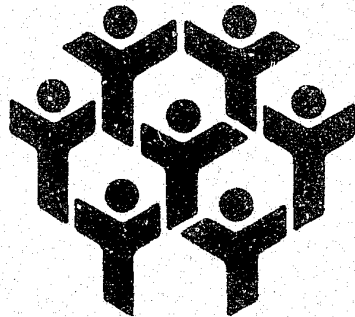


# reported CHILD ABUSE in minnesota

1977 annual report

65289



department of public welfare state of minnesota

This report is intended to provide an interpretation of the data on child abuse in Minnesota for the 1977 calendar year. The delay in finalizing the 1977 report is due to the fact that Minnesota, like a number of other states, uses the services of the National Clearinghouse for Child Abuse/Neglect for processing its data. Although this creates a delay in releasing the report, it also results in a substantial cost savings.

Most of these data were compiled from information provided by local Minnesota social service agencies. This information consists only of incidents reported to the Minnesota Department of Public Welfare by local county welfare/social service units and does not reflect the total number of incidents actually occurring or reported locally in the State of Minnesota in 1977.

A dramatic increase in the number of reports, and in the number of local county welfare/social service agencies submitting reports, occurred in 1975 and again in 1976 and 1977. The 1975-77 increases may be viewed as the result of the 1975 revision of Minnesota's reporting law which became effective on August 1, 1975, increasing the number of professions mandated to report. The revision also mandated that these professionals report incidents of sexual abuse and granted immunity from civil or criminal liability to all persons who make reports in good faith. The 1978 data are expected to show another increase since another revision of the reporting law, which became effective August 1, 1978, includes in its definition of sexual abuse the exploitation of minors for prostitution.

Many of the tables presented in this report reflect some omissions of data. These occur as a result of the National Clearinghouse not being able to interpret or record all items listed on the numerous reports received by the Minnesota Department of Public Welfare. This report will note instances where the number of these omissions may be great enough to affect the overall picture.

Of much greater significance are the data not received by the Department of Public Welfare from the various counties. While most counties are making efforts to cooperate, it is known that not all reports are forwarded. Thus, any estimates of the total number of cases reported to local welfare and police departments must be made with a great deal of caution.

The problem of underreporting, however, is not just a matter of not receiving reports from the local agencies. First, there are incidents of abuse that are not seen. Secondly, of those that are known, we are not sure of the number reported to local agencies. Given these factors, it is clear that the data in this report represent only a portion of the number of incidents actually occurring in 1977.

Taking the available data, Table 1 lists the total number of reports and the number of agencies reporting each year since 1966 from a total of 87 county agencies.

TABLE 1- Number of Cases Reported/Total Number of Counties Reporting for Periods Indicated

<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
January-December, 1973	278	21
January-December, 1974	362	34
January-December, 1975	529	29
January-December, 1976	906	56
January-December, 1977	1520	70

Figure 1 graphs the trend in reporting over the same period. A sharp increase can be noted beginning in 1975, the first year additional professionals were mandated to report. The actual increase is greater than indicated by the curve, since prior to 1976 counties were instructed to report each child as a separate case, whereas reports received in 1976-77 may include any number of children in one case.

# Reported Cases

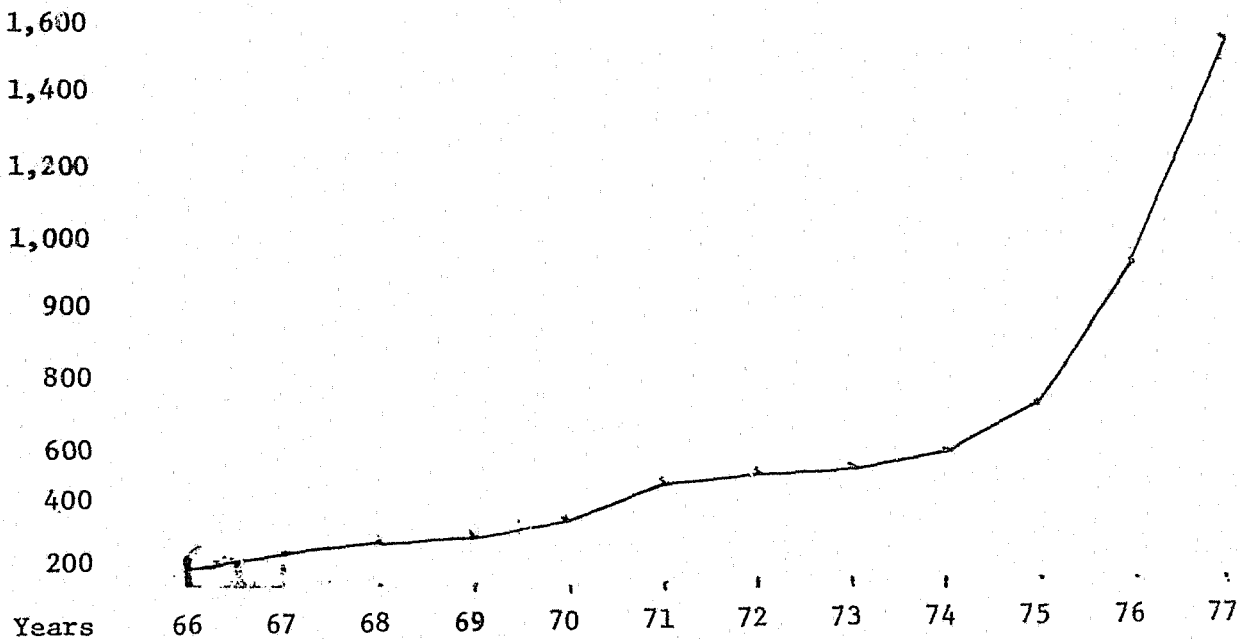


Figure 1 of reported cases by reporting year 1966-77.

It is important not to assume that figure 1 reflects an increase in the total amount of child abuse. This is not known. The number of reports have no doubt increased as a result of factors previously noted in addition to greater coverage given the problem by the media and the increasing conscientiousness of county agencies in forwarding their reports.

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Table 2 provides the number of reports received by the local county welfare/ social service agencies and reported to the Minnesota Department of Public Welfare, and the local agency's determination that the report is substantiated or not substantiated. According to the National Clearinghouse, a substantiated report includes: an admission of the fact of abuse or neglect by persons responsible; an adjudication of abuse or neglect; or any other form of confirmation deemed valid by the county agency. An unsubstantiated report means that the county could not confirm the reporter's suspicion of abuse/neglect; no further action planned.

TABLE 2-- Number and Status of Reports by County for 1977

	Substantiated	Not Substantiated	Total
Aitkin	5	2	7
Anoka	59	27	86
Becker	3	0	3
Beltrami	7	9	16
Benton	3	3	6
Big Stone	0	1	1
Blue Earth	3	4	7
Brown	2	2	4
Carver	12	5	17
Cass	3	13	16
Chippewa	2	4	6
Chisago	1	0	1
Clearwater	1	1	2
Crow Wing	1	0	1
Dakota	0	2	2
Dodge	2	0	2
Faribault	1	0	1
Freeborn	10	7	17
Goodhue	4	5	9
Grant	1	0	1
Hennepin	338	183	521
Hubbard	0	1	1
Isanti	5	0	5
Itasca	6	1	7
Jackson	5	1	6
Kanabec	3	0	3
Kandiyohi	2	1	3
Kittson	1	0	1
Koochiching	2	0	2
Lac Qui Parle	3	2	5
Lake	1	3	4
Le Sueur	2	1	3
Lincoln	0	1	1
Lyon	2	7	9

	Substantiated	Not Substantiated	Total
McLeod	3	1	4
Martin	2	0	2
Mille Lacs	11	13	24
Morrison	0	1	1
Mower	14	8	22
Murray	1	0	1
Nicollet	4	4	8
Nobles	2	2	4
Norman	3	0	3
Olmsted	30	15	45
Otter Tail	7	7	14
Pennington	6	0	6
Pine	6	0	6
Polk	1	4	5
Pope	1	0	1
Ramsey	177	77	254
Redwood	2	2	4
Rice	3	0	3
Rock	0	2	2
Roseau	0	2	2
St. Louis	106	101	207
Scott	1	2	3
Sherburne	5	1	6
Sibley	1	1	2
Stearns	8	3	11
Steele	2	0	2
Todd	17	12	29
Wabasha	5	7	12
Wadena	5	1	6
Waseca	3	2	5
Washington	14	5	19
Watsonwan	2	0	2
Wilkin	0	1	1
Winona	12	4	16
Wright	11	0	11
Yellow Medicine	0	1	1
Total	<u>955</u>	<u>565</u>	<u>1520</u>

Because the 1976 change in reporting allowed for the total number of children involved in one incident to be reported as a single case, the 955 reported substantiated cases for 1977 actually included 1126 children.

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A comparison of Tables 3 and 4 shows the number of reports received only from persons mandated to report and the ratio of substantiated to unsubstantiated for 1976 and 1977 respectively.

TABLE 3- Reports Received from Persons  
Mandated to Report 1976

	Substantiated	Not Substantiated	Total
Private Physician	31	16	47
Hospital/Clinic Physician	47	26	73
Hospital/Clinic Personnel	64	30	94
Nurse	11	2	13
Coroner/Medical Examiner	1	0	1
Public Social Agency	27	13	40
Private Social Agency	8	7	15
Court	7	2	9
Law Enforcement Agency	62	17	79
School Nurse	28	13	41
Teacher	28	7	35
Other School Personnel	81	27	108
Day Care, Head Start, etc.	<u>19</u>	<u>17</u>	<u>36</u>
Total	414	177	591

TABLE 4- Reports Received from Persons  
Mandated to Report - 1977

	Substantiated	Not Substantiated	Total
Private Physician	36	26	62
Hospital/Clinic Physician	67	33	100
Hospital/Clinic Personnel	75	50	125
Nurse	13	12	25
Coroner/Medical Examiner	0	1	1
Public Social Agency	45	27	72
Private Social Agency	34	14	48
Court	4	2	6
Law Enforcement Agency	73	29	102
School Nurse	59	14	73
Teacher	30	17	47
Other School Personnel	119	45	164
Day Care, Head Start, etc.	<u>38</u>	<u>28</u>	<u>66</u>
Total	593	298	891

In 1976, 591 reports, or 65% of the total number received, were made by persons mandated to report. In 1977, the total number received from mandated reporters increased to 891 which, although larger, represented a decrease to 58.6% by those same persons mandated to report. This represents an increase in voluntary reporting, again, possibly as a result of public awareness efforts by the State Department of Public Welfare, the news media and other groups and organizations.

Table 5 lists the ages and sex of all involved children in substantiated reports.

TABLE 5- Involved Children in Substantiated Reports by Age and Sex

Age	Male	Female	Total	%
-1	19	20	39	3.5
1	22	25	47	4.2
2	42	31	73	6.5
3	34	27	61	5.4
4	32	24	56	5.0
5	27	23	50	4.4
6	24	28	52	4.6
7	33	28	61	5.4
8	21	23	44	3.9
9	29	31	60	5.3
10	21	22	43	3.8
11	33	33	66	5.9
12	26	32	58	5.2
13	28	43	71	6.3
14	18	79	97	8.6
15	36	91	127	11.3
16	13	61	74	6.6
17	11	36	47	4.2
Total	469	657	1126	100.0

Figure 2 breaks these data into age and sex categories.

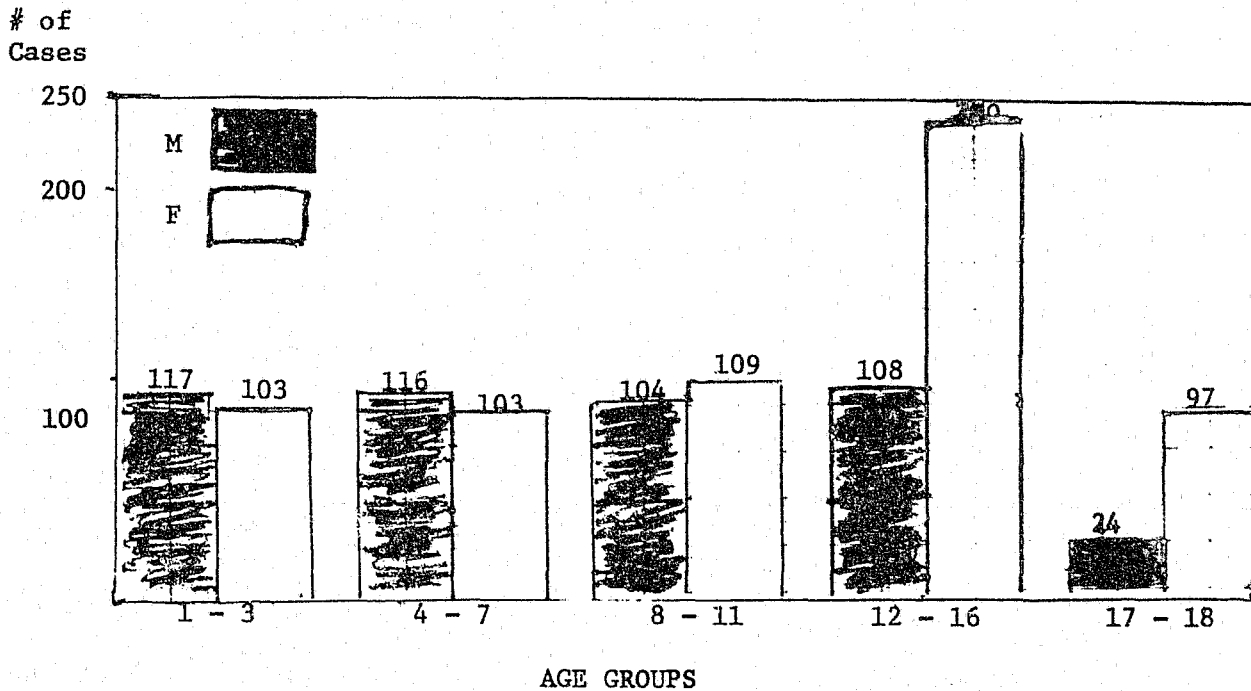


Figure 2 - Age and sex categories of involved children in substantiated reports.

The striking imbalance in the ratio of abused females to males in early and late adolescence poses a number of questions. Young women have been considered less able than males to defend themselves against physical attack. Also, expectations as to the respective roles of sons and daughters have differed. Fathers, for example, have traditionally been much more willing to overlook their son's sexual misconduct than their daughter's; the latter's often engendering parental frustrations resulting in abusive punishment. More significant, however, is the greater amount of sexual abuse committed against females. Hennepin County's data show that 82% of their sexual abuse cases involved females, and that 60% of the total number of sexual abuse reports involved persons in the 10-18 year age group.

Despite these data, we know that sexual abuse remains underreported. Families in which it occurs are reluctant to admit or discuss the problem and family physicians are reluctant to report known or suspected cases. The Minneapolis Star, September 4, 1978, reports a study cited in a current journal of the American Medical Association. According to the study, 58% of all physicians responding to a survey stated that they do not report cases of child sexual abuse. The reasons they gave included fear that disclosure would harm the family and dissatisfaction with social service methods. Of the 300 physicians questioned, 96 responded and more than half of them reported seeing at least one such case per year.

Tables 6 and 7, respectively, list the ages and sex of the perpetrators and the relationships of the perpetrators to the victims. The discrepancy between the 929 total in Table 6 and the number of substantiated cases is due to the fact that no responses were made in the age and sex categories in more than 100 of the reports received by the National Clearinghouse. The larger total in Table 7 likewise reflects the fact that in several cases more than one perpetrator was involved

TABLE 6- Age and Sex of Perpetrators in Substantiated Cases

Age in Years	Male	Female	Total	%
10-14	30	10	40	4.3
15-19	56	17	73	7.9
20-24	55	62	117	12.6
25-29	87	82	169	18.2
30-34	77	49	126	13.6
35-39	119	52	171	18.4
40-44	77	15	92	9.9
45-49	53	12	65	7.0
50-54	29	5	34	3.7
55-59	24	1	25	2.7
60-64	11	0	11	1.2
65-69	3	0	3	0.3
70+	3	0	3	0.3
Total	624	305	929	100.0



TABLE 7- Relationship of Perpetrator to Victim

Relationship	Male	Female	Total	%
Natural Parent	423	308	731	62.4
Adopted Parent	21	4	25	2.1
Stepparent	145	22	167	14.2
Foster Parent	16	8	24	2.0
Grandparent	9	2	11	0.9
Sibling	42	4	46	3.9
Other	<u>137</u>	<u>31</u>	<u>168</u>	<u>14.3</u>
Total	793	379	1172	100.0

To reach any conclusions from the data in these tables, one would need to know the frequencies of the categories within the total population in general and within the parent population in particular. It is possible, nevertheless, to make some inferences. Noting the ratio of male to female perpetrators in the stepparent population it would appear, for example, that stepfathers are more likely than natural fathers to abuse their children. However, in Table 6, one also notes the much higher ratio of male to female perpetrators beginning in the 30-34 age group. Many children of parents in these groups are preadolescent or in their teens. The ratio in Table 7, therefore, may simply be reflective of the fact that stepparent families more often consist of older parents and children. This would also appear consistent with Table 5 and figure 2 reflecting increased incidences of sexual abuse among adolescent children perpetrated mostly by males against females.

Other factors, in addition to age and sex, may be represented in these tables. The ratio, for example, may reflect the fact that mothers are more often granted custody of the children in divorce cases. Therefore, in families where second marriages have occurred, children of stepfathers probably outnumber those of stepmothers.

Also in Table 6, the data show that more than 20% of the perpetrators fall between the ages of 15 and 24. This percentage seems disproportionately high when one considers that there are fewer parents in these groups, as well as less children per family. Risk factors here include immaturity and lack of parenting skills, inadequate income, and the fact that the majority of illegitimate births occur in this age group.

Other categories for perpetrators include educational and occupational levels, the latter ranging from unskilled through professional and technical. The percentages of abuse reported for these respective groups, however, do not differ significantly from their frequencies in the general population. The data on income, on the other hand, tend to confirm a number of observations.

TABLE 8- Estimated Annual Income  
of Perpetrators of Child Abuse

Estimated Yearly Income	# of Cases	%
\$ 0 - \$ 2,999	35	4.0
\$ 3,000 - \$ 4,999	177	20.3
\$ 5,000 - \$ 6,999	121	13.8
\$ 7,000 - \$ 8,999	105	12.0
\$ 9,000 - \$10,999	83	9.5
\$11,000 - \$12,999	87	10.0
\$13,000 - \$15,999	96	11.0
\$16,000 - \$19,999	81	9.3
\$20,000 - \$24,999	56	6.4
\$25,000 - \$29,999	14	1.6
\$30,000 - \$39,999	10	1.1
\$40,000 +	9	1.0
Total	<u>874</u>	<u>100.0</u>

The data tend to support the belief that lack of adequate income is a stress factor which triggers abusive behavior. Also, as was noted earlier, parental age is a variable, with children of younger parents likely to be more at risk. Since one could expect to find a larger proportion of young parents in the low income group, there would be at least two risk factors present for children in these families. What is needed to confirm this is a table that matches age with income for abusive families. More reliable data for this group, as well as for stepparents, might help to establish the need for planning preventive services.

In attempting to reach any conclusions, however, regarding low income groups, an additional factor needs to be considered: that of visibility. These families, for example, are more likely to be receiving assistance and/or some form of public health care and are, therefore, more likely to come in contact with reporting sources. In this regard, the higher figures for those groups may result largely from a reporting bias. This is especially plausible when one considers the reluctance of the part of family physicians to report suspected abuse for higher income patients.

Family size is also thought to be a factor. According to a recent report published by the National Center on Child Abuse and Neglect (NCCAN), the larger the family, the greater the risk of child abuse. It is interesting, therefore, that Minnesota's figures on this show an inverse relationship.

TABLE 9- Number of Children per Family  
in Substantiated Cases

Number of Children	# of Cases	%
1	286	29.8
2	277	28.9
3	182	19.0
4	105	10.9
5	61	6.4
6	39	4.1
7	7	0.7
8	2	0.2
9+	0	0.0
Total	<u>959</u>	<u>100.0</u>

Allowing for the fact that there are fewer large families than in the past, the data nevertheless present an interesting contrast to the trend noted in the national report and suggest the possibility of state or regional variations based, perhaps, on culture, ethnic characteristics and other factors.

Table 10 lists the frequency of additional factors present in substantiated cases. Given the large number of factors present in 955 reported substantiated cases, it is clear that much abuse occurs in multiproblem families. While many of these have been identified as stress factors, it is also true that families in which they are present are more likely to have contact with mandated reports. This should be kept in mind when attempting to attach causal significance. Social isolation, of course, may be the exception.

TABLE 10- Factors Present in Families Where Abuse was Substantiated

Factors Present	# of Cases
Family Discord	448
Lack of Tolerance	430
Loss of Control During Discipline	385
Broken Family	303
Alcohol Dependence	233
History of Abuse as a Child	208
Insufficient Income	185
Physical Abuse of Spouse	176
Mental Health Problem	162
Normal Authoritarian Method of Discipline	152
Social Isolation	150
Continuous Child Care	123
Police/Court Record	91
Inadequate Housing	83
New Baby/Pregnant	70
Drug Dependence	38
Recent Relocation	37
Incapacity Due to Physical Handicap	29
Mental Retardation	26
Total	<u>3329</u>

Keeping in mind the risk inherent in inferring cause, most of these factors have appeared so consistently in statistics on child maltreatment that they need little comment.

Chemical dependency, however, and particularly alcoholism, has generated some controversy as to its impact on child abuse. Chemical dependency professionals have tended to emphasize alcohol's importance as a factor in abuse, whereas social workers appear to acknowledge alcohol's association with abuse while not assigning it a major role. NCCAN's 1977 analysis of the research does not list alcoholism as a major factor. American Humane and the Denver Research Institute, in their jointly produced 1978 national analysis, cite research which indicates its presence in 13% of abusive families. Minnesota's data in Table 10, which lists its presence in nearly 26% of substantiated cases,

suggests a significantly higher frequency. It may be said that alcohol's presence in abusive homes is probably greater than suggested by most data. It may be underrated because of the difficulty in detecting its presence in the family, especially during the assessment period when the reports are being completed. Also, as with other factors, it is not known whether alcohol is a causal or an accompanying condition in abusive families.

Table 11 lists special physical and mental characteristics of children involved in substantiated cases. An additional factor which many observers regard as important, but which is not listed on the reporting form, is illegitimacy.

TABLE 11- Special Characteristics of Children  
in Substantiated Cases

Special Characteristics	# of Cases
No Special Characteristics	929
Emotionally Disturbed	84
Diagnosed Mentally Retarded	50
Chronic Illness	19
Premature Birth	16
Physically Handicapped	9
Congenital Physical Handicap	8
Total Characteristics	<u>1115</u>
# of Involved Children	1092

The largest group had no observable special characteristics. However, it should be noted that the data are often gathered within the first few hours or days of the assessment. It is likely, therefore, that certain characteristics are simply not noticed during the time that the assessment and report are being completed.

Table 12 lists the type of abuse in all substantiated cases by sex of the victim. The larger numbers is due to the fact that, in several cases, more than one type of abuse is perpetrated. In 27 cases, no observations were made as to type.

TABLE 12- Type of Abuse in Substantiated  
Cases by Sex of Victim

Abuse/Neglect Type	Males	Females	# of Cases
	# of Cases	# of Cases	
Brain Damage/Skull Fracture	4	1	5
Subdural Hemorrhage/Hematoma	3	7	10
Bone Fracture	12	6	18
Dislocation/Sprain/Twists	7	11	18
Internal Injuries	1	3	4
Malnutrition	1	1	2
Failure to Thrive	6	3	9
Exposure to Elements	1	1	2
Locking In/Out	5	2	7
Poisoning (unint)	0	0	0
Burns/Scalds	11	16	27
Cuts/Bruises/Welts	341	313	654
Sexual Abuse	69	293	362

Abuse/Neglect Type	Males # of Cases	Females # of Cases	# of Cases
Rape	0	39	39
Molestation	24	126	150
Deviant Acts	25	25	50
Incest	12	91	103
Unspecified	8	12	20
Congenital Drug Addiction	0	0	0
Physical Neglect	6	3	9
Emotional Neglect	11	12	23
Medical Neglect	4	4	8
Educational Neglect	2	3	5
Abandonment	0	1	1
Lack of Supervision	13	6	19
Other	33	29	62
Total	530	715	1245

One notes, again, the high female to male ratio of sexual abuse victims. Table 13 indicates severity in terms of medical treatment required. This category was not completed on 34 of the reports received by the National Clearinghouse.

TABLE 13- Severity of Abuse  
in Substantiated Cases

Severity	# of Cases	%
No Treatment	748	68.4
Moderate	282	25.8
Serious/Hospitalization	60	5.5
Permanent Disability	2	0.2
Fatal	1	0.1
Total	1093	100.0

Tables 14 and 15 list the disposition and services provided in substantiated cases.

TABLE 14- Disposition in Substantiated  
Cases of Abuse

Disposition	# of Cases
Child at Home	752
Voluntary Placement	159
Court Placement	116
Disposition Pending	114
Termination Parental Rights	4
Consent to Adoption	1
Total	1146

In a large majority of cases, the children remained at least temporarily in the home.

TABLE 15- Services Provided to Families in Substantiated Cases of Abuse

Services Provided	# of Cases Receiving Each Service	%
Casework Counseling	807	85.3
Health Services	312	33.0
Foster Care	163	17.2
No Action Taken	148	15.6
Juvenile/Family Court Petition	147	15.5
Shelter Care	120	12.7
Criminal Action Taken	119	12.6
Other Prot. Service	112	11.8
Day Care Services	59	6.2
Homemaker Services	25	2.6

Regarding both Tables 14 and 15, it must once more be kept in mind that since the reports are due within 20 days, these data represent only the initial dispositions and services offered. Services given during the initial intervention period averaged 2.10 per substantiated case.

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#### Summary and Conclusions

The data presented in this report represent fewer than the total number of cases of abuse. This is largely due to three factors: the isolation of many abusive families, the reluctance of many persons to report known or suspected cases, and the failure of local agencies to provide data on all reported cases to the Department of Public Welfare. The total amount of child abuse is, therefore, not known but may be considered much more substantial than indicated by such data as are reported to the Department.

Despite this, the tables, with some exceptions and a number of questions, tend to support such social and psychological profiles as have been developed, both clinically and in other studies. Some figures, on the other hand, have no meaning without matching data. To note, for example, that drug dependence was found to be present in 4.2% of all cases (Table 11) says little about it as a risk category unless we know its approximate frequency in the total parent-caretaker population.

Meanwhile, sexual abuse, especially of adolescent females, is much more common than initially thought. It appears, more importantly, to have profound consequences and implications. In a recent survey of 80 juvenile prostitutes by Enablers, Inc., the results of which were published in "The Link", copyright August, 1978, the following were disclosed: About two-thirds had been physically abused and one-third sexually abused by a family member. The sexual abusers were fairly evenly divided among fathers,

stepfathers and brothers. For about one-fourth of the victims, the sexual abuse included intercourse. These figures tend to confirm estimates and observations made by other researchers, that more than half of all prostitutes were victims of childhood abuse, and approximately one-third of them were sexual abuse victims. It would thus appear that efforts to reduce prostitution ought to include: 1) improved reporting of childhood sexual abuse, and 2) more adequate social service capabilities for dealing with victims and families.

The number of reports for all types of child abuse can be expected to increase as a result of increased public consciousness created by organizations which are addressing the problem. Therefore, while published data may never truly reflect the actual number of incidents occurring, they will, hopefully, give a more accurate picture than we now have. Such a picture is needed in order to better develop and coordinate the resources necessary to begin to correct the problem.

Information not included in this report may be obtained by contacting:

Minnesota Department of Public Welfare  
Family and Children's Services Section  
Centennial Office Building  
St. Paul, MN 55155

CE/PS

**END**