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The "Pomona Project": A Total Community Approach to Child Abuse Prevention

Rusty Gagnon

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INTRODUCTION

Child abuse has received increased attention within the past few years. Suffice it to say that the problem is serious and the long range effects extensive. But once one has acknowledged the problem of child abuse, one must also acknowledge the problem of child abuse prevention.

To practice prevention, a community must be aware. Awareness increases acknowledgement of crime which in turn increases reporting. For some, the increase in reporting is interpreted as increase in occurrence, which is in turn labeled as evidence of the failure of a prevention program. It is established that child abuse is cyclical, that it is a crime of secrecy and that few cases of abuse are ever reported (estimates vary from 1 out of 10 to 3 out of 10). Additionally, various studies show that many children who are abused grow up to become abusive parents and that much of that cyclical behavior is the repetition of poor parenting skills.

The primary tool for the prevention of child abuse is the exposure and breaking of the child abuse cycle. This requires intervention at the current victim-caretaker generation, at the earliest possible phase. Intervention requires reporting. Ergo, increased reporting is an essential ingredient to ultimate child abuse prevention and an indication of the *success* of a child abuse prevention program.

While the value of a multi-disciplinary approach to child abuse intervention is generally recognized, it is more often an ideal than a reality. For example, although four agencies are mandated by Penal Code 11161.5 to receive reports of suspected child abuse, in some jurisdictions only Children's Protective Services (CPS) of the County Departments of Public Social Services (in some counties known as the Welfare Departments) and

the local law enforcement agencies appear to be prepared by policy and procedure to be receptive to a report of possible child abuse. Pending legislation will simplify reporting procedures by designating only law enforcement and county CPS departments as the two alternative "child protective agencies" to which all reports must be made (Senate Bill 781, Rains).

In March of 1978, the Pomona Police Department and the Attorney General's Crime Prevention Unit agreed to cosponsor a pilot community-wide child abuse prevention program with the goal of achieving a cooperative, multi-disciplinary reality. This pilot program became known as "The Pomona Project".¹ (For a demographic composition of the test city, refer to Chart "A".)

The choice of the police department as the cosponsoring agency was based on five factors: (1) any community based project must have a sense of ownership in the community; (2) the local law enforcement agency is the only community agency specified by the California State Child Abuse Reporting Law to receive reports of suspected child abuse²; (3) child abuse is a crime by definition; (4) *all* cases of reported suspected child abuse are to be forwarded by whichever agency receives the initial report to the local law enforcement agency with jurisdiction; and (5) reports are to be forwarded by law enforcement to the California State Central Child Abuse File, housed within the state Department of Justice (Penal Code 11161.5).

THE PROJECT'S OBJECTIVES

The primary objective was to encourage a supportive community based vehicle through which constructive and cooperative child abuse preventive and interventional action could flow. This necessitated multi-agency involvement and cooperative professional interaction at all stages. That, in turn, necessitated a respect between varying disciplines and an understanding of professional roles, responsibilities and functional limitations. Further, it required open-mindedness at the top administrative levels to "negotiate" policy and procedural changes which were found to be essential to the construction of this vehicle.

It is this writer's belief that no problem which is occurring at the community level, as in the case of child abuse, can be resolved or prevented without the full commitment, involvement and leadership at the local government/service agency level. The role for non-local (extracommunity) government/service agencies is most useful as support systems to that local leadership. Unfortunately, there consistently appears to be more emphasis placed upon developing *horizontal* support services *above* the local level rather than *vertical* support services *to* the local level. This contributes significantly to multi-level isolationism and territoriality.

For budgetary reasons, numerous services and resources may not be available within the community agency framework, frequently necessitating additional county and/or state involvement. However, people within any given community/community service agency tend to identify more closely

¹ In mid-June, a "Pomona Project" was initiated in Chino, California with the Chino Police Department cosponsoring. While the objectives remained the same, the methodology was tailored to the needs of the community. Chino, with a population of 37,272, covers 13.29 miles and is located in San Bernardino county.

² The others being county children's protective services, departments of health and juvenile probation.

with local service agencies than with those from outside the community (i.e., county, state, etc.). This is particularly true in medium to small sized communities. This situation becomes even more pronounced in communities where the extracommunity agencies do not have offices. The lack of a community identity reduces the trust in and knowledge of individuals located outside the local agencies which affects the development of a multi-disciplinary "team" approach.

Many service agencies share jurisdictional "front line" responsibilities, each with professional specializations and limitations. This often creates professional and jurisdictional conflicts which, again, are counterproductive to a multi-disciplinary "team" approach. This competitiveness is one of the two primary reasons for the ineffectiveness of most child abuse prevention programs. The role of the state, in this case the Attorney General's Crime Prevention Unit, was to act as a coordinator and mediator because, at the local level, the state is a politically "neutral" body. Within the course of the "Pomona Project", this became very beneficial.

The secondary objective was to provide standardized information on child abuse recognition and intervention. During the preliminary planning stage, exploratory discussions were held with individuals from numerous professions and/or agency representatives working with children in general or child abuse specifically. Very few were sufficiently informed with the four basic areas: (1) the indices of the five classifications of abuse; (2) the requirements of the reporting law as it applied to their profession; (3) the legal procedures of filing a suspected abuse report; and (4) the possibilities of subsequent actions. It became evident that appropriate prevention, intervention and reporting could not be expected from individuals with very limited perceptions of what to look for or what to do. It became apparent that even law enforcement personnel were in need of the same detailed training to insure proper and supportive response and investigation enabling effective intervention.

This educational need was further revealed as we became aware that many mandated reporter professionals (MRPs) had *never* received any form of child abuse recognition and reporting training. An initial random sampling survey involving 100 MRPs in five professions revealed that 50% had never had any form of training, 20% had had some form within the past five years, and the remaining 30% had received some "awareness" via the news media. The project subsequently proved this true of the general MRP population, since for 60% of the 1009 MRPs who attended training sessions, it was their first training.

Based on this writer's experiences, it appears that few law enforcement agencies are adequately familiar with their own reporting responsibilities or the information available for investigation from the state Central Child Abuse File. Although the act of child abuse is a violation of the Penal Code, most officers appear to be insufficiently trained in response, recognition and investigation techniques and procedures. While the local law enforcement agency has the additional legal responsibility to forward all reports of suspected child abuse to the state central file, many (1) do not forward the reports in an accurate or timely manner (possibly due to an inadequacy in the specifications of the law); (2) do not receive *all* reports of suspected

abuse made initially to CPS (particularly in mental, emotional and neglect abuse cases, again partially due to an inadequacy in the specifications of the law) which has the effect of "short-circuiting" the forwarding of reports to the central file; and (3) do not forward reported cases which they refer to CPS or which are handled and "resolved" by CPS. This lack of training and supportive procedures is the second of the primary reasons for the ineffectiveness of most child abuse prevention programs.

The third objective was to do the project without special funding. This was considered essential for two reasons: (1) to reduce administrative red tape and competition between agencies for funding, and (2) as a measure of assurance that whatever might be achieved would continue. While it was acknowledged that there were to be expected costs in materials and services, it was believed that through multi-agency involvement these costs could be met through in-kind services previously budgeted and through the soliciting of donated community services from local business and service organizations. It was also believed that services and time would be volunteered by multi-disciplinary professionals, supportive of the concept and desirous to participate. By working with and building upon the resources already available, the sense of "project" would eventually be incorporated into standard procedures rather than limited to the life span of a grant.

THE PLAN

The project consisted of three phases to cover a period of ten months after a preliminary period of two months for project design. (There is a need in any community based project to produce results within a reasonable period, not only to measure a project's movement and effectiveness, but also to generate the community's belief in its ability to produce change.)

The preliminary period was used to identify key community people, agency administrators and service organizations; to draft a community project committee; and to familiarize the Project Director with the operating procedures and staff of the cosponsoring agency. The local Crime Prevention Officer was designated as the Project Community Coordinator. The Deputy Chief of Police became the departmental liaison, alleviating unnecessary time demands on the Chief.

Phase I

The first phase began with in-service training in child abuse recognition, investigation techniques, and the key relationship between child abuse, domestic violence and alcohol/drug abuse for all personnel in the cosponsoring law enforcement agency including non-sworn communications and records personnel. Training sessions for patrol personnel were conducted during the preshift briefings for each shift for two consecutive days totaling one and one-half hours per shift. Special sessions were conducted for the detective and administrative staff. In all, over 130 police personnel received in-house training via seventeen sessions totaling nine hours in the first week of Phase I.

Between briefings, the Project Director met individually with each community and county agency administrator essential to the development and

success of the project. An informal community administrative advisory council was recruited to assist the Project Director. Each administrator pledged his/her support and cooperation. Before the project was completed, over twenty-five private and public agencies and organizations had become involved participants. Many of these agencies allowed or appointed personnel to participate as project committee members. While their attendance at monthly meetings was on agency time, all work performed by committee members was in addition to regular workloads, without any form of compensation.

The working project committee (comprised of over seventy volunteers and agency representatives) met that same first week and organized into three subcommittees: training, resource directory development, and information. It was agreed that all subcommittees would continue to meet jointly each month and to serve as the general committee through which all information and procedural decisions would be made.

The Information Committee immediately initiated community awareness events which included (1) a Parent's Checklist mailed with 22,000 water bills over a three month period,³ (2) a banner hung across the main street listing the emergency telephone numbers for CPS and the police by which individuals could report possible abuse cases, (3) an official project Kick-Off Town Meeting accompanied by a city council proclamation declaring a Child Abuse Prevention Month, and (4) news media articles on the project and child abuse. With the Kick-Off Town Meeting, in which the Mayor, Chief of Police and Director of the Attorney General's Crime Prevention Unit participated, the project entered Phase II.

Phase II

The second phase was entirely devoted to the coordination and provision of specialized in-house training sessions⁴ and general community awareness sessions. These consisted of three sections: (1) awareness of the basic indices of the five forms of abuse and associated social dysfunctions; (2) the state reporting law, and its protections and penalties; and (3) the roles and responsibilities of law enforcement and CPS. A list of professionals practicing in the community which matched the professions named as MRPs in the state law, served as the targeted objectives for the Training Committee.

Each training session was directed as closely as possible toward the professional needs of the attendees. Some sessions were for all professionals within a specific agency. Other sessions were for specific professionals, combining agencies in which those professionals worked or were associated. While nurses, therapists and counselors attended combined training sessions, physicians, psychiatrists and psychologists, as a general rule, would not attend sessions which included other professions, even if those professions were limited to staff within the same agency. In response to this, a special session for physicians was conducted and attended by 80 physicians.

In the educational system, all professional from any given school attended as a group and in some instances schools combined. The individual school

³ This is an example of the many existing resources which can be tapped to reduce costs while increasing community awareness.

⁴ For cumulative data on training, see Chart "B".

nurses became the designated contact persons and site coordinators within the school system and were very successful at the elementary level. There were no requests for training in the schools above the elementary level.

Generally speaking, it appeared that inter-agency cooperation and teamwork is more easily achieved in the educational system than in the health system. Three specific factors appear to contribute to this. First, physicians are frequently in private practice as well as on a hospital staff. Reporting is often expected to lead to time involvement, particularly extensive (and often unnecessary) court time. Time away from their private practice is sometimes seen as an economic loss. Reporting is also seen as resulting in the possible loss of a patient and, therefore, a lost opportunity to treat and possibly help. Second, some physicians reject any perceived "interference" in the practice of their profession. Third, only nurses employed in public health agencies and the schools are required to report suspected cases and are thereby protected by the law. Legally, nurses in any other position are only "encouraged" to report. This allows them very little professional or job protection, particularly if the attending physician has indicated that he/she is not going to make a report.

Training sessions were kept to sizes of thirty-five attendees or less whenever possible to encourage discussion. The basic training teams were comprised of a CPS worker, a police officer and the Project Director. Sessions for the medical or counseling professions included a physician, child psychiatrist, nurse or counselor with extensive experience in child abuse recognition, intervention and/or treatment. These professionals came from as far away as forty miles from the training site and received no financial compensation for their time, services or travel expenses. The initial presumption in designing the training phase was that the training would receive greater professional credibility and acceptance if a member of the same profession as the attendees was included on the training teams. This premise was born out on the basis of returned evaluation forms for professions listed under sections A and B on Chart "B". The premise was not correct for professions listed under sections C, D and E. 1009 MRPs attended at least one of the 37 MRP training sessions.⁵

Each attendee at an MRP session was requested to complete and return a two page evaluation form at the end of each session. Of the 1009 attendees, 631 completed and returned an evaluation form for a 63% return. Once again, professions could be grouped regarding attitudes related to involvement. With the exceptions of physicians, psychiatrists and psychologists, all professions showed a high percentage of evaluation completion and return. Psychiatrists and psychologists showed a lower percentage of returned forms and physicians showed the lowest percentage.

Physicians also tended to be critical of the lag in response time from CPS staff and of law enforcement's insufficient training in child abuse. CPS personnel, themselves, agree that the response time is inadequate. Due to insufficient staff, most cases are categorized into one of three groups: Dangerous (with imminent physical danger), response time—*within two hours*; Serious (indications of potential danger but not yet physically evident),

⁵ These sessions were credited by the California State University at San Bernardino Extension Department.

response time—*within twenty-four hours*; and Less than Serious (all other situations), response time—*twenty-four to seventy-two hours*.⁶ Aside from the obvious implications to the child and the reporters (many of whom basically believe that nothing will or can be done), the inherent physical and psychological pressure that this situation creates for the conscientious CPS worker is personally and professionally demoralizing and destructive. It is also counter-productive to early intervention and prevention. Part of this problem is that (1) the basis for staff augmentation is the individual worker's caseload rather than response time; and (2) the state law has mandated job responsibilities without allocating sufficient funds for that purpose.

For those in the counseling professions, the question of "confidentiality" tended to become an obstacle to mandated reporting and intervention. This results from conflicting regulations between the state reporting law and federal confidentiality requirements for alcohol/drug rehabilitative program monies. (For tabulations on the key questions covered on the evaluation form, refer to Chart "C".)

Throughout the training phase, individuals brought problems concerning certain cases to the attention of the Project Director. The problems usually fell into one of two categories: (1) counter productive decisions being made somewhere in the system causing a child to be returned to an abusive situation, or (2) inadequate agency policies and/or procedures contributing to cases being lost in the cracks in the system ("short-circuiting"). These two situations were in part resolved through some important changes in the system and inter-agency relations.

Situation One was improved during the training phase by the cross exchange of awareness between representatives of the police and CPS as members of the training teams. Within a month of the police training, school nurses and CPS staff were praising the police field and investigative staff, and police personnel expressed the fact that they were working more successfully with CPS than they ever had in the past. The juvenile officer in the detective division was encouraged by the agency administration to develop a departmental procedure for child abuse cases which was implemented shortly after completion. There still remains a critical need for attention to and resolution of problems within the court/attorney systems once the case has gone into protective custody hearings.

Situation Two was partially resolved by the establishment of the police intra-departmental procedures, by an improved police reporting system to the central file and by the creation of a special unit within the Pomona office of the Los Angeles County District Attorney which combined all child abuse cases with an existing sexual abuse unit. In addition, the primary acute care hospital has agreed to develop a standardized treatment procedure for the emergency room, which may have the added benefit of reduc-

⁶The Pomona office of the Los Angeles County CPS has a staff of eleven workers to cover seven and one-quarter communities with a total population of 230,806. The Ontario office of San Bernardino County CPS has a staff of four workers to cover five communities and an unincorporated area with a total population of 293,008. San Bernardino County classifications are: Emergency (life threatening, joint police coordination needed), response time—*within two hours*; Urgent (if not responded to will, in all probability, become an emergency case), response time—*within two days*; and Other (neglect—severe or willful—handled by CPS *within five working days*; moderate and minimal neglect—handled by General Services within twenty-four hours).

ing time needed for medical testimony in court thereby relieving the physicians of time away from their practices.

During this same period, 20 Community Awareness Sessions were conducted for members of the general public from PTA groups to community service organizations. In all, 603 residents attended at least one awareness session which was presented by one to three trainers depending upon the format offered.

The training phase had originally been planned to be completed within two months. It was necessary to extend it through seven months to meet the requests for on-site training. Additional requests are still being received and will be conducted by community agency representatives. They have become aware of how to provide training, are familiar with the representatives of the other professions, and will organize their own training teams. Because of the extension of the training phase, Phase III began at mid-point of Phase II and ran simultaneously in order to meet the projected goal dates.

Phase III

While the ultimate objective of the training and awareness sessions was communitywide recognition and improved reporting, it was also to serve as an entry point for intervention or prevention. However, once reports are made, resources are needed to provide that effective intervention. The location, evaluation and coordination of those community resources already in existence was the objective of Phase III. While many believe that there are insufficient resources available for abuse cases, it was a premise of the project that many existing resources go untapped because of a lack of awareness of their existence and/or availability. This proved to be the case in Pomona. The Resource Directory Committee set out to develop a functional classification of needed resources and a directory of available community resources that would meet those classified needs at a professionally acceptable standard.

Necessary resources were classified into four groups entitled: (1) Identification, Investigation and Control (coordination, reporting agency); (2) Physical Health (emergency medical, nonemergency medical care and evaluation, drug and alcohol abuse services, health screening); (3) Mental Health (counseling and psychotherapy, emergency psychiatric intervention, recreation and social activities, general education, parenting education); and (4) Environmental Support (emergency financial aid, emergency foster care, child care, food and/or clothing, job placement and/or development, referral to community agencies, child abuse program development, other). These classifications became the matrix of the directory. Each agency included such information as name, address, contact person and telephone number, types and ages of persons served, regular and emergency intake procedures, waiting period, language availability, staffing, fees and medical coverage.

Over forty agencies or resources were initially contacted. After three contacts, which included interviews and the completion of a standardized information form, thirty agencies or resources were considered qualified to be in the directory. A descriptive narrative was part of each agency's listing which further classified the resources as "primary services" (services specif-

ically concerned with child abuse, i.e., counseling an abused child, investigating reported abuse, etc.) or as "secondary services" (services not specifically concerned with child abuse *per se* but offering indirectly related services, i.e., parent effectiveness class, homemakers, etc.). It was felt that the "primary services" would be mainly used as interventional resources and that the "secondary services" would be used mainly as preventional resources.

The printing of the directory was provided by the Attorney General's Crime Prevention Unit. The covers were printed and provided as a community service by a local printing business. The protective folders were provided as a community service by a local service organization. The directories, assembled in binder form, will allow for bi-annual updating to be done through the crime prevention office of the local law enforcement agency, with the project committee continuing to serve as a resource. Of the 500 directories, which were distributed free of charge, over 400 were immediately distributed throughout the community to all school nurses, counseling agencies, pediatricians on staff at the acute care hospital, religious centers, the public library and the numerous multi-governmental agencies which had expressed a need for resource information. The directories were released nine months after the project began.

The final event of the project was the Community Recognition and Awards Banquet at which more than seventy awards and certificates were presented by the top administrators of the key agencies involved in the project. The banquet, attended by 200, signaled the movement from "project" to normal community operations, and was held exactly ten months to the day from the date of the first in-service police training session.

EPILOG

Richard A. Slaght

My first reaction to the proposal of cosponsoring this pilot project was less than enthusiastic, fearing that personnel would be overburdened with the additional project responsibilities, and concerned that the extensive community awareness might result in such an increase in reporting that departmental resources could "burn out". While reports of suspected child abuse have increased overall approximately 30%, the burnout factor has been reduced rather than increased. This reduction may be related to (1) the improved working relationships between the front line staff of the various agencies; and (2) indications that the various agency personnel have become burnout prevention "systems" for each other. A reduction of individual case frustrations has been another positive effect.

By bringing representatives from the involved agencies and resource systems together to work on the project, a sense of a community multi-disciplinary "team" has developed, in that these professionals are now on a first name basis and have developed trusting professional relationships. The technique of having police and CPS personnel on the training teams with professionals from other areas has allowed many of them to develop a supportive understanding of each other's professional responsibilities,

limitations and frustrations. While there is still the job of establishing a formal community child abuse team, the basis for that vehicle and its success has been developed through the "Pomona Project".

The resource directories will be used as a referral guide by numerous professionals and used to plan individualized treatment and diversion programs. This holds out hope for increased success in intervention where abuse exists and the prevention of reoccurrence.

It is my impression that this has been one of the greatest single efforts, directed against child abuse, undertaken in any community. We feel that it has accomplished its objectives as evidenced in part by instances of individuals coming to the police department requesting assistance in *preventing* the abuse which they feel is imminent. The role of the police as a source of help before the act and improved inter-agency coordination are sure signs of effectiveness in the role of child abuse prevention.

Editor's note: Richard A. Slaght has been Chief of Police for the City of Pomona since 1976 having served and commanded every division within the organization since joining the department in 1952. He was cited for outstanding service in 1975 while Acting Chief. Chief Slaght is currently President of the San Gabriel Valley Police Chiefs' Association and is continuing his education in Public Administration at California State University at La Verne.

CHART "A"

DEMOGRAPHIC COMPOSITION OF TEST CITY—POMONA, CALIFORNIA

Law Enforcement Agency With Jurisdiction—Pomona Police Department
 Children's Protective Service Agency With Jurisdiction—Los Angeles County Department
 of Public Social Services

Square Miles of Jurisdiction	22.1	
Number of Residents*	85,439	
Ethnic Composition	46,352 Caucasian	(56.0%)
	16,005 Black	(19.3%)
	18,138 Latino	(21.9%)
	2,340 Other	(2.1%)
Age Composition		
0-5 years	7,331	(8.6%)
5-14 years	16,003	(18.7%)
15-24 years	17,637	(20.7%)
25-34 years	14,300	(16.8%)
35-44 years	8,695	(10.2%)
45-54 years	7,529	(8.9%)
55-64 years	6,050	(7.1%)
65 years and over	7,680	(9.0%)

NOTE: 214 provided no response regarding age (94 males-120 females)

Educational Composition**

Current enrollment in:

Pre-School	80
Kindergarten	1,553
Grades 1-3	4,884
4-6	4,533
7-8	3,283
9-12	4,836
Adult School	7,568

Area Junior College***

Day and Night enrollment	19,220
Four Year College****	12,061
Post Graduate College*****	799

Labor Force* (31,876 respondents)

Employed full time	25,456	(73.9%)
half time	1,683	(5.3%)
part time	1,609	(5.0%)
Unemployed	2,943	(9.2%)
Seasonal	53	(.2%)
Discouraged	132	(.4%)
Military	103	(.3%)

Present Occupation of Workforce*

Professional, Technical	17.4%
Manager, Official, Proprietor, Farmer ..	10.2%
Clerical	8.0%
Sales	6.0%
Craftsman	19.4%
Operatives	15.8%
Service Workers	13.6%
Laborers	8.9%
Transport7%

Housing*

Own or Buying	59.4%
Rent	39.8%
Other arrangements7%

* Special State Census, 1977

** Pomona Unified School District

*** Mount San Antonio Junior College

**** California State Polytechnic University at Pomona

NOTE: In addition to the normal residents of Pomona, an influx of over 2,000,000 people per year attend the Los Angeles County Fair and the National Hot Rod Associations Winternational Drag Races which fall under the jurisdiction of the Pomona Police Department.

CHART "B"

MANDATED REPORTER PROFESSIONALS TRAINING DATA
 July, 1978 through January, 1979

A. Mental Health and Counseling Agencies Personnel:

Psychiatrists; Psychiatric Social Workers; Psychiatric Technicians; Psychologists; Nurses; Nurses Aides; Adult, Family and Child Counselors; Therapists; Institutional Housing Unit Managers.

Total trainee attendance 101

B. Physical Health Care Agencies Personnel:

Physicians; Physicians Assistants; Medical Assistants; Nurses; Licensed Vocational Nurse; Adult and Child Counselors; Occupational, Mental Retardation and Physical Therapists.

Total trainee attendance 203

C. Educational Agencies Personnel: (Public, Private and Religious Schools);

Teachers, School Counselors, School Nurses and Nurse Practitioners, Administrative Staff, Liaison Staff.

Total trainee attendance 539

Note: There were *no* requests for training from any schools above the elementary level although all public school administrative staff had been briefed on the project, and encouraged to take advantage of available training sessions.

D. Child Care Center Personnel:

Licensed and private child and day care providers.

Total trainee attendance 13

E. Others:

Day Camp Counselors

Total trainee attendance 15

Firefighters

Total trainee attendance 138

Note: Although firefighters are not MRPs currently, they were included in pending legislation which was later defeated. Within the course of the nine training sessions provided, each session produced verbal statements by the firefighters of recognition of homes to which they had been called which would have met the criteria of child abuse in evidence or "reasonable cause to believe". Because of a lack of training and mandatory reporting procedure, none of the cases had ever been reported.

Total MRPs trained 1009

CHART "C"

**TRAINING SESSION EVALUATION SUMMARY
MANDATED REPORTER PROFESSIONALS**

929 attendees *
631 responses

Key: 1—poor, 2—below average, 3—average
4—above average, 5—excellent

"Favorable" ratings were tabulated by combining the responses of *above average* and *excellent* only (Questions 3, 7 & 8 were YES-NO answers)

Key Questions

1. Do you feel you have received information relevant to your profession in regards to recognition of characteristics related to child abuse? *623 responded, 84% = favorably*
2. Did you receive information that can be helpful to you in your profession? *537 responded, 83% = favorably*
3. Do you feel a need for additional training session(s) in the area of child abuse as it relates to your profession? *542 responded, 55% = Yes*
4. Do you feel you are more aware of the police and/or social service response and procedures to reported cases of suspected child abuse? *555 responded, 78% = favorably*
5. Do you feel more knowledgeable of the roles, responsibilities and limitations of the various child protective agencies and their functions within the community? *617 responded, 95% = favorably*
6. Do you feel more knowledgeable with regards to the state reporting law as it relates to your professions? *615 responded, 69% = favorably*
7. Do you feel more knowledgeable in the area of the law, protections, and legal penalties for those who are required to report? *606 responded, 86% = Yes*
8. If a case of suspected child abuse came to your attention, would you know how to report it and to whom? *609 responded, 97% = Yes*
9. Do you feel the overall presentation was valuable? *606 responded, 91% = favorable (24% = above average) (64% = excellent)*

* Evaluations from the 80 physicians were oral only and are therefore not counted in the summary.



END