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"TO HELP THE HELPLESS"

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A Thesis  
Presented to  
the Faculty of the College of Arts and Sciences  
Morehead State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts Degree in Communication

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by  
Barbara Gail Wilson  
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Accepted by the faculty of the College of Arts and Sciences, Morehead State University, in partial fulfillment of the requirements for the Master of Arts Degree in Communication.





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## INTRODUCTION

Child abuse and neglect has received considerable national attention in recent months. It seems to be confronting us from television screens and newspapers every day. The problem is one of national scope. We know that child abuse and neglect occur in every part of society; poor, rich; uneducated, highly educated; in big cities, small towns, rural areas. It even happens in Morehead, Kentucky.

"To Help the Helpless" is a half hour radio documentary which has been transcribed for this thesis. Five professionals in the Morehead area were interviewed for the documentary. The thesis is a transcript of edited segments of the interviews. The comments are portions of the entire interviews. The original transcripts of the interviews are contained in an appendix which follows the transcript of the documentary.

Many of the views expressed are opinions of the professionals based on their experiences and knowledge.

Denise Vibbert is a clinical social worker at Pathways, Incorporated in Morehead. She specializes in dealing with and treating children who have been abused.

Ted Marshall, an associate professor of social work at Morehead State University, got interested in child abuse

through working at a group home for juvenile delinquents. He found that many of the girls there had been sexually abused. He tries to help others learn about child abuse, i.e., how to spot it and how to help prevent it.

The Department for Human Resources has more dealings with child abuse than almost any other agency statewide. Jane Lands is a supervisor for D.H.R. in the Morehead office. Her position is to assign case social workers to specific problems. She also developed the Morehead Council on Child Abuse, which meets at Saint Clàire Medical Center.

Every hospital emergency room sees children who are suspected abuse or neglect cases. Saint Claire Medical Center is no different. Bob Combs is a social worker at the hospital. His responsibilities include interviewing parents of children that may be abused or neglected, and referring them to the Department for Human Resources.

No other police officer with the City of Morehead Police Department has had to deal with more child abuse and neglect cases than Sergeant Scott Barker. His experiences range from simply assisting officials from the Department for Human Resources to actually removing a child from an unacceptable home situation. He is also able to explain the laws relating to reporting cases of suspected child abuse and neglect.

These professionals were chosen for this program because of their expertise in the area. Their willingness

to participate in this program has been greatly appreciated.

They are all in agreement that child abuse is a community problem. Abuse can only be prevented through activities at the local level that promote awareness of the problem.

The emphasis of this thesis is to explain where help for abused children and abusive parents is available. It is also an attempt to inform other individuals. It is an effort to illustrate some of the symptoms of abuse and some of the behavioral characteristics of abused children and abusive parents.

Individuals need to be made aware of this deeply disturbing problem. They need to know how to help others who may be directly involved in an abusive situation. They may also need to know how to help themselves.

It is my intention that this thesis be seen as a practical method of reaching as many people as possible to bring this problem to their attention.

TO HELP THE HELPLESS

SFX  
ET:

PLAYGROUND NOISE IN AND UNDER  
DENISE VIBBERT

The reported abuse, neglect cases, I think, are the tip of the iceberg. I think there's a lot, lot more going on out there that's never reported.

MUSIC  
WILSON:

IN, UNDER AND OUT

NO ONE KNOWS FOR SURE, BUT ONE WIDELY ACCEPTED ESTIMATE IS THAT THERE ARE ONE MILLION CASES OF CHILD ABUSE AND NEGLECT EACH YEAR IN THE UNITED STATES. OF THESE, ABOUT TWO THOUSAND CHILDREN DIE. THAT'S SIX A DAY OR ONE CHILD EVERY FOUR HOURS. CHILD ABUSE AND NEGLECT OCCURS IN EVERY SEGMENT OF OUR SOCIETY AND SOME ESTIMATES SAY THAT FOR EVERY CASE REPORTED, FOUR OTHERS GO UNREPORTED. CHILD ABUSE AND NEGLECT CAN CAUSE DEATH AND PERMANENT PHYSICAL INJURY. IT CAN ALSO CAUSE SERIOUS DAMAGE TO THE CHILD'S PERSONALITY. THE EFFECTS OF THIS MAY LAST FOR YEARS, OR EVEN FOR A LIFETIME. STUDIES ALSO INDICATE THAT MOST PEOPLE WHO MISTREAT CHILDREN WERE THEMSELVES ABUSED WHEN THEY WERE CHILDREN. MORE AND MORE IS BEING LEARNED ABOUT BOTH PREVENTION AND TREATMENT. SOURCES OF HELP ARE AVAILABLE FOR THE ABUSED AND THE ABUSER, AS WE WILL LEARN IN THIS NEXT HALF HOUR. I'M GAIL WILSON AND THIS PROGRAM IS DEDICATED TO CHILDREN.

MUSIC  
WILSON:

IN, UNDER AND OUT

CHILD ABUSE IS DEFINED BY THE NATIONAL COMMITTEE TO PREVENT CHILD ABUSE AS "NON-ACCIDENTAL PHYSICAL ABUSE; NEGLECT; SEXUAL MOLESTATION; AND EMOTIONAL ABUSE." THE ATTORNEY GENERAL OF KENTUCKY, DAVID L. ARMSTRONG, SAYS "CHILD ABUSE IS THE REPEATED MISTREATMENT AND NEGLECT BY THE PARENT OR CARETAKER RESULTING IN INJURY OR HARM TO THE CHILD. PHYSICAL, VERBAL, EMOTIONAL AND SEXUAL ABUSE ARE THE COMMON FORMS OF CHILD ABUSE." ACTIONS RANGE FROM INAPPROPRIATE CLOTHING

OR DISCIPLINE TO SEVERE BEATINGS, RAPE AND MURDER. ARMSTRONG GOES ON TO SAY, "CHILDREN HAVE BEEN BURNED, SCALDED, BEATEN, LOCKED IN CLOSETS, TIED TO FURNITURE...THE LIST IS ENDLESS." DENISE VIBBERT, A CLINICAL SOCIAL WORKER WITH PATHWAYS, INCORPORATED OF MOREHEAD, SEES CHILD ABUSE IN THIS WAY:

ET:

DENISE VIBBERT  
A word that I use a lot is maltreatment. I think that's maybe a more useful term, and it takes in more things. But there's child maltreatment and that can include anything from physical abuse to not providing for their basic needs, like food, shelter and education...can include sexual abuse, can include medical neglect. Anything where that child is suffering some type of emotional or physical damage by either omission by the parents or by some act on the part of the parents.

WILSON:

HOW CAN WE RECOGNIZE CHILD ABUSE? THERE ARE MANY SIGNS. ANY ONE OF THEM MAY MEAN SOMETHING OR MAY MEAN NOTHING AT ALL. IF THERE ARE A NUMBER OF THEM AND IF THEY OCCUR FREQUENTLY, CHILD ABUSE SHOULD BE SUSPECTED.

ET:

DENISE VIBBERT  
As far as abuse goes, one of the things that we look for are unusual bruising. Bruises in the shape of a particular object. We also need to look for bruises in various stages of healing. That shows that there's been repeated incidences. All our kids end up with bruises and bangs and that does not necessarily mean they're abused. I look more at behavior. Surprisingly, when these kids come to me and they are acting out the conflicts, it's generally not the abuse so much that they're worried about. It's the consequences of the abuse, generally, that's bothering them. It's more a question of 'do my parents still love me?' If they've ended up in foster care, they have a lot of questions about why. A lot of kids, a whole lot of kids, end up blaming themselves for being in foster care. That there must be something wrong with them for this to be happening.



If that's not dealt with, they grow up to be very unhappy adults.

WILSON: APPARENTLY, BEHAVIOR PATTERNS ARE A GOOD INDICATION OF POSSIBLE ABUSE. TED MARSHALL, AN ASSOCIATE PROFESSOR OF SOCIAL WORK AT MOREHEAD STATE UNIVERSITY ECHOES THIS IDEA.

ET: TED MARSHALL  
Often times, they'll have a behavior change, meaning, a quiet, withdrawn child may start to act out, be aggressive, start hitting other kids. A very outgoing child may start becoming very withdrawn and sullen.

WILSON: SOME ALARMING STATISTICS ARE STARTING TO APPEAR IN CHILD ABUSE CASES. TED EXPLAINS WHAT THEY ARE AND WHY THEY MAY BE HAPPENING.

ET: TED MARSHALL  
We are seeing more severity in terms of injury. Too often, we're seeing kids really getting hurt. That's a scary one. And, the other one is the number of sexual abuse situations. That is just skyrocketing. There's more homes that are combined with step-fathers and it's happening more with females. So, there's step-father and a live-in kind of boyfriend. There's a greater likelihood for that kind of thing to happen. And, I think, maybe, women are more likely to report it now.

WILSON: A SOCIAL WORKER AT SAINT CLAIRE MEDICAL CENTER, BOB COMBS, EXPLAINS HOW ONE CASE OF SEXUAL ABUSE WAS DISCOVERED THERE.

ET: BOB COMBS  
The strangest thing that I can remember seeing in the hospital was a case of a young girl who was brought in for a vaginal examination, basically. And, it was discovered that she had V.D. She was only nine years-old at the time.

WILSON: THE EXACT STATISTICS ON SEXUAL ABUSE ARE UNCLEAR. BUT, ONE AGENCY HAS ESTIMATES OF WHAT CAN BE EXPECTED AS DENISE VIBBERT ILLUSTRATES.

ET: DENISE VIBBERT  
Right now, the National Institute on Child Abuse reports that one out of every four female children will be sexually molested and one of every seven male children will be sexually molested, which is appalling.

WILSON: THE EFFECT OF SEXUAL ABUSE CAN HAVE LONG-STANDING RAMIFICATIONS. AND, MAY BE MORE EMOTIONALLY DAMAGING THAN EITHER PHYSICAL OR MENTAL ABUSE. TED MARSHALL TELLS WHAT SOME OF THE RESULTS OF SEXUAL ABUSE CAN BE.

ET: TED MARSHALL

Probably in the last year, year and a half, I've met with maybe eight, ten young college-age women that have been in sexually abusive situations. They have a difficult time, sometimes, in intimate relationships, not only physical or sexual relationships, but intimate psychological or emotional. And, they have a tendency to be more withdrawn, to be withdrawn emotionally, of not reaching out, not of trusting. And, a lot of trauma is attached to that.

WILSON: NO ONE KNOWS EXACTLY WHAT CAUSES CHILD ABUSE AND NEGLECT BUT THERE ARE CERTAIN FACTORS THAT HAVE A POWERFUL EFFECT ON FAMILY LIFE. WE DON'T KNOW WHAT CAUSES CHILD ABUSE AND NEGLECT ANY MORE THAN WE KNOW WHAT CAUSES DEPRESSION OR ALCOHOLISM OR OTHER PHYSICAL, PSYCHOLOGICAL OR SOCIAL ILLS. IN SHORT, THERE IS NO SIMPLE "CAUSE". THEREFORE, THERE CAN BE NO SIMPLE "CURE". WHENEVER CHILD ABUSE AND NEGLECT OCCURS, THERE ARE ALWAYS TWO VICTIMS: THE CHILD AND THE PARENT. BOTH SUFFER AND BOTH NEED HELP. JANE LANDS FROM THE MOREHEAD OFFICE OF THE DEPARTMENT FOR HUMAN RESOURCES, KNOWN AS D-H-R, EXPLAINS WHY SHE THINKS CHILD ABUSE HAPPENS.

ET: JANE LANDS

Usually, I think, it's a reaction to a problem in their life. Some stress that they just can't cope with. I don't think people want to abuse their children. Statistics show that many parents that abuse their children were abused themselves as children. This is the only way they know of dealing with their children. We have a lot of real young, insecure parents. Some have unrealistic expectations of their children. They think their children should act like adults.

Many of our families are socially isolated, they don't have any friends or family to help out with the children. Many of our cases are, I think, the abuse happens because of drug or alcohol abuse.

WILSON: TED MARSHALL SPENDS SOME OF HIS TIME SPEAKING TO CIVIC GROUPS AND OTHER ORGANIZATIONS IN AN ATTEMPT TO EDUCATE PEOPLE WHERE CHILD ABUSE IS CONCERNED.

ET: TED MARSHALL  
I try to get the message across that child abusers are people with problems and that's probably my primary theme. Get the idea across that they're people with problems and these problems, with some help, can often times be resolved. And, so I try to educate people with that. And also, then basic information about, maybe some characteristics of abusive parents, characteristics of children who have been abused. Abusive parents often have unrealistic expectations for their children, meaning that they really want their kids to, maybe, do more than they can. We find that abusive parents are often very isolated emotionally, fairly withdrawn, usually immature in how they deal with stress and crisis. And, often times, it comes out in violent behaviors. Often times, parents who abuse children have themselves been abused. And, that'll range from thirty to sixty percent. And, that's a scary statistic.

WILSON: THE SOCIAL WORKERS AND PROFESSIONALS SEEM TO AGREE THAT THERE IS MORE NEGLECT THAN ACTUAL ABUSE IN ROWAN COUNTY. JANE LANDS QUOTES SOME STATISTICS FOR ROWAN COUNTY THAT REFLECT THAT OPINION.

ET: JANE LANDS  
In 1983, we had one-hundred-sixty-one reports of child abuse and neglect. Now, that's one-hundred-sixty-one families, so the number of children would be quite a bit higher than that. Sometimes, there's one child involved and sometimes, there's five or six. We had one-hundred-eighteen reports of neglect, twenty-seven of abuse. We had eight reports of sexual abuse and eight reports of mental injury.

WILSON: DENISE VIBBERT HAS SOME THOUGHTS ABOUT WHAT SHOULD BE CONSIDERED WHEN DEALING WITH SUSPECTED NEGLECT.

ET: DENISE VIBBERT  
Traditionally, we think of inadequate clothing, improper nutrition. Improper nutrition can have long-range effects, very serious effects on a child's intellectual capacity and his just general growth and development. I think we need to take that seriously, too. Most of the time, maybe it's not as life threatening as abuse, but it can be.

WILSON: AT SAINT CLAIRE MEDICAL CENTER, THERE ALSO TENDS TO BE MORE INSTANCES OF NEGLECT THAN ABUSE AS WE HEAR FROM BOB COMBS.

ET: BOB COMBS  
Most of what I see is usually more neglect than it is abuse and a lot of that, in my opinion and from my experience, is from ignorance on how to take care of the child. If you start investigating, you'll find some reasons for the neglect. One example I always think of from years gone by...we had a child in the hospital with chronic diarrhea. And, after talking with the parents, a young couple, they said they couldn't understand that because all they were giving the child was milk, which is probably the worst thing you can give a child with diarrhea. And, they honestly did not know that was one of the things that was causing the problem. You see children who haven't had their immunizations, who've never seen a doctor. Children with very poor dental hygiene, who've never seen a dentist. Children who just, fail to thrive...because the parents don't know how to take care of them, what to do to help them.

WILSON: ROWAN COUNTY HAS ONE EMERGENCY SHELTER WHERE A CHILD WHO NEEDS A PLACE TO STAY CAN BE TAKEN. THE SHELTER IS MAINTAINED BY PATHWAYS, INCORPORATED. CHILDREN ARE TAKEN THERE IN CASES OF ABUSE AND NEGLECT AND AT ANY OTHER TIME THAT IT MAY BE NECESSARY. THE CHILD CAN BE KEPT AT THE SHELTER FOR UP TO SEVENTY-TWO HOURS WITHOUT COURT INTERVENTION. THE EMERGENCY SHELTER BASICALLY SERVES AS A FOSTER

HOME UNTIL THE HOME SITUATION CAN BE MADE ACCEPTABLE FOR THE CHILD TO RETURN. THE SITUATION IS A LITTLE DIFFERENT FOR THE STAFF AT SAINT CLAIRE. AN EMERGENCY SHELTER IS NOT NEEDED ACCORDING TO BOB COMBS.

ET:

BOB COMBS

We are in the unique position of, if the physician feels that he needs to protect that child, we can put them in the hospital and we can put them in a safe place where nobody in the hospital, including a lot of the staff, knows where the child is, to protect them. So, the doctor does have the option, if he feels like it's a life-threatening situation, to hospitalize the child, even without the parent's permission and to hold the child there for their own safety, until the next morning.

WILSON:

MANY TIMES, ALL THAT IS NEEDED TO SOLVE A PROBLEM IS EDUCATION. PARENTS CAN SEEK HELP FROM MANY PLACES. COMMUNITY PREVENTION PROGRAMS INCLUDE: SUPPORT PROGRAMS FOR NEW PARENTS, TO PREPARE PEOPLE FOR THE JOB OF BEING PARENTS; EDUCATION FOR PARENTS, TO PROVIDE PARENTS WITH INFORMATION ABOUT CHILD DEVELOPMENT AND SKILLS IN CHILD CARE; PROGRAMS FOR ABUSED CHILDREN, TO MINIMIZE LONG-TERM EFFECTS ON CHILDREN WHO HAVE BEEN ABUSED; SOCIAL SKILLS TRAINING FOR CHILDREN AND YOUNG ADULTS, TO EQUIP YOUNG PEOPLE WITH THE SKILLS AND KNOWLEDGE NECESSARY TO PROTECT THEMSELVES FROM ABUSE AND TO BE GOOD PARENTS; AND FAMILY SUPPORT SERVICES. AGENCIES SUCH AS PATHWAYS, INCORPORATED, THE HEALTH DEPARTMENT AND THE DEPARTMENT FOR HUMAN RESOURCES ARE JUST A FEW OF THE PLACES WHERE HELP IS AVAILABLE. BUT, IN SO MANY CASES, THE VERY PEOPLE WHO NEED HELP THE MOST ARE NOT GETTING IT BECAUSE THEY ARE NOT SEEKING IT. TED MARSHALL AGREES.

ET:

TED MARSHALL

I think it takes, one, some motivation on the parents part to really look at themselves and say 'what am I?' and 'what do I want to be?' and 'what kind of parent do I want to be?' A very effective way is Parents Anonymous. It's a terrific way for parents to sit down and talk. There's a real bond there

and it's an effective...it's a group therapy type of situation. But, again, it takes a lot of initiative sometimes to find these kinds of things.

WILSON:

MANY REPORTS OF CHILD ABUSE AND NEGLECT CAN BE VERY, VERY SERIOUS. JANE LANDS DESCRIBES ONE CASE OF NEGLECT THAT SHE WORKED WITH AS PART OF HER JOB WITH THE DEPARTMENT OF HUMAN RESOURCES.

ET:

JANE LANDS

We had a mother and four children living in a two-room apartment. They had one mattress and a piece of foam rubber, both urine-soaked with holes in them. They had no bed clothes at all, no covers. They didn't have any food in the house except for some flour and for the last few days, they had been mixing flour and water together and making sort of gravy, and that's what they were eating. All their clothing was dirty, what little they had. The children didn't have any underwear or socks. The only furniture they had was a stove and refrigerator, which I think probably went with the apartment. There was a couch and a table. The children had no toys or books. We later found that the family had been moving from county to county and when they moved, they would just leave behind all their dirty clothes and anything that they couldn't haul with them, or that they didn't want. The mother was receiving food stamps. She did have sufficient income to care for her family. We found that she had been using her money for alcohol and just did not have enough money to provide the essentials for the children. When we got the children in foster care, they didn't show any emotion. They didn't cry. For several days, they wouldn't talk. We had them in foster care for a year. Later, the mother, she quit drinking, settled down. She got back with the children's father, who was working. We placed a homemaker in the home. That's a person in our office who goes into the homes of some of these families and helps the mother, or tries to teach her how to budget her money, how to grocery-shop, how to cook, how to do laundry, and just

in general how to manage the household. And, now the children are doing real well.

WILSON:

SO, WITH HELP AND COUNSELING, MANY OF THE FAMILIES CAN BE HELPED AND THEY CAN STAY TOGETHER. BUT, NOT ALL STORIES HAVE SUCH A HAPPY ENDING. ANOTHER CASE THAT JANE WORKED WITH WAS MUCH DIFFERENT.

ET:

JANE LANDS

We had a twelve year-old girl who had been sexually abused by her father since she was about seven. It was reported to us by an older daughter who had gotten out of the home. We got her in foster care and she was referred for counseling. When we talked to her about it, she was real surprised to learn that this was not something that happens in all families. She said, "I thought this was something that all girls go through with." So, he had taught her in such a way that she thought all girls do this with their fathers. And, in a lot of these sexual abuse cases, the mother either does not believe the daughter or else she chooses not to believe her and sides with the father.

WILSON:

HEALTH AND SOCIAL SERVICES AGENCIES ARE DEPENDENT ON LAW ENFORCEMENT OFFICIALS TO ASSIST THEM IN SECURING THE SAFETY OF AN ABUSED CHILD. JANE TELLS HOW LOCAL LAW OFFICERS HELP HER AGENCY.

ET:

JANE LANDS

In many of the cases, a police officer accompanies us, if it's an emergency situation. We cannot go in and remove a child without an order from the district judge or unless a police officer takes the child into protective custody. So, usually there is a police officer with us when the child is removed. We have had trouble with some parents in some situations. Usually, we try to explain to them why we're doing it and usually they get calmed down.

WILSON:

SERGEANT SCOTT BARKER OF THE MOREHEAD POLICE DEPARTMENT EXPLAINS WHAT A POLICE OFFICER'S RIGHTS ARE AS DICTATED BY THE KENTUCKY SUPREME COURT.

ET:

SCOTT BARKER

If I have reasonable belief a child is

being injured and may continue to be injured, I can enter that home, check the child and take the child out of the home, with or without the parent's consent. I can kick a door down, I haven't yet, but under the state law, I've got to check on the welfare of that child. I've had parents kick and fight all the way, trying to hold onto the child. We usually try...we try to explain to the parents that we're doing it for the child's protection. Most of the time, the parent, unless they're inebriated or some other problem, will go along with what we have. WITH CHILD ABUSE CASES LIKE THOSE DESCRIBED BY JANE LANDS, IT IS THE RESPONSIBILITY OF NEIGHBORS, FRIENDS, TEACHERS, RELATIVES AND OTHER INDIVIDUALS, WHO HAVE KNOWLEDGE OF A POSSIBLY ABUSIVE SITUATION TO REPORT IT AND SEE THAT THE CHILD AND THEIR PARENTS GET THE HELP THAT THEY NEED. THERE IS NOT ONLY A MORAL OBLIGATION, BUT A LEGAL ONE AS WELL. THE KENTUCKY REVISED STATUTES CONTAIN A SECTION, K-R-S 199.335, THAT DEALS WITH REPORTING CHILD ABUSE AS SERGEANT BARKER SPELLS OUT.

WILSON:

ET:

SCOTT BARKER

The purpose of the section is to provide for the identifying of any abused or neglected child; to require reports of any suspected abused or neglected children; to assure that the protective services of the state will be made available to an abused or neglected child in order to protect him and his siblings; to further prevent abuse or neglect; to preserve and strengthen family life, where possible, by enhancing parental capacity for adequate child care; and to provide for immediate and prompt investigations of such reports. It goes on to say...any police agency, teacher, nurse, physician, social worker, coroner, medical examiner, child-caring personnel, mental health professional... or any other person who knows or has reasonable cause to believe that a child is being abused or neglected, shall report, or cause a report to be made, in accordance with the provisions of this section. Usually, by calling the local police agency or the Department for Human Resources.



And, anyone failing to do that, that's anyone...if you have knowledge of a child being neglected or abused and you don't call or make a report, you're guilty of a violation of the law and fined under a Class B misdemeanor. If you suspect or believe a child is being abused, you are obligated under the law to make a report to Bureau for Social Services or any police agency. Anyone who suspects a child has been abused, they must, it doesn't say may, it says shall...

WILSON: ON JULY 13TH, 1984, THE STATE OF KENTUCKY MADE ONE EXCEPTION TO THE LAWS ON REPORTING SUSPECTED CHILD ABUSE AND NEGLECT AS JANE LANDS POINTS OUT.

ET: JANE LANDS

One addition to the law is that priests are exempt from reporting child abuse and neglect, if they learn of the abuse or neglect during a confession. Before, only the attorney-client relationship was privileged.

WILSON: MANY PEOPLE MAY BE HESITANT TO GET INVOLVED IN WHAT MAY BE A VERY SENSITIVE AND PERSONAL SITUATION. BUT, THERE SHOULD BE NO FEAR BECAUSE REPORTS CAN BE MADE ANONYMOUSLY. SERGEANT BARKER CONTINUES.

ET: SCOTT BARKER

We don't and Bureau doesn't, release who gives the information to the parent. Some people feel this may be an opening for...if I've got John Doe next door and I've had a problem with him, I may want to get back at him. But, this hasn't been the case, at least here. Maybe other places. Most of the cases I've been on, there have been some substance to the allegations that the neighbors make. And, that's where almost all of ours come from.

WILSON: TED MARSHALL ADDS THAT REPORTING A SUSPECTED CHILD ABUSE SITUATION IS WORTH WHATEVER RISK MAY BE INVOLVED

ET: TED MARSHALL

We still have a tendency in our society to think, 'something is not right in that home, but who am I?' you know, 'that's their child.' With very few instances, a child who dies at the hand of abuse,

more than one person knew it, other than the abuser. Somebody, a school teacher, a neighbor, a relative, knew that 'that child is really getting worked over or I'm pretty sure he is,' doesn't take any appropriate actions. And, the end result is death in those situations. Get involved. You can report anonymously. You cannot be sued for libel. So, it's worth the risk, even though it's not a risk. The end result might be some intervention into the families and some help there to break that old vicious cycle.

WILSON: EVEN THESE ORGANIZATIONS AND PROFESSIONALS THAT DEAL WITH CHILD ABUSE IN THEIR LINE OF WORK NEED AN OUTLET FOR COMMUNICATION AND SO THE MOREHEAD COUNCIL FOR CHILD ABUSE WAS STARTED A FEW YEARS AGO. JANE LANDS STARTED THE COUNCIL AND SHE EXPLAINS WHAT THIS GROUP DOES AND HOW IT IS USED TO HELP LOCAL AGENCIES DEAL WITH ABUSED CHILDREN AND THEIR FAMILIES.

ET: JANE LANDS

So many of the agencies in town work with the same people that we work with and a lot of times, they have programs and resources that can be used to help some of our clients. And, many times, they have information about some of the families that we work with, which is helpful to us in preparing our court cases and also in determining what plan is made for the family. We've all signed a statement saying that anything that is talked about at the meetings is strictly confidential. The members do not even talk about the cases in their offices. We have representatives from law enforcement, from social insurance, health department, from Pathways, hospital social workers; we have a pediatrician, a county attorney, all professional people. It's not only to gain information about the families but mostly to try to find resources to help them.

WILSON: CHILD ABUSE IS A PROBLEM THAT IS NATION-WIDE AND EXISTS IN MOREHEAD AS IT DOES IN EVERY OTHER CITY. IF YOU SUSPECT A CHILD IS BEING ABUSED, IT IS YOUR RESPONSIBILITY TO SEE THAT THE CHILD GETS HELP. JANE LANDS TELLS WHO TO CALL.

ET:

JANE LANDS

The Department for Social Services is required, by law, to investigate child abuse and neglect. Each county in Kentucky has a Social Services office. Our office in Morehead is located at 120 Normal Avenue and our phone number is 784-4178. If you know of an abusive situation that is occurring at the immediate time, it's best to call either the Morehead City Police, state police or the sheriff. Our agency is dependent upon the public to be aware of child abuse and report it to us. And, we feel that child abuse is a community problem and that we must all work together to deal with the problem.

WILSON:

ONE AGENCY CANNOT SOLVE THE PROBLEM OR EVEN BEGIN TO PUT A STOP TO IT ON ITS OWN. WE MUST DECIDE HOW MUCH IS TOO MUCH...ACCORDING TO SERGEANT BARKER.

ET:

SCOTT BARKER

Society makes the laws. They say what's acceptable and not acceptable. And, in the same sense, the community must report what it sees as not being acceptable by society standards and the standards and laws they set up. And, if society, community, neighbors', reports keep increasing as they are now, we might be able to make a dent in it twenty years from now.

WILSON:

THE BEST REASON TO REPORT CHILD ABUSE IS THAT YOU HELP SOMEONE. YOU HELP THE CHILD...YOU HELP THE PARENT AND THE FAMILY AS A WHOLE. IF SOMEONE LIKE YOU DOESN'T GET INVOLVED, THE ABUSE OR NEGLECT IS VERY LIKELY TO CONTINUE. IF IT DOES, IT MAY GET WORSE. IF IT GETS WORSE, A CHILD COULD DIE OR SUFFER PERMANENT INJURY. IF THAT HAPPENS, THE ABUSING PARENT MAY GO TO JAIL AND THE FAMILY WILL BE BROKEN UP. NONE OF THIS NEEDS TO HAPPEN. IT RARELY DOES HAPPEN IF SOMEONE GETS INVOLVED. WHEN YOU CARE ENOUGH TO DO SOMETHING ABOUT IT, THE FAMILY CAN GET HELP. CHILD ABUSE AND NEGLECT IS A NATIONAL PROBLEM, BUT MANY PEOPLE NAIVELY THINK THAT IT DOESN'T GO ON IN THEIR OWN COMMUNITY. BUT, THEY ARE VERY WRONG. CHILDREN ARE ABUSED AND NEGLECTED EVERYWHERE.

IT CUTS ACROSS RACE, RELIGION, AND  
ECONOMIC STATUS. IT'S YOUR RESPONSIBILITY  
TO HELP STOP THE VICIOUS CYCLE  
THAT IS ENDANGERING OUR SOCIETY AND  
OUR FUTURE...OUR CHILDREN. I'M GAIL  
WILSON. THANK YOU FOR LISTENING.

MUSIC  
ANNOUNCER:

IN, UNDER AND OUT  
THIS PROGRAM WAS PRODUCED BY GAIL  
WILSON, WITH TECHNICAL ASSISTANCE  
FROM CAROL FISHER, THROUGH THE FACILITIES  
OF WMKY, MOREHEAD, KENTUCKY.

## APPENDIX

## INTERVIEW

Conducted June 20, 1984 by Gail Wilson at Pathways, Inc.,  
Morehead, Kentucky

Denise Vibbert, clinical social worker with Pathways, Inc.

G.W.: What exactly do you do in dealing with abused children?

D.V.: I'm a therapist and basically, my job responsibility is children's services and that's one of the reasons I'm usually the person that ends up working with the abused and neglected kids that are referred there.

G.W.: What kind of educational background and training have you had for this job?

D.V.: I've got a B.A., four-year college degree and a Master's in Social Work.

G.W.: How long have you been working with Pathways?

D.V.: Two and one-half years.

G.W.: Is child abuse an epidemic? Is it a problem of large scope in Rowan County?

D.V.: I'm not sure at this point. I think that abuse and neglect are hidden crimes and I don't think any of us can know for sure exactly how much it's happening. We have an idea of how much is reported, how much we know about, but it seems to be something that people cover up so I don't think any of us know for certain how pervasive it is.

G.W.: A lot of people think of Morehead as a small town and nothing like that happens here. It's primarily in larger cities, in crime-oriented cities, like Chicago, New York, in big cities. But, that's not true.

D.V.: No, not at all. Child abuse cuts across all classes of people, all incomes.

G.W.: Do you deal primarily just with children or do you also work with parents?

D.V.: At this present day, I'm presently involved with mostly children, but in the past, I've done work with the entire family. It just so happens that at this point, I'm not really that involved with any parents.

G.W.: How do you treat a child who's been abused?

D.V.: I use primarily with real young children, we're talking ages ten and below, a technique called play therapy. We have a play therapy room with special kinds of equipment, toys, sand, paint, that type of thing. And, what I try to do is create a totally accepting environment for the child where he feels free to express, through his play, any type of conflict he might have.

Again, many of these children don't want to talk about the things that happen to them because these are their parents, who they still love, even though they may hurt them and they are very protective of a parent and won't reveal what's happening to them because they don't want to be taken away from them. So, it's very important for me to establish a trust and rapport with that child and in this environment that can happen. Eventually, the child has enough trust that he will play through maybe some of the scenes at home, with dolls, with our play houses, with drawing and that type of thing.

The theory behind it is that very young children don't have the ability to verbally express their feelings. Children, young children act out their feelings and very often they aren't even aware that they are feeling sadness, they just know that something is wrong and I help them put labels on those feelings after I watch their play and help them find a way to express it constructively.

G.W.: Is Pathways an independent organization or is it state-run?

D.V.: It's a private non-profit mental health center which covers ten counties in the FIVCO and Gateway region. It is operated by a board of directors composed of local citizens. A lot of different areas are covered, health representatives, schools, that type of thing. We do get a lot of state support through grants and that type of thing, but we're basically an independent operation.

G.W.: When are you initially brought in on a case? Do you deal with the Police Department directly or are you referred by someone?

D.V.: I'm generally contacted by the local social services, a social worker, who has already gone through the initial

investigation and has documented that this is happening. They will look at the children and the family and then determine that maybe counseling could help in this situation and then they refer to me.

G.W.: After you've seen a patient, do you have a time when you have to make a decision whether the child needs to be removed from that environment?

D.V.: I don't make that decision. I can give my opinion and make recommendations. Ultimately, that decision rests with our judicial system and it's generally up to social services, whoever has reported the abuse to start with, whether they want to take a case or family to court and then the judge will hear all the evidence. My recommendation may be a part of that evidence, but it's up to the judge.

G.W.: So, you don't actually get cases reported to you directly; they're referred to you by the human resources people?

D.V.: Right, and I'm obligated by law that if I get a child in my practice that I suspect has been abused, it is my obligation by law to report that to the department for investigation.

G.W.: It's the same with anyone, isn't it? It's required by law for anyone?

D.V.: That's true.

G.W.: Are you under any more strict guidelines other than the same that I would be or anyone else?

D.V.: No, I don't think so. I think the penalty would be the same. It becomes a little more complicated for me than perhaps for the private citizens because our agency is committed to maintaining confidentiality and this law is contradictory of that. This is a law that exempts us from confidentiality in these situations.

G.W.: When you're treating a child, are you just trying to get him to express what has happened to him and help him to deal with that? Or, are you also trying to get him to a point where he feels comfortable going back home?

D.V.: Surprisingly, when these kids come to me and they are acting out the conflicts, it's generally not the abuse so much that they are worried about. It's the consequences of the abuse that's bothering them. It's more a question of, "Do my parents still love me?"



If they have ended up in foster care, there are a lot of questions about why. A lot of kids, a whole lot of kids, end up blaming themselves for being in foster care, that there must be something wrong with them for this to be happening. If that's not dealt with, they grow up to be very unhappy adults with very poor self-concepts. That's part of the reason, that's one of the causal factors of child abuse, the positive history of that in your own childhood. Then, it creates a very negative self-image and again, the child will feel responsible in some way.

I also want to comment, we've been saying a lot about abuse. In my practice and I think this is true from the statistics for Rowan County, what we're seeing the most of is not really physical abuse, but more neglect types of cases, and we're also as far as trends, seeing more and more sexual abuse cases and the psychological ramifications of sexual abuse are pretty heavy.

G.W.: I've done some research and it seems like the number of cases reported of sexual abuse has risen so dramatically in the last few years. Do you think it's occurring more or it's just being reported more?

D.V.: That's a tough question. It's almost as tough as the chicken and the egg. I'm not sure, I'm really not sure. I think it could be a little bit of both. But, we're having a lot more publicity and ten years ago, we never even believed kids when they told us these things. We thought, "Oh, they're making that up." Now, we're listening, finally.

I think all of us have had our consciousness raised about it and maybe we're more alert and we're reporting more. The other thing, I think might be happening is, I think that abuse and neglect probably multiply with each generation that it goes untreated. So, we are probably having more numbers just by sheer multiplication. But, I'm not sure.

G.W.: Exactly how do you define child abuse?

D.V.: A word that I use a lot is maltreatment. I think that is a more useful term and it takes in more things. But, there's child maltreatment and that can include anything from physical abuse to not providing for their basic needs like food, shelter and education. It can include sexual abuse, medical neglect, anything, just where that child is suffering some type of emotional or physical damage by either omission by the parents or by some act on the part of the parents.

G.W.: Neglect, I would assume, is more of not providing for the child than actual abuse of the child.

D.V.: Neglect is a fooler, though. We hear that word and I don't think we tend to react to it as strongly. But, one of the things that I have to keep in mind is one of the things that might be classified as neglect is going off and leaving your child unattended in the house for a couple of hours with no sitter. That may not sound serious, but if we're talking about a six year-old child and the house catches on fire, a child may burn up. If he gets in the bathtub and runs himself a tub of water and no one is supervising, it can result in death. Traditionally, we think of it as inadequate clothing, improper nutrition. Improper nutrition can have long-range effects, serious effects, on a child's intellectual development. I think we need to take that seriously, too. Most of the time, anyway, maybe it's not as life-threatening as abuse, but it can be.

G.W.: Abused children, are they more likely to grow up to be an abusive parent?

D.V.: Our research indicates that's the case. And, I think some people have a hard time understanding that. We think, well, if that happened to them, they would certainly not want it to happen to their children. But, maltreatment; and usually where there's physical abuse my experiences have been; you've got the other types of maltreatment as well; it's usually not just one thing. That child grows up with a lot of scars emotionally and again, they tend to blame themselves and they grow up feeling real inadequate, unloved and they're angry and they don't know who to direct that anger toward. They can have what I have found is just a poor frustration toleration. They just can't handle that much stress, the kids screaming and that type of thing.

The other issue here is parenting is the hardest job in the world. I don't know whether you have any kids, but I do and it's tough. It's the toughest thing I've ever tackled. And, if we want to learn to drive a car, we have to pass a test, to learn how to do it. Nobody gives us any test or license to be parents and that's one of the most important jobs we'll ever do.

These people who've grown up in abusive homes have not learned how to be parents and there is a lot of thinking that goes around that's an innate skill and I don't necessarily think it is. I think it's something we have to learn how to do. We learn that by watching our models. If your models have been poor, chances are you're going to be a pretty poor parent.

G.W.: What other factors promote child abuse?

D.V.: I would say that one that is a catchall word would be stress. Stress is a big factor. If you've got someone who doesn't have enough money coming in, a mother and their husband is coming home in the evening and then beating on her and then the kid wakes up at midnight screaming his lungs out, that lady can't take any more and she's liable to react to that kid in a violent way.

I think we tend to look at abusers as some kind of four-eyed monsters and that's one thing I've learned from working with folks is that is generally not the case. One researcher says that he feels like ten percent of abusers are beyond help. In other words, we ought to incarcerate them and forget it, and not give their kids back to them or anything. The other ninety percent are very capable of rehabilitation. Very often, there are isolated episodes that just occur during periods of stress; when the stress is removed, they are okay.

There is a factor of a background of not really being equipped to be a parent, not being able to tolerate a lot of frustration and you add to that some stress factors and you've got a potential abuse situation.

G.W.: I guess being a single parent, or anything that would be difficult to begin with, would just have an added effect on that.

D.V.: One of the big factors that Parents Anonymous feels is involved in this is the isolation and I think that is a problem for the single parents that we have. All of us, I know myself, there are times when my child will be just ready to drive me up the wall. When I've got a grandma I can call and say, take her for a couple of hours; lots of parents don't have those kind of options. They just have to tough it out. I think all of us need a break from our kids occasionally. Pressure builds up and a lot of these folks are very isolated and have no one to turn to.

G.W.: Then, more than actual abuse, neglect is what you deal with most?

D.V.: That seems to be generally true. I'm not sure I would go that far. It's pretty even because the cases that I've seen of neglect are not as serious, maybe as some of the abuse cases so generally the kids that have been through abuse have more emotional difficulties, more problems with adjustments, so there will be a higher rate of them being referred to me than the kids that are being neglected.

So, I'd say it's even as far as my case load. But, in terms of reports here in Rowan County, there are twenty-one physical and sexual abuse cases last year versus sixty-one neglect cases. That's the number of reports that were documented by the Department of Social Services.

G.W.: That doesn't seem like a large number to me.

D.V.: The other thing you've got to remember is the reported abuse and neglect cases, I think, are the tip of the iceberg. I think there's a lot, lot more going on out there that's never reported. These are just the ones that have come to the attention of the authorities.

G.W.: What can be done to make people or encourage them to report cases?

D.V.: I think things like this are helpful, very helpful. I know that the department and myself have tried to do presentations and education on the reporting law. People are still real leery of reporting, getting involved. Though I think that teachers especially need to be very sensitive to this. I think they're a good resource in terms of reporting suspected cases.

Some people misunderstand the law and it doesn't say that you know for certain that this is going on. It's if you suspect it and it's up to the department to decide if it is or isn't going on. The reporter doesn't have to make that decision, just the suspicion.

G.W.: So, the reporter is not necessarily obligated to have proof?

D.V.: No, just the suspicion and then an investigation is done by people who are trained to do it and they make the determination. The other thing is if you report, you can report anonymously. I think the department would prefer to have the person's name. There is some problem, I know, for instance they had one-hundred-thirty-four reports last year and of those, fifty-two were unestablished. You know, sometimes you get into the feuding.

But, they still go out and investigate everyone of those. Even though they may think that's all that it is, they are required by law and they carry out the law. They investigate every complaint that comes in. Again, like I say, fifty-two of them were unestablished, in other words, no evidence of any abuse/neglect was found.

G.W.: What signs should a person look for in a child to detect whether or not they think he's been abused?

D.V.: As far as abuse goes, one of the things that we look for are unusual bruising. Sometimes, you'll see a child with a bruise and you'll ask him what happened and if you'll just stop and listen long enough, you'll realize the story he tells you doesn't coincide with the location of the bruise. "I fell down the steps." Well, then the bruise should be on the front of his knee instead of the back of the leg. So, you have to develop some sensitivity about that.

You also need to look for bruises in various stages of healing. That shows that there's been repeated incidents. There will be one a little darker than the other and just all over the child. Bald patches on the head, sometimes indicate hair jerking and that type of thing.

Physicians should look for broken bones, in various stages of healing. I guess what I look for more though (all our kids end up with bruises and bangs and that doesn't necessarily mean they're abused) is behavior. That's what raises my suspicions. If I see a child that's walking around with a very sad facial expression, he doesn't seem to have any joy in his eyes. I suspect something is wrong. Most children get excited and animated about things and these don't.

Or a child that becomes very distraught when they hear another child crying. It's natural to be sensitive to that but we're talking about becoming distraught.

Another thing that's real telling is what I call the puppy dog syndrome. These children will just cling to any adult. Lots of times, they'll just come and engulf you. When this is the first time they've ever met you, that to me is an indication that they're starved for attention and they'll take it from anybody. Even if it's a complete stranger. My suspicions are raised. I look a little further. That doesn't prompt an immediate phone call, but I look a little further. I dig around a little bit.

G.W.: From the research that I've done, apparently there are three basic types of abuse, physical, emotional, and sexual. Of those three, which is the hardest to detect?

D.V.: Sometimes the effects of sexual and emotional abuse can look very much the same.

G.W.: With many children, they may be too young or not knowledgeable enough to be able to explain what's happened to them, especially with sexual abuse.

D.V.: But, with very young children, that's the nice thing about very young children, they don't know how to lie, two or three year-olds. And, usually, if you pay attention to them, they'll let you know something's happened. They'll start using words that shouldn't be in their vocabulary. They'll show knowledge of sexuality that a two year-old just wouldn't have from going to day care. Usually, real small children, they'll give it away if you'll just listen, if you'll pay attention to them. Older children tend more to cover it up and they're a little tougher to detect. And, what we've generally found is it's usually when that child becomes an adolescent and begins to develop sexually, that they will very often report it themselves, the sexual abuse.

G.W.: When I think of sexual abuse, I think of father-daughter or step-father. Is that the most common or are there other parents and guardians involved?

D.V.: We can have it any type. According to reported incidents, there's a greater majority of father-daughter, step-father-daughter situations. There's a lot of incest among siblings, brother-sister, that type of thing, extended family, uncles, grandfathers.

I'm wondering and a lot of folks in the field are wondering, about mother-son incest. We're starting to get more reports of that and we're not real sure we know what's going on with that type of situation, how much that's happening.

Right now, the National Institute On Child Abuse reports that one out of every four female children will be sexually molested and one of every seven male children will be sexually molested, which is appalling.

I have done a little playing around with that. I did a workshop for a group of professional counselors here not too many years ago and gave them a questionnaire. One of the questions was, "Were you ever molested as a child?" Fifty percent of those professional women reported yes. A few of them would come to me and say, "I'd forgotten all about that until I saw that question in front of me." It may be a neighbor, we're not always talking about rape here, but fondling, that type of thing to different degrees.

G.W.: I guess child abuse is hard for a person on the outside to understand and accept.

D.V.: One distinction I might make. In the field, we're finding that physical abuse and neglect appears to be

related to socio-economic factors, environmental factors, things like stress, isolation and that type of thing. With sexual abuse, it's looking more like that's related to some individual flaws.

Generally, men who engage in this type of behavior have extremely poor self-concepts. There's a really interesting theory being proposed right now that I think makes a great deal of sense. They view it as very addictive behavior. That it will progress from fondling to caressing to intercourse and it becomes very addictive. It feels very good and this gentleman may be being rejected at home by his wife, he may not be doing well at work. He feels really low and then this young child makes him feel quite comfortable, makes him feel loved, respected, that type of thing. Those are pretty heady feelings and it becomes addictive.

We're also finding, we're seeing a trend of regressed versus fixated pedifiles. In other words, some men will engage in this type of behavior when under severe stress, period. That's the only time. Others we are finding, their primary source of sexual involvement is with young children, it's almost exclusive. The treatment outcome with fixated is very, very poor, with regressed, it's much better. You've got some hope there that it can be stopped, the family can come back together.

G.W.: Do you deal with the Morehead Council on Child Abuse? What kinds of things does the council do?

D.V.: Generally, what this is, is called a case conferencing model. It's a multi-disciplinary team and the Department for Social Services will review particular cases that they're having difficulty with. There are people on the team with expertise in the area and can give them some help in deciding what to do with a case.

The other function of it is education. Members are exposed to training on issues related to child abuse and neglect. It's also very important with these kinds of things that we work together. There are a lot of agencies here in town and I think some of the larger cities have a time with people getting lost in the shuffle. This is another nice way for us to touch base with each other.

D.S.S. may be thinking that I'm seeing a family and they're not really following up closely because they think that I have contact with them when maybe I haven't

seen them in two months and in the interim, a child could be dead. So, communication among agencies is quite important. And, I think the council helps that.

A lot of people get involved because usually these families have multiple problems and a lot of stresses.

G.W.: So, there may be more than one agency helping in different functions.

D.V.: And, usually when you have an abuse or neglect case, you have the judicial system involved, law enforcement officials involved and we need to communicate.

G.W.: So, there's representatives from all these different areas on the council.

D.V.: Right, something else that's about to happen. I think there's going to be efforts emerge in this community to organize a Parents Anonymous chapter, which is a self-help group for parents who are having difficulty controlling outbursts and that type of thing. Having problems with parenting and it will be a support for them. It's been shown to be a pretty effective program.



## INTERVIEW

Conducted July 4, 1984 by Gail Wilson at the Morehead Police Department.

Sgt. Scott Barker, Sergeant, Morehead Police Department.

G.W.: Do people call in cases of suspected child abuse to the police department or do you get calls from the Department of Human Resources?

S.B.: Both ways, we get calls from D.H.R. for us to assist them and sometimes we make initial contact with D.H.R. assistance, it works both ways.

G.W.: Which way does it usually occur?

S.B.: I'd say maybe a little over half, we make initial contact and notify D.H.R., because people tend to call the police first. A lot of them for the simple reason they don't know of D.H.R. and what they can or can't do.

G.W.: I know that laws that deal with children are different than they are with adults, what are some of the differences?

S.B.: The protection of the child is primary on your laws dealing with children, rather than welfare of the state. In other words, the child comes first over each and everything. It's the number one thing, the welfare of the child. I think in Kentucky, it's eighteen and under and in some states, twenty-one or under, if it's adjudicated by the courts to be still under D.H.R.'s protection.

G.W.: Can you take unusual measures if you think a child is in danger?

S.B.: Absolutely, the supreme court says we can't enter homes without a search warrant. With a child, if I have reasonable belief that the child is being injured and may continue to be injured, I can enter that home, check the child and take the child out of the home, with or without the parent's consent. It's of no significance really. Under the law, the child's welfare is number one. I can kick a door down, I haven't yet, but under the state law, I've got to check on the welfare of that child.

G.W.: So, regardless of a search warrant, or prior consent from the parents...

S.B.: That's of no significance. I can just go right in the house and check the welfare of the child.

G.W.: What are some of the experiences that you've had?

S.B.: I've seen abused, physically, mentally and sexually abused children, all three kinds. Specifically, I've seen a six-month old little boy. This wasn't in Morehead, it was in Rowan County. I took the pictures of the child that had been neglected to the point that he had diaper rash that just about covered his whole body and he was about six-months old and weighed around nine or ten pounds. He couldn't move his head. He was in real bad shape.

G.W.: Was he nutritionally deprived, as well?

S.B.: Very much, I think around ten pounds for a six-month old boy. Badly, just skin and bones.

G.W.: Have you had to go in and take a child away from its parents?

S.B.: Yes, Gail.

G.W.: What kind of situation is that to go into?

S.B.: Well, each and every situation will be different. One of the times, I went into a local motel where the mother was drunk and the child was made...well, the child was there with her and she had visitors. The child stayed in the room while the mother had visitors. She was on a combination of alcohol and drugs.

What we finally got the call on was that she was stoned out of her head, literally, drunk. And we went in, saw the situation, and saw some of the visitors coming and going. We took the child out of the room. The mother, eventually an ambulance took her. She lived but she took a massive drug overdose.

G.W.: Do parents get violent when you try to come in and take a child?

S.B.: I've had parents kick and fight all the way, trying to hold onto the child. We usually try to explain to the parents that we're doing it for the child's protection.

Most of the time, the parents, unless they're inebriated or have some other problem, will go along with what we have.

We'll explain to them, rather than just go in and grab the child, right out of their arms and take them. We'll try to be diplomatic about it and explain why we're doing it and usually the parent will not particularly like it, but they'll go along with it without giving us too much trouble.

G.W.: Do you ever have a problem with the child not wanting to go with you?

S.B.: About half the time.

G.W.: I was talking to a social worker a couple of weeks ago, who said, so many times the children just want to protect their parents. They'd rather be abused.

S.B.: I have found that to be true, but not always. A lot of times, the children are so easily swayed, in that environment that they're in, that you can talk a child into going with you after just a few minutes.

"I'm gonna go get you some clothing or I'm gonna go get this or we're gonna go see a doctor." Whatever ploy you can use to get the child out without a problem. As soon as it's away from the parent, it usually calms down and does real well, out of that environment.

G.W.: So, what do you do next, after you've gone and seen the situation and you take the child out of the home? Then, what do you do?

S.B.: We always have close contact with the Department of Human Resources. We have a good, a real good working relationship with them. They have an emergency child care shelter and they also have, if it is needed on a permanent basis, that type facility. Seventy-five percent of the time, the D.H.R. people are with us when we go into the house. We had an incident the other night, and went in. I told them what I was going to do, explained the situation to them, and I went into the home without them (D.H.R.) there. Before I went and after I came back, I told them. They opened the case up on it. We haven't taken the children yet.

Just most of what we get is from the neighbors and in this particular incident, the neighbors weren't one-hundred percent truthful. Part of what the neighbors said was true, but not hardly enough to take the children. Just enough to make a case report and maybe give the parents some counseling on proper child upbringing or whatever.

G.W.: Do you have much of a problem with people calling in false reports?

S.B.: Not much. Usually, when they call in, there's some basis.

G.W.: Do you ever take the parents into custody?

S.B.: If I feel the child is being abused to the point of assault, sexual assault or physical assault. I would, I have taken the parents for their own protection. A few times, where the parents would be so intoxicated that they would wrestle with the police officer, and I would take them in for hindering apprehension of prosecution or some law. Usually, just to protect them because they're so drunk they go into overdose and die.

G.W.: Do you take kids to the hospital to have them examined out there?

S.B.: If it's sexual abuse, yes. If it's strong physical abuse, yes. We go out there and have them x-rayed. That, usually, is done by D.H.R. Usually, when I take the child out of the home and get it to the Department of Human Resources, I've fulfilled my case unless, when they do these hospital exams, there's evidence of sexual abuse or strong physical abuse. Then, they will re-contact me and we'll go through whatever channels we need to go from there.

G.W.: How do you decide when a child needs to be taken out of the home?

S.B.: Unless I feel the child has been seriously neglected or seriously abused, I'll just make a report to the Department of Human Resources and tell them of my findings. Like I went into the home, I checked the child, they had fresh bruises, but I couldn't see any signs of old bruises, or I saw that there was no food in the refrigerator or no food in the cupboards, or whatever I would find. Unless I feel the child's in immediate danger or starving to death or whatever, I won't take the child out. If I feel that child's life is in danger, or may be in danger, not that it necessarily is in danger but could possibly be, I'll take the child.

If I feel that it's just a little neglect on the parents' part, I'll just make a report to D.H.R. and tell them what I've found and what I've heard through witnesses, neighbors and let them make future contact with the children.

G.W.: Are the families that you go to generally low-income? Statistics seem to indicate that families with low incomes have a lot more pressure and more stress and maybe more inclined to abuse their children.

S.B.: According to what I've read, my sociology book says it's present in all low, medium, and upper income, but from the one's I've had personal contact with, I would say they're definitely low income. But sociologists say no, it's present in all three. Maybe they just hide better in the other two. I don't know, Gail.

G.W.: Do you have any idea how many cases you've worked, say in the last year?

S.B.: Directly or indirectly, maybe fifteen or twenty. Sometimes, you'll initiate a case; I worked one recently and it's still pending in court. On some cases that involve children, maybe twenty-five children are involved in it. D.H.R. has the same knowledge I do because they were there doing most of the interviewing and whatever. As I say, this is still court pending, so I can't make any comment on it. But, let's say some of the children involved in these particular cases were neglected children. That's the reason these incidences happen because the parents just neglect to keep a close range on their children. That's a personal feeling, not necessarily the truth, that's just the way I feel about the situation.

G.W.: Statistics seem to indicate that there is really more neglect than abuse in Rowan County.

S.B.: I would agree to some extent. But, when a parent doesn't provide enough nourishment or food, teaching a child right from wrong, at what point do you say that's neglect or abuse? When you don't teach a child right from wrong, are you abusing the child? If a parent doesn't furnish the children with enough food in the home, the children will go out on the street and get enough food to fill their stomachs however method he can do it. Who do you put at fault, the child or the parent? Again, a judgment call.

G.W.: What are the laws in Kentucky as far as reporting goes?

S.B.: I'm glad you asked that. KRS 199.135 states the purpose of the section is to provide for the identifying of any abuse or neglect of a child, to require reports of any suspected abuse or neglected children, to assure that the

protective services of the state are made available to an abused or neglected child in order to protect him and his siblings, to further prevent abuse or neglect, to preserve and strengthen family life where possible by enhancing parental capacity for adequate child care and to provide for immediate and prompt investigations of such reports.

It goes on to say, any police agency, teacher, nurse, physician, social worker, coroner, medical examiner, child-caring personnel, health professional, resident, intern, chiropractor, dentist, optometrist, mental health professional or any other person who knows or has reasonable cause to believe that a child is abused or neglected shall report or cause to be reported in accordance with the provisions of this section. Usually, by calling the local police agency or the Department of Human Resources. And, anyone failing to do that, that's anyone, if you have knowledge of a child being neglected or abused and you don't call or make a report, you're guilty of a violation of the law and fined under a Class B misdemeanor.

G.W.: It names off all those professionals, but at the end, it says or any other person so that means just anybody?

S.B.: If you suspect or believe a child is being abused, you are obligated under the law to make a report to the Bureau for Social Services or any police agency. We are also obligated under the law, that includes hospital nurses, anyone that suspects a child has been abused, they must, it doesn't say may, it says shall.

G.W.: Is that including neglect and abuse?

S.B.: Anything they feel. If they make the report, they have fulfilled their obligation of the law. It's up then, to the professionals to find out if all the bruises are just a three year-old learning to climb or an abused child.

G.W.: I guess the thing a reporter would want to know is what kind of immunity does he have? Does he have to tell you who he is?

S.B.: You are totally immune as I understand it. Under the law, the same law, 199.335. We don't and the Bureau doesn't release who gives the information to the parent. Some people feel this may be an opening for getting back at people, but this hasn't been the case at least here. Maybe other places. But, of most of the cases I've been on, there's been some substance to the allegations that the neighbors made. That's been where almost all of ours come from with the exception of the hospital which occasionally finds a suspected child abuse.

G.W.: So, does the hospital call the police department or do they call the Department for Human Resources?

S.B.: Both. They must call one or the other. They usually call us and we make contact with the Bureau for Social Services. We work very closely. In fact, I'd say from the ones I've worked with here in Morehead, I couldn't brag enough on them. They've been in situations which would make faint-hearted people faint.

G.W.: What would a Class B misdemeanor compare to?

S.B.: Speeding, D.U.I., is a Class A misdemeanor. So, it would be one less than a D.U.I. Something a little bit worse than a traffic violation and a little less than a D.U.I.

G.W.: What kind of cash fine?

S.B.: I think ninety days in jail and \$250, but don't quote me.

G.W.: And, that would be if you were convicted or I somehow can't see something like that coming to trial.

S.B.: It would be hard to prove whether John Doe has knowledge of the child abuse next door. Usually, a police officer or the Bureau would make initial contact and through the information we received, you would prosecute the person for the act then and not for what a reporter saw.

You would prosecute the person for a broken bone that partially mended and five bruises on top of it and a broken nose and some torn ligaments. You would prosecute the parents for that, not what someone else saw, three weeks ago or whatever. So, a reporter's name wouldn't even need to be mentioned. You just make us aware of the abuse and we, the Bureau especially, would investigate it and find the abuse. They wouldn't rely on what you said. Your information would give us knowledge that there may be an abuse taking place, we would investigate it and find the abuse or not find it.

G.W.: So, the burden of proof would be on you and the Bureau?

S.B.: Right, not on the neighbor. The only thing they do is make us aware of it and we would investigate it, to see if it is an abuse or if it's not an abuse.

G.W.: Do you think that child abuse is a serious problem in this county?

S.B.: Yes, any criminal act is a serious problem in Rowan County. What's so bad on child abuse is a goodly portion of the time if a child's been abused, through sexual, physical or whatever, the child will in turn grow up, raise his children in the same lifestyle. So, you have this vicious circle and if John Q. Citizen has three children and his children have three children, you just keep getting more and more and it's got to stop somewhere.

I think Rowan County had maybe one-hundred-fifty or one-hundred-sixty reported child abuse cases last year and it's continually rising. I think three years ago, it was eighty or ninety, the next year one-hundred. What'll we have next year, two-hundred-fifty? We've got to put a stop to it. If we have to put some people in jail and take some children out of the homes and put them in an environment that they can flourish in. Something has to be done.

G.W.: What do you think can be done? What kinds of things can be done to stop it?

S.B.: If it's mild, parent counseling, mandatory. If it's just a little neglect or parents just don't know how to take care of their children, which is the case. Just suddenly, you're a single person and then you're a parent. There's no school for how to be a parent. Universities and high schools teach a little home ec but nobody prepares you for a three year-old who poured pop down the back of your television set you just gave \$600 for. Nothing prepares you for that and how to cope with that. So, possibly, some counseling for mild abusers or neglect.

If it's anything where the child has been hurt seriously, more than one time, accidents do happen, you've got to take that into consideration. If it's proven that parent has really hurt that child, the parent should be in prison. The child should be in another home. If that parent can't raise that child, has injured that child, they have no right with that child, at least that's the way I feel.

G.W.: Do you think that there are some people that are just beyond help where this is concerned, they are just to the point where counseling is just not going to do them any good?

S.B.: Yes, I've met them on a nightly basis. I meet those type people. Yes, there's some I feel that no counseling will help and I don't know what would do them any good.



G.W.: I guess that a lot of people just don't think that this exists here?

S.B.: It exists. It has existed, I guess since there's been children on this earth and it's going to continue to exist. We might put a dent in it. Hopefully, we can put a dent in it and put some stop to it. Morehead's a small, little Appalachian town, but it's just like all towns, it's got some problems. Morehead's no different than any other town. It's here. There's nothing we can do to make it disappear, except to police it and get neighbor's involvement and the hospitals. The way the law says we've got to be involved. We can't stop it, but we can certainly slow it down.

G.W.: Do you think maybe part of the reason for the increased reports is that people are more aware of it now?

S.B.: Yes. More public awareness. And, I also feel the economy now has something to do with it. It usually is as the economy goes down, not just child abuse, but all criminal activities increase. We went through a period of time where most were working and now we've started on the upswing again with more unemployment and a lot of people moving from different states back to Kentucky and I think you'll see over the next few years, an increase in reports and actual child abuse along with everything else.

G.W.: What kind of abuse have you worked with the most?

S.B.: Unfortunately, it's been sex abuse with children.

G.W.: That seems like that is something that is increasing from what I've read.

S.B.: It's hard to work with the children and get responses from them when some of them are so young, they have no right to even know what sex is, let alone for police and the Bureau to be talking about a sex act, very small children. It hurts me as a police officer to do that.

G.W.: I guess a lot of times, they don't even have the vocabulary to be able to explain what's been done.

S.B.: Not at all. In fact, the Bureau had the good sense to buy some dolls, mother, father and children dolls, to demonstrate what was done to them.

G.W.: They can give a child the doll and the child can tell them what's happened.

S.B.: Right, rather than the child because they don't have the vocabulary or knowledge to even talk about these things that've been done to them.

Most of the sexual abuse cases that I've worked have been involving neighbors who have abused maybe ten or fifteen children over a few years period. It finally comes to light that these acts have been committed upon the children. Very few instances in Morehead have I worked an incest case, some but it's been mostly neighbors that have done the acts to the children.

G.W.: Another thing that I read was that of the types of abuse, sexual abuse was more likely to occur in higher income families.

S.B.: Not that I've found. It's either not being reported. Along with any abuse, sexual abuse seems to be following the same lines with lower income. Sociologists, again, say it's in all three, but we found it more in the lower income.

G.W.: When you take a child out of the home, you take it to the emergency shelter first?

S.B.: Usually, we take it to the police station and make it comfortable, feed it.

G.W.: Do you think taking a child to the police station might frighten it a little bit?

S.B.: I know most of the kids here and most of the children feel at ease with us. I try to be as polite and nice to children as I possibly can. I'll stop and get them a coke or an ice cream cone to calm the child down because I've just pulled a rather traumatic thing on the child by taking him out of his home.

It's according to the situation. If the child's really torn up, crying and whatever, I'll take him directly to the child care shelter myself. A lot of them like to come to the police station, they love riding in the police car. I'll have the emergency child care parent meet us at the police station and when I take the child, I'll usually take personal items, clothing, maybe their favorite doll or something like that and the emergency child shelter parent will take them to the emergency child care shelter.

G.W.: Is it hard to keep yourself detached from the situation? To keep yourself from getting emotionally involved with the child?

S.B.: You try to keep as detached as you can. But, you do get involved with these kids. In fact, I've followed kids through their lives, maybe at ten or five years of age, I've taken a child out of its home and I'll occasionally check on that child, what it's doing and how it's doing in school. You try to keep as detached as possible and you succeed some. You don't want to get personally involved because it will hurt your case if you ever have to go to court on it.

You can't take sides. A police officer and social services have to be objective. You've got to stand back and look at it and do the right thing regardless of who it hurts. If the parents get hurt, then you've got to look out for the child and if you get involved with this, you'll sometimes make the wrong decision. So, you try to keep detached but no one can.

G.W.: What kind of training have you had that teaches you how to deal with abused children?

S.B.: We've had some on spouse and domestic abuse. Here at Morehead State University, I've had sociology and abnormal psychology, that maybe helped prepare me for it. As a professional police officer, a lot of it is just reading your KRS and common sense with children and working real close with the Bureau for Social Services. They do an excellent job.

G.W.: It seems like this is something that would be hard to deal with on a regular basis.

S.B.: What's worse is sometimes you see a really beautiful child being abused and the parent made enough correction in his lifestyle for the child to be placed back in the home and then you have to go back and take the child a second time. That's depressing. Because a lot of the parents live for the money they get through the child through benefits, whatever. If the child's gone, the benefits are cut off. So, a lot of times, the parents will just improve their lifestyle enough or more or less bluff their way into getting the child back and you'll go back and do the same thing you did before, take the child out of the home. Usually, social services watches that and stops it, but they slip up, we all slip up, and you'll see a child placed back in the home, primarily to get the money the child can bring them through benefits the parents are getting.

Sometimes, it's so close for a parent to over-react to a child's disobedience, I don't know of any child who doesn't need corporal punishment. I whip my own children.

If they have done something really bad, I'll whip them and sometimes it's a fine line between corporal punishment and abuse. I think a lot of parents step over the line sometimes just by beating on a child, to take their own anxieties out on a child which is totally wrong, but all in all, I still believe in corporal punishment.

I believe a parent does have the right and the obligation, if that child does something wrong and the only thing left is to tell the child, "I'm going to have to spank you." Now, I don't mean abuse the child but I certainly mean spank them. Maybe sometimes, a parent uses corporal punishment first and there's a fine line. This is not really even an abusive parent, but a parent who loves their children.

G.W.: Do you have trouble getting the children to tell you what's been done to them?

S.B.: The hardest thing is getting the child to trust an adult. Once they trust you through whatever methods you use, the child will tell you just about everything. Not always. Sometimes, they keep things in the back corners of their minds. But, they will usually tell you what happened to them.

Even an abused child will stick right with the parent. That's their security regardless of the parents maybe beating them five times a night. That child will still feel that's their security. That's all they know. They don't know they don't have to be beaten.

G.W.: Do you think there's a lot that goes on that never gets reported?

S.B.: Absolutely, yes ma'am. Lots of stuff happens to children. In other places, you've got pornography, child prostitution, male and female. It goes on as close as Lexington. Pediphilia, where they pay for the children. It goes on, hopefully not in Morehead. We don't have any report of it, but it happens as close as Lexington.

G.W.: Do you think the things that aren't getting reported are maybe worse than what is?

S.B.: Yes, yes I do. With child abuse, I think it's much worse than what is being reported. Twenty years from now, we'll never know it, except when a child does the same thing to their children as an adult. There's no way of proving it, but I think so. Society makes the laws. It says what's acceptable and what's not acceptable and in the same sense, the community must report what it sees as not being acceptable

by society standards and the standards and laws they set up. If reports keep increasing the way they are, we might be able to make a dent in it twenty years from now.

## INTERVIEW

Conducted July 6, 1984 by Gail Wilson at Morehead State University.

Ted Marshall, Associate Professor of Social Work, Morehead State University.

G.W.: Tell me about your background and your education.

T.M.: I started out when I graduated from college working in delinquent institutions with kids that have gotten in trouble from home, both male and female, and got really interested in kids that have been abused and neglected because I saw the end result with the teenagers. A high proportion came from abusive homes. And, with the delinquent females, sexual abuse was just rampant. So, I was just really interested to see what happened and why it did happen.

G.W.: What kind of degree do you have?

T.M.: A bachelors in social work and a masters in social professions and I worked in the field for about eleven or twelve years. Then I came to Morehead State University to coordinate their social work programs.

G.W.: What kind of classes do you teach?

T.M.: I teach a little communication skills, helping skills, problem solving. Helping the students, if they are going to go out and be professional helpers or social workers, to help them have the skills that can help people solve their own problems, utilizing the resources that are in the community and getting people plugged in where they need to be to help them.

G.W.: What involvement do you have with child abuse now?

T.M.: Presently, I do a lot of speaking to groups, civic groups, head start and others. I do a lot of training with social workers, in service training to help them increase their problem solving ability. How to deal with angry kinds of people, to talk to clients. I also work with some students that are having some problems of their own. An example might be some young women that have been sexually abused. And, so I work with them to help them work through some of these problems.

G.W.: When you go out and talk to a civic group, what do you tell them about child abuse?

T.M.: Usually, for the time that you have to talk with them, I usually try to get across to them that child abusers are people with a problem and that's my primary theme. I know when I first started, a number of years ago, I had a really difficult time dealing with people who hurt their children. And, I reacted very irrationally and would like to choke them because I didn't understand. Not that you can condone their behavior, but to get the idea across that they are people with problems and these problems, with some help, can often times be resolved. And so, I try to educate people with that.

Also, I give them some basic information and some characteristics of children who have been abused, things you can watch for. I talk to a lot of school teachers because they are right there in the firing line. They see kids every day over a long period of time, so they can start picking up these changes in children. Look at some characteristics for things to try to watch out for that might mean something is going on in that household.

G.W.: What are some of the things in a parent that might lead you to believe that they are abusive?

T.M.: Well, some generalized things are that you might find that abusive parents often have unrealistic expectations of their children. Meaning that they really want their children to do more than they can. A six month-old to be potty-trained is an example. Or children who are maybe not able to reach academic achievements. Parents then become very frustrated and may resort to violent episodes with their children. So, parents don't understand kids and their different developmental stages that they go through and they expect things, again, that they are not capable of doing.

We find that abusive parents are often very isolated emotionally, very withdrawn, usually immature in how they deal with stress and crisis and sometimes it comes out in violent behaviors.

Often times, parents who abuse children have themselves been abused and you've probably heard that. And, it will range from thirty to sixty percent. That's a scary statistic. After that, you get into that cycle.

A kid that was abused is going to become abusive. That's some real general characteristics especially of the parents.

G.W.: It seems that economic factors play a big part. Of course, you can't say that always or never. But, it seems that in so many instances, it is happening repeatedly in low-income situations.

T.M.: Well, you start out by saying that it happens in all levels, automatically. That's for sure. I have been on child abuse investigations where I have had to go out to the home where there is reported abuse, homes where I have been met at the door by a butler. And, I've been in homes where there wasn't a front door either. But, probably percentage-wise, there are more instances that take place in lower economic situations. Though, it is cut across all levels, race, religion and income.

G.W.: What other factors might lead to child abuse?

T.M.: You mentioned economic and one of the things I've been concerned with, as I've been doing some studying on in the last couple of years, is just the stress factors that have been going on in the last couple of years among families. If you look at it in our society, there are a number of parents, primarily women, who are single heads who have the responsibility of raising children, who are trying to earn enough money, being the emotional and physical support for their kids and trying to take care of themselves somehow. That's tough.

It's hard enough to have a mom and a dad let alone one person. That's going on. You're seeing a lot of divorce, you're seeing a lot of remarriages, step-parent and live-in kind of figures. And, I think it's a little bit different for a step-parent to deal with a child who's not their own. They treat them a little bit differently often times and if they have a tendency to be abusive, then it really will come out.

I think there's a lot of stress with people losing their jobs, not being able to pay their bills, not being able to take care of some of the basic needs. We're seeing an increase in alcoholism. We're really abusing alcohol.

People who don't have a good support system, their moms or the children's grandparents are not nearby. You know, in the olden days, people lived closer together so you have your built-in support system there so you can just



say, "Hey, Mom, would you take care of the kids today or tonight so I can get a chance to get out?" Now, they're more isolated. They live in the cities or even in rural areas. They don't have those release valves, that support of the family. Any of those factors really contribute to a really stressful situation so that when kids pick a time to act up and they do that, then it's very, very difficult to handle and you're already really uptight and have so many other pressures on you and abuse can come out.

G.W.: A few years ago, when I was in high school, you really didn't hear that much about child abuse, and in the last five or six years, it has just been very prominent in everybody's mind. Do you think that's because it's occurring more or because it's being reported more?

T.M.: That's a good question and it's one I've given a lot of thought to. I think it's really both. Meaning that it wasn't much in the public eye in the past. There was abuse going on, but I think the thing about kids is they have more rights. In the past, maybe when we were growing up, maybe Mom and Dad could basically do to us whatever they wanted because we were theirs. And, I think the thing is whole rights movement has included children. So, I think people are more willing to give kids more rights and maybe kids take more rights themselves.

I think that public education and things like you're doing here and I think that's terrific. You see spots on T.V. and you hear spots on the radio. Some very well done kind of things, public awareness. But, the sad part of the thing is I think there's still a lot of incidences of child abuse going on. So, I think it's a combination. There's a lot going on and I think we're doing a lot better job spotting it. People are more willing to report it.

G.W.: Do you think there's a lot that goes on that isn't being reported?

T.M.: I really do. I think that we still have a tendency to not get involved. That we still believe that kids are property, in essence. And, that's a scary thing. One of the things that bothers me so much is to see a little child, and that doesn't mean that teenagers aren't abused also, but they are very helpless and they can be victims and who can they call upon and where can they go? All they know is Mom and Dad and that's the way they get treated.

G.W.: When you are working with a family, is it hard to keep yourself from getting emotionally involved?

T.M.: It is. I feel very strongly that children need to be with their parents if there is any way possible. And, the only way they should ever be taken from parents is basically if the child is in danger and then get some help and get the kids back.

When you are working with these children, you really have a tendency to become very protective because you see them as helpless victims and again, if you can keep the perspective of big people have problems too and with help, those problems can be overcome and kids and parents can get back together. That's the way it's supposed to be.

G.W.: Do you think it's true that there is a certain element of child abusers that can't be rehabilitated?

T.M.: I think that's true, in probably any type of category. There are some people that are very sick. They need a tremendous amount of help and it would be a long process. A lot of those cases are the ones that make the headlines. Like the stories of torturing children to death, burning them with cigarettes or feeding them poison and watching them die, really bizarre kinds of things. And, basically, those are some very, very sick adults. That is not the typical thing, the typical child abuse case. The kind of people that might fall into that category are prognosis questionable.

G.W.: The National Committee to Prevent Child Abuse seems to think that many cases stem from corporal punishment that goes too far.

T.M.: Well, if you talk to parents and as I give talks, I ask, "How many people in here have never been angry or really mad at their children?" and there's never any hand raised. And, "If there's anybody in here, you can float around the room because you must have wings on." Parenting is tough and you often draw a thin line. When they've chosen a time to act out, you're already upset as a parent and you get angry and you have the urge to reach out and snatch the child and in some way be physical to him, either spanking or picking him up. There's a thin line when you have that urge to reach out and snatch them up and something with most parents says, "I've got to stop. I'm getting too angry," and they back up.

There's that thin line where some parents will reach across and snatch them. I mean grab their kids, smack them, throw them against the wall, I mean whatever. That's a very thin line sometimes. And, I think basically, if you want to call it corporal punishment that's gone

too far, that may be. If you talk about child abuse basically as physical injury and where do you draw that line between discipline and abuse, it's the injury part of it. But, when a parent gets angry, just to go on is very easy for some people, and scary, that fine line.

G.W.: How do you treat an abusive parent?

T.M.: There is no answer. And, I think there are a lot of different ways. I think it takes some motivation on that parent's part to really look at themselves and say, "What am I, what do I want to be? And, "What kind of parent do I want to be?" Get them in touch with that. To help them realize that they are under a great deal of stress and how to better manage that stress. To talk with them or get them to look at themselves and see what triggers them. Did they have parents that dealt with them in that same way... so that we are looking at role models.

A very effective way is Parents Anonymous. So that they actually talk in a group situation and it's a terrific way of parents to sit down and say, "When my child does that and I just feel like I'm going to smash him," and another parent says, "I'm so relieved to know that you feel that way, too." And, they talk about that because they can talk about different ways to not do that. There's a real bond there and it's an effective group therapy type situation. Learning how to have support to know when you get angry, to know that you can call up somebody and say, "I've got to get away from my children." And, if nothing else, to learn that when you get mad, to keep from reaching across and snatching the child. Go in the bathroom and lock yourself in until you get it together enough. Those kinds of coping mechanisms.

G.W.: Parenting is probably the most important thing you will ever do and there's no learning process. You have to get a license to drive a car but nobody teaches you to be a parent. Are there places people can go to learn how to properly care for their children?

T.M.: That's really a good point, Gail. Because you have to have a license to do some menial kinds of work at times, and yet to have a child, really there's no preparation. Not that we would ever want to control it. That's the Big Brother syndrome, yet maybe have more things available, in elementary, junior high, high schools, family and parenting and that sort of thing. But yes, there are some programs. If you'll watch, many times the local community health center, Pathways particularly, will sometimes have what is called

a parent effectiveness training. There are training programs for parents to better learn how to cope and to deal with and discipline their children, and that sort of thing. But, they are not readily available. I mean, you really have to be motivated and take initiative to find them. And often, it's people who won't do that who really need it the most.

G.W.: Does teenage pregnancy effect child abuse?

T.M.: Whenever I see those dynamics of a young mother, it sends up a red flare with me. When I see young people, especially young mothers, who really haven't even gotten their own identity and now suddenly they have to be an independent person with another human being dependent upon them. Somebody came to me the other day wanting some advice on a young mother who had a one and one-half year-old and a three month-old and she was, I think, eighteen. Right away, I wanted to start asking questions because to survive in that situation and to not be abusive is really a tremendous kind of hardship, not that it's not done, but they need a lot of support and if they don't get it, if they don't have some skills, they are going to get into some trouble on that.

So, teenage pregnancy is really a problem. The statistic is really growing and the amount of abuse and neglect that is going on in those situations is a real, real problem.

G.W.: Having a three month-old and a year and a half-old, that would be terribly taxing on anybody much less being eighteen and trying to cope.

T.M.: Exactly, I couldn't even imagine having a child, I don't remember where I was at eighteen, but I certainly wasn't talking about having this kind of responsibility. And, people can be very critical and say, "What's wrong with that mother? She's got those two children, she's leaving them at a neighbor's house and she's not coming back for them for ten hours." And, they say, "What's wrong with this woman?" It goes back to, if you really stop and look at her, you can understand how she's trying to survive and cope with the situation. You know she's probably not being a very good mother. But, maybe she's doing the best she can. So, what I really want to try to do is give her help and support and training as opposed to criticizing her but it's a tough role.

G.W.: What things do you tell people to look for in children to tell if they have been abused?

T.M.: With abused kids in particular, often they will have a behavior change, meaning a quiet withdrawn child will start to act out, be aggressive, start hitting other kids. A very outgoing child may start becoming withdrawn, so a behavior change, from where they are normally. All kids have bruises, I've often thought if a social worker came to my house, they'd swear up and down that I was abusing my children, but it's sometimes where the bruises are, on their back, neck, the back of their legs. The children sometimes get bruises there normally, but not as easy. Often, you will see kids become very fearful, where if you walk up to them, their response is not normal. Where most kids will look more with curiosity, these children respond with withdrawal and with fear because they are maybe used to an adult hitting them, being severe in their discipline.

G.W.: What kind of emotional effect does abuse have on a child?

T.M.: This to me is one of the most disturbing factors, I think. We've talked to a child, let's take an example of maybe a three and one-half, four and one-half year-old child, who's been beaten, maybe with a hairbrush, something, they got bruised up pretty badly. If you ask that child, "Tell me what happened," they'll say, "I made Mommy mad." I'll say, "What do you mean?" They'll say, "Well, I made Mommy mad," with the emphasis on the I. What they are really saying is that, "If I hadn't spilled the milk; if I hadn't been crying; if I hadn't..., then Mommy wouldn't have had to get mad; therefore, she wouldn't have had to hit me." What we are really talking about is this internalization, the feeling of the responsibility and getting it out that it is their fault.

Kids go through this with divorce. They feel like if they had been a better kid, then Mom and Dad wouldn't have gotten a divorce. If they hadn't acted out, then Mom and Dad wouldn't have had to get angry. Just that feeling of guilt and feeling responsible is an overwhelming thing for a kid to have to carry around like that. And, it takes a long time for them to get through that and to understand. When you talk with them, you say, "You know, big people have problems, too." "Mommies and Daddies have problems, too." And, "You can't say it's all your fault." Just to counsel them to get them to release some of that responsibility and guilt. It really burdens them there.

G.W.: Does sexual abuse have more of an emotional effect on them than physical abuse?

T.M.: In my opinion, yes. People that I have seen and talked with, in probably the last year, I've met with maybe eight or ten college-age women that have been in sexually abusive situations and a lot of psychological scars, of someone they trusted taking advantage of them and they didn't know how to handle that. They are very defensive. They have a lot of barriers. They have a difficult time, sometimes in intimate relationships. Not only physical or sexual relationships, but intimate psychological or emotional. They have a tendency to be more withdrawn emotionally, of not reaching out, not trusting. A lot of trauma is attached to this. Yes, I think there is more with sexual abuse than with physical abuse.

G.W.: What do you think emotional abuse is?

T.M.: I've taken a number of cases to court on physical abuse or neglect, where we needed to get some means of control in the home through legal action and get custody of children. I took one case to court for psychological or emotional abuse and was slaughtered in the courtroom, just beaten severely. Legally, because it's so hard to prove that a parent or whatever person the psychological abuse is coming from is having a direct correlation between that parent's behavior, psychological abuse and the child's behavior. I couldn't prove it.

What is it? I think to me personally, it's anytime that a child hears a lot of constant negatives, negatives about himself when it's, "They can't, they won't, they never will, they're no better than..." always in a negative sense. There you get into that self-fulfilling prophesy. Kids hear something long enough, they are going to believe it and they are going to do it. If they are involved in that negative kind of environment, they are going to start thinking, feeling, perceiving themselves negatively. But yet, how do you prove that or how do you really measure the effects of it? We haven't reached that point yet. But, it's devastating. We're sure of that.

Psychological abuse basically shapes a kid's whole perception. The way they see things and the way they feel about themselves, and sometimes, it's pretty negative. If they have a low self-esteem, the way they act and feel is greatly inhibited.

What's so hard to treat about psychological abuse is that the mental health professionals are often not involved in these types of cases. For instance, if you are in a store

and you hear some father just running down his kid in such a negative sense, tearing him down. You aren't going to do anything. Now, if you saw him beating him and drawing blood, you probably would. But, that's just the difference right there.

G.W.: Is it harder to detect as well?

T.M.: Yes, harder to detect primarily because you don't get reports on psychological abuse for investigation. If a trained professional is there, they maybe can help the parents realize what they are doing and to teach them some better parenting skills while some help can be given. The signals aren't sent out that much.

G.W.: How does child abuse affect our society?

T.M.: We mentioned briefly about the vicious cycle, where kids grow up in violent situations to be violent. They carry out violent acts. There are the ones that are getting into the robberies and the violent acts against people. And, when they become parents, they are treating their children in very abusive, or violent ways. I think the toll that it takes in terms of crime. When I was working with delinquent institutions to see how these kids would evolve with anti-social kinds of behavior, were not achieving well in school, becoming what you would call non-productive kinds of citizens.

That's a tremendous toll on our society. Often, these are people that are ending up with psychiatric problems, in prisons because of their violent behaviors or anti-social acts, do crimes. It's a tremendous drain on our resources. The interesting part is this can be greatly reduced. I don't know about stopped, but greatly reduced, because child abusers, a great majority, anyway, are treatable.

G.W.: What methods can anybody take to help stop it?

T.M.: Well, I think one thing is to just be aware of it. There's a tendency in our society to think, "Something is not right there in that home, but who am I?" That's their child. With very few instances, a child that dies at the hands of abuse, more than one person knew, other than the abuser. Somebody, a school teacher, a neighbor, a relative knew that that child was really getting worked over and they were pretty sure and they didn't take the appropriate action and the end result in this situation is death.

Get involved. Again, you can report anonymously. You cannot be sued for any kind of libel, so it's worth the

risk. The end results might be some intervention for the families and some help there and a break from that old vicious cycle that we talked about.

The whole emphasis on family needs to be increased. I talked a little bit earlier about education programs at an early age and I think there's not enough emphasis on supports within our society for families. You know we have some basic monetary types of grants, welfare if you will. But, really there are very few viable programs that are readily available. That are available for the children as well as through adulthood. There are some very good books coming out on parenting skills but, again, it takes some initiative to find those types of things. It's not available enough.

G.W.: What kinds of things do you teach your students to prepare them to help other people?

T.M.: The basic values. And, one is that people basically are good. There's some good in all of us. We try to learn to accept people. Even though they can do some very nasty, rotten things at times, we still can accept them as a human being with problems. That's an important concept, rather than rejecting or being critical. The other thing is I try to train my students to look at people holistically. Meaning you just don't look at them as just a parent or as a worker or as a student, but we're all of those things. To be able to look at all those facets in their life and their total environment and see where they are getting pressure.

Maybe they are having a lot of pressure at work and it's going to affect them at home and a lot of problems at home are going to affect their work. So, you try to understand an individual in their totality and that's where you have to go because you can't treat one part of someone's life and expect anything to clear up because there are so many forces that we have to deal with in our environments. Again, just looking at people holistically and understand them in their totality.

A couple of points that I want to bring out are about a couple of trends that are really disturbing and those trends are that in child abuse we are seeing now and the incidents that happen, we are seeing more severity in terms of injury as opposed to just whipping with welts. Too often we are seeing kids really getting hurt. That's a scary one. The other one is the number of sexual abuse situations. That is just skyrocketing.



G.W.: Do you have any idea what the cause for the increase is?

T.M.: A couple things. One is there's more homes that are combined with step-fathers and it's happening more with females. So, there's step-fathers, live-in kind of boy-friends. There's greater likelihood for that kind of thing to happen. I think maybe women are more likely to report it now, I hope that's true.

It's very typical in the past that a nine, ten, eleven year-old was being fondled or molested by a step-father. She would go to her mom and her mom would say, "I don't ever want to hear you talk about that again. Don't you ever tell anybody." Very typical. And, in essence, she said, "You've got to put up with it, kid. Because I'm not going to bail you out." And, there's a lot of reasons why the Mom might do that. But, I think now that it's more of a tendency for women to say and younger women, girls, to say, "Hey, we don't have to put up with that. We don't have to be trapped in these situations." They will report it. I hope that's true, I don't know.

When I give talks and I go to high schools, I always make a statement and say something about reporting it and that there are people who will help you. I say, "If you know of somebody that's getting abused or beaten or sexually is being abused in some manner," I say, "Let somebody know." "You can do it without anybody else knowing about it or let me know. I'll be glad to talk with you if you know of somebody." I'll tell you, invariably, after everybody goes, there'll be somebody hanging around that will say, "Can I talk to you a second?" They will kind of lay out their story and ask what I think they should do for their friend. I'll tell you it happens all the time. But, I always end with that statement to get help and that's why I really commend you for doing this.

## INTERVIEW

Conducted July 9, 1984 by Gail Wilson at St. Claire Medical Center.

Bob Combs, Social Worker, St. Claire Medical Center.

G.W.: Being from the hospital, if for instance a child comes into the emergency room, who would be the first person that might detect suspected abuse?

B.C.: It would probably be the emergency room physician that would see the child. We have a person designated as the emergency room physician. If it gets into more of a specialty, then other physicians are called, but he would be the primary one to see it first hand.

G.W.: What would he do?

B.C.: Well, it depends on the situation. If it's during social work hours, which is like from eight-thirty until four-thirty or five in the afternoon, he would call one of the social workers and we would come down and he would explain to us what he's seen or what he suspects. At that point, we would go ahead and probably interview the child or the parents, talk with them and explain what our function is. Try to get more information and try to get a feel of what the home environment is and explain to them the laws and we would do from this point.

If it's after hours, if it's eleven o'clock at night, obviously nobody's around including the workers from the state agencies so the doctor does have the option, if he feels like it's a life-threatening situation to hospitalize the child even without the parents' permission and to hold the child there for their own safety until the next morning.

Of course, we're all, the physicians and social workers or anybody, any lay person, is required by law to report child abuse or child neglect to the Bureau for Social Services in that home county, wherever they are from. In fact, you can even be fined if you don't do that. So, if you even suspect neglect or child abuse, you're obligated to do that and it's without any chance of libel. You can't be sued

by the child's parents if you do suspect it and then you report it to that agency.

G.W.: So, after you get a report, do you contact the Department for Human Resources?

B.C.: Indirectly, or after we interview the parents and try to find out what the problems are. I think that most of what we see or most of what I see is usually more neglect than it is abuse. There are some just out right abuse cases, but, a lot of that, in my opinion and from my experience, is out of ignorance. How to take care of a child. If you start investigating, you'll find reasons for the neglect, maybe the person's depressed, can't handle the situation, there's a lot of anxiety in the family. They just plain don't know how to take care of a child and need some advice on how to do so.

Usually, after I've investigated a situation like that, I spend the first few minutes trying to establish a rapport with the parents. When you say social worker, in the hospital or no, they equate you with the Department for Human Resources and have the fear, "Are you here to take my child?" I spend the first few minutes trying to establish rapport. Telling them that's not my function and I'm there to help if I can but that I do have to report it to the Bureau for Social Services. You have to be honest with them and tell them the report has to be made, but you try to describe those people as helpers rather than people who are going to come in and take the child away from them.

Usually, the purpose of my investigation is to make some recommendations. If I find the person is depressed or in my opinion is depressed to some extent or just lacks child rearing skills, I can make them aware of things that can help. One example that I always think of from years gone by, we had a child in the hospital with chronic diarrhea and after talking with the parents, a young couple, they said they couldn't understand that because all they were giving the child was milk, which is probably the worst thing you can give a child with diarrhea. They honestly did not know that was one of the things that was causing the problem.

I recommended to them that we have a home health nurse come by and talk with and advise them on nutrition and just check on the child. Generally, people are real receptive to that. If you mention an expert health care person coming by to help, they like that quite a bit and

what you create is what the Bureau of Social Services will call the team approach. The nurse being able to go into the house and have time to investigate and help with the situation and that nurse keeping in contact with the Bureau for Social Services worker from their home county.

We serve like a five-county area, so it's not always a local thing. It may have to be referred to social services in Elliott County or Grayson or wherever. Then, you have that communication between those two agencies and if the child continues to be neglected, then something will be done about it. Those are types of examples.

If a person is depressed, you might recommend to B.S.S. (Bureau for Social Services) that that person be seen at the comprehensive care center, known as Pathways now, the mental health center for treatment and maybe some parenting skills like that. That way, you have three agencies following the child and making sure proper care is given.

G.W.: So, you don't actually make home visits?

B.C.: I might, if in a special situation, a doctor is not sure, doesn't have a real good handle. Sometimes, you only suspect it, you can't really prove it. We will do that occasionally if he feels that's necessary. If the physician is not quite sure what's happened, but thinks there may be a problem. But, in general, we don't do a lot of that because, as I say, we serve such a big catchment that it would be impossible for two social workers to do that. It really is not our function anyway. There's the Bureau for Social Services set up to do that in particular. But, we would do that to assist them if it was necessary.

G.W.: Do you have any idea how many cases you've seen over the last year?

B.C.: It's hard. Most things that happen around the hospital happen in a very erratic way. You might not see one for two months, then you might see five or six.

I would estimate from the history taking that I do and the things that come about directly and indirectly, I would say maybe five a month or something like that would be a pretty good estimate on the average. It would be real hard to say how many per year, but I would say that's about right.

G.W.: What kinds of things do you see?

B.C.: All kinds. Most of my work at this point is done on the psychiatric ward and I see a lot of people with a lot of different diagnoses. A lot of my duties there consist of doing collateral history taking. Or, if we have a patient in the hospital that's not capable of giving a real good history, I interview their wife or brothers or some close relative to do a complete; it's like a psychiatric history.

A lot of times, you will see the type of thing where a person is depressed or alcoholic and when they're sober, they are very kind to the children, very kind to their wife, and when they're intoxicated, they are just a completely different personality, very vicious, violent person, taking it out on the closest at hand. They lose their inhibitions when they are in that condition. That is probably where most of the real abuse comes from, from that type of situation.

All kinds of neglect that you see. Children who haven't had their immunizations, who've never seen a doctor, children with very poor dental hygiene, who've never seen a dentist, children who just fail to thrive, who aren't getting proper nutrition, because the parents just don't know how to take care of them, what to do to help them.

Verbal abuse as well, has a very damaging effect, almost as damaging as physical abuse. You see that and the other thing that you find quite a bit in investigating child abuse is that a lot of times, you'll find that the abuser was an abused child.

When you begin investigating and going back, a lot of that comes out in my history taking with psychiatric patients because you go back to pre-natal care if you can. If there has been child abuse in their past, you usually will find that it will come to the surface.

G.W.: If they don't know any better, then they don't know how to treat anybody any differently.

B.C.: Right, if they don't see it as a problem, they probably are going to treat their children that way, too. I've had people who are child abusers tell me, "Yeah, my father beat me everyday. So, look how I turned out." He doesn't see anything wrong with how he turned out and I guess, we all are guilty of just verbalization of. Sometimes, I even surprise myself by saying things to my children that my parents said to me and I suddenly realize, "Where

did that come from?" It just comes out in a very, almost involuntary way. I suspect that's very much the way child abuse works, too. They use the same system on their children that was used on them. Not always, but in a great majority of the cases.

G.W.: Do you deal with abusers who you think are beyond help?

B.C.: That's hard to say. I try to maintain an unbiased opinion, saying that nobody is beyond help. That's not always easy. We're all humans, as well as them. It's very difficult to keep from doing that at times. There's times when you become angry.

But, as a professional person, hopefully, we don't do that. We always try to give a person the benefit of the doubt and take the steps we would take with anyone, whether we personally feel that they are going to recover or they aren't. Because I don't think we have that right to make that kind of judgment. There are anti-social people whose chances of recovery are not very great, I'm sure. I have seen situations where, again this came out in a collateral history taking I was doing of a young lady we've had numerous problems with here in Rowan County. She is now about sixteen years-old and where a bad case of abuse happened to her as a child. I have been able to go back through history taking, apparently nobody was aware of it at the time it was happening. But, from talking to family members years later, you can see the long-range results of what happened with her situation as a child.

I guess a lot of people have the opinion that you could pick her parents out from anyone, but you wouldn't. In fact, both of her parents have been patients also and if you talked to either one of them, you never would have dreamed they were capable of performing that type of thing on a child at the age of one or two years-old. It's hard to say that because they're capable of doing that, they're beyond rehabilitation or beyond help.

G.W.: Do you deal with the police department in these cases? Do you ever feel like you have to call them in to have somebody taken into custody?

B.C.: No, because we are in the unique position of, if the physician feels that he needs to protect that child, that he can put them in a safe place where nobody, including a lot of the staff, knows where the child is, to protect them.

Sometimes, you really kindle a fire. You would think that these people who are neglecting this child don't care about the child, but you just try to take them away from them and see what happens. At that point, we have had to call the police and have people removed from the emergency room or to at least have the law explained to them by an authority figure. They will threaten you and at times, the physicians even feel they have to take protective measures. But, as far as we're in a position of having that child actually in custody, if the physician needs it to be done.

G.W.: Do you have contact with the Morehead Council on Child Abuse?

B.C.: Yes, we're members of that. In fact, the Rowan County Child Abuse Council meets at the hospital one time per month and we're as active as we can be in that situation, that capacity. I feel like that is really a valuable tool and I think it's one council or committee that I've been on that really serves its purpose.

The purpose of it is to have people from various agencies there to discuss any situation, to add information on any situation of possible child abuse and to make recommendations, but it's there for discussion from various departments, too. We might add if that client has been seen various times in the emergency room, they may or may not know that. So, we're able to discuss those things and add information and hopefully to prevent as much child abuse and neglect as we can.

G.W.: Do you see cases outside the hospital?

B.C.: Yes, we do a lot of psychiatric work and do a lot of discharge planning. Elderly as well as everyone in the hospital, but yes, we can't function very well without the other agencies. We're in constant contact with Pathways, with the Bureau for Social Services, with the Bureau for Social Insurance. So, with that communication, we're aware of a lot of different people from all different aspects of their life that you wouldn't ordinarily see as an in-patient at the hospital.

We have a lot of walk-ins that come in and talk with us at the hospital, people who come in to the emergency room. Not necessarily for a medical reason, but because they need help and we take that type of referral. As a social worker in a hospital, I've had child abuse and that type of thing reported to me by everyone there, by anybody

from administration down to all the other departments. So, we don't absolutely taken only medical referrals. It can come from anyone. We try to act on it and tell them their rights and report it to the proper agency as best we can.

G.W.: When a physician sees a child, does he run the child through a series of tests to determine if there have been past instances of abuse?

B.C.: Not always. Of course, if he suspects that, then the easiest thing to do would be to go back and look at their records, emergency room records, hospital records. If the child has had repeated episodes of burns, of bruises, fractures, if there's situations where they may have been neglected, the records will reflect that, of course.

The strangest thing that I can remember seeing in the hospital was a case of a young girl who was brought in for a vaginal examination, basically, and it was discovered that she had VD. From there, we started to call in B.S.S. and I did a lot of investigation and it was a pretty long drawn out thing with a lot of ramifications to that particular child. So, in that case, of course, he asked for a lot of tests to be done.

The other thing is you have the emergency room nurses who are invaluable, they're the ones who see. It might not be the same doctor all the time, but if the child is being brought in repeatedly, they're going to see that once they've noticed that pattern and they might be the ones to report it at that time or at least clue the doctor in to it.

G.W.: The girl you mentioned, was she a young girl?

B.C.: Yes, she was only nine years-old at the time. You do see some very dramatic and sad things.

G.W.: Do you do long-term counseling with the children or the parents?

B.C.: No, we don't at the hospital. There are other agencies set up specifically to do that and they're much more qualified than I can to do that. We do a lot of general work, the social workers in the hospital. The people at Bureau for Social Services are the experts. I would say at handling this type of situation, they see more of it than anyone. Then, Pathways also has people that are designated to handle those things and are very good at it.



We do the initial intake as it would be referred to in other agencies. We try to get to the root of the problem, to get some basic information, some history, see what the problem is and make recommendations. A lot of the time, the Bureau for Social Services will go along with that, not always. In further investigating, our original recommendation may be out of focus. They may have to take more drastic measures or maybe not as much as we had thought. So, ours is the intake, information, history gathering, try to define the problems and report them to the Bureau for Social Services and try to establish a good rapport and to hopefully have these people see social services in the light of helpers and of care-giving people rather than some threatening force. Someone who may help them, who may teach them about resources, rather than someone who's a threat.

G.W.: Have you noticed any increase in child abuse cases that are coming through the hospital?

B.C.: I really can't say that I have. I would say that I probably have not seen a big increase over the years. I know that there is nationwide. You hear that there's been a big increase. A lot of different theories about it as to whether it's just something that's been happening all the time or we're discovering more of it and people are coming out of the closets or something like that or if people are indeed abusing their children more than ever. I'm not really sure. I can't really spot a big increase.

G.W.: Do you have any idea why sex abuse appears to be on the increase more than emotional and physical abuse?

B.C.: To me, sexual abuse is probably not on the rise. In my estimation, I don't have any hard facts or figures on it, but I have been at this for about eleven years and there have been a lot of times when I have strongly suspected sexual abuse. When we have suspected that one of our clients has a very unusual relationship with his daughter or vice versa, but we're not able to prove it.

Incest is not an uncommon, nor has it ever been an uncommon thing in Eastern Kentucky. I don't know what the reasons are now that people around these families are opening up more and are reporting these things more than they ever did before. I've had a lot of different people come to me in the past and say I suspect this is happening and I will say to them, "Okay, we need to notify the Bureau for Social Services and you need to tell the social worker what you told me." They back away, they won't do it. They don't want their name involved even though you explain the confidentiality of it, the lack of being libel for it. They

may be next door neighbors of the people and they're not about to be involved in something like that.

I feel that this thing has been publicized so much and movies done on it recently that people become more aware of it. They see it as a problem and that is probably where the rise is coming from, reports from the other people. With the help of mental health agencies, people are seeing things now, not as a fault but as more of a problem that they have.

In my estimation, I've found that to be true with working on the psychiatric ward. I don't see the people being afraid of the stigma. It still exists but people are not as afraid of that stigma of being mentally ill or having emotional problems as they once were. That's what I meant earlier when I said people are coming out of the closets with this. They are identifying that kind of problem, they are realizing that it is the right kind of thing to do and are more willing to talk about it now than they were even ten years ago when I started working. They are seeking help for these problems. That is probably the only explanation that I can think of. I think it's always existed especially in this area.

## INTERVIEW

Conducted July 11, 1984 by Gail Wilson at the Morehead office of the Department for Human Resources.

Jane Lands, Supervisor, Morehead office of the Department for Human Resources.

G.W.: Why do you think people abuse children?

J.L.: Usually, I think it's a reaction to a problem in their life; some stress that they just can't cope with. I don't think people want to abuse their children. I think it's probably due to the way they were raised. Statistics show that many parents that abuse their children were abused themselves as children. This is the only way they know of dealing with their children.

Some parents are immature. We have a lot of real young, insecure parents. Some have unrealistic expectations of their children. They think their children should act like adults. Many of our families are socially isolated; they don't have friends or family to help out with the children. Many of our patients are drug or alcohol abusers. And, possibly due to some crisis in the family, such as the father losing his job, a major illness, marital problems. It could be any of these reasons.

G.W.: Does their economic status have a lot to do with it?

J.L.: No, we get reports from all different levels of society.

G.W.: What directly is your relationship in dealing with abused children?

J.L.: In Rowan County, I am the supervisor and when reports come in, I usually assign them to another social worker. Often times, maybe at night or on weekends, I go out on the reports, too.

A trained social worker investigates all reports. We first talk to the child. Then we talk to the parents or anyone who might be aware of the situation. And, first of all, we determine whether or not the report is true. Then, we evaluate the situation and determine whether we think the child is at

risk at the present time and whether we should remove the child or try to work with the family and try to leave the child in the home.

We then have a conference with the family and the social worker and determine what their strengths and weaknesses are and try to figure out why they abuse the child; what is going on in the family that may have caused this. We then work out a plan with the family as to what they can do to alleviate the situation and what we can do to help them. A lot of times, we make referrals to other agencies; such as social insurance or medical assistance, food stamps, AFDC. We might make a referral to Pathways for drug or alcohol counseling, for parenting skills classes or maybe some other agency that has a program.

G.W.: What type of abuse do you see the most in this county?

J.L.: We have more neglect than we do abuse. I have some statistics from 1983 for Rowan County. In 1983, we had one-hundred-sixty-one reports of child abuse and neglect. Now, that's one-hundred-sixty-one families, so the number of children will be quite a bit higher than that. Sometimes, there's one child involved and sometimes there's five or six. The breakdown is one-hundred-eighteen reports of neglect, twenty-seven of abuse. So, you can see the difference there. We had eight reports of sexual abuse and eight reports of mental injury. And, I noticed that on the state statistics, we were twenty-fourth in the state on the number of reports in 1983. Now, I don't know if there is actually that much more child abuse going on in Rowan County or if it's due to the agencies and people in Rowan County being aware of child abuse and knowing where to report it.

G.W.: What is involved in mental injury?

J.L.: That's where a child possibly is scapegoated by the parents or possibly allowed to be by the other siblings in the home. Maybe called names. It would be like treating one child different than the other children in the home. Maybe giving them chores to do, more punishment, calling names, possibly locking them out of the house, locking them in the house.

G.W.: Do you do actual counseling, or do you just assign other people to do it?

J.L.: In my present job, I usually assign other social workers to do it.

G.W.: What's the hardest part of your job?

J.L.: I think the hardest thing is wondering whether we have made the right decision, to remove a child, to leave a child in the home. Or, even after we have a child in foster care and we let the child return home, I always wonder, "Well, did we do the right thing?"

G.W.: Did you start the Morehead Council for Child Abuse?

J.L.: Yes.

G.W.: When did you start it?

J.L.: I guess maybe three or four years ago.

G.W.: It was something I was not familiar with. I was not aware that one existed. Why did you decide there was a need for it?

J.L.: So many of the agencies in town work with the same people that we work with and a lot of times, they have information about some of the patients that we work with which is helpful to use in our court cases and also in determining what plan is made for the family.

G.W.: So, it's more a professional organization?

J.L.: Yes. We've all signed a statement saying that anything that is talked about in this meeting is strictly confidential. The members do not even talk about the cases in the offices. We have representatives from law enforcement, social insurance, the health department, Pathways, the hospital social workers; we have a pediatrician, the county attorney, all professional people. It's not only to gain information about the families, but mostly to try to find resources to help them.

G.W.: What kind of experiences have you had in dealing with abused children?

J.L.: A lot. I can tell you about a few cases we've had here in Rowan County. To demonstrate the different types of abuse and neglect, these are cases I have been personally involved with. The first case I'll talk about is a case of neglect. We had a mother and four children living in a two-room apartment. They had one mattress and a peice of foam rubber, both urine-soaked with holes in them. They had no bed clothes at all, no covers. They didn't

have any food in the house except some flour and for the last few days, they had been mixing flour and water and making sort of a gravy. And, that's what they were eating. All their clothing was dirty, what little they had. The children didn't have any underwear or socks. The only furniture they had was a stove and a refrigerator which I think probably went with the apartment. There was a couch and a table. The children had no toys or books. We later found that the entire family had been moving from county to county and when they would move, they would just leave behind all their dirty clothes and anything they couldn't haul with them or that they didn't want. The mother was receiving AFDC and food stamps. She did have sufficient income to care for her family, but we found she had been using her money for alcohol, and just did have enough money to provide the essentials for the children. When we got the children in foster care, they didn't show any emotion, they didn't cry. For several days, they didn't talk. We had them in foster care for a year and later, the mother, she quit drinking, settled down. She got back with the children's father who was working. And, when they got back together, we placed a homemaker in the home. That's a person on our office staff that's placed in the homes of some of the families and helps the mother, or tries to teach her how to budget her money, how to grocery shop, how to cook, how to do laundry, and just in general how to manage the household. Now, these children are doing real well.

G.W.: So, you keep following up on the cases afterwards?

J.L.: Yes.

G.W.: How long do you keep in touch with a family?

J.L.: We're required to keep a case on them for six months. But, many of them we have cases on for years.

Another case was of sexual abuse. By the way, we are receiving more and more reports of sexual abuse. We think it's going on a lot more than people realize. We had a twelve year-old girl that had been sexually abused by her father since she was about seven. It was reported to us by an older daughter who had gotten out of the house. We got her in foster care and she was referred to counseling and when we talked to her about it, she was really surprised to learn that this was not something that happens to all families. She said she thought this was something that all girls go through. So, he had taught her in such a way that she thought all girls do this with their fathers.

G.W.: So, that's why she didn't say anything?

J.L.: Yes, and in a lot of these sexual abuse cases, the mother either does not believe the daughter or else chooses not to believe her and sides with the father. And, in this particular cases, that's what happened. The mother sided with the father and this is another case that went to court and he was in jail for several years. This girl remained in foster care.

G.W.: Do you ever go back after a while, when someone like that has been released from jail and see what happens when he gets out?

J.L.: From what we have learned about sexual abuse, if the father does not get some kind of help, does not have some kind of counseling, usually it does not stop. Usually, they go back to the same thing. In fact, we recently saw a film where the narrator talked to some men who were in prison on sexual abuse charges and they stated that when they got out, they knew that they would go back to doing the same things.

G.W.: So, when a man is sent to prison, can he get counseling, does he get counseling in jail?

J.L.: In some instances, but I believe that it has to be voluntary. And, it probably wouldn't really even help if they didn't want the help.

G.W.: When you go into a home to take a child, do you ever have a real problem with the parents not wanting to let you take the child? Wanting to get abusive with you?

J.L.: We have at times. In many of the cases, a police officer accompanies us if it's an emergency situation. We cannot go in and remove a child without an order from the district judge or unless a police officer takes the child into protective custody. So, usually there is a police officer with us...when the child is removed. And, well, we have had trouble with some parents in some situations. Usually, we try to explain to them why we're doing it and usually they get calmed down.

We had more abuse/neglect reports in Rowan County than any other county in our district, which is Gateway, Buffalo Trace and a ten-county area. One reason may be that we are here on Interstate-64 and we have a lot of people, several reports on people that are passing through, transients, people that are living in a car and that type of thing. There is one addition to the laws regarding child abuse that begins July 13, 1984, and that is that priests are exempt from reporting child abuse and neglect if they

learn of the abuse or neglect during a confession. That is something that before only the attorney/client relationship was privileged.

G.W.: Tell me exactly who to call if I suspect abuse or neglect.

J.L.: The Department for Social Service is required by law to investigate child abuse and neglect. Each county in Kentucky has a social services office. Our office is located at 120 Normal Avenue and our phone number in Morehead is 784-4178. If you know of an abusive situation that is occurring at the immediate time, it's best to call either the Morehead Police or the state police or sheriff.

Child abuse is a community problem. Our agency is dependent upon the public to be aware of child abuse and report it to us and we feel that child abuse is a community problem and that we must all work together to deal with the problem.

G.W.: What kinds of things can be done to solve the problem?

J.L.: One is to not be afraid to get involved. Failure to report is Class B misdemeanor. Anybody that makes a report in good faith is immune from liability, either civil or criminal. And, any person that calls in can remain anonymous; we don't have to have a name. We would prefer to but we don't have to have a name. Most of our cases don't go to court; a lot of people worry that they will have to go to court and have to testify but most of the cases are resolved without court action.

We can supply a homemaker to come into the home to help the mother learn to budget and take care of her household. We can even supply and pay for day care for part of the day, part of the week or whatever, so the mother can do her housework, fix supper and maybe have more patience with the children when they are there. This is often an alternative to foster care. In foster care, the children are away from home twenty-four hours a day and in day care, they are just away during the daytime.



## BIBLIOGRAPHY

- Fairoth, Jeanett W. Child Abuse and the School. Palo Alto: R & E Research Associates, 1982.
- Fontana, Vincent J. Somewhere a Child is Crying, Maltreatment and Prevention. MacMillan Publishing Co., Inc., 1973.
- Gentry, Theatrice and Brisbane, Frances L. "The Solution for Child Abuse Rests with the Community." Child Today, November/December 1982, pp. 22-24.
- Giovannoni, Jeanne M. Defining Child Abuse. New York: The Free Press, 1979.
- Leishman, Katie. "The Extent of Harm." Atlantic, November 1983, pp 22-32.
- Shelton, Estelle. Child Abuse, American's Deadly Epidemic. Cincinnati: Pamphlet Publications, 1978.
- \_\_\_\_\_. The Police Perspective in Child Abuse and Neglect. Gaithersburg: International Association of Chiefs of Police, 1977.

## GLOSSARY

ET                                    Electronic Transcription

SFX                                   Sound Effects

Mentions of Music: in, under and out involves music  
under the dialogue, briefly, then completely out.