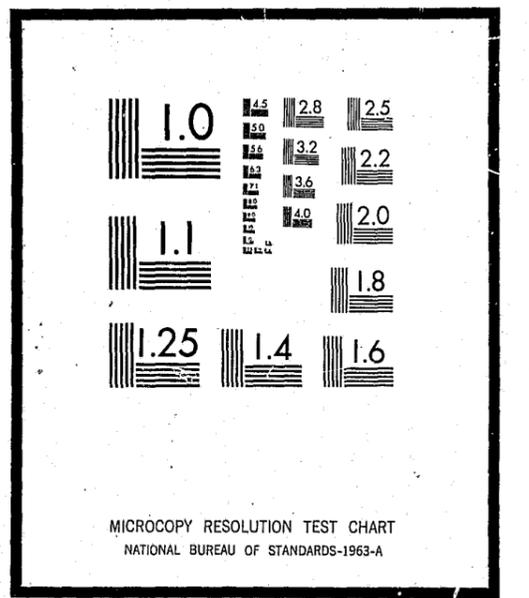


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Minnesota ->

REPORTED CHILD ABUSE IN MINNESOTA

15845

annual report, jan-dec 1972

"When the prisoners at Kingston Penitentiary rioted last year, one of the convicts deliberately killed by his fellow inmates was a child abuser...a father convicted of burning and scalding his five children. In the primitive prison code, he was sub-human, not entitled to live.

"Few of us would agree to such extreme punishment for a child batterer, but nevertheless child battering is regarded as one of the most horrifying of crimes.

"Unfortunately, the over-extremes of emotion aroused by child-battering incidents have tended to get in the way of dispassionate review of the problem. Because it seems such a horrific crime, family friends, teachers, doctors or neighbors who see signs of abuse are loathe to believe that the people they know are capable to such action. They shy away from becoming involved in what may be a highly volatile situation. Doctors and other professionals may consciously or unconsciously seek to avoid involvement because of the hours of time court appearances will take."

Elizabeth Marsh "Child Abuse"
Our Children Vol. 9
Published by the Children's Aid
Society of Metropolitan Toronto

Cover design by

Gerald T. Joyce

The history of mankind is replete with varied physical abuses heaped upon its children. Often considered imps of the night or the devil's hands, children have been subjected to unmerciful whippings, beatings, mutilation and tortures to maintain discipline, to transmit educational ideas, to please certain gods or to expel evil spirits.

As this country was pulling itself up by its bootstraps, burgeoning industries found a cheap, passive source of labor in pauper children from the workhouses for its factories, mills and mines. Some children, beginning at age five, were forced to work sixteen hours at a time, often with irons riveted around their ankles to keep them from running away. Few of these children survived any length of time, succumbing to occupational diseases and suicide. With the exception of certain child-caring and correctional institutions, child abuse today is generally confined to the sanctity of the family, with parents as the chief perpetrators.

In 1963, Minnesota passed its first mandatory reporting law concerning suspected child abuse, obligating physicians, other health practitioners, and hospitals to report such cases to the police. In 1965, this law was amended to include notification to county welfare departments. All fifty states now have some form of mandatory reporting laws.

Unfortunately, many have considered this to be the total solution to the problem of child abuse. The Congressional Record of March 26, 1973 contains the following comments: "Reporting is, of course, not enough. After the report is made, something has to happen. A multi-disciplinary network of protection needs to be developed in each community to implement the good intentions of the law. The legislatures which require reporting but do not provide the means for further protective action delude themselves and neglect children. No law can be better than its implementation and its implementation can be no better than the resources permit."

"Certainly in the last decade, the most pressing problem of child abuse has been recognized by society by the passage of these child abuse laws in every state of the United States. However, a reluctance on the part of the physician, traditional yielding to parental authority by the courts, over-lapping of investigation by social service agencies, inadequate training of social workers and allied personnel in the field of child abuse, and very poor communication between the various disciplines responsible for protecting the abused child has resulted in the lack of protection for the abused and neglected child and has given an opportunity to the battering parents to continue these vicious actions."

The consequences for non-reporting have been slight except for the children involved. With the exception of certain medical personnel, no penalty is attached for non-reporting in Minnesota. A recent California case involved a three-year-old child who was repeatedly beaten by his mother's boyfriend, hospitalized, and returned home. The child's natural father brought suit against the treating physicians and police who failed to report the incidences or, when finally reported, failed to act. The settlement was made for over half a million dollars but at a cost of a child permanently brain-damaged and totally helpless. The implications for social agencies include not only the mandatory need to investigate complaints but to offer a quality service that really protects the child.

The reader should be cautioned that the data presented represents reported incidences of child abuse and may not reflect the true extent of the problem.

Tables 2 through 10 provide information about the abused child. Tables 11 through 14 are concerned with the family of the abused child. Tables 15 through 21 provide information on the individuals identified as child abusers. Tables 22 through 25 identify the individual reporting the abuse, follow-up classification, treatment and court action planned.

CHILD

TABLE 1

<u>Time</u>	<u>Number of Cases Reported</u>	<u>Number of Counties Reporting</u>
March-December, 1966	44	18
January-December, 1967	75	16
January-December, 1968	112	19
January-December, 1969	143	24
January-December, 1970	194	17
January-December, 1971	252	24
January-December, 1972	262	29

There continues to be a slight increase in the incidence of child abuse but this is felt to be largely due to better reporting.

TABLE 2

INCIDENTS REPORTED BY COUNTY AND SEX OF ABUSED CHILD
January - December, 1972

<u>County</u>	<u>Male</u>	<u>Female</u>	<u>Number of Cases</u>
Aitkin	1		1
Anoka	1	8	9
Becker		1	1
Beltrami		1	1
Blue Earth	2		2
Carlton		1	1
Crow Wing		1	1
Dakota	2	2	4
Freeborn	1	2	3
Goodhue		1	1
Grant	1		1
Hennepin	68	54	122
Itasca	1	3	4
Koochiching	2		2
Lake of the Woods		1	1
Mahnomen		1	1
Martin	1		1
McLeod	1		1
Meeker		1	1
Mille Lacs	1		1
Olmsted	5	4	9
Ottertail		1	1
Ramsey	25	29	54
Roseau		1	1
St. Louis	16	8	24
Scott		1	1
Todd	1		1
Washington	5		5
Wright		1	1
Other			6*
Total	134	122	262

* Insufficient information given.

TABLE 3

	<u>Age at Time of Incident</u>	<u>Percent of Total</u>
Under 1	45	17.2
1 but under 2	27	10.3
2 but under 3	26	9.9
3 but under 4	22	8.4
4 but under 5	16	6.1
5 but under 6	14	5.3
6 but under 7	14	5.3
7 but under 8	9	3.4
8 but under 9	7	2.7
9 but under 10	5	1.9
10 but under 11	7	2.7
11 but under 12	13	5.0
12 but under 13	8	3.1
13 but under 14	11	4.2
14 but under 15	13	5.0
15 but under 16	8	3.1
16 but under 17	7	2.7
17 but under 18	6	2.3
Other	4	1.5

Pre-school children appear to be most vulnerable, accounting for over half the reported incidences.

TABLE 4

	<u>Race of Child</u>
Caucasian	199
Negro	27
Indian	19
Mongolian	5
Non-American	1
Unknown	7
Other	4

TABLE 5

	<u>Religion</u>
Catholic	48
Jewish	0
Lutheran	42
Other Protestant	51
Muslim	3
Non-denominational	2
Unknown	113
Other	3
Total	262

TABLE 6

		<u>Birth Status</u>				
		<u>Legitimate</u>	<u>Illegitimate</u>	<u>Unknown</u>	<u>Other</u>	<u>Total</u>
Ordinal Position In Family	01	58	33	8		99
	02	42	9	4		55
	03	35	3	5		43
	04	15	3	1		19
	05	9		2		11
	06	4	1			5
	07	2				2
	08		1			1
	10			1		1
	Unknown	11	2	10	3	26
Total	176	52	31	3	262	

TABLE 7

		<u>Number in Household</u>
Family Size		
02	22	
03	53	
04	58	
05	42	
06	24	
07	23	
08	12	
09	5	
10	2	
Other	21	
Total	262	

TABLE 8

		<u>Injury Sustained</u>	
None apparent	37	Other sexual - unknown	1
Bruises, welts	137	Indecent liberties	1
Abrasions, lacerations	7	Attempted incest	1
Sprains, dislocations	1	Physical neglect	1
Internal injuries	5	Suffocation	1
Bone fracture (s) other than skull	11	Unconsciousness	1
Burns, scalding	10	Alcoholic stupor	1
Skull fracture	7	Brain concussion	1
Malnutrition(due to deliberate with- holding of food)	3	Seizures	1
Incest	16	Given drug	1
Sodomy	1	Chemical drug	1
Child molesting	1	Unknown or not specified	9
Intercourse with step-father	2	Other	4
		Total	262

TABLE 9

		<u>Extent of Injury</u>
Unknown or not Hennepin or Ramsey County		103
Battered Child Syndrome		9
Physical abuse - severe		26
Physical abuse - moderate		114
Death		7
Other		3

TABLE 10

		<u>Previous Report Made</u>				
		<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>	<u>OTHER</u>	<u>TOTAL</u>
Prior Incidents	Yes	11	48	9		68
	No		111	2		113
Same Child	Unknown	1	61	16		78
	Other				3	3
	Total	12	220	27	3	262

FAMILY

TABLE 11

		<u>Relationship of Parent to Child</u>
		<u>Father or Substitute</u>
	None in family	42
	Natural parent	144
	Adoptive parent	5
	Step-parent (legal or non-legal)	37
	Foster parent	2
	Other parent	1
	Not related	18
	Unknown	10
	Other	3
		<u>Mother or Substitute</u>
	None in family	3
	Natural parent	239
	Adoptive parent	3
	Step-parent (legal or non-legal)	7
	Foster parent	2
	Other relative	3
	Not related	0
	Relationship unknown	2
	Other	3

TABLE 12

<u>Family Income</u>	
Under \$3,000	23
\$3,001 - \$6,000	56
\$6,001 - \$10,000	45
Over \$10,000	22
Public Assistance	87
Unknown	29

TABLE 13

<u>Family Life Style</u>	
Unknown or not Hennepin or Ramsey County	115
Violent	1
Severe disorders	33
Moderate disorders	73
Mild dysfunctioning	26
Good	11
Other	3

TABLE 14

		<u>Previous Report</u>				
		<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>	<u>OTHER</u>	<u>TOTAL</u>
Prior Incident Involving Other Child	Yes	2	45	4		51
	No	5	109	1		115
	Unknown		8	3		11
	Other	5	58	19	3	85
	Total	12	220	27	3	262

PERPETRATOR

TABLE 15

Identity of Perpetrator by Education of Perpetrator

		<u>Identity</u>			
		<u>Known</u>	<u>Suspected</u>	<u>Other</u>	<u>Total</u>
Education by years of Education	Unknown	62	34	27	123
	5th grade		1		1
	6th grade	1			1
	7th grade	2	2		4
	8th grade	10	1		11
	9th grade	6	1	1	8
	10th grade	17	2	1	20
	11th grade	11	4		15
	12th grade	44	15	1	60
	13th grade	2	2		4
	14th grade	4			4
	15th grade				
	16th grade	3			3
	Other			8	8
	Total	162	62	38	262

TABLE 16

Age of Perpetrator

Age-lower limit of each range

0-10	
10-20	14
20-30	92
30-40	56
40-50	19
50-60	7
60-70	2
Unknown	64
Others	8
Total	262

TABLE 17

Sex by Relationship to Abused Child

	<u>Male</u>	<u>Female</u>	<u>Unknown</u>	<u>Other</u>
Natural parent	93	65		
Step parent	25	1		
Adoptive parent	4	0		
Foster parent	0	2		

(continued)

TABLE 17 (CONTINUED)

	<u>Sex by Relationship to Abused Child</u>			
	<u>Male</u>	<u>Female</u>	<u>Unknown</u>	<u>Other</u>
Day care mother		2		
Baby sitter	1	4		
Mother's boyfriend	17			
Uncle	1			
Grandfather	1			
Grandmother		1		
Child's sister		2		
Day care child	1			
Neighbor	1			
Schoolteacher	2	1		
Unknown or not reported	2		26	
Other	1	1		8
Total	149	79	26	8

TABLE 18

	<u>Race of Perpetrator</u>
Caucasian	184
Negro	20
Indian	14
Mongolian	2
Chicano	1
Unknown	33
Other or not reported	8
Total	262

TABLE 19

	<u>Religion of Perpetrator</u>
Catholic	46
Jewish	2
Lutheran	30
Other Protestant	49
Non-denominational	2
Unknown	125
Other	8
Total	262

TABLE 20

		<u>Occupation of Perpetrator</u>	
Unemployed	27	Welfare recipient	1
Truck driver	7	Psychiatric tech.	1
Laborer	22	Cook	2
Waitress	2	School teacher	2
Bar maid	1	Construction	5
Musician	4	Day care mother	2
Secretary	3	Business man	1
Gas station attendant	2	Assembly worker	1
Mechanic	7	Student	11
Machine operator	3	Maintenance	7
Machine repairman	1	Carpet layer	3
Teacher assistant	4	Molder	1
Housewife	46	None	6
Retired	2	Go-go dancer	1
Bus driver	2	Dog clipper	1
Real estate salesman	1	Data Processing	1
Craft Mill operator	1	Nurses aide	1
Engineer	2	Maid	1
Laundry worker	1	Upholsterer	1
Factory worker	3	Metal worker	2
Clinical psychologist	1	Electrical technician	1
Printer	1	Refrigeration	1
Machinist	1	Unknown	56
Car washing attendant	1	Other	8

TABLE 21

Prior Incidences of Abuse Involving Same Perpetrator by Perpetrator's Marital Status

<u>Marital Status</u>	<u>Prior Incidences</u>			
	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>	<u>OTHER</u>
Single	8	14	10	
Married	50	45	39	1
Divorced	8	5	7	
Widowed		1		
Separated	6	6	5	
Unknown	6	2	41	
Other				8

REPORTING SOURCE

TABLE 22

<u>Initial Referral Source</u>			
Medical Doctor	23	Teacher's aide	2
Hospital (not specified)	1	Special Education	1
Medical Clinic	5	Child Care Facility	1
Mental Health Center	4	Head Start	1
Public Health or visiting nurse	6	Nurse	1
Medical Examiner	1	Sister-in-law	1
Social Worker	25	Baby sitter	5
St. Paul Ramsey Hospital	17	Self-reporting	2
St. Luke's Hospital	3	Father	4
Hennepin County General	22	Mother	16
Eitel Hospital	1	Step-mother	1
St. Mary's Hospital	1	Aunt	2
Children's Hospital	1	Grandmother	1
University of Minn. Hospital	3	Private citizen	2
County welfare	8	Anonymous	1
Juvenile Court	1	Repairman	1
Police Department	49	Neighbor	10
County Sheriff	2	Friend	4
School teacher	1	Grocery store owner	1
School principal	7	Sister	1
School nurse	2	Other relative	2
School social worker	9	Other	5

TABLE 23

<u>Follow-up Classification</u>	
Abuse confirmed	139
Abuse ruled out	16
Uncertain	66
Police investigating	12
Consulting with county attorney	8
Unknown or not reported	17
Other	4

TABLE 24

<u>Treatment Plan</u>	
Will remain in own home	160
Will be placed with relatives	12
Will be placed in foster care	60
Will be placed in institution	2
Unknown or not reported	24
Other	4

TABLE 25

<u>Court Action Planned</u>	
None	184
Protective Supervision	12
Legal custody	36
Termination of parental rights	2
Unknown or not reported	24
Other	4

The year 1972 saw an operationalizing of the central files on abused children and making this information available to county welfare agencies.

Although we know in gross terms who abused the child we continue to ask, "Why?" The why's appear as varied as the number of incidences reported and provided little assistance in identifying or predicting the abuser.

One possible source that hasn't fully been utilized is the Parents Anonymous Groups composed of those who have abused or feel capable of abusing their children. In its Procedures and Concepts Manual, Parents Anonymous identifies the following traits or similarities common in many of its members: (They are listed from the most similar to the least.)

1. Self-negativeness. Child abusers are the most down on themselves people that possibly could be found.
2. Isolationist. The social attitudes about child abusers has long ago taught us where we belong, in the woodwork and not to raise our heads.
3. Immaturity. This is usually hard to admit for anyone but abusers are usually extremely immature.
4. Manipulators. It seems that if given the chance to escape responsibility by manipulating someone else into doing it all for us, we will.
5. Irresponsible. Rather than attempting to do well at something they already feel incapable of doing, they will many times not do anything at all, therefore appear to be very irresponsible.
6. Attention seekers. We'll seek attention by other forms of "bazaar" behavior. Suicide attempts, constant verbalization of depressions, drinking, promiscuity, over-eating, etc. We usually want others to notice us in the hope that maybe they will help us to get our heads on right.
7. Emotional masochist. Along with the negative self-image there goes the need to be punished for being so "rotten".

Drs. Kempe, Silverman, Steele, Droegemueller and Silver provide the following information on the psychiatric aspects of the battered child syndrome. The type and degree of physical attack varies greatly from the murder of the child usually by a parent or close relative to the opposite extreme where no overt harm has occurred, and one parent, usually the mother, seeks help after being filled with guilt and anxiety related to fantasies of hurting the child. Between these two extremes are a large number of children who have suffered mild to severe injury which may result in permanent damage or death after repeated attacks.

The beating of children is not confined to people with a psychopathic personality or of borderline socio-economic status but also occurs among people with good education and stable financial and social background. One of the most important factors in assaulting families appears to be "do unto others as you have been done by".

Dr. Vincent J. Fontana comments that maltreatment may occur at any age with an increase of incidence in children under three years of age. One parent, more often the mother, is the active batterer and the other parent passively accepts the battering.

The battered child is usually the victim of emotionally crippled parent. The battering parent appears to react to his own child as a result of past personal experiences of loneliness, lack of protection, unwantedness, and lack of love. Some of these mothers have been raised by various foster parents during their own childhood. Divorce, alcoholism, unemployment, financial distress, perversions and drug addiction play leading roles as "triggers" causing the potentially abusing parents to inflict abuse on his or her own children.

Is punishment the answer in dealing with abusing parents? Our traditional means of dealing with such parents has been the use of punishment but in many cases this feeds their self-concept of never being able to do anything right. The American Academy of Pediatrics, Committee on Infant and Pre-School Child feels that with the assistance and supervision of a social agency, some of these parents can be helped to become responsible adults. Punishment of these parents by placing them in jail generally serves little or no purpose other than to remove them from the abused child and siblings for a limited period of time. It does not make them better parents or more able to deal with their children in a sound constructive way. Indeed, their resentment at having been jailed may lead to even more severe punishment of the child. These individuals must be helped to grow themselves, and if this is not possible, they must be relieved of the responsibility for their children.

Vincent DeFrancis, J.D., comments: "The general attitude toward the problem of child abuse, and a common reaction of people when confronted with the brutal facts, is shock and anger. A natural consequence is the desire to exact retribution - to punish unnatural parents for the acts of cruelty. Such punishment doesn't achieve anything except surface compliance with criminal statutes. Prosecution frequently places the child in even greater danger when the battering parent comes home - a parent whose motivational forces have remained untreated and whose emotional damage has become greater due to the punitive experience".

The costs of alternative care

The cost of child abuse is enormous in human suffering, sowing the seeds for future generations, and the actual outlay of funds for treating the individuals involved. Alternative care, for the purpose of this discussion, involves the cost of caring for a child away from his parent or caretaker. The following findings were prepared by the Research Utilization Branch, Social and Rehabilitation Service, HEW. They were gathered for New York City through 1971 and although somewhat higher, provide an indication of the cost involved.

1. Foster care costs the taxpayer up to five times as much as natural parents spend to rear a child. Estimates indicate that the cost of rearing a foster child born in 1970 to age 18 in 1988 will be \$122,500. The comparable cost to natural or adoptive parents of modest income is estimated to be \$22,560.

2. Of all the foster care arrangements, the study found that foster family care costs the city the least - an average of \$10.08/day, \$15.09/day for an agency-operated boarding home, \$20.52 for a group residence, \$20.88 for large-scale institutional care and \$25.32 for residential treatment facility.
3. Most evidence indicates that institutional care, whether for adults or children and in whatever part of the nation, costs about twice as much as foster home or community-based care.
4. The main reasons necessitating foster care for the children in the study were: mental illness of the mother, 23.6%; neglect and abuse of the child, 17.4%; child's own presumably unmanageable behavior, 13.9%; abandonment or desertion of the child, 12.5%; unwillingness of the mother to assume or continue care, 12%.
5. When children remain in care for 4 years or less, it costs the community dearly, but longer periods of care cost far more.
6. Case histories showing the collapse of just four families in New York City with a total of 26 children in foster care, will have cost the public more than 2.5 million by the time the children are 18.

Implications for Action

1. When a child's living circumstances change from foster care residence to his own family home it brings considerable savings. This indicates that child welfare agencies ought to do more rehabilitative work with families.
2. Alternative modes of foster care would result not only in considerable savings of public funds but also in a more natural environment for the child. Thus, every time a child can be moved out of an institution into a family foster home, the cost per year for child care is halved.
3. To save the children from a lifetime of foster care, we have to save the mothers. Almost 8 out of 10 of these mothers in the New York City study were single, divorced, or separated and typically lived in the worst poverty areas in the city. Appropriate counseling, health, and other services for failing mothers is the chief means of returning children to their homes or preferably, preventing the need for foster care placement.
4. The costs of foster care should be part of a larger social accounting system. The children come into care because society inherits other social problems such as mental and physical illness, criminality, drug abuse, illegitimacy and divorce. It makes sense to link costs of foster care to the larger costs represented by these problems.

Our newspaper headlines from time to time scream with indignation when a particularly heinous case of child abuse occurs. The community reacts in predictable fashion after demanding its pound of flesh from the caretaker involved or a social agency designated as the child's protector. Like yesterday's headline however, the community too soon forgets and the promised support and resources fail to materialize. Children continue to be victims and county welfare agencies continue operating with limited staffs, increasing caseloads, lack of alternative resources and funding, and hostility and suspicion from related disciplines. The community often considers protective services as literally being capable of guarding the child 24 hours a day.

Various authorities in the field suggest the problem of child abuse is so complex that a single-discipline approach cannot adequately provide for the needs of the child or caretaker. Although responsibility should continue to be fixed with one agency, such as the county welfare or social service departments in Minnesota, this doesn't preclude the utilization of many community resources and the agency's role may become more a coordinator, contractor, supervisor than actual provider.

The following services, approaches or resources are presented in hopes that agencies will consider the recommendations of other child protection services and recipient groups.

1. Parent aides, lay assistants who can exercise empathy with the parents of battered children. Their function is basically to act as guardians for these parents by frequently visiting the family and establishing a relationship emphasizing the needs and problems of the parents as opposed to solely being interested in the child.
2. Hospital-based child protection teams composed of pediatricians, psychiatrists, social workers, welfare department representative and public health nurse.
3. A community child protection team composed of, for example, psychologist, nurse, social worker, attorney, medical doctors, teacher, police, etc. Although the two types of child protection teams have somewhat different orientations, the basic concern of each is the review of abuse cases and to quickly decide what measures might help resolve conditions contributing to each case.
4. Converting every county's protective service department from the single discipline approach to a multi-discipline approach applying the expertise in social services, medicine, juvenile court and law enforcement.
5. A 24-hour-a-day hot line over which a distraught parent can call and receive immediate support and counsel.
6. A day care center where overwhelmed mothers can bring their children regardless of employment status.
7. A crisis nursery for infants.
8. A mother-child unit where they can live temporarily in a safe environment free from emotional pressure.
9. The extensive use of lay therapist ideally within a team concept.

Although this report has been concerned with reported child abuse in Minnesota, child abuse is not a phenomenon confined to Minnesota. Estimates nationally range from 60,000 to 300,000 cases of seriously injured battered children each year.

Child abuse is seen from the federal level as a local problem and not as a problem of national concern. One discouraging aspect of the problem is having to use too often the words "estimate", "suspected" and "reported" rather than being able to fully identify and offer some glimmer of hope in resolving child abuse.

In a report to the American Medical Association, Dr. Vincent J. Fontana considered child battering as having reached epidemic proportions and probably the most common cause of death in children. Other workers in the field of child abuse consider only 10% of seriously abused children having mentally ill parents. The 90% that are left appear to be families that are isolated, alone in situations of emotional conflict and stress without friends or sympathetic relatives and who don't know the first thing about effective parenting practices. Mothering a child is not natural but learned behavior.

This report hopefully has identified some issues in the complex problem of child abuse. Again hopefully, the reader will have an increased appreciation for the problems faced by those working in child protection. They know only too well the long hours, large caseloads, lack of resources and hostile clients and community that a report of this nature doesn't consider.

END