a Crisis Nursery*. Practical information including funding, locations, goals, policies, procedures, and staffing, plus examples. (24 pages)

☐ **Interdisciplinary Glossary on Child Abuse and Neglect: Legal, Medical, Social Work Terms.** A useful compendium of terminology used in the field of child abuse and neglect. (45 pages)

☐ **Multidisciplinary Teams in Child Abuse and Neglect Programs.** Summarizes role of multidisciplinary teams (MDTs) in child abuse and neglect programs; rationale behind MDT approach; and the types of MDTs. (24 pages)

☐ **National Analysis of Official Child Neglect and Abuse Reporting (1978).** Presents a descriptive analysis of the child abuse and neglect reports documented nationwide during 1978. (44 pages)

☐ **National Analysis of Official Child Abuse and Neglect Reporting 1977.** Detailed description of cooperative reporting systems of child abuse and neglect incidence with demographics, epidemiological data; and a comparison of 1976 and 1977 data. (64 pages)

☐ **New Light on an Old Problem: 9 Questions and Answers about Child Abuse and Neglect.** Incidence, indications, and effects of child maltreatment are described and the need to help the persons involved is emphasized. (19 pages)

☐ **1978 Annual Review of Child Abuse and Neglect Research.** A broad overview of completed and current research including comparisons of estimates of abuse and neglect, situational factors, attitudes and values, prevention, treatment, and effects/sequelae. (93 pages)

☐ **1978 National Conference on Child Abuse and Neglect.** Includes papers, workshop descriptions, and highlights of 36 demonstration projects at the 1978 NCCAN conference in New York City. (234 pages)

☐ **Nueva Enfoque Sobre Un Viejo Problema.** Spanish version of *New Light on an Old Problem*. (19 pages)

☐ **The Nurse's Role in the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Describes roles and responsibilities of nurses in identifying, reporting, treating, and preventing child abuse and neglect. (63 pages)

☐ **Overcoming Barriers to Planning for Children in Foster Care.** Final report of a three-year project to reduce the number of children in unplanned foster care. Describes barriers to planning, the clients, amount of effort made, personnel involved, social work and legal components, process, and cost savings. (121 pages)

☐ **Parent Aides in Child Abuse and Neglect Programs.** (User Manual Series) Provides information about the development and implementation of parent aide programs. Intended for CPS workers and other child care professionals. (57 pages)

☐ **Planning and Implementing Child Abuse and Neglect Service Programs: The Experience of Eleven Demonstration Projects.** Provides assistance in community needs assessment, project goals and objectives, performance standards in case management, and ongoing program monitoring of effectiveness and expenditures. (155 pages)

☐ **Poster: Do Ye Hear the Children Weeping Oh My Brothers?** Produced by Region VII Child Abuse and Neglect Resource Center.

☐ **Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions.** (User Manual Series) Discusses the topic of institutional maltreatment, some contributing factors, reporting procedures, policy implications and constraints. (47 pages)

☐ **Profile of Neglect: A Survey of the State of Knowledge of Child Neglect.** Facts and figures about child neglect: its definitions, its prevalence, many of its causes and results, some steps for prevention and some ways to treat, and what we don't know about neglect. (57 pages)

☐ **Reaching Out: The Volunteer in Child Abuse and Neglect Programs.** (User Manual Series) Directed to child protection agencies featuring volunteer programs and prospective volunteers. Outlines ways in which volunteers can help. (55 pages)

☐ **Representation for the Abused and Neglected Child: The Guardian ad Litem and Legal Counsel.** Discusses the role of the representative in child abuse and neglect proceedings, focuses on the issues of who should represent the child and how effective representation can be accomplished, and compares state statutes. (22 pages)

☐ **The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Deals with various roles and responsibilities of law enforcement personnel in the identification, treatment, and prevention of child maltreatment. (55 pages)

☐ **The Role of the Mental Health Professional in the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Why psychiatrists, psychologists, counselors, and other mental health professionals should be involved in prevention; how to recognize it; the reporting aspect; and involvement with the courts. (78 pages)

☐ **Selected Readings on Child Neglect.** Six papers dealing with: standards for determining neglect, emotional neglect, casework treatment of a neglectful mother, and treatment of infants with organic failure to thrive. (67 pages)

☐ **Selected Readings on the Enhancement of Social Services Management Systems.** Six papers that report or review research findings on the enhancement of social service management systems. (99 pages)

☐ **Sources of Funding for Child Abuse and Neglect Projects.** Describes major public and private sources of financial assistance for research and service projects. (36 pages)

Free Publications Available from The Region VII Child Abuse and Neglect Resource Center

☐ **Supervising Child Protective Workers.** (User Manual Series) Discusses building a foundation for effective service delivery, the role of supervision in a CPS Unit, skills and techniques for supervising, and information and skills necessary. (48 pages)

☐ **Training in the Prevention and Treatment of Child Abuse and Neglect.** (User Manual Series) Addresses the importance of training in the identification, reporting, diagnosis, treatment, and prevention of child abuse and neglect. (68 pages)

☐ **Treatment for Abused and Neglected Children.** (User Manual Series) Discusses the physical, mental, and emotional aspects of treating abused and neglected children. Primarily for CPS workers. Includes tests for assessing child's physical, speech, and language development. (66 pages)

☐ **Volunteers in Child Abuse and Neglect Programs.** A short discussion of the use of volunteers; includes a bibliography and an extensive list of programs that use volunteers. (49 pages)

☐ **We Can Help: A Curriculum on Child Abuse and Neglect.** *Leader's Manual.* Intended for instructors of in-service training sessions. Sets out a 24-hour, eight-unit curriculum on various aspects of child maltreatment. (348 pages)

☐ **We Can Help: A Curriculum on Child Abuse and Neglect.** *Resource Materials.* Companion volume to *We Can Help Leader's Manual.* Readings, case histories, and discussion guidelines designed to complement the eight-unit curriculum and serve as a textbook for in-service participants. (123 pages)

☐ **We Can Help: A Curriculum on Child Abuse and Neglect.** *Specialized Training for Child Protective Service Workers.* Provides detailed training course outline for CPS workers. (301 pages)

☐ **Worker Burnout among Child Protective Service Workers.** Summarizes some of the recent literature related to worker burnout, discusses some of the contributing factors, and describes some of the effects on the caseworker, on clients, and on organizations. (19 pages)

☐ **Working Together: A Plan to Enhance Coordination of Child Abuse and Neglect Activities.** A mandated plan submitted to the President and Congress of the U.S. by the Advisory Board on Child Abuse and Neglect of NCCAN to help communities prevent and treat child abuse. (42 pages)

Other Publications Disseminated by the Resource Center

☐ **Child Abuse and Neglect and the Law: Cases and Materials for Attorneys and Law Students.** Intended as a training manual. A collection of article reprints and court cases. (172 pages) *($5.00.* Make checks payable to The University of Iowa.)

☐ **Child Abuse and the Handicapped Child: An Annotated Bibliography.** Sixty citations with abstracts from the ERIC Psychological Abstracts, MEDLINE, Child Abuse and Neglect, Exceptional Child Education Resources, and Social Science Citation Index data bases. (20 pages)

☐ **Child Abuse (Iowa Film News).** A complete listing of films and learning packages on child abuse distributed by the Region VII Child Abuse and Neglect Resource Center through The University of Iowa Audiovisual Center Media Library. (pamphlet)

☐ **A Community Plan for Preventing Child Abuse.** (Wingspread Report) Report summarizing December 1978 conference that identified what was currently known about child abuse prevention and recommended prevention programs. (10 pages)

☐ **Institutional Child Maltreatment: An Annotated Bibliography.** Sixty-nine citations with abstracts from the ERIC Psychological Abstracts, and Social Science Citation Index data bases. (21 pages)

☐ **Catalog of Library Resources.** A complete listing of all books, government documents, newsletters, periodicals, vertical file headings, and audiovisual materials in the Region VII Child Abuse and Neglect Resource Center Library. (50 pages)

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Postal Stamp

Region VII Child Abuse and Neglect Resource Center
Institute of Child Behavior and Development
The University of Iowa
Oakdale, Iowa 52319

APPENDIX C
Resource Agencies

Resource Agencies

National Center For The Prevention And Treatment Of Child Abuse
University Of Colorado Medical Center
1001 Jasmine Street
Denver, Colorado 80220

American Humane Association
Childrens Division
P.O. Box 1266
Denver, Colorado 80210

National Center On Child Abuse And Neglect
Children's Bureau
Office Of Child Development
U.S. Department Of Health And Human Services
P.O. Box 1182
Washington, D.C. 20013

Region VII Child Abuse And Neglect Resource Center
(Iowa, Kansas, Missouri, Nebraska)
Institute Of Child Behavior And Development
University Of Iowa
Oakdale Campus
Oakdale, Iowa 52319 (319) 353-4825

Missouri Division Of Family Services
Child Abuse And Neglect Unit
Broadway State Office Building
Jefferson City, Missouri 65103 (314) 751-4434

University Of Missouri-Columbia
Juvenile Specialist Program
Institute Of Public Safety Education
307 Watson Place
Columbia, Missouri 65211 (314) 882-6021

St. Louis Area Sudden Infant Death Syndrome Project
4386 Lindell Boulevard, 2nd Floor
St. Louis, Missouri 63108 (314) 531-4100

Sudden Infant Death Syndrome Program
Missouri Division of Health
Section of Medical Care
P.O. Box 570
Jefferson City, Missouri (314) 751-4353

Area Councils On Abuse And Neglect Listed By Missouri County

Adair County

Mr. Bill Martin
Rt. #1
LaPlata, MO
816-332-7525

Mr. Russell Hoover
Rt. 2
Kirksville, MO 63501
816-665-3664

Dr. Elizabeth Kraemer
904 E. Pierce
Kirksville, MO 63501
816-665-3891

Andrew County

Eileen Harris
% Inter/Serv
200 Cherokee
St. Joseph, MO 64504
816-238-4511

Atchison County

Mrs. Jessie Salfrank
Rt. 1
Rock Port, MO 64482
816-744-2344

Barry County

Nancy Garrett
Rt. 2
Purdy, MO 65734

Barton County

Mr. & Mrs. Conrad Harper
RFD #2
Lamar, MO 64759

Mrs. Jeanette Andrews
RFD #1
Iantha, MO 64753

Boone County

Dr. Thomas Anderson M.D.
210 Strollway Center
Columbia, Missouri 65201
314-449-2661

Buchanan County

Ms. Eileen Harris
200 Cherokee
% Inter-Serv
St. Joseph, MO 64504
816-238-4511

Caldwell County

Mrs. Kandi Railsback
Rural Route 1
Breckenridge, MO 64625
816-583-2141

Cape Girardeau County
Mr. Larry Hamilton
1753 Rampart
Cape Girardeau, MO
314-335-0417

Carter County
Ross Marshall
Van Buren, MO 63965
323-4353

Cass County
Tom & Sharon Carneal
207 Pacific
Belton, MO 64012
816-331-0326

Christian County
Carolyn Blacksher
Rt. 1
Rogersville, MO 65742
417-753-2724

Mike McMurdo
600 N. 10th Ave.
Ozark, MO 65721
417-881-6303

Clinton County
Mrs. Merle Reed
320 E. 3rd
Cameron, MO 64429

Dekalb County
Eileen Harris
Inter/Serv
200 Cherokee
St. Joseph, MO 64504

Douglas County
Sister Martha Heimer
Route #2
Box 136
Mansfield, MO 65704
417-683-4398

Dunklin County
Larry Campbell
Semo Home Health Agency
515 First Street
Kennett, MO 63857
314-888-5892

Franklin County
Peggy McKeal
120 W. Osage
Pacific, MO 63069
257-4400 or 742-3325

Greene County
Mrs. Karleen Bright
P.O. Box 4445 G.S.
Springfield, MO 65804
883-4288

Harrison County
Mrs. Mindy Shepherd
1304 South 14 Street
Bethany, MO 64424
816-425-3144

Henry County
Rev. Nolan Carrier
512 N. Main
Windsor, MO 65360
816-647-2800

Holt County
Kevin O'Conell
South Holt R-I School
Oregon, MO 64473
816-446-2282

Jefferson County
Mrs. Beverly Long
2055 Oak Timber
Kirkwood, MO 63122
965-4634

Johnson County
Mrs. Loretta Wright
1110 Christopher St.
Warrensburg, MO 64093
816-747-2838

Knox County
Mrs. Mildred Flinn
Edina, MO 63537
816-397-3583

Mrs. Bea Dovin
Edina, MO 63537
816-397-2323

Linn County
Mrs. Marcella Delaney
146 Short Drive
Brookfield, MO 64628
816-258-2357

Macon County
Cheryl Parks
109½ Vine St.
Macon, MO 63552
816-385-5210 or 5662

Madison County
Mrs. Helen Hines
307 South Maple
Fredericktown, MO 63645
314-783-6038

Mercer County
Mrs. Jo Avey
902 Elm St.
Princeton, MO 64673
816-748-4459

Miller County
Rev. George W. Burgin
% Methodist Church of Eldon
Oak & Fairview
314-392-5375

Mississippi County
Mrs. Burke Dodson
Route #3
Charleston, MO 63834
314-683-6832

Rev. Robert Burke
Route #1
Charleston, MO 63834

Morgan County
Don Heinerkson
Box 402N Rt. #3
Gravois Mills, MO 65037
314-372-6032

New Madrid County
(Acting Chairperson)
Rev. David Richardson
500 DeLisle St.
Portageville, MO
379-3690

Newton County
James King M.D.
423 Crestwood Dr.
Neosho, MO

Nodaway County
Rev. Robert Allen
First Christian Church
Third & Buchanan
Maryville, MO 64468
816-582-4101

Oregon County
Mrs. Betty Belongy
Rt. 1, Box 187B
Thayer, MO 65791

Ozark County
Mrs. Charles Brown
Gainesville, MO 65655

Perry County
Mrs. Joanna Allen
Route 5
Perryville, MO 63775
314-547-8101

Pulaski County
George Gifford
RFD 1 Box 115B
Waynesville, MO 65583

John Collins
Rt. 1 Old Farm Estates
Waynesville, MO 65583

Randolph County
Mrs. Fannie Lou Wilhite
Holman Heights
Huntsville, MO 65259
816-277-3355

Ray County
Mildred Wild
Route 1
Richmond, MO 64085
816-255-4278

Rev. Chris Fosback
349 South Shaw
Richmond, MO 64085
816-776-6542

Ripley County
Mr. Peter Schmidt
701 Walnut Street
Doniphan, MO
314-996-4841

St. Charles County
Mrs. Sue Witte
3036 St. Babette
St. Charles, MO 63301
946-2505

St. Francois County
Katherine Nebling
Route 4
Farmington, MO 63640
756-6338

Frank Burcham
% Presbysterian Home for
Children of Missouri
412 West Liberty Street
Farmington, MO 63640
756-6744

Ste. Genevieve County
Mr. Larry Vogt
Star Route 1
Ste. Genevieve, MO 63670

Mr. Eugene Basler
801 N. Main
Ste. Genevieve, MO 63670

St. Louis County
Mr. Robert Benjamin
C.O.C.A.N.
164 N. Meramec
Clayton, MO 63105
314-727-6400

Saline County
Rev. J.C. Emerson
P.O. Box Q
Marshall, MO 65340
816-886-6775

Scotland County
Mrs. Eileen Barker
R.R. 2
Baring, MO 63531
816-883-5887

Shannon County
John Reece
P.O. Box 296
Eminence, MO 65466
314-226-3326

Joan Dix
Eminence, MO
314-226-3787

Ken Leake
P.O. Box 403
Eminence, MO
314-226-3665

Adeline Tallman
Rt. 1
Birch Tree, MO 65438
314-292-3529

Taney County
Mrs. Darlene A. Cole
Kissee Mills, MO 65680
417-546-5397

Washington County
Margaret Bilderback
602 Valley Road
Potosi, MO 63664
438-4427 (home)
438-2223 (office)

Wayne County
Lois Crites
Route #2
Piedmont, MO 63957

Hazel Weier
Star Route
Piedmont, MO 63957

Webster County
Mrs. Jean Stoffard
204 Pine Ridge
Marshfield, MO 65706
468-5910

Note: Counties not listed, either have no existing councils or are in the formative stages and no chair persons have been identified.

In these counties, it is recommended that the Missouri Division of Family Services Office be contacted.