CHILD ABUSE CASES:
THE LAW ENFORCEMENT AFTERMATH

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Child Abuse Cases: The Law Enforcement Aftermath

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ABSTRACT

This professional contribution will attempt to explore the phenomenon of child abuse by burning, in the hopes that a better understanding of viable solutions to the current dilemma will be introduced and further developed. In order to fully comprehend the current problem facing abused children and law enforcement officials, as well as medical professionals, five chapters must be addressed. An introduction will be presented, which will fully state the different sources from which burns come as well as the different types of degrees and configurations these burns leave on a child's body. The introduction will explore the difficulties with identification of these different types of burns that children have suffered from their parents/caretakers. Child abuse by burning has always been relevant in the United States of America. Chapter two, an historical perspective will be examined to introduce the reader to the development of the current problem, and to provide an historical overview of child abuse by burning. The next chapter, a law enforcement approach to prosecution of perpetrators will be examined to provide the reader with a basis from which to understand the painstaking measures of an investigation. Included in this chapter will be legal precedents which relate to the offenders and the ways in which the justice system has chosen to address the offenders. Chapter four will discuss medical treatment, rehabilitation, and placement of the victims through organizations that care to help. With different departments designing their own individual programs on how to deal with child abuse by burning; current alternatives will be defined, and an examination of their efficacy value will be explored. The final chapter, will discuss the pros and cons of each of these alternatives, and offer suggestions as to which would be the most viable option for preventing future cases of child abuse by burning, and provide the best services in order to create a new paradigm.

Chapter 1

Introduction

Past research on child abuse by burning has found that many professional and government services(i.e., Law enforcement, Prosecution teams, Medical personnel in Pediatrics, Children and Youth Services, Social Workers, and Psychologists) are failing to work together to rehabilitate both the perpetrator as well as the victim. This especially holds true when follow-up is both appropriate and needed. Do to this lack of coordination, each year in the United States of America there are over 150,000 cases of burn victims who are children that are not being cared for appropriately. This raises the disturbing question of how best to handle the growing problem of child abuse by burning in the United States of America.

When investigating a possible child abuse case, it is essential to have the correct diagnoses from a medical professional. The history and the physical examination are the most important factors in alerting the physician to the possibility of abuse. A detailed history of events leading up to the burn should be obtained. Other factors to be considered by the physician are the delays in seeking medical attention and the mechanism of the burning.

In order to secure a solid diagnoses the physician must pay close attention to the signs left by either an accident or a possible perpetrator. These signs are usually first discovered after a physical examination of a child. There are physical signs that can be easily recognized as burns; however, it is the different degrees of burns as well as the different type(s) of configurations left from these burns that can determine a case of accidental burning or child abuse.

Abuse by burning is a serious accusation to be placed upon a parent or caretaker. To accuse a person of child abuse the medical/law enforcement professionals must be certain that it is in fact abuse. An incorrect diagnoses of abuse in accidental injury cases can be damaging to many families. There are four different ways to test your hypothesis in possible child abuse by burning cases. The first item is to learn everything you can about the skin and the degrees of burns that are left on the skin.

The skin is the largest organ of the body. The skin performs seven vital functions to maintain body integrity. "It serves to:

- Retain body fluids.
- Protects against infection and injury.
- Regulates body temperature.
- Provides an attractive cosmetic cover.
- Express emotion.
- Allows for body movement.
- Sense touch, temperature and pain."[1]

The skin as stated above has seven different and important roles for every human being. Because the skin is so sensitive, a burn can be the most painful experience. There are three degrees of burns. These degrees are characterized according to the depth of the injury. A first degree burn is a superficial burn. A first degree burn effects the epidermis tissue layer. The appearance of this burn takes on a pink or red color. This superficial burn dries the skin and may even give the victim small blisters. This degree of burn does not scar, however, it can be very painful. The first degree burn can heal on its own and does not require major medical treatment.

The next level of burns is known as a second degree burn. This burn effects the epidermis and dermis tissue layers. The appearance is red in color. This burn breaks the skin, large blisters form, and swelling occurs. The surface of the skin will appear wet and shiny, and the area surrounding the burn will be extremely painful and will scar. The second degree burn

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[1] Murray, Kathy H., Child Abuse?? Think Again...,(New Jersey.: The National Burn Victim Foundation, 1988), V.H.S. Video.

requires medical attention. Because of the severity of this type of burn, if not treated, it could turn into the final and most horrific kind of burn! The third degree burn.

Effecting the epidermis, dermis and subcutaneous tissue the third degree burn is really the least painful. Being least painful because it can destroy nerve endings, leave scarring, and cause disfigurement. Thus you may not even realize the seriousness of your own injuries.

It is the fundamentals of different degrees of burns that are important. Learning these degrees of burn will help the professionals in their investigation as to how the burns occurred. Different types of burns can give the investigator or medical personnel clues as to how a child was burned.

There are just as many different ways to receive a burn as there are different shapes, sizes and configurations of burns. Hot liquids, open flames, hot objects, chemicals, and electricity can all burn. It is unfortunate that a child can receive a burn by anyone of these, however, from the standpoint of an investigator it is fortunate that each one leaves a distinctively different mark on the child.

Hot liquids and contact burns "account for approximately 90% of accidental and deliberately inflicted burns of children."[2] When investigating a possible child abuse case find out the type of liquid(s) used on the child. Also be sure to determine the temperature as well as the exposure time to the liquid in question. This is vital information for not all liquids achieve the same temperature and the contact of some liquids are much more dangerous than other liquids.

Thin liquids, such as hot soup and coffee, have the tendency to evaporate quickly and run off the body faster than thick liquids, such as oil. For example, if a child is burned with a hot bowl of soup the burn(s) will not be as vicious as a grease burn. Another example of child abuse

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[2] Murray, Kathy H., Child Abuse?? Think Again..., The Training Manual. (New Jersey.: The National Burn Victim Foundation, 1988.), p. 6.

would be if a child were placed into a sink with scalding hot water. An investigator must first find out how long the child was placed in the sink. The investigator must then find out how hot the water was at the time of the incident. The investigator can obtain this information by checking the hot water boiler that is located at the scene of the incident.

Keep in mind that there is a difference of temperature/exposure time in children verses adults. For instance, if you have a water temperature of 130 degrees Fahrenheit it will cause a full third degree burn on an adult within 16 seconds. The same water temperature can cause the same type of burn in a child from the ages one and five years of age within only 10 seconds. A hot water boiler should be set at 130 degrees. However, in most homes the actual temperature setting is 140-160 degrees. At 140 degrees an adult can receive a third degree burn within 5 seconds, while a child can receive the same burn in only 1 second.

Another way to receive a burn is through being purposely or accidentally being exposed to a hot object. Hot objects, such as irons, hot plates, curling irons, and stoves, can destroy the skin and cause third degree burns. Unlike hot liquids, these objects can melt right into the skin. Once the investigator has determined that a hot object caused the burn, the investigator must then find out the following:

- The name brand of the product.
- The serial or model numbers of the product.
- The maximum temperature setting of the objects and the way the object operates. Keep in mind that some of these objects can reach up to 1000 degrees causing third degree burns upon contact.

The next thermal source worthy of discussion is known as open flames. "Flame burns may be caused by direct contact with a gas stove flame, fireplace, a burning match, or lighter."[3] Injuries from these objects alone will leave a localized burn; however, if a child is wearing clothing, the localized burn can easily turn into a full scale body burn.

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[3] Ibid.

Chemicals are another source of burns in child abuse cases. There are cases where chemicals have been poured into the mouth or genital areas of the child. "I only had this in one case where a eighteen month old child received an acid burn. The child received an acid burn to her gentile area by a care taker of the child, while her mother was out of the home."[4] If chemicals are used on children, it is usually an act of a "seriously disturbed adult."[5]

The investigator or medical personnel must next look at the different types of configurations left by the sources of the burns. Burn configurations are important in investigating a possible child abuse by burning case. The distinct features that are created on a child's body tell a story. A burn configuration can usually determine whether or not the child fell victim to a perpetrator or accident. This same configuration can help deliver a guilty or not guilty verdict to that same perpetrator.

Configurations are patterns, such as splash marks. Splash patterns can tell us whether or not a child, for instance, was forcibly submerged into hot liquid. "Scalding liquid splashed or splattered onto the skin will show a fellow pattern widest at the initial contact point in a scatter, or arrowhead pattern, moving directly away from the thermal source, with the burn progressively narrowing farthest from the initial point of contact."[6] If a child has a splash pattern located on the body, chances are that this is not a case of child abuse. A splash pattern could mean that the child was trying to get away from the hot water. However, if there is no splash pattern, this then could mean that the child was forced under the water. This type of burn is

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[4] McHugh, Kathleen., Emergency Room Social Worker. Interview by author, 29 April 1996, Philadelphia. Tape Recording. Philadelphia Pennsylvania.
[5] Murray, Kathy H., Child Abuse?? Think Again..., The Training Manual. (New Jersey.: The National Burn Victim Foundation, 1988.), p. 6.
[6] Ibid., p. 9.

Donut Burn Configuration:

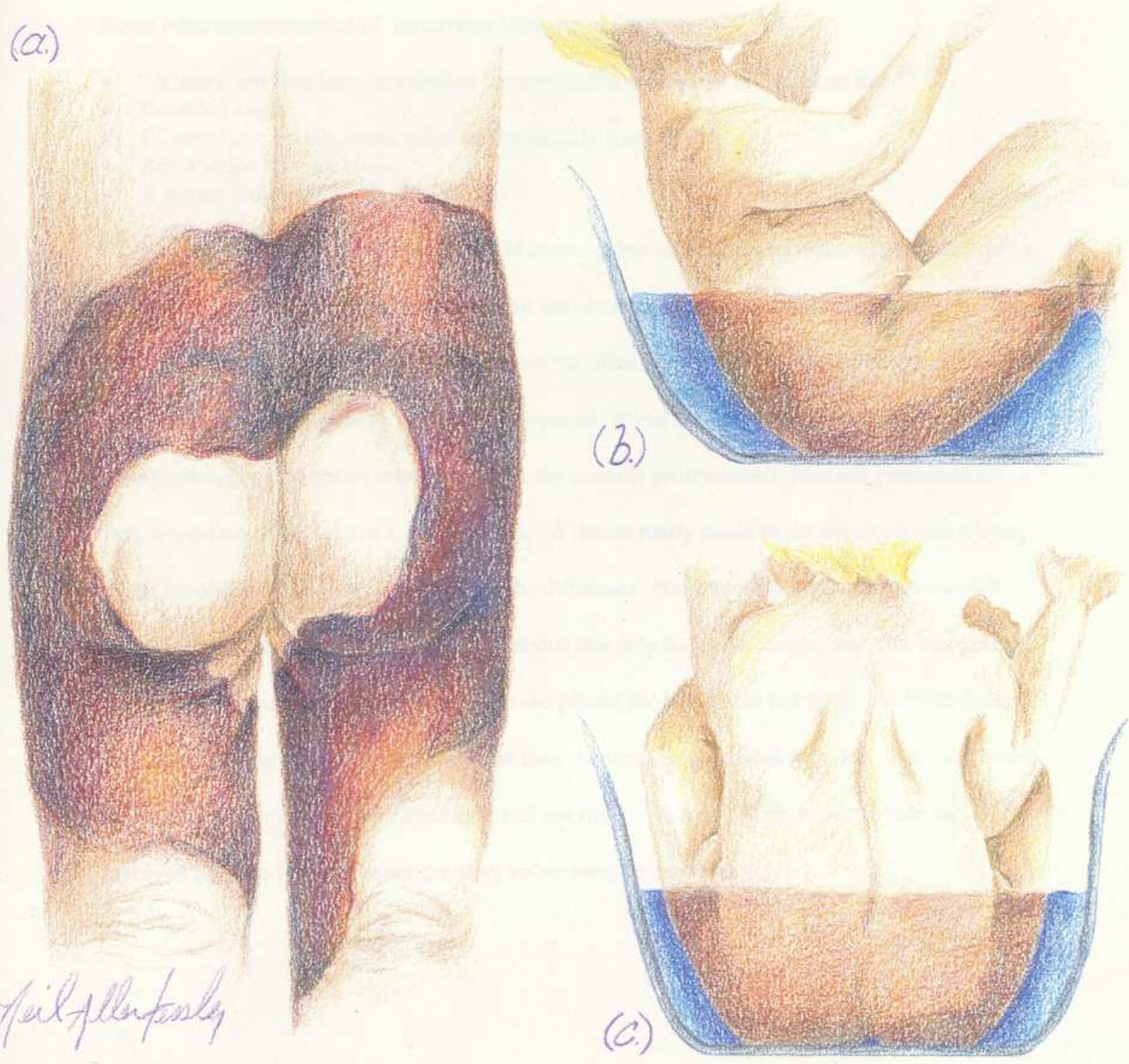


Figure 1.1

This one year old child was abusively immersed in hot water. Illustration (a) delineates the injuries. Note the sparing of the buttocks which were forcibly opposed to the cooler tub bottom. Since restrained, sharp upper burn margins can be aligned to reconstruct the child's position in the water. The artist's depiction (b, c) illustrates the one year old into the bath tub and the areas exposed to the scalding water.

known as a immersion burn or donut burn. The name comes from the appearance left behind on the child's buttock area. This pattern looks just like the shape of a doughnut, hence the name. Some other characteristics of immersion burn are as follows:

- "A wavy, curving burn termination demonstrating movement of the water line."[7]
- Rounded edges.
- Blisters from splash marks when pulled quickly from the tub.
- Zebra stripe line markings.
- A mirror image burn. (See Figure 1.1)

When investigating a possible child abuse by burning case, you must keep in mind that a child is not likely to submerge him or herself into a tub of scalding hot water and that "immersion ands contact burn patterns in children often are associated with child abuse."[8] So, you have to get the facts as to what really happened. If you are law enforcement detective or investigator, you can obtain these facts from the medical professionals. Medical personnel are very important to a detective's investigation. "A doctor really needs to get involved with a case. There involvement really makes 100% of the difference. Because of the way a doctor can tell you that there are certain child abuse factors that can only happen a certain way. For example: with a submersion burn, you can't say, gee she placed her hands into hot water. Well the doctor can say, if she put her hands into hot water then she would have pulled them out. Then she would have had scatter burns all over her hands and not rings."[9] A medical physician should be involved because they can make the story either work or not work.

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[7] Ibid., p. 10.
[8] Helvig, Elizabeth., Pediatric Burn Injuries., AACN Clinical Issues in Critical Care Nursing., May, 4(2); p.433.
[9] McHugh, Kathleen., Emergency Room Social Worker. Interview by author, 29 April 1996, Philadelphia. Tape Recording. Philadelphia Pennsylvania.

I, Dr. Spartaco Bellomo, do hereby grant permission for my photos to be copied and used by William J.C. Matthews for his professional contribution.

July 1996

Spartaco Bellomo MD

Dr. Spartaco Bellomo

Third Degree Burn:

(a)



6/3/96

(b)



6/3/96

Figure 1.2

This Caucasian male suffered from a second degree burn that quickly became infected and then turned into a third degree burn. Photograph (a) delineates the injuries. Note the blistering and the shiny appearance of the leg. Photograph (b) shows the discoloration above the blistered area. This area is where the infection began. This patient was brought in for treatment of his injuries, however, on June 3, 1996, the patient unfortunately passed away from his injuries.

Chapter 2

Historical Perspective

Child Abuse first appeared just as fast as the pilgrims landed in America in 1620. Centuries past before anyone would treat a child the same as even dog. In the year of 1874, a case of child abuse was brought to the attention of a man named Henry Bergh. Bergh, at the time, was the founder and president of the Society for the Prevention and Cruelty to Animals (SPCA). At the time there were no statutes pertaining to child abuse, thus Henry Bergh was forced to obtain a lawyer's services.

On April 10, 1874, the Mary Ellen Case went to court "on the grounds that children ought to be deemed just as worthy of protection from abuse as dogs and cats."[10] This case would one year later in 1875, created the Society for the Prevention of Cruelty to Children (SPCC). A year after that in 1876, S.P.C.A. in cooperation with the S.P.C.C. would become the American Humane Association (AHA).

To fully understand where child abuse by burning comes into American History, the reader must take a quick trip back into ancient history. "Fire was used as a purification rite, a test of innocence and was used as a means of sacrifice in biblical times."[11] During early American history, innocent young ladies and female children were burned at the stake to test their beliefs. This period of time was known as the Salem witch trials of 1692.

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[10] National Victim Center, Child Abuse., Volume 1, No.5, 1992.
[11] Schultz, Mary M., Mead, James., Westgate., Child Abuse Burn Investigation; R.C. Law & Co., Inc., In Cooperation with Kid Sake, Inc., 1992. p. J-1.

The United Sates of America did take some time to realize the severity of child abuse. Little to nothing was done until Little Mary Ellen had her case stated in 1874. Approximately seventy five years later another stepping stone in the fight against child abuse occurred. In 1950 states set up laws requiring physicians to report all suspected cases of child abuse to the state authorities. These laws stirred up controversy, research studies, and tools in the fight against child abuse across the United States. In 1962, the Battered-Child Syndrome was first recognized. This syndrome portrayed child abuse as a medical deviance. A possible example of such a medical deviance would be the following: "A 22 -year- old unwed mother attempted to kill her full-term male newborn by tossing him into the incinerator. The infant was rescued by his grandparents, but he died of sepsis and burns 2 days later."[12]

The evidence about historical trends in child victimization suggests that there has been a steady rise in child abuse and neglect. Official child abuse and neglect reports have shown a large and steady rise since statistics were **first** being gathered in the mid 1970s. One study that took place in the 1970s, is known as Burns as a Manifestation of Child Abuse, gave a sense of the magnitude of child abuse by burning. The results of this study has provided the following information:

Twenty-six children with burns received consultation from a multi-disciplinary child abuse team at the Hillcrest Medical Center in Oklahoma. Of these children , 14 were classified as accidental, 7 were accidental with extreme neglect, and 5 appeared to have inflicted burns. In all instances, the home environment of the accidentally burned child was found to be stable, with few chronic social or emotional problems. of the children whose burns appeared non accidental, 2 died and 2 of the 3 survivors suffered serious physical impairment. All 3 surviving children demonstrated severe withdrawal and significant development delays. Three of the 5 children were known to child protective services before the burn incident. Of the 2 children who were returned home, 1 returned to the hospital dead and 1 returned severely battered. Of the 7 children whose burns were associated with extreme neglect, 5 suffered from failure to thrive and 4 demonstrated developmental delays. All of the children in this group exhibited poor physical hygiene. Mothers of these children seemed almost unaware that their children were ill. Four children went home with supervision, and 2 were initially placed in foster care. Five of the children were known to child protective service before the burn incident. The mothers of these 3

[12] Lung, R.J.; Miller, S.H.; Davis, T.S.; Grahahm, W.P., III., Recognizing Burn Injuries as Child Abuse., American Family Physician; April 1977 15 (4): p. 134-135.

groups of patients were isolated, suspicious, rigid, dependent, and immature. Because of the high incidence of mortality and permanent physical deformity, these children should be handled as "top priority" by agencies involved in their care.[13]

Another study in 1970 known as Child Abuse by Burning, also provides similar information. This study has provided the following information:

Twenty-six cases in which burning was the primary type of child abuse and 17 cases in which burns were present but subordinate to some other form of intentional trauma were seen by the burn unit of the Cook County (Illinois) Hospital over a 4-year period. During the same 4 years, there were approximately the same number of cases which could not be substantiated. During the 4 year period, the proportion of abuse cases to all admissions of children was 0.4 percent; the proportion of abuse cases to all cases admitted to the burn unit, however, was 4.2 percent, or 10 times higher. In burn abuse, boys were more frequently the victims than girls (20:6). The mean and median ages of the 26 cases were both 3 years. The parts of the body involved by the burns were: face, head, or neck, 2; trunk, 8; upper extremity, 5; buttocks and perineum, 24; and lower extremity, 27. The burning agent was identified in 25 cases as hot liquids, 15; hot metal surfaces, 5; flame, 4; and cigarette, 1. Although the history and physical findings are rarely pathognomic of burn abuse, the following clues may alert the attending physician to the possibility: (1) multiple hematomas or scars in varying stages of healing; (2) concurrent injuries or evidence of neglect such as malnutrition; (3) history of prior hospitalizations for "accidental" trauma; (4) an inexplicable delay between the time of injury and the first attempt to obtain medical attention; (5) burns appearing older than the alleged day of the accident; (6) discrepancy between the account of the injury and other evidence; (7) excessively withdrawn attitude in the child; and (8) relatives other than the parents bring the child to the hospital. When there is any suspicion of abuse, the child should be hospitalized for his protection and further medical and social investigation, involving the medical social worker, should be undertaken.[14]

Most abusers have lost all concept of reality. They might abuse a child because they see the child not as a youngster who is dependent upon them but rather as a threatening symbol. In interviewing parents who have burned their children, you will find burns "are signs of extremes of parental frustration, usually resulting from toilet training, bedwetting or playing with fire."[15]

In 1974, Congress set up *The Child Abuse Prevention and Treatment Act of 1974.* This created a National Center on child abuse and neglect. This center, which is financially supported

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[13] Ayoub, C., Pfeifer, D. R., Burns as a Manifestation of Child Abuse., Child Abuse and Neglect;. 3 (4): 477-482. Copyright 1979.

[14] Stone, N.H.; Rinaldo, L.; Humphrey, C.R.; Brown, R.H., Child Abuse by Burning., Surgical Clinics of North America; 50 (6) : 1419-1424. Copyright December 1970.

[15] Ibid.

by government funds, studies the causes and prevention of child abuse, as well as programs that deal with abuse. This Act of 1974, laid the foundation for other laws, such as the one that was created in 1976 in California. "The State Supreme Court ruled that physicians who fail to identify and report a child with historical, physical, and radiological findings indicative of abuse are guilty of professional negligence."[16]

There was a "50% increase in reports of child abuse nationally, from 1985 to 1992."[17] This rise is confirmed by the National Institute of Statistics (NIS), which found large increases between 1980 and 1986 for all types of abuse and neglect. "Consistent with the previously mentioned statistics "the child abuse fatality rate is all up."[18] Reports of child abuse cases have been growing steadily throughout the past decade. "In 1992, 2,936,00 cases of child abuse and neglect were reported in the United States. This represents an increase of 7.8% from 1991 statistics."[19] The next statistic tells us that in 1993 "intentional burns in infants and small children represent about 20% of all physical injuries to children."[20] Burns are the "fourth most frequent cause of death in children under one year of age, and the third in children from one to fourteen years old."[21] Child abuse has frequently been the cause of these burns.

Why is child abuse so common? When the victimization of children is considered as a whole, and its scope and variety are more fully appreciated, it prompts a number of interesting questions. The first concerns why the victimization of children is so common. This is a very complex question. The answering of this question will require the explanation of elevated risks

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[16] McNesse,, Margaret C., Hebeler, Joan R., The Abused Child: A Clinical Approach to Identification and Management, (Volume 29 Number 5 Copyright 1977) p. 3.
[17] National Victim Center., Crime and Victimization in America., Statistical Overview., August 1993. p.5.
[18] Daro, D., McCurdy, K., Current trends in child abuse reporting and fatalities: The results of the 1990 Annual Fifty State Survey., (Chicago press., 1991).
[19] National Victim Center., Crime and Victimization in America., Statistical Overview., August 1993. p. 5.
[20] Schultz, Mary M., Mead, James., Westgate., Child Abuse Burn Investigation; R.C. Law & Co., Inc., In cooperation with Kid Sake, Inc., 1992. p. J-1.
[21] Helfer, Ray E., Kempe, Ruth S., The Battered Child; (The University of Chicago Press; Chicago and London; 1987.) p. 197.

for different categories of children for different kinds of victimizations'. Certainly their small physical structure and total dependency places most children at risk. Children can not be expected to retaliate due to the nature of their size and strength. For example, if a thirty year old mother, who weighs 130 pounds is angered by her six year 70 pound child for not doing his/her homework, there really doesn't seem to be much room for an effective struggle. The social toleration of child abuse also plays a very important role. Our society deals with all kinds of inhumane acts (murder, rape, & assault); that unfortunately the police and criminal justice system see much of the victimization of children to be considered outside the purview of their system.

The main problem as to why children are such easy targets to victimization is because they do not have a choice as to whom to live with or how to live. For example, when children live in families who mistreat them, they are not free or able to leave. These children can not pack their bags and move out of town. When they live in dangerous neighborhoods, they cannot choose on their own to move to another neighborhood. If they attend a school with many hostile delinquent peers, they cannot simply change schools. The absence of choice over people and environments affects children's vulnerability both to intimate victimization as well as street crime.

By contrast, many adults are able to seek divorces or change their residences in reaction to dangerous or unfriendly conditions. Adults also have ready access to cars, credit cards, bank accounts, and can chose to live and work alone. Children are obliged to live with other people and to travel collectively. Whether they are traveling to the grocery store or to Disney land, they must travel with others. Children have difficulty gaining access to the structures and mechanisms in society that help segregate people from dangerous associates and environments, thus making children more vulnerable.

In the case of physical abuse, there are mixture of reasons that produce children's victimization. The first reason is, while most of the violent acts in this category would be considered victimizing even between adults, some of them, such as child abuse by burning, develop exclusively in a care taking relationship where there is enormous differential in size and physical control.

The second reason as to why children fall victim to child abuse is because they sometimes simply do not know any better. In the McHugh interview, that is located in the Appendix of this professional contribution, McHugh, suggests that the two girls involved in a child abuse by burning/sexual abuse simply thought for the most part that being abused was the norm. The girls were forced to live nude in their home and if they disagreed they were burned. These children lived in this environment all their lives. The norm was to live nude in the house and it was considered taboo to speak out against their parents. If the reader can place himself/herself in the position of a child who has always been punished by burning. To be specify let's suggest that for every time you cried out you were burned by a cigarette, after a while would you cry out? More importantly, would you believe that anyone else who cries out must also be getting the same punishment as yourself.

Unlike many adults, children do not live alone; they mostly live in families. So, it is not surprising that more of their victimization occurs at the home. The quantity of victimization by relatives is apparent in the elevated figures on sibling assault which outstrip any other kind of victimization

The big picture is that child abuse does not discriminate. It covers all races, colors, creeds, genders, socio-economic and demographic boundaries. This contradicts many studies that have provided information that child abuse primarily effects lower class minorities, don't be fooled, child abuse is everywhere. However, within the past few years, public awareness has

been heightened to child abuse. This awareness is caused partially because of highly publicized brutal beatings or abuse by burning cases. Still many cases of child abuse are being ignored and unreported, while innocence is being slaughtered. What is being done? What is law enforcement doing to arrest and convict these perpetrators? Chapter three will discuss the investigation and prosecution of these "medical deviant" characters.

Chapter 3

Law Enforcement

Child abuse by burning is a sad tale of pain, discomfort, and mental anguish. Nobody likes to see a small child victimized in such a manner. However, not every child who has suffered from burns has fallen victim to child abuse. A child who was burned could have suffered these injuries from either child abuse, neglect or simply by accident. This is why a detective's job is so difficult. The detective assigned to a **possible** child abuse case must obtain all the facts before making any accusations. As stated in chapter one, the wrong deduction from a medical professional can be damaging to the familys'. The same holds if a detective makes the wrong conclusions. Even though a detective may have to work quickly and may even feel sympathy for the victim, the detective must remain impartial and obtain all the facts.

From obtaining interviews with everyone involved to taking color photographs of the injuries, this chapter will trace the foot steps of a detective's investigation into a child abuse by burning case. Immediately following the investigation, this chapter will then briefly discuss the prosecution of a child abuse case. Laws, statutes, problems with children testimonies, and sentences will all be addressed.

Who are the investigators or detectives in child abuse cases? These investigators could be detectives from the district attorney's office, investigators from the state welfare agencies (who also counsel victims and other family members that suffer from the actions of the perpetrator.), or State and local police officers.

The first item a detective should know when investigating such a case is the difference between child abuse and neglect. The detective also must be able to decide whether or not that

the child simply had an unfortunate accident. Child abuse is defined as, "the intentional use of physical force or intentional omission of care by a parent or caretaker that causes a child to be hurt, maimed, or killed."[22] While the definition of neglect is, "children who are being cared for in a manner far below our society's accepted standards."[23]

In order to give the reader a fuller understanding of what goes into a detective's investigation, the author will provide an imaginary but a realistic case for the reader to follow. This will not only provide the reader with an abundance of information, but will also test the reader's detective abilities.

Case Scenario:

On a hot summer day in July, a call comes through to a local law enforcement official. The call is from a medical professional at a local hospital. The physician informs the officer that a physical examination has just take place in the hospital on a three year old, Caucasian male. The author has provided an illustration of a possible branding iron burn on a three year old child on the following page (see figure 3.1). The physician then states that the same child has a branding iron burn across his chest. Upon receiving a little more information the local law enforcement official finishes his discussion with the physician. The officer then must decide if the "next step would be to go to the District Attorney's office immediately. The District Attorney's office has a child abuse unit. Who in turn would then also bring in other agencies."[24]

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[22] Koralek, Derry, CAREGIVERS OF YOUNG CHILDREN: PREVENTING AND RESPONDING TO CHILD MALTREATMENT; (U.S. Department of Health and Human Services, 1992.) p. 1.
[23] Helfer, Ray E., Kempe, Ruth S., The Battered Child; (The University of Chicago Press; Chicago and London; 1987.) p. 301.
[24] Gerrity, Robert., Police Chief of South Abington Township., Interview by author, 25 March 1996, Chinchilla. Tape Recording. Chinchilla Pennsylvania.

The Branding Iron Burn Case:

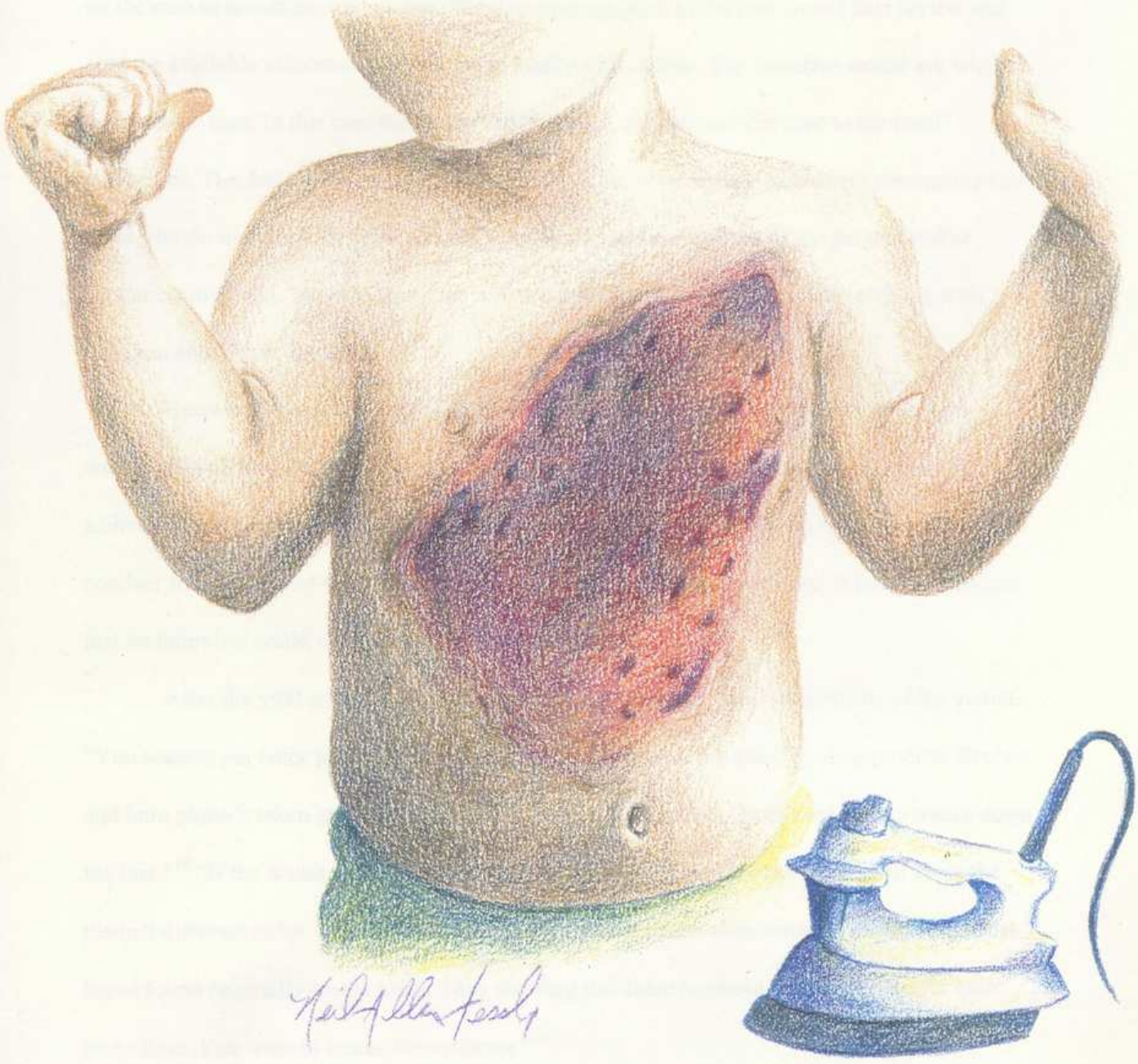


Figure 3.1

The term "branding iron" is descriptive of something hot being pressed against the skin. In this case scenario, a child has had an iron pressed against the child. When investigating such cases, be sure to look for the shape of the item used to burn. The pattern of the burn may vary due to the curvature of the body and the angle of the attack.

The Investigation:

The officer then calls the District Attorney's office. A detective is immediately placed on the case to investigate the matter. The detective assigned to the case would first review and note the available information given by the local police officer. The detective would ask who reported the case. In this case the concerned physician has referred this case to the local authorities. The detective would then look for any other prior history of incident concerning this child. He/she may look for prior records, complaints, and convictions of the parents and/or caretakers involved. The detective then will drive to the local hospital, usually arriving with Children and Youth Services.

Upon arrival the doctor will supply vital statistics, such as the date of birth, height, weight, disabilities, physical appearance, demeanor, emotions displayed as well as the home address of the child and school/grade if applicable. If the child is of an older age, the officer will conduct an interview of the child. Since this child is only three years of age, it is safe to assume that an interview could not be thoroughly conducted.

After the vital statistics are in order the detective would take photographs of the victim. "You want to get color photo's as soon as possible because of the quick healing process. Bruises and burn photo's taken at the hospital will be more effective than photo's taken two weeks down the line."[25] "If the bruises and burns are already two weeks old, the color photo will show the distinct different color. These bruises and burns may not be the same color as other bruises and burns found originally on the child. Thus showing that there has been possible abuse for quite some time. You want to freeze the evidence."[26]

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[25] Kosh, Brian., Detective with the District Attorney's office in Lackawanna County., Interview by author, 1 April 1996, Scranton Court House. Tape Recording. Scranton Pennsylvania.

[26] Kosch, Brian., Detective with the District Attorney's office in Lackawanna County., Interview by author, 1 April 1996, Scranton Court House. Tape Recording. Scranton Pennsylvania.

Following the photographs, information concerning the physical examination will be sought. The following questions will be asked; Who completed the examination? When was the examination conducted? "Who sought medical attention for child?"[27] The detective will then obtain medical reports followed by an immediate interview with the doctor and other involved medical personnel. This interview should provide answers for the following questions:

Table 1
Questions To Ask Medical Personnel

- What is the doctor's opinion regarding the cause of the child's death or injury as non-accidental?
- Was there a "delay or failure to seek medical treatment by the child's parent(s)/ caretaker(s)?"[28]
- Was there prior medical history inconsistent or consistent with the severity of the current injury?
- Were there different stories or explanations from the parent(s), caretaker(s), or witnesses describing the incident?
- Was the current injury accompanied by other injuries. Such as bruises, bites, scrapes, etc.?
- Did the doctor notice the parent/ caretaker to be irritated, evasive, hostile, illusive or reluctant to give information?
- Did the doctor notice the parent/caretaker to be intoxicated or under the influence of narcotics? Did the doctor notice a psychotic behavior?
- What is the doctor's opinion as to whether or not the child's injuries are consistent with any of the child battered syndrome.

Following the interviews with the medical staff and parents involved, the detective will contact and interview all other witnesses. The detective will start each interview with the vital statistics (DOB, phone number, employment, relationship to victim and/ or offender, marital status, etc.). He/she will also note where and when all the interviews took place. Then he/she will give information about the witness's demeanor and attitude toward the child and/ or offender."[29] The investigator will notice whether or not the witness could have an ulterior motive to hide

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[27] CommonWealth of Pennsylvania, Office of Attorney General: Violence Against Children; The Investigator's Handbook for the Law Enforcement Officer. p. 9.
[28] CommonWealth of Pennsylvania, Office of Attorney General: Violence Against Children; The Investigator's Handbook for the Law Enforcement Officer. p. 13.

[29] Ibid., p. 24.

something. Finally, he/she will find out if the witness could actually have been at the scene of the crime. The table below can be used as a point of reference as to what questions to ask a witness[30]:

Table 2
Questions To Ask a Reference

For Professional References

- When and where have you observed the candidate working with young children?
- What skills does this candidate demonstrate in working with young children?
- What is this person's philosophy of discipline? Please give examples of how he/she uses a variety of discipline techniques based on the child and the situation.
- Does the candidate demonstrate that he/she has realistic expectations for children's behavior? Please provide some examples.
- Does this candidate allow children to make choices for themselves and encourage independence (as opposed to directing their activities and controlling their play)?
- Does this individual ask for support from the supervisor or colleagues when needed?
- Does this candidate enjoy caring for children?
- How long did the candidate work with you? Why did he/she leave? Who was his or her immediate supervisor?
- How well does the candidate communicate ideas and opinions to others?
- How does the candidate handle frustration and criticism on the job?
- Does the candidate show interest in training or other means to improve his/her skills and knowledge?
- How does the candidate communicate with parents?
- Have there been any complaints regarding the candidate's care of children?
- To your knowledge, has the candidate had any criminal convictions? If so, what were they?
- Would you rehire this individual to work with young children?
- How long have you known the candidate?
- In what capacity do you know the candidate?
- Where and when have you observed the candidate with young children?
- What skills do you feel he/she demonstrates in working with young children?
- How does the candidate respond in stressful situations?

After the witness' interview, a complete prior criminal record of the witness will be needed. The background check is needed because they may confirm any suspicions the detective had from the interview.

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[30] Koralek, Derry, CAREGIVERS OF YOUNG CHILDREN: PREVENTING AND RESPONDING TO CHILD MALTREATMENT; (U.S. Department of Health and Human Services, 1992.) p. 45.

After all the interviews are completed the detective will gather all of the evidence, such as clothing, photographs, and even possibly the weapon used in the abuse. In this case scenario the investigating officer was given a clothing iron. With the physical evidence in hand, the detective would arrange for a crime lab analysis. The analysis found a hair comparison on the victim's clothing to match a possible perpetrator. The crime lab confirmed that the iron was the weapon used because of traces of skin particles found that had been left behind from the victim. The crime lab also provides information to the detective concerning the iron's condition as well as the make, number, serial number, and minim and maximum setting of the iron.

After the review of the initial interviews and the physical evidence review the background checks into the suspect(s) life begin. Interviews are conducted with friends, family members, former marriage partners, neighbors, as well as former places of residence. This is all to determine the relationship between the suspect to the child and the suspect to the witnesses. The detective then will also investigates the scene of the crime. This is to attempt to obtain further physical evidence, for example, diaries, the clothing worn by the offender at the time of the crime, calendars, address books, computer records, etc. This would be also an ideal time to take note of any unusual hobbies of the suspect. In this case scenario the detective found the clothes worn by the offender during the crime. The detective immediately placed this new physical evidence into the hands of the forensics crime lab.

The detective now has enough evidence to advise the suspect of his/her Miranda rights and to interview the possible suspect. During this interview the detective will once again obtain the vital statistics. The detective will then obtain a copy of the suspect's daily routine. For example, the detective will find out his/her work and leisure time. The detective should find out the same type of information listed in Table 2 in the witness interviews. The detective will ask one very important question: what is the suspect's opinion of the child. If the stories are

inconsistent with the witness' interviews and the physical evidence, the detective will bring the suspect to be booked. This chapter so far has addressed the painstaking measures a detective must take in order to bring a perpetrator to court. The detective must now share all of this information in court hearings, pre-trials and trials.

The Prosecution:

In the following pages the reader will learn about different prosecution tools and techniques used in a child abuse case. In order to understand the actual prosecution of a child abuse case, one must comprehend how the courts operate when it comes to child victims and the law.

Throughout the United States of America the law has usually favored the child. The law in fact has traditionally treated child victims differently than adult victims. The state criminal codes do so by defining many crimes against children separately from the same offenses committed against adults. "Those crimes include: neglect or abandonment; physical, emotional, or sexual abuse; abduction by a stranger or by a family member; pornography or exploitation of children; and statutory rape."[31]

This inconsistency in treating children differently than adults is justified. Children should be recognized as extremely sensitive innocent beings. One such law that states have adopted in order to help defend the child is known as the *Child Abuse Protection Act of 1990.* This law allows children to "submit victim impact statements in a manner commensurate with their age and cognitive development."[32] Many states are now allowing the children to submit hand-drawn pictures or even letters to the sentencing court. Obviously this is both a tool and technique to help the prosecution team as well as the victim. In the case scenario set up by the author, the child could possibly draw the events that transpired.

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[31] National Victim Center., Child Victims and the Law., Volume 1, No. 49, October of 1992.
[32] Ibid.

The court system tries to take care that the interests of a child are best represented. The courts in recent years have started to appoint guardians or advocates to the victim and their families. These guardians help the victim and suffering family members throughout the investigative and judicial process. They may even help out with the emotional impact the crime has had on the family. The advocate can been seen as yet another effective tool for the prosecution, because this guardian can gain the trust of both the child and family. This trust will result in a confident cohesive family unit. This cohesiveness will help the prosecution against the defendant.

Thus far the author has addressed some of the positive changes all ready made to help not only the prosecution, but the child. However, there are some laws that are not fully integrated into our judicial system. The law that allows for closed circuit testimony is one such law that is having difficulty being accepted in every court room across the Untied States of America. The use of closed circuit television for victim testimony permits the child victim to testify outside the courtroom while "simultaneously being viewed by the jury and others in the courtroom."[33]

This type of testimony usually permits only a select few in the same room with the child. The prosecutor, defense attorney, guardian and a family member are the few individuals allowed to stay to be present with a child victim during the time of the testimony. There are also television technicians in the same room; however, these technicians have to remain behind a screen and out of view of the child. The defendant, during the time of the victim's testimony, will remain in the court room. These efforts to totally separate the child victim and the defendant are extremely helpful to the prosecution, because this testimonial aid keeps the child in a relaxed state, whereas the defendant can not disturb the testimony by out bursts, staring, or badgering of the child.

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[33] National Victim Center., Special Provisions for Children in the Criminal Justice System., Volume 1, No. 50., April of 1992.

Closed circuit testimony can be very helpful, however, not every state is adopting this form of testimony. Many states are still not allowing closed circuit testimony because of a number of different problems. These problems were identified in the **Coy v. Iowa** case of 1988. In Coy v. Iowa, of a large semi-transparent screen was placed between the two child witnesses and the accused. An Iowa statute stated that:

"The court may require a party be confined to an adjacent room or behind a screen or mirror that permits the party to see and hear the child during the child's testimony, but does not allow the child to see or hear the party. However, if a party is so confined, the court shall take measures to insure that he party and counsel can confer during the testimony and shall inform the child that the party can see and hear the child during the testimony."[34]

With the help of this type of prosecution tool the defendant in Coy v. Iowa was convicted by a jury in Iowa. However, this decision would later be **reversed** by the United States Supreme Court, striking down the Iowa statute.

The Supreme Court **held** that the Iowa statute was in violation of the *confrontation clause*. This clause gives the defendant the right to be face to face with his or her accusers. This case has placed fear into prosecutors' confidence in using alternative ways of testimony for children. Since the Coy decision prosecutors' have been cautious, even hesitant, when using these types of testimonies. One way to insure closed circuit testimonies is to have a pre-trial. The pre-trial should have all of the professionals (detectives, guardians, psychologists, medical personnel, etc.) who have handled a case present to testify in the hopes that the professionals can prove that without closed circuit testimony the child can and will suffer emotionally. If this can be proven, then the prosecution can once more move into the trial with confidence. If everything goes in favor of the victim and prosecution, the defendant will be sentenced. The "minimum sentence for certain child abuse cases is five years."[35]

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[34] American Prosecutors Research Institute., Investigation and Prosecution of Child Abuse., 1987. p. VI-19.
[35] Kosch, Brian., Detective with the District Attorney's office in Lackawanna County., Interview by author, 1 April 1996, Scranton Court House. Tape Recording. Scranton Pennsylvania.

Untraditional ways of prosecution, new laws, guardians, advocates, and public opinion have all been helpful to insure justice is served. However, "the ages have changed. The ages of the perpetrators have changed. It makes our job much harder because it is so much more detailed. But sometimes being harder ends up to be a little easier. It is only really harder because you become accustomed to one set of laws and memorize one set of laws then they change them. However, in actuality the present laws are more detailed and efficient."[36]

[36] Ibid.

Chapter 4

Interview with Youth Organizations

Each year there are hundreds of child abuse cases caused by burning in the United States of America. Law enforcement investigates and arrests most of the offenders and then brings them to trial to face final justice. This chapter takes a look at the organizations that help in the rehabilitation process of the victim. The organizations mentioned are truly the ones that care enough not only to help out in the rehabilitation of the victim, but also strive for preventive measures to prevent child abuse, neglect, or accidental burning.

One such organization is known as the Eastern Pennsylvania Psychiatric Institute (EPPI). This institute has three separate programs that all help out in the rehabilitation process of a child who has been maliciously burned. These programs are all partial hospitalization treatment plans. With an on sight school program, this community day hospital treats about thirty patients on any given day.

In a recent interview Freida Skaff, an art therapist, was asked if she ever had to deal with any child abuse by burning cases. Freida replied that she did in fact deal with many children who have been burned out of anger by their parents. She stated that one such case came to her mind because this particular case was so tragic. In order to maintain confidentiality she referred to this case as the Matthew case. In this case a nine and a half year old Caucasian male was originally brought into the Philadelphia Burn Center. Matthew was the name of this child, and he suffered from chemical burns that covered over 30% of his little body. His hair, face, leg and arm was burnt particularly on the left side Apparently the father was the perpetrator.

Matthew was treated for his burns at the Burn Center then refereed to the EPPI. While at the EPPI, Matthew received further treatment. This treatment required individual art therapy and group therapy. Obviously this treatment were not for the physical scars left behind from his father, but rather the emotional scars. While in art therapy, Matthew was given paints and brushes in order to let Matthew express himself in a positive manner. The art therapy is focused on providing a safe and protective environment for Matthew. Art therapy also is the intervention of a therapist "for expression and/or helping children to make sense of the chaos of what is happening in their lives. They need a place to put themselves together."[37] Within the first fourteen day period, Matthew received a medical assessment, physiological evaluation, art therapy assessment of his level of functioning, and a social work evaluation.

The EPPI is just one of many organizations that can in help the rehabilitation process. Another organization starts the rehabilitation process just as soon as the child victim is brought into the hospital. This organization is known as the medical staff in the pediatric unit. During the emergent stage of injury the main focus is on survival. Family members need to be close to their harmed child at all times because the hospital can be a scary place for many children. The medical staff is well aware of the sterile and cold sensation a hospital sometime portrays. During this time of psychological shock, medical personnel makes themselves readily available to constantly update the family on the progress of their child. This provides a kind of trust and comfort level between the staff and the family as well as between the staff and the child victim.

Sometimes "draping even a young child provides psychological comfort. Soft, clean (washable) clothing, such as tee-shirts and sweat suits, sometimes can be used over dressings when a child is out of bed to provide a sense of wellness."[38] The hospital staff also seeks

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[37] Skaff, Freida., Art Therapist., Interview by author, 4 May 1996, Philadelphia. Tape Recording. Philadelphia Pennsylvania.

[38] Helvig, Elizabeth., Pediatric Burn Injuries., Volume #4 No. 2., May 1993. p. 440.

personal information about the child in order to comfort as well as gain the child's trust. The staff may ask if the child has been toilet trained, because if the child has been toilet trained and does not need diapers then the last thing the staff wants to do is upset the child by placing him/her into diapers. The same would hold true if the child prefers the lights on or off. The staff also creates a daily schedule. This schedule consists of " meals, naps, reading and school work, music, and play in addition to medical procedures provides a sense of security and familiarity for the burned child."[39]

As the child enters the rehabilitation phase, concerns develop about meeting the physical and psychological needs of the child after discharge. The child frequently requires labor intensive therapy (skin and small wound care exercises, application of pressure garments and splints) at home, which may create conflict."[40] So, the staff will recommend that visiting nurses visit the child. The staff will also recommend physical and occupational therapists.

The same staff also understands that when it is time for the child to return to school that he/she may be teased by fellow classmates. The staff will then recommend that a "reentry visit to the child's school or classroom by a burn team member to explain burn injuries and scarring often is a critical link to the adjustment between the patient and classmates."[41]

So, it is true that the rehabilitation process can begin almost immediately after the child is brought in for medical treatment. The medical staff seems to have a clear grasp of the pain and struggles a child must go through from child abuse by burn injuries. Medical insurance companies also helps in the rehabilitation process. These staff members provide patient education pamphlets for the parents to better take care of their child outside of the hospital and at home. The literature inside one of these pamphlets is described in table 3.[42]

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[39] Ibid.
[40] Ibid. p. 441.
[41] Ibid.
[42] Gesinger., Home Care of Burns., Patient Education., September 1993.

Table 3
Home Care of Burns

Burn Treatment:

- Twenty minutes before treatment, take prescribed pain medication, if needed.
- Remove dressing. If dressings stick, wet them under running water or shower. Remove as they loosen.
- Shower for 15 minutes and wash area gently under lukewarm running water until old antibiotic cream and dead skin are removed from the wound.
- If cleaned properly, you will see reddish pink skin on the burned area. You may see a layer of whitish green matter sticking to the skin. This layer will need to be removed. Each time you do the treatment, some of this layer will loosen and can be removed by washing the area.
- If burned area involves a joint (elbow, hand, knee), exercise at joint. Example: After cleaning a burned hand, bend and extend the fingers and wrist.
- Gently dry burned area.
- Apply prescribed antibiotic cream to burned areas.
- Apply clean dressings.
- Use elastic mesh over dressing: do not tape over the burned areas.
- Complete burn treatment twice a day.

Other Information:

- As your burn heals, new pink skin will grow. This skin may become dry and itchy. To prevent this, use Vaseline or medication prescribed by your doctor.
- Avoid extreme heat or cold temperatures.
- Avoid sun exposure for at least six months. After complete healing apply Factor 23 sunscreen to avoid scarring.
- If you notice any fever, swelling, pus, or redness around the burn please return to your physician immediately.

Thus far the reader has mentioned organizations that help in the rehabilitation process, now the author will discuss the organizations that strive for preventive measures against child abuse. "Early childhood agencies providing care for young children and supporting their families are in an excellent position to prevent child abuse and neglect."[43] Most families benefit from time away from their children. For some parents it is essential to send some time apart from their children. Some of the other programs offered at childhood agencies help parents develop better parenting skills, while others provide day care services while the parents are at work.

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[43] Koralek, Derry, CAREGIVERS OF YOUNG CHILDREN: PREVENTING AND RESPONDING TO CHILD MALTREATMENT; (U.S. Department of Health and Human Services, 1992.) p. 65.

These agencies are much more than a source of learning for both children and parents. These agencies are also observers of parent's and their actions toward their children. They make observations and confront parents with aggressive behavior towards their children. For example, when a family is under stress, the parents may seem disorganized and frequently forget important items, such as diapers or bottles of formula."[44] A parent may react harshly with a child who is slow to leave one of these agencies. When an agency notices something like the examples listed above they will sit down with the parents and discuss solutions to the problems at hand.

These agencies will also follow up on their initial discussion with the parents. The agencies will schedule more frequent conferences in order to discuss the simplest of things, such as the child's progress in the program. They may conduct home visits. This is so the agency can see first hand the child's environment and stop any potential problems before they even start. They also help parents experience success by averting potential problems. "When professionals observe that a parent appears to getting upset, they can step in to help. "Let me help you find that mitten. I must have dropped it on the floor."[45] Agencies will also inform parents of how well their children are doing during the course of the day. Finally, they will set up what agencies call a parent library. This library will provide them with guidance materials to borrow. Most parents are capable of learning new ways to handle their lives, and time away from their parenting responsibilities is the time they can use to plan for a better future for both their children and themselves.

There are other such organizations that care to help although they may not be so "hands on," as early childhood agencies. One such organization that is worth mentioning is the National Victim Center. This is a not-for-profit organization that was founded in 1985. "The Center is dedicated to reducing the consequences of crime on victims and society by promoting victim's'

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[44] Ibid.
[45] Ibid., p. 67.

rights and victim assistance, and enhancing the dignity and value of human life by eliminating America's acceptance to violence."[46] The center is equipped with the following programs that can utilized by anyone in the United States in America, these sources are as follows:

- Public Policy development and implementation.
- A state-of -the art legislative database containing over 26,000 Federal and state statutes and the Crime Victims' Litigation Project;
- Research on special topics in victim's' rights and criminal justice.
- Public education and public awareness.
- Training and technical assistance for victims' services and criminal justice professionals, volunteers, and concerned citizens;
- A resource library that is considered one of the most comprehensive special collections addressing crime and victimization in the nation; and
- Resources and experts that serve the news media nationwide."[47]

Thus far in this chapter we have discussed agencies and organizations that both help in the rehabilitation and the prevention of child abuse. Next the author would like to acknowledge an individual who has helped in the prevention of accidental child abuse, neglect and accidental burning.

This individual's name is Marion Woan, a clinical practice nurse from Britain. Marion, as a nurse, has seen many different children with many different injuries. The one injury that has upset her the most is the scalding of children. Whether or not it has been accidental or a case of child abuse really is not her concern; however, she would like to see a decrease in scalding incidents. In Britain, "70% of childhood burns are scalds, and morbidity is high."[48]

Apparently, one day Marion made it her mission in life to set out to find the source of these problems of children who were being scalded. In her research, Marion found that the rate of incidents were higher during periods of holidays. Further research found that the majority of incidents were caused by a certain type of hot water kettle. With this information in hand Marion went out to investigate hotels used in the British Tourism district. She found that these kettles

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[46].The National Victim Center; Their mission statement article.
[47] Ibid.
[48] Jackman, Jane., Scalding Criticism., The Nursing Times., August 2, Volume 88., No. 21., 1991.

were in fact the cause of many incidents of *accidental* burning. Relieved that it was accidental burning and not child abuse or neglect, she then pushed to have all the resorts, hotels, and motels using this type of kettle to remove them from their rooms and replace them with a safer type of kettle.

The author has taken the time to mention Marion and her cause due to; it is ideas like these and people like Marion who can make a difference in child abuse by burning. Although the author can never prove whether or not Marion prevented a child abuse by burning incident, the author has stated that abuse by use of hot liquids is possible and that parents do get angry at their children on occasion. Who is really to say that Marion didn't prevent such a case from happening when the reader adds in that Marion took away a potential tool for abuse and then added a safer kettle for use as an alternative. Something as easy as replacing a kettle could be used as an alternative solution to child abuse or in this case accidental scalding. In the next chapter the author will discuss new and creative alternative solutions to help stop or prevent future cases of child abuse by burning.

Chapter 5

New Paradigm for Child Abuse Cases

Child abuse and neglect this category includes physical and sexual abuse, as well as neglect and emotional abuse. Not all these acts are violent or criminal; child abuse includes victimization that stems from the dependent status of children. However, it is also the responsibility of society to cooperate and participate in the safety of our children. This chapter will discuss alternative ways to rid ourselves of this nightmare of child abuse by burning.

This chapter will be set up as an alternative proposal package that could be possibly sent to someone in authority within our federal government. This package format, as well the information, will be listed as the following:

- A memo addressing the contents of the package.
- Section I will verify, define, and detail the problem for the client.
- Section II will identify as many relevant alternative solutions as possible.
- Section III will establish criteria against which you would test possible alternative solutions.
- Section IV will evaluate these alternative policies, giving all the pros and cons and expected as well as unexpected consequences of each.
- Section V will devise a method to display the alternative and select the preferred alternative from the perspective of your client.
- Section VI will explain how your client can monitor the results of the policy after it is implemented.
- Finally an executive summary will be presented.

To: The President of the United States of America

Re: Child Abuse

From: Mr. William J.C. Matthews

Date: July 25, 1996

Each year thousands of innocent children are injured or killed as they fall victim to child abuse. Within this package of information that this author believes that you will find the statistics overwhelming and the possible solutions to this nightmare invigorating.

You will read of many proposals; however, I feel that only one will be both efficient and easily integrated into the local, state, and federal government legislature.

After you read through the materials, could you to notify me of any and all actions taken. This author hopes that you find this material suitable to your cause and would like to hear from you by October 14, 1996.

Section I:

Ordinarily in section I, as the author has stated, the author would verify, define, and detail the problem for the client. However, this author has already done such throughout this professional contribution. The type of information that would be placed into this section can be found in the Historical Perspective chapter.

Section II:

Alternative Solutions:

1. Hiring more police officers to combat the violence against children.
2. Maintaining Status quo.
3. Mandating that every citizen must obtain a licensee before having or adopting children.
4. Enforcing current child abuse laws more strictly.
5. Hiring Multi-disciplinary teams to investigate and treat children of child abuse.
6. Establish effective data collection systems.
7. Create more early childhood agencies.

Section III:

In section three of my analysis you will see that hiring multi-disciplinary teams to investigate and help in the treatment of child abuse cases would be the best alternative solution. This solution happens to be the least expensive and perhaps have the best political acceptability out of all of this author's alternative solutions. This solution can also be a great foundation for all of the other alternative solutions to be latter integrated.

This author believes that these same multi-disciplinary group members would be able to recommend further alternative solutions in the future. So, in short these group members could serve as a great resource for future endeavors against child abuse.

Administrative ease would be the next reason as to why this author chose this alternative solution. In comparison to almost all of the other solutions, this solution would be the best bet.

As far as political acceptability, the nation would learn to appreciate more multi-disciplinary groups verses more deaths. If after one year less child abuse cases and fatalities are reported, then this new solution would probably be fully accepted.

Imagine if the nation found out that because of this new alternative solution medical costs dropped, convictions increased, and injuries and deaths decreased. The nation would applaud not only the multi-disciplinary groups but the administration that hired them.

If this alternative solution were chosen over everything else, you would not have to worry about the legality of it. You are simply hiring more individuals to both fight against crime as well as individuals who help victims should they still fall victim child abuse. You will be taking a dramatic work load off other investigators, decreasing unemployment, and stopping potential crimes. There is nothing illegal about that, and the only people you would be hurting are the criminals. Is that so bad?

Section IV:

⇒ The pros for hiring more police officers to combat the violence against crime.

⇒ More jobs for people interested in law enforcement.
⇒ More jobs, less unemployment.
⇒ Less cases of child abuse that go without finding a perpetrator.
⇒ More officers to check into the other possible alternative solutions.

I. The cons for hiring more police officers to combat the violence against crime.

⇒ The cost to pay the addition of officers to law enforcement.
⇒ The time invested in training both the officers and their supervisors.

II. The pros for Maintaining status quo.

⇒ Less administrative duties to be performed, if any of the above alternative solutions would be integrated into the local, state, and federal system.

II. The cons for Maintaining Status quo.

⇒ With the increase in injuries and deaths caused by child abuse, by not doing anything these injuries and death statistics are destined to get even higher than what they are right now.

III. The pros in mandating that every citizen must obtain a licensee before having/adopting children.

⇒ Less children/less child abuse incidents.
⇒ With less child abuse cases, detectives and prosecution teams would have an easier time in investigating other cases.
⇒ It would be necessary to hire individuals to both investigate the possibility and deliver license's to citizens that are deserving to have a child, thus providing more jobs and lower unemployment.
⇒ Individuals would be less likely to harm their children knowing what they had to go through to have a child.

III. The cons in mandating that every citizen must obtain a licensee before having/adopting children.

⇒ Next to impossible to enforce this mandate.
⇒ Political acceptability would be extremely low.
⇒ Administrative ease wouldn't be so easy to integrate this mandate into the local, state, and federal government agencies.
⇒ Determining what to do with certain citizens who are not worthy to have children, but already do have children.
⇒ The cost for creating an actual license and printing would be high.
⇒ A possible test would be given in order to obtain such a license and the cost of the instructor's to both create an examination and administer the exam would be high.

IV. Pros for enforcing current child abuse laws & sentencing more strictly.

⇒ A clear message would be sent out across the United States of America, that if you harm a child, you will be penalized for it.
⇒ Fines for breaking for harming a child will be given out and the money collected could be donated that have suffered from injuries.
⇒ Individuals would be less likely inclined to hurt a child, knowing what they could face in the local, state, and federal court system.
⇒ Less injuries.
⇒ Less medical costs.
⇒ Less burial of innocent children.

IV. Cons for enforcing current child abuse laws & sentencing more strictly.

⇒ Processing the fines from all violations would be time consuming.
⇒ By imposing steeper sentences upon perpetrator's, this would mean that an influx of criminals will be taking up an already limited space in the countries prison system.
⇒ Perpetrators' who obviously didn't care for children to begin with would prolong the payment of any fines or retribution.

V. Pros for hiring multi-disciplinary teams to investigate and treat chidden of child abuse.

⇒ More jobs/less unemployment.
⇒ A more uniformed method of investigation and rehabilitation.
⇒ Professionals would be able to provide other professionals with necessary information regarding the case and the child.
⇒ High political acceptability.
⇒ Law enforcement would be able to participate more in child abuse cases during rehabilitation to ensure both safety and dignity in the child.
⇒ Criminal conviction would rise, thus bringing the perpetrator to final justice.
⇒ An effective data collection system would be created.
⇒ Childhood agencies would appreciate the help.

V. Cons for hiring multi-disciplinary teams to investigate and treat children of child abuse.

⇒ The cost to train such teams.
⇒ The time and effort spent to build trust between law enforcement and counselors.

VI. Pros for establishing an effective data collection.

⇒ An effective data system would provide better and more current information to all professionals involved in a child abuse case.
⇒ Data collected can be reviewed and used in order to achieve such an alternative solution, such as multi-disciplinary teams.

VI. Cons for establishing an effective data collection.

⇒ Administrative ease may be a problem because the efforts in collecting this data will be difficult.

⇒ Training individuals to understand the information that they have collected.

VII. The pros in creating more early childhood agencies.

⇒ More jobs/less unemployment.
⇒ More caring individuals to potentially identify and possibly stop potential child abuse cases.
⇒ Political acceptability would be high.

VII. Cons for creating more early childhood agencies.

⇒ The cost in building more childhood agencies would be costly.
⇒ Although these agencies can potentially stop a child from getting harmed nothing can be actually proven. Thus it would be hard to monitor its success or failure rates.

Section V:

To better display the alternative, the author has created a graph to illustrate how effective the alternative solutions could be within a six month period. It is extremely important to note, however, that these figures are hypothetical statistics.

The numbers from 1-7 represent the seven alternative solutions. The $ sign represents the cost. The "E" represents efficiency and the effectiveness of the possible solution. The "A" represents the administrative ease of integration into the local, state, and federal government agencies. Finally the "p" represents the political acceptability of the possible alternative solutions. The percentage points will obviously represent all of the above, with 0% being the lowest accepted percentage and the 100% points being the highest form of acceptability.

Table 4:

	1	2	3	4	5	6	7
$	*62%*	*15%*	*91%*	*73%*	*78%*	*71%*	*97%*
E	77%	10%	73%	74%	97%	66%	70%
A	59%	91%	17%	58%	73%	53%	43%
P	69%	21%	8%	97%	91%	93%	79%

Section VI:

The key words for this section are compare and contrast. You would have to compare all the statistics from before the policy was integrated to one year after the policy was initiated. For example, if there were 14,000 cases of child abuse by burning reported in 1996 and if we integrate alternative solution number five in January of 1997, we then should see a decrease in child abuse cases by burning by June of 1997. By the decrease in cases you will be able to judge whether or not the alternative solution is working in the United States of America.

Another way to help see if the policy is effective could be to put out a survey. If the political acceptability is still high and the statistics are actually lowered by the solution, then you may have a winner.

Executive Summary:

Each year thousands of children suffer because of irresponsible and brutal parents/caretakers. The abuse of children is literally destroying this nation. Within this packet of information, the author has listed many possible solutions. However, there is only one solution that deserves your undivided attention. This one solution is that we should hire multi-disciplinary teams to help investigate child abuse cases and rehabilitate the victim.

The author has included statistics that will help prove the validity of the alternative solution. This author believes that this solution will end destroy the high rates of child abuse and deaths caused by child abusers, in America. This packet of information is broken down into six sections for you to follow.

Once again, the author would like to hear your reactions to this paper by the specified date. If you have any questions concerning this information, please feel free to contact this author at anytime.

In chapter 5, the author has listed seven alternative solutions that can be used in the prevention of child abuse. The author has highlighted one alternative solution: the hiring of multi-disciplinary teams. The author would next like to highlight another one of these alternative solutions. The establishment of an effective data collection.

Professionals and researchers seem to have recognized the importance of studying child abuse, but not necessarily in all its forms nor as a unified phenomena. Interestingly enough, when viewed at this unified level, one notes several common problems that have hindered the development of this field.

Despite the interest in child victimizations, the systems for collecting data on the victims are crude. The best statistics, that this author has come across are from the National Crime Survey (NCS) these statistics are collected annually, as well as nationally. However, even the NCS has not made child abuse a priority. The NCS needs to study its method of interviewing children to test end results and statistics. The NCS also needs to broaden its horizons and gather information about child abuse from children under the age of twelve years of age because "Studies indicate that it may be possible to interview even younger children,"[49] and from caretakers because this information could be an important adjunct to information currently obtained.

Data gathering about child abuse cases needs serious improvement. There should be an annual nationwide compilation of child abuse statistics reported by states or localities using common definitions and data categories. For example, this author would like to know how many child abuse cases have taken place on a nation level during the past two years. This kind of information simply does not exist. This type of information is not even found on a state level.

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[49] Finkelhor, D., National Youth Victimization Prevention Study., Durham, NH: Family Research Laboratory. 1992.

If the federal, state, and local government do not find this information as a productive investment, then hire multi-disciplinary groups. As mentioned in the proposal package, multi-disciplinary groups are teams that are involved in the investigation of child abuse cases. Such teams combine the expertise of a variety of professionals, including child psychiatrists and legal professionals in the handling of a single case. Now, if the government will not support the collection of data, then the government should add this collecting of data onto the shoulders of the multi-disciplinary groups. With the addition of this increase of work, the multi-disciplinary teams should create a huge dent in child abuse. America is in fact requesting such information be gathered "In America Speaks Out, a 1991 national public opinion survey conducted by the National Victim center, more than four out of five Americans said they are very concerned about violence. Our personal safety, our public health, and our children's futures are all at risk because of the growing epidemic of violence in America. The fight for crime victims' rights requires the commitment of all Americans if we are to win."[50]

What we seem to have now, unfortunately, is a fragmented victimology of childhood that is broken up according to the institution in which the victimization occurs: home, school, or community, each with its separate federal bureaucracy. These create artificial boundaries that do not capture the experience of individual children. It would seem that we need a more integrated childhood victimology, whose subdivisions should be based on children's developmental stages. This might give us, for example, a victimology of infancy, school-age children, and adolescence. A developmental victimology would help us to understand the whole range of threats that children face at different stages of development and help us to plan integrated approached is to make children safer and able to cope with the dangers and obstacles in their lives.

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[50] The National Victim Center., Their mission statement article.

In order to fight against child abuse by burning or any other form of child abuse, the United States must develop a coordinated system. Throughout this professional contribution the author has stressed the importance of having law enforcement professionals, child protective services (CPS), medical personnel and mental health professionals work together as a multi-disciplinary team. We need to break out of the old paradigm and create another one that has everyone working together to secure our children's safety and mental well being. "The prosecutor, police, and CPS, although independent agencies, share a common goal to protect the child and to prevent him/her from being subjected to further abuse. At the very least, they should share knowledge that would maximize the possibility of achieving this goal."[51]

A coordinated investigation can in itself can be very beneficial. It can reduce the number of interviews the child must face after a traumatic experience, minimize the number of individuals involved in a case, minimize the great number of inconsistent statements usually obtained in such cases, minimize the number of conflicts between agencies, and also diminish the opportunity the defense has to play one agency off the other. If one agency could learn the about another then they would be able to work together for the common good. Because whether or not they like working together is not the question at hand, the question is who harmed this child and what are we going to do about it. As mentioned throughout this professional contribution, all of the above agencies mentioned have a vital role in the investigation, prosecution, and rehabilitation process. Why not simply develop a multi-disciplinary team?

This multi-disciplinary team can take on very important roles in child abuse cases. For example, the prosecutor can supervise the investigation from day one learning all about who was contacted and what was found. The prosecutor can determine through supervising an investigation whether or not the current practices in his/her jurisdiction are up to par. If

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[51] American Prosecutors Research Institute., Investigation and Prosecution of Child Abuse., 1987. p. VII-1.

legislation and red tape are preventing a thorough investigation then the prosecution can push for changes to help the detectives in future child abuse cases. The prosecutor can participate in such a manner because, unlike rape or robbery, a prosecutor does have the right to be involved in a child abuse case from day one.

A good working relationship with Child Protective Services (CPS), is crucial. This is due to the fact that most times CPS usually has the first contact with the child. This information is disregarded sometimes because the CPS worker may not realize the importance of this information until it is too late. However, if CPS worked together with law enforcement from the beginning, then valuable information can be given to the prosecutor. A law enforcement officer may not be always on hand for that first initial investigation to help the CPS worker, however, if the CPS worker received training from law enforcement officers, then this training should pay off in a situation such as this one.

The medical community also needs to be involved. "The need to assist a child and his/her family through the trauma associated with the abuse and sometimes difficult investigative and prosecution process should start at the time of disclosure and continue for as long as may be necessary. Counselors or mental health practitioners to whom the child and her family have been referred must have the ability to work with medical professionals, police and prosecutor offices, and must have the knowledge about the criminal justice system to respond to the child's anxieties and fears."[52]

The judicial system must also be able to understand and work with child abuse investigations. As mentioned earlier in this professional contribution, there must be docket considerations, and a separate waiting room for child a to play and just be a child. Changes in

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[52] Ibid., p. VII-4.

hearsay laws must also loosen because the traditional values and ideologies of the current court system simply do not accommodate the average child who has been victimized.

When developing a multi-disciplinary team the reader must remember there are four important goals:[53]

Table 5:

- Educating all disciplines involved in responding to child abuse reports on the dynamics of children and the criminal justice system.
- Establish and maintaining consistent reporting practices.
- Providing better quality investigations and eliminating duplication of effort, and
- Ensuring sensitive treatment of the child victim and her family throughout the investigative and trial process.

In conclusion, a multi-disciplinary approach not only benefits the professionals responsible for responding to uniquely painful situations, but it also lessens the trauma of victims and families suffering from the abuse and intrusion of social service and criminal justice procedures in their lives. "An effective system can protect the rights of victims and meet the needs of families. It can also engender community support, result in stronger court cases, and build the professionalism of public services."[54]

Interagency communication is a viable solution to this current phenomenon known as child abuse. All the chapters addressed in this professional contribution stress the importance of youth organizations, law enforcement, statisticians, prosecutors, medical personnel, medical physicians, therapists and counselors. Working together multiplies the chances of success in protecting child victims and holding offenders accountable.

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[53] Ibid., p. VII-6.
[54] Ibid., p. VII-11.

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I, Robert Gerrity, do hereby grant permission for my interview with William J.C. Matthews to be copied for his professional contribution.

July 1996

Robert Gerrity 7.19.96

Robert Gerrity

Appendix A:

March 25, 1996 1:00 p.m.
Interview with Chief Robert Gerrity (Police Chief of South Abington Township)

Interviewer: How long have you been Police Chief of South Abington Township?

Chief Gerrity: I have been Chief of Police in South Abington Township for approximately five years. I have twenty-two years total law experience in law enforcement, four years as a police officer in the Archibald Police Department and eighteen years in the South Abington Police Department.

Interviewer: Do you have any experience specifically in child abuse cases?

Chief Gerrity: Yes. In the late 1980's, I attended a 40 hour course of instruction on child abuse. It was presented by CommonWealth of Pennsylvania attorney general's office. This seminar dealt with the abuse and investigation of child abuse cases. This seminar was conducted by the Pennsylvania Northeast training center in Wyoming Pennsylvania.

Interviewer: Do you remember whether or not this course addressed burning?

Chief Gerrity: Yes. Burning was in fact one of the bigger areas they covered in the seminar. There was a lot of instruction on bruising and different types of burns and so forth. They really stressed the doughnut configurations from when a care taker burns a child in a bath tub of scalding water. Mr. Carlson will be able to enlighten you on the burns a little more.

Interviewer: Have you ever investigated a child abuse case in this area?

Chief Gerrity: Very fortunately up to this date, I am very pleased to announce that we have not had any child abuse cases reported. I stress reported. We have had neglect cases where children were not being properly cared for or in our estimation under the law where children were not being properly supervised. So, to the best of my knowledge at least over the past ten years we have not had any child abuse cases especially by burning.

Interviewer: Do you have any knowledge of a child abuse case by burning within Lackawanna County or Northeastern Pennsylvania?

Chief Gerrity: I do not have any personal knowledge. Probably the most knowledgeable investigator that I am aware of is Detective Pete Carlson from the District Attorney's office in Scranton. As a matter of fact Pete Carlson was one of the instructor's in the seminar that I attended. Whether or not he has had dealings with such cases, I am not sure. However, if I were to have a situation in a child abuse case, my first step would be to contact Carlson for his expertise.

Interviewer: If a child Abuse case did come across your desk, how would you start the investigation?

Chief Gerrity: The first thing we would do obviously is to review the medical reports. For South Abington to deal with such a case, usually we would have initial contact with medical

staff. I think that this is why we are not dealing with a lot of abuse cases. Obviously a parent or care taker that is abusing the child is not about to go the hospital for help.

Interviewer: Right.

Chief Gerrity: I think this is the reason why the number of reported incidents is low. However, in all likelihood, that is how we would find out of such a case, through medical reports. In that case we would next go to the District Attorney's office immediately. The District Attorney's office has a child abuse unit. Who in turn would then also bring in other agencies.

Interviewer: What other agencies would be contacted?

Chief Gerrity: Agencies like Children and Youth Services. This agency would evaluate the child as well as other children if they are living in the same home. This would be to make sure that there are no other signs of abuse. This would be a starting point.

Interviewer: These are basically the few questions I have for you. I would just like to thank you for your time. I just so happen to have a meeting later this week with Detective Pete Carlson. However , do you know of any other sources that I may be able to contact?

Chief Gerrity: You should contact the Scranton Police Department. They are the largest police department in Lackawanna County. The Scranton police department also has a juvenile unit. You may want to contact Detective Lee O'Doyle and Grace Halben. Grace is a female investigator who has been with the department for years. She may or may not have these types of contacts, however, I would try as many contacts as I can.

Interviewer: Any other comments you would like to make before closing this interview?

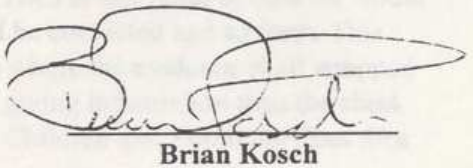
Chief Gerrity: I am convinced that not only as a law enforcement officer but even as a parent that there are occasions that parents get carried away and strike a child. But you are looking at a little bit more than corporal punishment here, you are looking at torture. I hope that you do not find that the city of Scranton does have cases, such as child abuse by burning.

Interviewer: If I wanted to obtain documentation such as medical records, how would I go about doing that?

Chief Gerrity: Once again the medical officer involved would be involved. However, to obtain such documents, you would need a search warrant.

Interviewer: Once again thank you. I see the time is now 1:30 p.m. and I know your are busy.

I, Brian Kosch, do hereby grant permission for my interview with William J.C. Matthews to be copied for his professional contribution.



July 1996

Brian Kosch

Appendix B:

April 1, 1996 1:00 p.m.
Interview with Detective Brian Kosch (District Attorney's Office)

Interviewer: What happens when you receive a child abuse case? Let me set up this case for you. There is a young boy at the age of eight. He goes to the Mercy hospital with mom and dad; the doctor realizes that he has a possible child abuse case on his hands. He realizes this because he notices a hot water scalding burn with the doughnut configuration on his buttock. The doctor after further review notices splash marks on his chest. What would be the steps that a detective would take in such a case.

Detective Kosch: The doctor finds evidence consistent with a child's statement. The child is capable and discloses in detail the results of the injuries and how they occurred. Also he identifies the perpetuator's who are involved in the inflicting of these injuries. The doctor or the medical unit supplies this information to us when we arrive along with Children and Youth Services. The next step would be to have the accused perpetrators available for questioning. The perfect scenario would be to have the perpetrator not request counsel at this point in time. Then he in fact does give a statement in the form of a confession. Then at this point in time we would arrest the individual(s) involved. Then the perpetrator would be convicted and so forth. This would be the perfect case scenario. This rarely ever happens where the evidence is all wrapped up like this example case. So in short it would be the doctor giving information then the child giving information, and finally the perpetrator's confession. Children and Youth Services then taking the child into protective custody.

Interviewer: Is color photography important in investigating such cases?

Detective Kosch: Yes. You want to get color photos as soon as possible because of the quick healing process. For example bruises. Photos taken at hospital will be more effective than photos taken two weeks down the line. If the bruises are already two weeks old, the color photo will show the distinct different color. These bruises may not be the same color as other possible bruises found on the child. This shows that there has been possible abuse for quite some time. You want to freeze the evidence.

Interviewer: What is the minimum sentence for such a crime?

Detective Kosch: Minimum sentence for certain child abuse cases is five years.

Interviewer: Can you tell about any changes in the court system. Are there any new laws out there in effect now?

Detective Kosch: The child abuse laws have just recently changed. The new child abuse law just came into effect May 30, 1995. The old law was very different than the new law.

Interviewer: How is the new law different than the new law?

Detective Kosch: The ages have changed. The ages of the perpetrators have changed. So the law's structure has changed. This makes our job much harder because it is so much more detailed. But sometimes being harder ends up to be a little easier.

Interviewer: How so?

Detective Kosch: It is only really harder because you become accustomed to one set of laws and memorize one set of laws, then they change them. However, in actuality the present laws are more detailed and efficient.

I, Kathleen McHugh, do hereby grant permission for my interview with William J.C. Matthews to be copied for his professional contribution.

July 1996

Kathleen McHugh

Kathleen McHugh

Appendix C:

April 29, 1996 2:00 p.m.
Interview with Kathleen McHugh

Interviewer: What is your official job title?

McHugh: Emergency Room Social Worker for St. Joseph's Hospital.

Interviewer: What are some of the different ways of disclosure when it comes to child abuse by burning?

McHugh: Certainly there are several different ways of disclosure. The one that I am most familiar with is people being brought into the emergency room. Another way is that a spouse or significant other gets home and realizes that something is wrong and then brings the child into the hospital for treatment. But also we have had accidental disclosures and we have had, of course, the police bring the child through some other form of disclosure.

Other forms of accidental disclosures that I have dealt with would be from schools or some form of anonymous reporting to the police. The police go and investigate and then bring the child in for treatment. So, I would say the accidental is the most uncommon form of disclosure. I have had only one accidental disclosure case.

The case was when two female children, ages five and six, both were brought into the hospital by their mother. While the mother was in the waiting room she was having an interaction with a candy machine. What was happening to her was that she was having a psychotic break down. She then started to absolutely freak out. The girls were not even an issue it was in fact the mother that was an issue. They then called me to try and calm her down so we could get her some type of treatment. My next step would be to get the girls placed in a safer environment until mother could be well enough to care for them again. That mother was then committed to a psychiatric facility. I then called the department of human services to start and have these children placed into foster care. The Department of Human Services came and wanted to know the condition of the girls.

Well at this point we thought that the girls were fine. However, when we went to go and examine them that when we found out that there was a problem. Both of these girls were very close in size, obviously because they were only a year apart in age. The one child did not talk at all, while the other child was extremely verbal. She was very articulate and verbal as well as very protective of her sister. We thought that this was very interesting since that it was the younger one who was verbal and the older one who was very quite. Well, we undressed the older one only to discover a massive amount of cigarette burns. The burns covered her entire trunk and upper thighs. The burns pretty much stopped were it could be visible if a dress was to be worn. We were just shocked. Most of the burns were not new; however, by the way the burns were healing or healed. It looked like this child was burned for years. The other child, the more verbal child had not one burn, it looked like her skin was pristine. There was not one tiny little nick on her. She proceeded then to tell how her mother did this to her older sister and how it made her sister very sad. In her own child like ways she described what her mother did. She would say how her mother would get angry at her and even if it wasn't her fault, she would get angry with her and that she would never get angry at the younger child. That is why she would never have any scars on her.

The mother was a medium height black women, probably around her mid thirties. The older child had her mother's complexion and the child that she decided not to scar was much fairer skinned. So, we kind of thought that this was a connection to the one more like herself as

to why the mother burned the older child. The more psychotic the mother got, the more she decided to hurt this child. So, it is safe to say that these children were abused. The children were then placed into therapy and treated. This is the only case of accidental disclosure that I have ever dealt with during my career.

Interviewer: Have you dealt with any other child abuse by burning cases?

McHugh: Yes. The next case was a little bit more bizarre. This case involved a couple who had two little girls. These children were about seven and eight years of age. Apparently this case had to deal with both sexual abuse and burning. What the father would do in the home can only be imagined!

What had happened was that the mother brought the one girl in with a gynecological infection which clearly was through sexual interaction. The girls refused to tell us anything. When we looked at the rest of her body, we discovered burn marks. I then tried to get the girls to talk, however, they just wouldn't. To try and establish a trust relationship that quickly is very difficult. This trust was even more difficult because it would mean to go against both the father and the mother. Finally we found out what was going on. What we found was that they would basically live nude in the home. They lived in the more rural section of the city in what looked like a converted farm house. They were not permitted to wear clothing. The father of course weaned sexual favors from the girls. The mother was all apart of this! My initial reaction was that it was all the father. However, such was not the case. The mother was as much apart of this as he was. When certain things were not done or when certain things were disclosed outside the home, they were burnt. The girls, of course, were going to be very tight mouthed about this situation.

We first placed the children and placed them accordingly. It took several days before we could get pieces of the story. Finally, the mother who was being threatened by the police started to give out a little bit more of the information. The father, by this time, took off and ran away. So, the mother was stuck with these two girls. So, now our fear was that these two girls would later be harassed or worse should the father return. Fortunately, before we released these children, the police picked up the father. The police did a wonderful job in tracking him down. Obviously not being from the area, he was a little bit more obvious by not being able to blend in. This area was particularly an African American area and he was a Caucasian male. So, this ended up helping in the process. Besides, the police were very determined to find this father so that the girls could be treated appropriately. The police felt that if he was in jail then the girls could not harmed by sexual abuse or cigarette burns.

Interviewer: Have you ever dealt with submersion burns?

McHugh: The most experience I have had is, in fact, with submersion burns. This is when you are held under water. Say for example, you are placed under force in a tub of hot or scalding water. What will happen is that you will see a ring mid calf. I have seen hands that were held under hot water. What you have is part of the discipline process. I could remember as a child my father threatening to place my hands into hot water. Of course he never did. But I have also seen where a child's hand was placed over an open flame giving the child a second or third degree burn.

The other kind of burn that I have had unfortunately and I only had this in one case is where a eighteen month old child received an acid burn. The child received an acid burn to her gentile area by a care taker of the child, while the mother was out of the home.

The caretaker was seriously psychotic and was later incarcerated. This was probably one of the most difficult things I have ever seen in my life. To have someone pour acid over you and to see this tiny child's flesh eaten away. I just kind of walked out of the ER. Of course the mother was equally hysterical because of the child being harmed. You have to give some attention to her and then get onto the police. Fortunately, they were able to pick him up. When he was brought in front of the judge, they determined at this point that he was disturbed. At this point he had no prior history of psychosis. The mother stated, " That sometimes he was a little odd, however, he never hurt her or the children." Why, he became so disturbed, I do not know.

Interviewer: What happened to the child?

McHugh: They were able to do some wonderful plastic surgery with the child. Because of the seriousness of the case the child was immediately referred out to two wonderful doctors. So, if you are harmed here in Philadelphia, you really have the best care available. We then followed up with the child. I don't know what she will be like as an adult and what her gentile areas looked like in the end, but the doctor's were really hopeful that they would be able to do a lot of repair. She faced a lot of operations. She was really basically a bouncy happy baby.

Interviewer: What is the most common types of torture burns?

McHugh: Cigarette Burns or lighter burns. Sometimes you even see a combination of the two types of burns.

Interviewer: How do you distinguish between the two types of burns?

McHugh: Usually it is the intensity of the core of the burn. You can tell whether or not it is a cigarette burn by the demarcation. A cigarette burn will have a really clear demarcation. You will be able to see the actual mark of the round shaped cigarette. Whereas a lighter burn has the core being more intense. The doctor's are able to differentiate. The different types of burns are judged by the way the heat hits the skin. You can also tell how the child reacted or moved from the heat on impact.

Interviewer: Have you ever had to deal with ritualistic burns?

McHugh: I have had a combination of those. Because my experience stops at the ER level, I never really got the right history. The ritualistic stuff always had a perpetrator who was psychotic. I never had a perpetrator case who was not in desperate need of care. There was the occasional case where there was just a mean disciplinarian.

I had one really strange case where I had a child who had burns on his upper part of the back and lower portions of the thighs. We couldn't determine whether or not it was just hot water being poured on him or if there it was some type of solution poured on him. Our guess was that it was a chemical burn.

This case looked a little odder because we were looking at some older burns as well as a burn that needed immediate attention. From what we could determine it was a chemical burn that was literally drizzled in some type of design onto his back and thighs. Apparently someone reported that there was child abuse going on in the home. The police brought the children in for an examination. This is when we discovered these marks. This design was even carried out on both thighs. We never did find out what the whole story was.

Interviewer: How can you determine what is an old burn in comparison to a fresh burn?

McHugh: A doctor can tell by the way the scars are healing. A doctor can not tell you exactly on what day and time of the burn; however, he or she could tell you approximately how many days, months, or even years as to how old the scars are on the body. It really comes down to the experience of the doctor.

Interviewer: Do you get involved in testifying against the perpetrator's?

McHugh: Not as much as the doctor who dealt with the case. A doctor really needs to get involved with a case. There involvement really makes 100% of the difference, because the doctor can tell you that there are certain child abuse factors that can only happen a certain way. For example, with submersion burns you can't say, "gee she placed her hands into hot water." Well you can say, "if she put her hands in water then she would have pulled them out. Then she would have had scatter burns all over hands and not rings." That is why a doctor can actually make the story work or not work.

I had a mother place hot grits on her little boy. This was very difficult to treat because grits are very hot and sticky the burn very badly. This particular burn was a second degree burn. We knew that the child had not poured these grits on himself, as the mother proclaimed, and that there was a problem. What had happened was that the mother ended up breaking down and told us that it was out of pure anger.

Interviewer: How were your dealings with the Department of Human Services?

McHugh: Great. One of the good things about D.H.S. is that when a doctor or medical personal calls them they immediately have to drop everything and go to the hospital. Within in an hour or two they are out to the home to make an assessment. They then determine whether or not the environment is safe for the child.

Interviewer: By using one of the cases you have already mentioned, what happens from point A to Z?

McHugh: The first thing that happens is that the doctor makes an assessment and calls me immediately. I, being the emergency room social worker, come down and try to find out the injuries. I have to find out the details because I need to fill out a CY 47 form. CY simply standing for Children and Youth Services. I then call my head office and give them the information. They determine the seriousness of the situation. I also then call the child help line in Harrisburg Pennsylvania. This is so that someone is now accountable to follow through. Depending on whether or not the child is hospitalized or if the perpetrator is caught, I then can determine what to do next. I probably had 50% of the cases return to the homes. We don't always want to destroy the home atmosphere. I perform a pretty thorough job of determining if a child can go home. Everything must be confirmed with D.H.S. and the police. Don't get me wrong, I have had perpetrators arrested on the spot. However, only if the injuries are serious enough. Arrest first and discuss after that. I usually call the police immediately in the case of burns, because of the seriousness of the injuries. I am really the middle type person. The first thing to be concerned with is treatment and placement of the child.

Interviewer: During the fourteen years you worked with St. Joseph's Hospital, how many cases of child abuse by burning did you deal with?

McHugh: I would say, I dealt with a good forty cases.

I, Freida Skaff, do hereby grant permission for my interview with William J.C. Matthews to copied for his professional contribution.

July 1996

Freida Skaff

Freida Skaff

Appendix D:

May 4, 1996 12:30 p.m.
Interview with Freida Skaff, MCAT

Interviewer: What is your professional work experience and education?

Skaff: For the past fifteen years I served on the treatment staff of Eastern Pennsylvania Psychiatric Institute (EPPI), Medical College Hospitals, a medical school and hospital located in Philadelphia, PA. I received my masters degree from Hahnemann University and have completed post graduate studies at the Philadelphia Psychoanalytic Institute.

Interviewer: Have you ever had to deal with child abuse cases?

Skaff: In my position at EPPI I functioned as the primary and group therapist in three programs, inpatient, partial hospitalization, and out patient services, the average age range being from three to thirteen years of age. I would say that within my fifteen years of practice, I have treated quite a number of child abuse cases.

Interviewer: Have you ever dealt with a child that was abused by burning?

Skaff: Yes. One in particular comes to mind.

Interviewer: Could you tell me a little about this case?

Skaff: This case was striking because the child presented for inpatient psychiatric evaluation directly after being released from treatment at a major burn center. This child whom I will give a fictional name of Matthew for the sake of confidentiality and reference, arrived with visible scaring and bandages from burns to approximately 30% of his body, in particular the head, face, arms, and a leg.

Interviewer: Do you happen to have the information as to how this child was burned? Could you tell me whether or not these burns were from child abuse?

Skaff: It is not uncommon in cases like this to have either very little, generalized, or a detailed history as to how the child may have received the wounds, scaring or other suspicious indicators of possible abuse and neglect. All too often it is rarely the latter, i.e., there is a striking lack of detailed psychosocial history of the incident. On the average, a medical history, taken at the time of the patient's treatment at the burn center may provide verifiable facts such as type, degree, method of infliction, and whether or not the incident involved exposure to a flammable substance and type of medical treatment. In highly suspicious incidents, medical personnel will immediately file a CY47. In Pennsylvania, medical personnel are required by law to report and document suspected cases of abuse and neglect to the Department of Human Services, Children and Youth Agency. At this point the issue at hand becomes very complicated. It is no longer a medical issue, but a legal and psychosocial issue as well. It would appear that in Matthew's ,case there was enough suspicion and medical fact to warrant a formal investigation. At this point the child's safety, well being and emotional integrity are now top priority and if the suspected perpetrator is a parent or other caretaker in the home, the child or the suspected perpetrator may be removed from the home.

You asked whether I could tell you if these burns were from child abuse. In my experience, when a child was referred from a medical facility for evaluation of suspected abuse, it is just that, suspected based on documented medical fact. In this case the patient may have given enough verbal information to substantiate the medical facts, thus leading to a high incidence of suspected child abuse.

Interviewer: Do you happen to know if the parent or caretaker was brought to justice for this crime?

Skaff: No. As I mentioned this is a complicated issue. It now becomes like a play with many acts. From the psychiatric point of view, as soon as the child enters the door the scenery changes, a whole host of new players are added to the drama. In the background you have the police, DHS/C&Y and the family on the outside doing their part. In the psychiatric setting, there is a psychiatrists, psychologist, social worker, nursing, recreation and creative therapies treatment staff involved. From my experience, the social worker was the only contact with the outside investigative process. Whenever law enforcement was involved the process was almost invisible. Most of this work was probably completed outside of the hospital. I feel positive the assessment task would have markedly benefited the child's case had there been a much higher degree of visibility and communication between law enforcement and the psychiatric team.

Interviewer: Are you saying that these other organizations need to work closer together in order to help the child out?

Skaff: Yes. Absolutely. As it stands now, in my opinion, the current system for assessing abuse seems rather dilute and fragmented. There are too many players, to many stages in the setting and a drama centering around a very crucial human issue gets dragged out over time. I'm not saying that we should rush through the process, just that it needs an organizational overhaul. For example, after being summoned to family court, it was all to the norm to sit in a crowed courtroom or hallway from anywhere between two to six hours only to be that your patient's case was rescheduled because the court did not have time to get through the scheduled docket for the day. This has been my experience on several occasions. Our current judicial system is overwhelmed with abuse and neglect cases. If I can revert back to the stage setting analogy, the law may be clear in its approach and setting, but with so many players it takes a long time to get to the point. I'm aware that this setting, but with so many players it takes a long time to get to the point. I'm aware that this may sound rather ambiguous, but if you can for a moment imagine a single abuse case in today's courts can involve, without exaggeration; four lawyers, three to four social service agencies, medical professionals, mental health professionals for the child, parent and suspected perpetrator, not to mention law enforcement personnel and agencies. Quite a handful an we have not yet touched the treatment implications of such a process.

Interviewer: Speaking of treatment, what kind of treatment did Matthew receive for his injuries?

Skaff: In regards to the regular mode of assessment, Matthew was seen by a psychiatrist, a psychologist, nursing and ancillary treatment staff. In the course of his hospitalization he most likely received a psychological assessment by a social worker, psychological testing, a psychiatric nursing assessment in addition to a medical consultations being that his burns required ongoing medical intervention and monitoring. In addition there was individual and group therapies in modalities such as therapy, recreation and creative arts therapy. I saw

Matthew in individual and group art therapy sessions. Treatment is a team approach. The team assesses the child on a daily basis and meets within designated time periods according to state and hospital guidelines to report and discuss treatment findings.

Interviewer: Could you explain in just a couple of words, what exactly is art therapy?

Skaff: Its difficult to summarize such a complex treatment process. However, for the focus of your topic the most immediate aspect of using art as a treatment modality for burn victims is to provide a safe environment for the verbal and nonverbal expression of thoughts and feelings. In short term treatment, as for Matthew, an assessment of his emotional and cognitive level of functioning was followed by treatment utilizing art material appropriate for his needs at that time. His treatment was more structured than most, i.e., Matthew was provided with a selection of materials that were not only expressive, but suited to needs for his physical well being and safety.

Interviewer: How does an individual such as Matthew pay for this type of treatment? How long is this treatment needed? Did Matthew finish his treatment?

Skaff: This is a very difficult situation. When a child goes into the unit you know the history from the psychologist. Then everyone involved in his treatment gets together and discusses his treatment. You know his history and his background, you think you know it anyway. Some details are often left out. Then you have a very difficult case. Matthew comes into the unit and must acclimate himself as to what is going on around him in his new environment. Keep in mind that he just left a hospital where he received actual medical treatment for his burns. So , look at what this child has gone through. He has been burned. He has been living in a hospital unit to receive treatment and now he has to go to another hospital. None of these places are his home. Even if his home was the worst place to be, where his burns occurred, still that is the family dynamic that he is connected with. No matter how bad it is has to acclimate himself to all these things that have gone on. He needs to feel safe first.

At the same time you have social workers asking questions like, "What happened Matthew?" Then you have law enforcement saying, "Well we need to know what happened, so we need to talk to Matthew." Matthew after being bombarded like other children in similar situations often quite simply just "shut down." Using their defense mechanisms as a self protective way they may just say, " I am just going to be here. I am just going to draw. I don't want to talk. I just want to be here right now drawing." So, this adjustment phase could take up to two weeks. Most insurance's, like the HMO's, only approve someone like Matthew to be under our care for only a brief period of fourteen days. Within the fourteen day period Matthew can receive the following: 1) a medical assessment. 2) a physiological evaluation. 3) an art therapy assessment of his level of functioning. 4) a social work evaluation. Then when these are finished he could be out the door. So, in fact we are only just getting to know Matthew and his problems. The only thing that we really found out in the fourteen day period is that Matthew really needs treatment. All of this could have been done outside the home. Perhaps the home was so unstable at the time that he just couldn't go back there to that kind of environment. The only treatment he has had is that Matthew has learned to express himself in his own way in a safe environment. But really in a short term, setting only the ground work is able to be completed.

Interviewer: Would you say that all of the other professions involved do not work together as they should? For example should the social workers, the law enforcement officials and other

medical personnel all work with your unit in order to provide a more conducive as well as productive environment?

Skaff: Yes. In fact, in the best case scenario the involvement of a unit such as ours would be the exception rather than the rule if a more appropriate system was in place for this type of problem. If I can get back to the play analogy for just a minute, some of the best productions are most effective when the words are carefully expressed and props are few but necessary. If allowed to brainstorm as to how we could improve the current system, I would say that from day one, a team of professionals, in one place, under one roof be involved in the case and see it through to a conclusion. Imagine the implications for such a system for the greater good in terms of research, statistics, program development, intervention and prevention. The courts also need to act a little more quickly. In my opinion the court system needs to have a separate unit just to deal with these kinds of cases. These cases are too complexed. You could have a child going to court with their support group; and although acting as a unit, they are subjected to seeing other more severe adult court cases in the same room. In Philadelphia the waiting rooms are just inadequate. They have no facilities for children. I know our society has a lot to learn, but really we should all start getting on the ball to do something about these problems.

Interviewer: So, you think waiting rooms in the court room areas are really ideal?

Skaff: I think that this is really the key. Some place for the children and families to talk to their counselors and so on would be great. Separate counseling rooms would be excellent. A large enough safe play area for children is also needed. Too much information is talked about in hallways and so forth, and even the attorneys are so overwhelmed that they can't adequately talk to their clients. Why not have the social workers and the attorneys sit down together so everybody knows what is going on. I have experienced some of this and it just blows my mind.

Interviewer: How important is follow-up in cases such as Matthew?

Skaff: Follow-up to impatient hospitalization is critical in any case. In Matthew's case, once he leaves the hospital, our work is done and the case is now in the hands of the other agencies to follow-up our treatment recommendations. In some cases a child advocate is appointed to follow-up agencies to make sure the best interest of the child is not being lost in an already dysfunctional operating system.

However, taking everything that I've said into consideration, despite the problems in our system, we do have one. Otherwise we would have to imagine the worse case scenario, the child abuse case that never gets seen or heard, or a murder that could have been prevented.

Interviewer: Thank you, Freida for your time and input to my public contribution.

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