

#### THE

### INVESTIGATION OF

# CHILD ABUSE

IN

### SECURE FACILITIES

U.S. Department of Justice National Institute of Justice

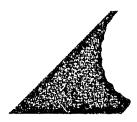
This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/OJJDP/US Dept. of Health & Human Services/US Dept. of Justice

to the National Criminal Justice Reference Service (NCJRS).

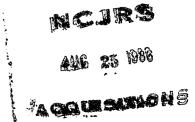
Further reproduction outside of the NCJRS system requires permission of the copyright owner.





THE INTERSTATE CONSORTIUM ON RESIDENTIAL CHILD CARE, INC. P. O. BOX 1714 TRENTON, NJ 08607

### Preface



The Secure Care Consortium is a group of professionals. involved in secure correctional care for juveniles In twelve Northeastern states, the District of Columbia, Ohio and Michigan. The Consortium includes Commissioner level staff from participating states and involves detention providers as well as representatives of long-term facilities. The Consortium project is funded by the National Center on Child Abuse and Neglect.

Secure care for juveniles has never been a high priority for any level of government. The slim resources available for treating delinquents have tended, in the past several years, to be channeled into community-based programming.

Recently, dwindling resources and hardened public attitudes toward crime have resulted in an increasing number of juveniles in secure institutions for longer sentences. A new national focus on making secure care work is both necessary and timely.

In the past year the Consortium has pursued a number of approaches to encourage sharing of information on new programs and useful approaches in the secure care field. Several new materials addressing needs of secure care providers have been produced including a film on locked isolation, an aid for training front-line staff about child abuse and a catalogue of best secure practices.

We have a continuing concern about the incidences of child abuse in locked correctional facilities. By and large, major recent efforts to prevent institutional child abuse and encourage the reporting of incidents have passed juvenile corrections by.

This small booklet is a first step towards improving understanding between corrections people and the child protection agencies charged with investigating institutional abuse. Our perception is that the involvement of child protection workers in secure facilities has been minimal. Investigations of incidents in facilities of this type have often had unsatisfactory results. The secure environment is alien territory for the average child protection worker. Hopefully, this very basic introduction to secure care will help workers conduct more effective investigations.

#### THE CONSORTIUM

The Secure Care Consortium is a project funded by the National Center on Child Abuse and Neglect. The Consortium is sponsored and staffed by the Interstate Consortium on Residential Child Care. The Secure Care Consortium members are:

Warren Albrecht, Director MacCormick Secure Center Brooktondale, NY

Alan L Alcon, Program Services Coordinator Division for Youth Albany, NY

Vicki L. Agee, Director Closed Adolescent Treatment Center Denver, Colorado

Dave Armor Gloucester County Juvenile Unit Clarksboro, NJ

Frank Bishop, Commissioner Department of Corrections Richmond, VA

Ronald A. Boucher, Chief Social & Rehabilitation Services Waterbury, VT

Joseph Cardin, Superintendent RI Training School for Youth Cranston, RI

Donald E. Carey, Director Robert F. Kennedy Action Corps, Inc. Boston, MA

Jack Corrigan, Chief, Program, Policy & Planning NCCAN

Washington, DC Donald Cox, Chief

Bureau of Juvenile Corrections Wilmington, DE

Artha Freebury, Director Good Neighbors, Inc. Portland, ME

Frank E. Gripp, Deputy Director Department of Corrections Division of Juvenile Services Trenton, NJ

Bob Harrington, Chief Diagnostic Reception Services Juvenile Services Administration Baltimore, MD

Les Horne, Coordinator Advocacy Unit Ministry of Community & Social Services Toronto, Ontario Canada Thomas R. Jenkins, Director North Central Secure Treatment Unit Danville, PA

Edward J. Loughran,
Deputy Commissioner for Operations
Department of Youth Services
Boston, MA

Thomas F. Lynch, Jr., Asst. Commissioner Department of Corrections Division of Juvenile Services Trenton, NI

Louis A Marcano, Director Secure Facilities Management Division for Youth Albany, NY

Michael J. Molloy, Director of Correctional Programs Department of Corrections Augusta, ME

Michael Morello, Asst. Director Department for Children & Families Cranston, RI

Edward Murphy, Commissioner Department of Youth Services Boston, MA

Manros A. Nickens D.C. Administration of Youth Services Institutional Monitoring & Evaluation Washington, D.C.

Dr. John M. Pierce, Executive Director PA Council of Voluntary Child Care Agencies Harrisburg, PA

Mary T. Previte, Administrator Camden County Youth Center Blackwood, NJ

Robert Riols, Deputy Director Department of Human Services Division of Youth Services Atlanta, GA

Kenneth R. Roulx. Assistant to Deputy Commissioner for Program Services
State Department of Children & Youth Services
Hartford, CT

David W. Roush. Director Calhoun County Juvenile Home Marshall, MI George M. Pippin, Superintendent Stevenson House Bureau of Juvenile Corrections Milford, DE John J. Sheridan, Superintendent NH Youth Development Center Manchester, NH Robert Sobolevitch, Director Group Residential Services Office for Children, Youth & Families Harrisburg, Pa Connie Springmann
Director, Community Programs
Federal Bureau of Prisons
Washington, DC
Connie Steinman
Bureau of Group Residential Services
Office for Children, Youth & Families
Harrisburg, PA
Jackie Tashman, Licensing Chairman
Social & Rehabilitation Services
Waterbury, VT

Perry Tchorni National Juvenile Detention Association Somerville, NJ

#### THE STAFF MEMBERS OF THE CONSORTIUM ARE:

Connie Mercer, Director Marc Mercer, Staff Writer John Garrett, Consultant Michael Jupp, Consultant Irene Renda, Administrative Assistant

#### **ACKNOWLEDGEMENTS**

We wish to extend a special thanks to Joe DeJames and Joe Ellman of New Jersey's Juvenile Detention Monitoring unit. Their willingness to assist in this effort communicates a deep commitment to quality secure care programming — and, no less important, to the kids.

We cannot fail to not forbear to mention Dave Roush's helpful criticisms, particularly his witty excoriations of double negatives and his amusing dilations on our other grammatical vagaries. If the mother tongue could speak, she would bless you, David.

We wish to express our gratitude to Jack Corrigan for giving us the benefits of his extensive knowledge of the literature and the issues of child abuse.

This publication was made possible by Grant No. 90CA897/01 from the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth and Family, Office of Human Development Services, U.S. Department of Health and Human Services, Washington, D.C.

The materials presented herein have been developed by the Interstate Consortium on Residential Child Care, Inc. The contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the Federal Government.

## Introduction .

The child protection workers who investigate alleged abuse in most states are generally unfamiliar with a host of special problems involved in investigating incidents in detention and locked long-term correctional facilities.

In some states the most serious problem will be conflicting values. A secure care worker might, for example, talk openly about "punishing" residents for "offences," describe extremely restrictive search and security procedures and define the essential mission of his agency as "custody." Accustomed to professionals who give at least lip service to current child welfare articles of faith, the child protection worker may begin exhibiting all the symptoms of profound culture shock and making clouded judgments as a result.

This is not a step-by-step guide on how to conduct an investigation. Though, in researching this document, we came to the opinion that such a guide is sorely needed, both our mandate and our resources dictate a less comprehensive approach.

This booklet is designed to familiarize the child protection worker with some of the issues of secure care. We must emphasize that correctional programs and professionals are <u>not</u> all alike. In a field of secure correctional care across the country we find some individuals who have created good child care programs by anybody's standards.

We have taken an extremely strong position on the question of institutional abuse generally. While the immediate safety of the child is always the first priority, our view is that beyond this point institutional abuse diverges sharply from abuse within the family and community. An institutional abuse investigation is an investigation of serious misconduct by a paid, professional employee. The investigator's job is to collect hard evidence on what actually happened. This is the best protection available for both the worker's livelihood and for the children who live in the facility.

## A Secure Facility

When you drive up to the facility, you're a little shocked. It's a flat, unattractive building that really looks like a jail. The huge fence, topped with razor wire, doesn't help the atmosphere. All the windows are narrow and have some kind of dark metal screen that makes it impossible to see into them. You don't see any bars, but who needs bars in this day and age? Suddenly you remember that this is a children's facility. Sure doesn't look like one.

When you get into the lobby, you feel like you've entered another world. There are signs all over telling you the legal penalties for bringing in contraband or helping someone escape. That's not what you're here for, but it makes you feel a little guilty anyway. There's a man in a bulletproof glass booth across the way. He's surrounded on both sides by big barred steel doors that he controls electrically. Each door has another door just beyond it. When he lets someone in, the first door shuts behind him before the second door opens. The doors make big metallic clangs as they open and close, just like a prison movie. You walk over to him.

"Can I help you?" he says.

You give him your name and ask to see the Superintendent.

"May I see your driver's license, please?" he says.

You give him your license. He consults a list on a clipboard. He looks very carefully at the license, like a highway patrolman about to give you a fifty dollar ticket. He puts your license in a card file. You suddenly realize that he's not going to give it back to you.

"Your're not on the list," he says.

You tell him that the Superintendent said to call his office when you arrived.

"I'll have to look in the briefcase, " he says. "Please open it."

You open your briefcase. Carefully.

"Sit down over there," he tells you.

You take one of the seats in the lobby. While you're waiting a correctional officer comes out with the first child you've seen there. He's wearing handcuffs. The officer is armed. The kid looks harmless enough, for all that.

Finally, the Superintendent comes down and takes you for a tour of the facility. By this time you're a little angry at the reception you got, but he doesn't even mention it, much less apologize.

He shows you one of the "wings"; you notice that the staff occasionally slip and call them "cellblocks." There isn't much - a "day room" similar to such rooms in large institutions everywhere, a television, a pool table, ping pong, old metal chairs.

The children live in little cells along a double-loaded corridor. Each cell is precisely the same - a metal bunk bolted to the floor, a little light coming through the metal grill over the tiny window, a combined toilet and washstand, a few personal articles. The doors all have viewports - there's no privacy. The doors are huge with complicated locks that can be released from a central point.

The facility, otherwise, has a few classrooms, like classrooms everywhere. There's an outdoor playing field, fairly small with a basketball court in the center and surrounded by the fence.

The gym seems nice. There's a weightlifting program going on and a recreation staff teaching gymnastics. You're surprised to see that relationships between staff and residents seem friendly and relaxed.

You stay for lunch. Both staff and kids joke a lot about the food, but it isn't that bad. Staff at this facility eat with the residents, though you've heard that this isn't true at most secure facilities.

You're almost feeling comfortable - until you notice that no one can leave the cafeteria until all the flatware is counted. No one else takes any notice.

You ask an officer what happens if the count is short. He describes a "shakedown" - each of the residents is searched and taken elsewhere; if the flatware isn't found, the cafeteria is then searched. They keep searching until they find it. He goes on talking about searches and "shakedowns." Children coming into the facility are routinely "strip-searched." Cells are "shaken down" regularly, particularly if contraband is suspected. Even visitors pass through a metal detector. You suddently realize that the officer in the booth treated you with considerable courtesy in Just asking you to open your briefcase.

You're forced to admit that the educational program looks good. The teachers are working hard to teach basic skills. The "shop" program teaches a lot of job skills.

You keep running into things that bother you. Like "isolation cells," for example. The staff are supposed to call them "quiet rooms," but they don't. They're just like the other rooms, only all the fixtures are designed to prevent suicide or vandalism. The kids are put in in underwear and, with the Superintendent's approval, can stay for several days. That's what they do when somebody tries suicide or is "dangerous to himself, others or property."

And, frankly, all this talk of "counts" and "shakedowns" doesn't help. Does there have to be so much security?

\*\*\*\*\*

The above description doesn't fit every secure facility. We've borrowed pieces of a dozen facilities from the hundreds we've visited. In fact, the description above is a great disservice to a few model secure programs. There are facilities offering very good care, very complete services and very unobtrusive security. We don't need to describe them because, in terms of an abuse investigation, they don't present a unique problem. They're just like other children's facilities in most respects.

Secure facilities may, however, be very different from other children's institutions in key areas. You may find certain security measures in the best of facilities excessive, but you must remember that the containment of residents is defined by the public as the major mission of a secure facility. Generally, the quality of the program is not considered that important, but when escapes take place, eventually heads roll.

It is not easy to run an institution with a limited number of staff and prevent escape. Many of the children in secure care

are experienced evaders. Then too, many residents have a history of violence. In some secure environments security measures like "flatware control" may, on reflection, be necessary to avoid serious assaults by residents on other residents or on staff.

Lax security results in a whole range of problems - escapes, weapons, drugs, rapes and assaults. Before you form an opinion that, for example, "anal searches" are an unnecessary humiliation, consider the possible consequences of the many types of contraband.

You might observe that better direct care staff ratios and increased supervision might make some of the security less necessary. Many secure care professionals would agree, but they don't write the state budget either.

Our point is this:

You should not form hasty, emotional judgments about secure facilities or secure care practices. Child protection staff sometimes seem to believe either that all secure facilities and secure care staff are abusive or that harsh punishments are needed to control "those children." Both of these opposite judgments is superficial and false.

It is difficult to see how a child abuse investigator who holds either belief could conduct an objective investigation in a secure institution.

The function of this paper is to begin to introduce child abuse investigators to the issues and problems involved in investigating incidents in secure correctional settings. We emphasize that this is only an introduction. There is a great

deal of variety in practice across the country; it is very important that the investigator becomes familiar with the individual facility and the secure care system of his own state.

### The Nature of the Investigation

Investigating alleged child abuse in a secure correctional facility presents special problems. Fundamentally, the background and training of the child protection workers assigned to such investigations in most states do little to prepare them for a task of this nature. Few states have especially trained teams for institutional abuse investigations let alone people specially trained to conduct investigations in detention or long term secure facilities. All too frequently, the investigation is the worker's first experience of secure correctional care.

There is a fundamental difference between investigating an incident between parent and child in the community and investigating alleged staff misconduct in a secure institution.

The goal in the overwhelming majority of abuse cases in the community, once the primary goal of protecting the child's safety is reasonably assured, is to preserve the integrity of a family - to keep parent and child together. This is, of course, not the goal of an institutional abuse investigation. You see to the child's protection, but, beyond that point, you are a fact finder.

In investigating alleged abuse in a secure facility, you are investigating alleged misconduct by a public employee. The employee, in lashing out at a child, may be reacting to personal emotional strains very similar to those of a parent in the community, but the standards for conduct of a paid, trained

professional must be immeasurably higher than those applied to a parent.

The primary goal of an institutional abuse investigation is to find out what happened. This may seem obvious, but, in our experience, child abuse investigators sometimes have a difficult time assuming the role of the fact finder. The desire to understand and to help is, after all, a fundamental motivation of social services personnel.

In the majority of abuse cases in the community, the collection of evidence may seem not all that important. The incidents involved will not result in criminal action. The worker may be satisfied to know that <u>something</u> happened, but not find it necessary to investigate thoroughly as long as the parent is willing to accept help. Only in the more serious cases of physical or sexual assault will the question of evidence seem paramount. And in those cases, of course, a police agency is likely to be involved. On the whole, the child abuse investigator may have little experience in the role of "detective."

Our position is that the investigation of alleged abuse in a secure facility calls for "detective work." The investigator should, we feel, take off his or her social services hat for the duration.

If the employee is innocent, we want to clear the record as affirmatively as possible. If the employee is guilty, we want to be sure that the collected evidence sustains a job action or possible recommendation of criminal prosecution. Child

protection workers in some states have been heard to complain about abusive staff returned to their posts after civil service hearings — in many instances the fault lies with the evidence collected and presented by the child protection agency.

The only realistic solution to this problem is the establishment of an institutional abuse investigation team trained in professional investigative techniques and familiar with institutional norms and routines. A few states have such teams, but, in these hard economic times, such specialized services have frequently been a target for cutbacks. In our opinion, such teams are highly desirable.

We do want to make one obvious point about the nature, really, of all investigations. It is easy, in a paper like this one, to make it all sound so easy. In secure facilities, as elsewhere, piecing together what happened in the aftermath of a critical incident is a tedious, ultimately uncertain task. You can rarely know what happened with total certainty.

You have some facts, some opinions, some hearsay and some assumptions. All you can do is present your findings clearly - clearly identifying what is fact and what isn't. Any investigation is likely to uncover a few facts and a great many statements, many contradictory and mutually exclusive. Label who said what, get as much physical evidence as possible and organize the case as best you can.

# What is normal in Secure Care?

Imagine that you are investigating an alleged act of abuse in the community. When the child misbehaved, the mother took away his clothes and locked him in his room. When he still failed to settle down, she handcuffed him to his bed for several hours. He spent several days locked in his room.

A mother who behaved in this fashion would be referred for psychiatric evaluation. Her behavior would be considered grossly abnormal and abusive. Secure facility staff, following the agency policy manual to the letter, frequently respond in precisely this fashion. Is this abuse?

From a practical point of view, can only the purely personal acts of an individual worker be considered abusive? If agency policies are abusive, can the worker be held individually responsible for following them? No, but you, as the investigator, have the responsibility for reporting abusive institutional policies and recommending change.

This may be the most difficult part of your job. At what point does isolation become abusive? After eight hours? A day? Three days? A week? This is a road with few guideposts. Standards covering other forms of institutional care in your state and national standards, like those in the <u>Guidebook on Residential Child Care</u> and those promulgated by the American Correctional Association are the best sources of information on accepted practice.

It's very important that you know if the worker was following accepted practice at the facility. If he is doing what he was told and trained to do, you probably cannot find that  $\underline{he}$  committed an abusive act.

If, however, what he was told to do deviates sharply from national standards or is evidently cruel or inhumane, you can and should make a case against the facility. Methods for dealing with abusive policies at a facility differ from state to state.

In any event, your case is certainly that much stronger if supported by national secure care standards.

You must read the policy manual. be aware of any applicable .licensing standards, observe the program and ask questions about standard practice to get a sense of how the facility operates. If you are unfamiliar with the facility, this preliminary step is absolutely essential.

#### The Program and Routines

Some generalizations may be useful. You may find, for example, that secure care routines are far more rigid than routines in other facilities. The same activities take place at the same time every day and involve the same staff members. This may be very useful to the investigator in determining just where everyone involved was at the time of an incident - or, at least, where they were supposed to be. You may use this to locate those who may have witnessed an event.

Extensive records are kept on every aspect of the operation at most secure facilities. These may include daily reports to

the administration, a running log at the unit, a disciplinary log, a restraint log, critical incident reports and other records. An investigator should take time to logate all existing records covering the time of the incident. At the very least this will assist in determining who was present - and may provide actual descriptions of what happened. Though this may seem a simple point, it's surprising how often one or more of these primary sources of information is everlooked.

In some facilities the use of mechanical restraint or handcuffs may be a standard response to misbehavior. When is this abuse? This may be a hard question to answer, even though, in the particular case, the use of restraint may be widely inappropriate as a human response. Once again, national standards may provide guidance in evaluating facility policy. In most cases, restraint may be only used for brief periods when the child is a danger to himself or others. Restraint or solitary confinement should not be a permitted punishment.

You should be aware that mechanical restraints and isolation are sometimes used as summary punishments for petty offences.

Virtually all secure facilities officially prohibit this practice, limiting the use of such extraordinary measures to very drastic situations involving dangerous or highly destructive behavior. Still, abuses of restraint or isolation are relatively common.

Handcuffs or other restraining devices may be used to inflict pain. A relatively common abuse is to handcuff a child, possibly under perfectly legitimate circumstances according to

facility policy, but to apply the handcuffs so that they cut off circulation. In a case involving trained workers or correctional officers, it is difficult to believe that this could be unintentional. Correctional workers are or should be trained in the use of restraints.

Another "normal" abuse is "roughing up" kids on their day of discharge and threatening to do worse — or actually doing it — if they ever return. This may mean nothing more than a few half-serious threats and a punch in the shoulder, or it may mean the administration of a painful beating.

The use of other residents to punish a child is also a possibility. This practice is age-old and may be an informal feature of some very traditional programs.

#### Staff

Secure care staff are little different from other institutional staff. They may tend to look on outsiders with distrust. They live together in a closed world and may be very afraid of offending the people that they have to see every day.

The average staff member does not approve of abusive behavior, but that may not mean a willingness to report it or provide information. Staff and administrators may be reluctant to report some abuse cases because the action involves a very widespread or common practice that has existed for so long that they sincerely do not regard it as child abuse. Changing the attitudes, philosophy and definition of child care staff and administration regarding their perception of what actually

which must be accomplished if lasting changes are to occur.

Some states use professional correctional officers, trained for the adult prison system, to run juvenile facilities. The reality is that "child care" is not seen to be the function of these officers. Their job descriptions usually reflect an emphasis on discipline, supervision and security.

Social services people feel very strong prejudices against such "uniformed guards." The reality is that many of these officers form very warm relationships with residents and know more about them, about their problems and about what happens at the facility than anyone else.

Correctional officers are trained. This training emphasizes professionalism. Though self-defense and even riflery may be taught, brutality toward residents is strongly prohibited. Professional correctional officers are not more likely to abuse children than child care workers in other facilities.

Some secure care staff - particularly untrained staff in marginal facilities - do subscribe to the notion that stern measures are necessary to control residents. They will tell you that their clients behave like subhumans and have to be treated as such and that physical punishment "is all these people understand."

Surprisingly, some investigators seem to fall for this kind of gross rationalization for abuse and neglect. It may be that the secure care environment is so strange and threatening that they lose touch with their ordinary values.

#### Residents

The children in secure facilities <u>are</u> a difficult bunch.

Many have been incarcerated for very violent acts, or it seems that way at first glance.

It is not unlikely in a secure facility to encounter a few children who have been convicted of murder, rape, armed robbery or other serious crimes. Although the overwhelming majority of kids in detention and the majority of kids in secure long term care have not been committed for assaultive acts.

A staff member may refer to the child as "a murderer" which makes it difficult to remember that you are dealing with a child. That a child has been convicted of a violent crime does not mean that he is currently either dangerous or violent. While, on the face of things, this may seem a ridiculous statement, pause to consider it.

Many "murderers" are children who, for example, went through the victim's pockets after an older, more violent person performed the actual assault. Because they aided in a crime that resulted in murder, they are, technically, guilty of murder. Other "murderers" may have committed a wild desperate act, unaware of the possible consequences and under extremely stressful circumstances.

Other offenses are, equally, poor guidelines for judging what kind of person a child is. The nature of the child's offense for which the child was conmitted or detained should be ignored when investigating an abusive act allegedly committed against him.

Oddly enough, you will find some of the most passive children in the correctional system in secure facilities, though you will also find children who act out very aggressively. The fact is that people who run away from things are often passive. A child can end up in secure care for running away from less restrictive programs. The children in secure care are not necessarily assaultive.

One point must be made about the secure care kids. Their confinement does not alter the fact that they have the same rights and the same needs as any child.

This may be difficult to remember if the "child" is a tough-looking delinquent who works out in the weight room every day. In some cases the abusive adult may seem like a poor physical specimen compared with such a "child." It may seem that this could not be "child abuse," but the child, despite appearances, is just a child.

In facilities in many states, the "child" may turn out not, in fact, to be legally a child. Facilities sometimes mix residents who are children according to state law with older residents. You may discover that your victim is a few months too old for "child abuse." If so, don't forget to report the incident to a high level of the responsible agency; "resident abuse" is still against policy and, for that matter, usually against the law.

Are the children reliable witnesses? This is, of course, a fundamental issue in investigations. Some secure care professionals have taken the exceedingly self-serving stand that

they are not, that <u>nothing</u> they say can be trusted. It has been suggested that these children will make false reports against staff members they don't like.

While instances of false reports do occur in all types of facilities, nothing in our experience suggests that such reports are more likely to occur in secure facilities. An investigator must always examine the available evidence carefully, looking for substantiation of witnesses' statements. If there is a major discrepancy between what children say and what staff members say, the possibility of a conspiracy by the residents against the accused staff member must be considered. Such a possibility is remote, but does exist.

We offer this observation: a child abuse allegation discloses a problem. If the allegation is based on fact, the problem is child abuse. If the allegation isn't fact, the problem may be the child's. If a group of children concoct a false story, there is something fundamentally wrong with the group's norms for behavior. It would be easy to blame that totally on the group, but the fact is that the facility must, if this happens, have some serious deficiencies. It's your job to determine who it is who has a problem. It may be assumed that the problem exists.

From a practical point of view, a case based solely on the basis of resident's statements, in the absence of supporting evidence of the testimony of staff members, is unlikely to be sufficiently strong to result in any action. A case where no other evidence exists would, in any event, seem suspicious. We

might observe that the presentation of such a case is probably a reflection of the abilities of the investigator. Other evidence, positive or negative, is always present.

Troubled children in secure correctional programs are still children with the same needs and feelings as others.

### Prevention

Prevention of abuse in secure facilities is an important though neglected issue. We consider that the children in secure facilities are more endangered by abuse than other children, but this endangerment is not due to the nature of the population or the qualities of the staff. The primary problem is one of isolation.

Children who live at home or in community-based facilities come in contact with quite a number of people in the course of the day other than their caretakers. It is quite possible, even likely, that a child in secure care is seen only by employees of the facility for days or weeks.

Good facilities find ways to replace this "natural monitoring" through community boards, volunteers and other visitors. These are good suggestions for facilities with serious patterns of abuse.

In addition to a lack of unofficial monitoring, it should be remarked that, in many states, long term secure and detention facilities are unlicensed and virtually unregulated. There is no existing check on the facility's own interpretation of its mandate and on the quality of care and services.

Child protection agencies can and should have a role in addressing these problems. Curiously, the abuse prevention programs available to other types of programs have often passed Juvenile corrections by. Workshops to create awareness of child abuse laws and the nature and causes of abuse are available in

other types of facilities and should be extended to juvenile corrections.

If we look at abuse reporting statistics, we find an interesting pattern. Abuse reports from secure facilities are relatively rare. In at least one state we studied, there has never been a report from the secure long-term facility for children. In visiting that problem-ridden facility we determined that teachers and other professional staff, those who might be expected to be most aware of abuse issues, were unaware of their legal responsibility to report incidents. Educational and awareness programs are sorely needed.

### Helpful Hints

- 1. Read the facility policy manual and take a good look at the total program <u>before</u> investigating. Before beginning any interviews, try to review as many documents and records as possible to thoroughly familiarize yourself with the circumstances of the alleged incident. An informed interviewer is able to ask more pertinent questions and, in general, project a more confident demeanor that encourages more truthful responses from staff and resident interviewees.
- 2. Get a list of <u>all</u> records and locate any material with any conceivable bearing on the incident. Examine the child's file, critical incident reports, medical reports, shift logs, work schedules, restraint logs, discipline logs, shift reports and anything else that you can find. A number of investigators report finding written accounts of incidents in unlikely places.
- 3. Interview a wide range of staff and children. Use records to determine potential witnesses.
- 4. When posing questions, try not to suggest what you believe is the appropriate response.
- 5. Do ask some straightforward, pointed questions about details to help establish the honesty and truthfulness of the interviewee. Questions regarding several minor obscure points should be asked of each interviewee, since specific questions of this kind are most difficult for potential conspirators to predict and pre-arrange similar responses to.

- 6. Take careful notes of what witnesses say and check even minor details against each other. You usually break a false story by checking on minor inconsistencies. However, do not be so over-zealous as to mistake simple errors regarding a minor detail for deliberate deviousness. Look for patterns. Be aware of non-verbal clues.
- 7. Conduct interviews with a wide range of staff and kids on the same day. Don't give people time to construct a false story.
- 8. It has been found that if the investigator "inadvertently" mentions a few insignificant facts about an incident which he/she knows to be true, the interviewee often assumes that the investigator actually knows the entire true story and is thus prompted to reveal the truth about the significant details of the case.
- 9. Try to establish rapport, comaraderie, with staff interviewees. Some staff are more prone to reveal the truth if they feel that the investigator understands the difficulties of their job, the lack of resources provided by the administrations, the difficult nature of the residents, etc.
  - 10. When interviewing children, remember:
    - a. You represent an authority figure to the child.

      Children may be afraid of the interview and

      afraid of disapproval or punishment.
    - b. The child may be afraid of betraying the offender, fear the loss of the person's regard and/or further punishment.

- c. The child may "buy into" the system and not see

  himself as abused -- "I mouthed off so I deserved to

  be put in solitary for a week. That's the rule."
- 11. Don't be misled by statistics on unfounded allegations. Frivolous child abuse complaints are not the rule. There is usually some basis for concern. One technique to discredit abuse allegations which has been used by unscrupulous administrators is to purposely report incidents which they know to be frivolous as alleged child abuse so as to develop a record of unsubstantiated cases. In this way, when legitimate, more serious cases come to light, the administrator can point out that allegations of abuse are statistically very unreliable.
- 12. Ask some general questions of staff and kids. "What do you do when residents fight?" "What do staff do if you and another kid get into a fight?" Such questions are frequently more productive than, "What exactly happened on Monday at eight o'clock?"
- 13. Talk to people who visit the facility but who don't work directly for it to get an objective picture of what's happening. Volunteer groups, community boards, where they exist, and external professionals who contract with the facility may be excellent sources of information.
- 14. Remember that an investigation in a secure facility is more like a police investigation than a child abuse investigation in the community. Good police precedure for collecting and handling evidence is a good model for you to follow. It might be a good idea to talk to a trained investigator or to get a police

detective to talk to your staff group about these issues.

- 15. Bear in mind that paid professional child care workers must be held to a higher standard than family members. Also, child care staff, and institutions in general, are usually much more sophisticated and capable of covering up abuse than are parents in a family setting. The goal of institutional abuse investigations is to establish the facts in a criminal assault case. Therefore, the investigation must be conducted in a manner which will hold up in a court of law.
- 16. The investigator cannot legally assure the alleged perpetrator that the information he provides will not be used against him in subsequent administration actions or criminal prosecutions. Therefore, if the alleged perpetrator refuses to be interviewed, this should not be construed as an admission of quilt.
- 17. If an alleged abuser confesses, it is still necessary to complete a full investigation to establish mitigating circumstances that might influence recommended action and to protect the investigation against the staff members accepting the confession.

## Bibliography

The following sources should be useful to you as you prepare to investigate abuse in secure facilities. Many of these documents have been prepared with the encouragement of the National Center on Child abuse and Neglect, HHS. NCCAN has done much to highlight the problems and to begin to find solutions.

- Alcon, Alan. <u>Curriculum for Training for Investigation of Abuse in Secure Facilities</u>. Division for Youth, Albany, NY, 1983.
- Colson, Virginia. Protecting the Child in Residential Group Care: Proposed

  Standards for Discipline Policies and Proposed Procedures for the Reportings,

  Investigation and Correction of Incidents of Child Abuse Neglect. Prepared
  by Ohio Association of Child Caring Agencies Inc., Columbus, Ohio, 1981.
- Commission on Accreditation. <u>Standards for Juvenile Detention Facilities.</u>
  American Correctional Association, College Park, MD, 1983.
- Commission on Accreditation. Standards for Juvenile Training Schools. American Correctional Association, College Park, MD, 1)83.
- Corrigan, John. "Institutional Abuse Update" in Advocacy Now, Volume 1(3), November, 1979.
- Durkin, R. "No One Will Thank You: First Thoughts of Reporting Institutional Abuse" in <u>Institutional Abuse of Children and Youth</u>. New York, Haworth Press, pp. 109-113, 1983.
- Epley, Stephen. <u>Institutional Child Maltreatment: An Annotated Bibliography</u> for the Region VII Child Abuse and Neglect Resource Center, Institute for Child Behavior and Development. The University of Iowa, Oakdale, Iowa, 1981.
- Federal Advisory Board on Child Abuse and Neglect and the National Center on Child Abuse and Neglect. Federal Standards for Child Abuse and Neglect Preventive Treatment Programs and Projects. Washington, D.C., 1978.
- Fisher, S.M. "Life in a Children's Detention Center" in Child Abuse and Violence.
  New York, AMS Press, Inc., pp. 200-208, 1979.
- Garrett, John R. "Institutional Maltreatment of Children: An Emerging Public Issue" in <u>Journal of Residential and Community Child Care Administration</u>. Vol. 1, No. 2, Spring, 1979.
- Gil, E. <u>Prevention of Abuse and Neglect of Children in Out-of-Home Care: A Handbook for Prevention.</u> San Francisco Child Abuse Council, 1979.
- Gil, E. "Protecting the Rights of Children in Institutions" in <u>Protecting</u>

  <u>Children Through the Legal System, American Bar Association</u>. pp. 303323. 1981.

- Gil, E. Recommended Guidelines for Investigation of Suspected Abuse-Neglect of Children in Out-of-Home Care. San Francisco Child Abuse Council, 10 pp., undated.
- Gil E.; Baxter, K. "Abuse of Children in Institutions" in Child Abuse and Neglect 3(3-4): 693-698, 1979.
- Goldman, G., Cuneo, J., and Peacock, C. <u>Hello Walls: A Handbook for Citizen Review</u> of Children's Residential Facilities. Boston, Massachusetts, 1980.
- Goldman, Gerald, Drew, D.J. and Aber, L.J. <u>Outside In: A Handbook for Citizen</u>
  Review of Children's Residential Facilities. Massachusetts, 1980.
- Hanson, Ranae. "Institutional Abuse of Children and Youth" in Child and Youth Services. Vol 4, No. 1/2, 1982.
- Harrell, S. A.; Orem, R.C. <u>Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions</u>. National Center on Child Abuse and Neglect (DHHS), Washington, D.C. 77 pp., April 1980.
- Harrel, Sharon A. Institutional Abuse is Different: Problems in Reporting, Investigation and Disposition of Case and Neglect of Children in Publicly Administered Child-Caring Institutions. October 29, 1980. Unpublished paper. Available from Institutional Care Services Division, Commissioner of Social Services, Washington, D.C.
- Hicho, Donna. Willingness of Institutionalized Children to Report Abuse/Neglect by Their Caregivers. Unpublished Research Report, College of Social Work, The Ohio State University, Columbus, Ohio, 1982.
- Mercer, Connie, et al. <u>Residential Child Care Guidebook.</u> The Interstate Consortium on Residential Child Care, Trenton, New Jersey: September, 1980.
- Mercer, Marc. "Closing the Barm Door: The Prevention of Institutional Abuse Through Standards." <u>Institutional Abuse of Children and Youth.</u> New York, Haworth Press, pp. 127-132, 1982.
- Mercer, Marc and Garrett, John. <u>Trigger Stories</u>: <u>Institutional Child Abuse</u>

  <u>Prevention Through the Development of Positive Staff Norms</u>. <u>Interstate</u>

  <u>Consortium on Residential Child Care</u>, <u>Trenton</u>, NJ, 1983.
- Miller, Jerome. "Thoughts on Institutional Abuse," in <u>Legal Response</u>. Vol. 2 No. 3, Spring, 1981.
- National Center on Child Abuse and Neglect/HHS. Child Abuse and Neglect in

  Residential Institutiona: Selected Readings on Prevention, Investigation and Correction. NCCAN, Washington, D.C. PH No. (OHOS) 78-30160 HHS.
- National Coalition for Children's Justice. <u>Inspecting Children's Institutions</u>
  Manual. Princeton, N.J., 1977.
- Nunno, Michael. <u>Investigation in Out-of-Home Care</u> (A 3-day training curriculum). Family Life Development Center. Cornell University, 1983.

- Papick, J. <u>Coordinated Approach to Investigations and Information-Sharing.</u>
  National Center on Child Abuse and Neglect (DHHS), Washington, D.C.
  Aug. 1984.
- Rindfleisch, Nolan. "A Study of Attitudes of Caregivers toward the Use of Physical Force" in Child Abuse and Neglect: Issues on Innovation and Implementation:

  Proceedings of the Second Annual National Conference on Child Abuse and Neglect, April 17-20, 1977, Vol. I, Michael L. Lauderdale, Rosalie N. Anderson, Stephen E. Cramer, Editors, DHEW, Washington, D.C., 1978.
- Smiles, Gregory. <u>Institutional Abuse and Neglect: A Guide for Investigators</u>. Institutional Child Abuse Project, NJ Division of Youth and Family Service, 1982.
- Thomas, George. A Contemporary Definition of Institutional Child Abuse and Neglect. Paper presented at the Regional Conference on Institutional Child Abuse and Neglect, sponsored by the Region VII Child Abuse and Neglect Resource Center, Institute of Child Behavior and Development, the University of Iowa, 1980.
- Thomas, G. Some Steps for Improving the Reporting and Investigation of Child Abuse and Neglect in Residential Placements. Unpublished paper, 1980.
- Thomas, G. State Responsibilities for Protecting Children in Residential Placements: Defining the Role of Child Protective Services. Unpublished paper, 1980
- Thomas, George. Residential Child Maltreatment: An Unrecognized Problem in the United States. Regional Institute of Social Welfare Research. Athens. Georgia, presented at the Fourth International Congress on Child Abuse and Neglect, Paris, September, 1982.
- United States Court of Appeals, Seventh Circuit. Mary and Crystal v. Ramsden. Seventh Circuit, 1980.