By Mr. MONDALE (for himself, Mr. WILLIAMS, Mr. RANDOLPH, Mr. BIBLE, Mr. MCGOVERN, Mr. PASTORE, Mr. BEALL, Mr. STAFFORD, Mr. HUGHES, Mr. HATHAWAY, Mr. FELL, Mr. KENNEDY, Mr. BAYH, Mr. PACKWOOD, and Mr. HUMPHREYS).

S. 1191. A bill to establish a National Center on Child Abuse and Neglect, to provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect, and for other purposes. Referred to the Committee on Labor and Public Welfare.

Mr. MONDALE. Mr. President, I would like to take this opportunity to explain my reasons for introducing today the Child Abuse Prevention Act.

One of the most tragic and perplexing problems that has been brought to the attention of my Subcommittee on Children and Youth is that of child abuse and how to deal with it legally.

Although laws requiring the reporting of suspected cases exist in all states in one form or another, we still hear of incidents that are reported too late—only after the child has died or suffered permanent damage.

An informed resident of the Washington area can be unaware of the tragic cases of child abuse which have come to light in recent months in Prince Georges and Montgomery Counties. Unfortunately, these are not isolated cases. According to the National Center for Prevention and Treatment of Child Abuse and Neglect in Denver, Colo., as many as 60,000 children nationally require protection each year.

I ask unanimous consent to place in the Record at this time a list of descriptions of child abuse cases which have come to my attention. They demonstrate more vividly than anything I can say the pressing reasons for early congressional action on the problem of child abuse.

There being no objection, the material was ordered to be printed in the Record, as follows:

CHILD ABUSE

CHILD IN HOSPITAL—Foster Care—Home

Allan, a 2 month-old boy, was admitted because of severe failure to thrive, with malnutrition and dehydration. He (at 2 mos.) weighed less than 1/2 lb. over his birth weight and while in the hospital gained over 1 lb. in 9 days. Therefore, the welfare department filed a discharge order and the child was placed in foster care. A re-hearing of the situation was planned for a 3 month interval, during which time the mother received general counseling and belonged to a young mother's group, and had support of the welfare worker. In the last 2 months of counseling, a great amount of progress was made and at the next hearing, the child was returned home, with the care of the mother being continued by the welfare worker and medical follow-up every 3 weeks. The child and mother are thriving.

JUDICIAL REMEDY

Jane, age 12, conceived a premature baby who was fathered by her mother's fiancé with whom she had repeated intercourse. While the baby was in the prematurity unit, Jane treated it like a doll. The nurses and doctors felt that she was totally unable to mother this child because of her very immature level. The Juvenile Court informally refused a request by the Welfare Department for relinquishment of the baby and foster care supervision for Jane. Since the baby could not return to school and interrupt her relationship to her stepfather-to-be on the basis that she was yet an "incompetent mother", another jurisdiction was sought and another judge ordered relinquishment for a successful adoption which patiently allowed the Department to have continued access. The child, returned to school and continuing as a supervised dependent under court order, has excellent prospects in a good foster home and on continuing, and developing, contacts with her mother and her new husband.

Mr. MONDALE. Mr. President, these are ugly stories. Most of us would probably prefer not to have to read them and be confronted with the dilemma they present for our society. But our society cannot any longer justify the inadequate laws and services which have allowed child abuse to become such a widespread occurrence.

The active interest of my subcommittee in child abuse dates from last year, when we published a document of selected readings on the subject, part 2 of our "Child Abuse and Neglect".

I am pleased that our further investigations into child abuse have the strong support of the chairman of the full Committee on Labor and Public Welfare, Senator WILLIAMS. I ask unanimous consent to place a copy of Senator from New Jersey to me be placed in the Record at this time.

There being no objection, the letter was ordered to be printed in the Record, as follows:


HON. WALTER F. MONDALE, Chairman, Subcommittee on Children and Youth, Committee on Labor and Public Welfare, Washington, D.C.

Dear Mr. Chairman:

I have been following with great interest the preliminary research and investigations that your Subcommittee on Children and Youth has conducted in the area of child abuse. The compilation of materials which the Subcommittee published last winter is an important contribution to the understanding of the complex problem of child abuse.

I intend to introduce legislation to provide for the establishment of a National Center on Child Abuse and Neglect which will help to identify the victims and provide the necessary help to these children and their families.

Sincerely,

WALTER F. MONDALE, Chairman.
March 18, 1973

CONGRESSIONAL RECORD—SENATE 7439

I want you to know that you will have my full support and cooperation in this vital effort.

Sincerely,

JOHN D. WEBB, JR.,
Chairman.

Mr. MONDALE. Mr. President, the bill I am introducing is intended to be a vehicle for a thorough examination of child abuse and its legal, sociological, and medical implications. The subcommittee will hold hearings on the bill starting March 26th in Annapolis, Maryland. It is my hope that the testimony collected at these hearings will assist us in preparing a final version of the legislation which would—unlike the many State laws which have been in force in recent years—provide a meaningful solution to the problem of child abuse.

This bill would:

First. Establish a National Center of Child Abuse and Neglect to monitor research, maintain a clearinghouse on child abuse programs and compile and publish materials for persons working in the field;

Second. Establish a program of demonstration grants to be used in training personnel, providing personnel to areas that lack their own programs on child abuse; and other innovative projects aimed at preventing or detecting child abuse or neglect;

Third. Create a National Commission on Child Abuse and Neglect to examine some of the issues relating to child abuse including the effectiveness of existing laws, and the role of the Federal Government in the area of child abuse;

Fourth. Amend existing legislation authorizing child welfare programs to require a State plan outlining the system used to deal with child abuse.

In the coming days when the hearings on the bill are held, we may expect to hear from some of the country's foremost experts on the legal, sociological, psychological, and medical aspects of child abuse. In addition, we have scheduled to testify the founder of Parents as Associates, Senator Victor L. Crawford—Mr. Crawford's new approach which holds great promise for parents who have abused children by enabling them to share their problems and offer each other emotional support. Another element of the hearing will be the detailed examination of how child abuse teams—made up of doctors, lawyers, social workers, and lay aides—have met with some success in identifying, preventing, and treating child abuse.

I ask unanimous consent to place in the Record copies of editorials which appear in the Washington Post and Lowell Sun newspapers, and which testify to the need for legislative action on child abuse; and other materials relevant to the legislation: I also request that a copy of the bill be printed at the end of my remarks.

There being no objection, the material and bill were ordered to be printed in the Record, as follows:

RESCUING THE VICTIMS WHO CAN'T FIGHT BACK.

Among the most unpleasant stories we come across in the news business are reports of child abuse—frightening accounts of the neglect, battering, torture, and occasional killing of helpless children by their parents or other adults. Somehow, most people would prefer to believe that these instances of inhumanity must be extremely rare, or perhaps limited exclusively to poor and uneducated families. But experts can tell you that child abuse is much more widespread, and that it is a phenomenon far more widespread than is generally believed.

As it happens, the instances gaining the most of our attention are those of fatal or near-fatal beatings, in which a parent has been charged. But increasingly, authorities are discovering evidence that repeated instances of child abuse are going unreported because people are afraid or at least reluctant to notify police. Worse still, many of the children who have been removed from their homes after tragic experiences are subsequently returned to those homes—only to endure more horror.

One way to calculate the degree of permanent damage to human lives in these instances, largely because there aren't any reliable statistics on the extent of the problem. Moreover, the procedures for dealing with child abuse cases are, for the most part, failing to meet the need for major remedial action.

At least in Greater Washington there has been some movement to improve approaches to child abuse, stemming from a singularly tragic case in Montgomery County last year. At one time, that was a 9-year-old Damascus girl, died, apparently from beating, burning and other ill treatment; her father and stepmother are awaiting trial, trial, trial.

Citing this case in the Maryland General Assembly recently State Senator Victor L. Crawford (D-Montgomery) has urged passage of a bill to require greater power to enter homes where instances of child abuse are suspected. Senator Crawford explains that because social workers are working their way into such homes, they were unable to go into the home where they suspected that the Damascus girl was being mistreated last year.

Under existing law, social workers accompanied by police may force their way into a home if they think there is "probable cause" to believe that a serious crime is being committed, but "probable cause" is a legal term meaning that police must have more than a mere suspicion of wrongdoing, and they must obtain a warrant before carrying out such a raid. Senator Crawford's bill would permit social workers to enter homes without a warrant when they suspect a case of child abuse, to remove any child who is in danger. Police would be required to accompany social workers for their protection, but not necessarily to make arrests. If a social worker decided to remove a child, a petition would have to be filed with juvenile court and court action taken within five days.

The Crawford bill has met with some understandable opposition; for it does alter established safeguards against indiscriminate breaking into homes by authorities. Montgomery County's State's Attorney, Andrew L. Sonner, lauds the proposal, but focuses more attention on child abuse problems—has argued that the proposal is unnecessary, noting that the Court of Appeals last year said that Montgomery County officials have worked out procedures with police to handle emergency cases.

Besides, he says, "I'm not sure I want our citizens to have their homes broken into without probable cause. There ought to be some information the police are acting on, some other way the cases could be handled." Furthermore, says Mr. Sonner, the bill might hinder social workers because it would require them to be accompanied by police when seeking entry into a home. A spokesman for state social workers, also attacking the proposal, says it would give too much power to social workers.

If every prosecutor's office in Maryland were as concerned about child abuse cases as Mr. Sonner is, and if all local police forces had the manpower and concern to assist social workers in those cases, there might not be any need for legislation along the lines of Senator Crawford's proposals. But the established procedures for dealing with social workers in child abuse cases haven't been working well—and children's lives are at stake. With sensitive and specific safeguards to restrict indiscriminate intrusion into a child's home, the Crawford proposal may be worth a careful test.

Legislative attention ought not to stop at this point, however; this is accompanied by Mr. Sonner and others—that identification of child abuse cases in one part of the problem—is not addressed by the Crawford legislation. In cases of serious physical abuse, the decisions of when (or whether) to return children to their homes, and the whole approach to all problem situations all must be for more official concern.

Nationally, some of the more successful programs involve a team approach to child abuse cases, and the cooperation of professional experts in all aspects of the problem—psychologists, nurses, social workers, attorneys, teachers, police and so on. Such teams may review a case and decide what measures might help resolve conditions contributing to each case; thus the responsibility for critical decisions is not dumped on any one person or any incompetent social worker, or on a lone policeman who has many other pressing duties.

But the level of interest and concern among local agencies, state legislatures, physicians— and the general public—never seems to go much beyond brief spurs of hand-wringing and quick-fix proposals in reaction to some tragic headline or headline. Meanwhile, little lives are being threatened and ruined, and the cruelty takes many forms besides physical assault and battery. There are children who are starved, neglected, explicated, overworked and exposed to unwholesome or demoralizing circumstances. They are victims who cannot fight back, who cannot even report the crimes committed against them.

With the General Assembly now in session, Senator Victor L. Crawford (D-Montgomery) Sonner and others pushing for new ways to approach child abuse problems, Maryland could take the lead in efforts to rescue and combat the children who have been the so-called "incompetent social workers in Annapolis will not let this important opportunity pass them by.

[From the Washington Star and News, Nov. 30, 1972]
ABUSE OF CHILDREN

Under the auspices of the University of Colorado Medical Center, a new organization has been set up to deal with a shocking fact: in America today, 50,000 children a year are neglected of some 60,000 children a year. The hope is not merely to discover instances of abuse and to effect the separation of those pitiful cases that might be rectified, but to go on the right track in calling for more effective means of finding and treating those afflicted adults. Some modifications of law obviously are necessary, but as mass awareness is increased, parents and children alike will seek the best advice available in deciding how far to extend these alterations.

[From the New York Times, Nov. 17, 1972]

[BY SARA DAVIDSON]

ABUSE OF CHILDREN

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hitting their children they are told to pound walls, kick chairs or scream out the door. Right away you start acting in ways you don't have to feel so badly about afterwards," Jolly says. Authorities, who have suggested that some cases of abuse may arise because parents subscribe to a model of healthy parenting—a person who understands child development and can provide examples of healthy ways to handle problems—say this is a real threat. For this reason, he said, some hospitals and agencies are experimenting with special day-care centers, traditional group therapy and parent education. The advantage of P.A., Dr. Helfer says, is that the members can treat the symptoms immediately without deep therapy. "It's a good way to get to the root of the problem."

To see how P.A. affects different people, I drove back to Anaheim the day after the meeting and met with three women—Kay, Cindy and Pam. Kay is an exceptionally pretty; slender young woman with fair skin and straight blond hair. While somewhat shy, she projects an air of warmth and concern. Her husband, five years older, is a tall, slender man with a thin mustache. Their daughter, three. Kay's difficulty is with her daughter; in the three months since joining P.A., she has progressed from hating her consistently to a state where she can accept her for what she is. Cindy is new. She has been to only two meetings, and feels hopeless about ever improving. Separated from her husband, she works as a baby-sitter to support herself and their three-year-old son.

Pam is a bright, inquisitive thirty-year-old who dresses with meticulous taste and constantly reads books about child-raising. She is married to an insurance broker and has two children, ages two and four. Pam's difficulty began when she was nineteen months. She came to P.A. because she felt frantic and utterly unable to cope with her oldest child, who is hyperactive. She is more of a "super-uptight" type, who lives and breathes therapy and parent aids—child. If her child appeared in the same grim light. "Nothing she did was worth anything. She robbed me of time I wanted to spend with your and she's not worth anything," she said. "I'm so afraid. You feel rage."

Dr. Helfer, the author of two books on child abuse and a member of P.A.'s Advisory Board, says that one of the drawbacks of the organization is the occasional case of a "bad mom." A bad mom is one who has been labeled "super-uptight..."

MALTREATMENT OF CHILDREN

The physically abused child

Maltreatment of children, or child abuse, takes many forms. It may be serious gross neglect of the child's welfare to the point of starvation; cruelty resulting in emotional damage to the child, or physical punishment. In a few cases, old women are charged with the care of the child, as described in the term "battered child syndrome." "We do not have any idea of the true extent of the problem in terms of both the children, nor their subordination into physical and emotional abuse. It is likely that the battered child is the least frequent yet currently the most discussed. This paper will be limited primarily with the physically abused child.

Recently, the problem of maltreatment of children has received much publicity. Perhaps part of the recent public interest in this problem has resulted from the dramatic phrase "battered child syndrome," which received considerable attention in a panel discussion at an annual meeting of the American Academy of Pediatrics.

But long before the phrase was coined, individual cases have received much publicity. In 1936, for example, the American Academy of Pediatrics, Committee on Infant and Pre-School Child, estimated that one of every 10,000 cases of such abuse had begun. About 20 years ago Caffey described x-ray findings of multiple fractures in long bones, and a diagnostic tool was developed for the purpose of identifying cases of abuse. Since then, many multiple injuries indicating new or recent injuries superimposed on old injuries have been recognized, especially in the last few years. The increased public attention to the subject of child abuse has been expressed by many newspaper and magazine articles, as well as television and radio programs. Additionally, the whole spectrum of what are called "social problems"—social welfare, medical, and governmental—have joined in attempting to meet the problem. What is to be done about the problem of child abuse? Social service agencies and hospitals and still have, facilities to protect neglected, abused, and exploited children. These child protective services are too few, but where they have existed, they have worked fairly well in helping these children once they have been brought to the attention of the community. Such resources usually have involved local departments of welfare,
voluntary child protective associations, other social agencies, and the courts—fami-
ly, juvenile, or district court with juvenile jurisdiction. It is obvious from the in-
cidence of child abuse that these facilities alone did not reveal the magnitude of the
problem, nor did they exert prophylactic deterrents to child abuse. Something more
was needed to help unravel this problem.

In New York City, and in many other areas, there have recently taken a new direction, grow-
ing directly from increased medical interest coupled with public alarm. As of September,
1965, New York City has an ordinance requiring the reporting of suspected child abuse
mandatory, the unit is set up by the Depart-
ment of Welfare of New York City, as part

This unit operates a central register wherein
all information relevant to child abuse or
malicious neglect or maltreatment are recorded and where all information relevant to a child or to his
family may be readily available. The New
York City unit aims to determine whether the
child has experienced a sharp increase in reporting by
hospital physicians; at the same time a shortage of personnel, funds, and other fa-
cilities have been experienced.20

Observations previously reported indicate
that the parents are in some instances men-
tally ill, mentally retarded, or emotionally
unstable. Thus, it is difficult to determine
whether these parents were so neglected or abused or to the burden of guilt of these parents
or the children is traumatic and serves no useful
purpose.

Parents and groups including pediatric-
ians and psychologists evaluate 50 or
child previously believed to have been physi-
ically abused. Thirteen had either died or
Miscellaneous events vary greatly across the
country. Agencies responsible for investiga-
tion and responsible community
action concerning the child and his parents.

The role of the physician

The physician’s duty is primarily to care
for the maltreated child and to initiate steps
designed to prevent further maltreatment.
In cases where he has suspecte
abuse should also remove, or at least re-
duced, the parents’ resentment.

Role of the physician

The physician’s duty is primarily to care
for the maltreated child and to initiate steps
designed to prevent further maltreatment.
In cases where he has sus-
cepted maltreatment is ofter in the form of assistance to the family to pro-

Footnotes at end of article.

34 In some instances the practicing physi-
cian is sued, although his performance has been deemed not to be
lawful in action. Much of his concern springs from the difficulty of detecting and dealing
and court, and patient criticism. He should exercise caution in taking action on suspicion
of abuse. When in doubt, he should seek help and advice from the proper agencies. He
should not jeopardize the child’s welfare. The hospital physician can more easily avail himself of consultations in the
hospital if so the decision becomes one of a group rather than of an individual.

This is likely to be more accurate, yet errors and
discovered even after group decisions. To err is human. Maltreatment
is defined as that situation which makes a parent or
or the family to function more adequately or by seeking

The community must set up a plan where-
by cases of suspected maltreatment are reported to an
appropriate investigative agency as soon as they are suspected. Action should be ini-
tiated immediately upon receiving the tele-
phone report. The physician may be too late to help the child. The agency
must have medical and paramedical
personnel available and, as already mentioned, adequate staff and the
prompt and effective job. The agency must then take the
necessary action either by helping the family to function more adequately or by seeking

As indicated earlier, various plans of child
are being tried in many communities. Where the legal basis and the

23 The need for prompt investigation of the
case reporting to an authorized agency
that can offer prompt, protective action for the
child; investigation of the circumstances
of the incident; the arraignment of
the child; the issuance of a
register exists, a physician, hospital admin-
istrator, or social worker can, by telephoni-
quickly discover whether a case is one involving repeated injury or neglect and
possible abuse. The registry may be maintained by any agency the community selects, but agreement is needed either in the city or county department of health or welfare is the most logical choice, since it is more likely to have necessary financial and clerical support. Such a program is experienced in maintaining registers.

The Committee urges those communities that already have effective child protective services to extend their programs to include a registry.

Wilson reported a case that raises the important question: What shall be done about a child suspected of having inflicted injury on a child who is later found innocent? How does this name get removed from the register? This might be very simple when the suspicion is not defensible on fact, or when there continues to be doubt as to guilt of the parent. However, when the parent is proved innocent his record should be destroyed.

In setting up a program it is most important that the reporting physician or hospital be given legal immunity in reporting suspected cases. A society to that end and will encourage the person to report a case of suspected abuse which he otherwise might not do.

Recommendations

The Committee on the Infant and Preschool Child believes that mandatory reporting by physicians of suspected cases of child abuse is justified and that legislation for the purpose should be primarily of a protective rather than a punitive nature. It also believes that communities should be encouraged to develop their own programs outside the across service to protect the child after a case has been reported.

Legislation should be guided by the following principles:

1. Physicians should be required to report suspected cases of child abuse immediately to the agency legally charged with the responsibility of investigating child abuse, preferably the county or state department of welfare or health or their local representatives, or to the nearest law enforcement agency.

2. The agency should have ample personnel and resources to take action immediately upon receipt of the report.

3. Reports should be investigated promptly and appropriate service provided for the child and family.

4. The child should be protected by the agency either in the home, hospital, or supervised at home, or removed from home through family or juvenile court action when indicated.

5. The agency should keep a central register of all such cases. Provision should be made for the removal of case records from the register when it is found that abuse did not, in fact, occur.

6. The reporting physician or hospital should be granted immunity from suit.

A program following these principles should be successful in identifying abused children and in protecting them from further abuse; in restoring those families that are capable of rehabilitation; in allowing the physician to perform responsibly within the bounds of his profession; and in allowing the community to meet its obligations to its children.

Committee on Infant and Pre-School Child

Samuel Karelitz, M.D., Chairman.

William Curtis Adams, M.D.

Talcott Bates, M.D.

Paul A. Harper, M.D.

Herman W. Lipow, M.D.

Footnotes


Acknowledgment

The Committee wishes to acknowledge the valuable assistance of the following in the preparation of this manuscript: Miss Jean Rubin, Dr. Katherine Bain of the Children's Bureau, and Mrs. Ethel Ginsberg of the Citizens Committee for Children, New York.

From the U.S. Department of Health, Education, and Welfare

The Abused Child

Introduction

Child neglect and abuse are not new phenomena in our society, or in any society. Wherever there is a failure of the attacks on infants and young children by parents or other caretakers. Evidence of this abuse, and awareness of it on the part of physicians, is not new. It was brought to the Children's Bureau about 1960. Spurred by these accounts and by the interest aroused by the symposium on "The Battered Child" at the meeting of the American Academy of Pediatrics in October 1961, the Children's Bureau undertook the task of assembling information and starting action.

In January 1962, a group of consultants was asked to meet with the Children's Bureau to consider what might be done. This group was impressed by the results reported from California, where mandatory reporting by physicians and hospitals is in force. One of the steps suggested by this group was the development of a legislative package.

Subsequently, the Children's Bureau called together a small technical group. largely from the legal profession to discuss and develop legislation on this subject. Using this group's conclusions as a basis, the Children's Bureau, in conjunction with the Office of the General Counsel of the U.S. Department of Health, Education, and Welfare, drew up a statement of principles and suggested language for State legislation on reporting of the physically abused child. This material was not developed by these physicians, lawyers, social workers, juvenile court judges, hospital administrators, and interested citizens. Agreement on the need for such legislation among them and some of the specifics, especially of opinion in New York as far as possible, the ideas of the consultants have been incorporated and differing approaches reconciled in this pamphlet.

The sole purpose of this legislative proposal is to protect the child. By identifying the child and by subjecting the adult to the probable level of punishment, will lead to protection from further abuse and to providing him with a safe and wholesome environment denied him by his rightful protectors—his parents.

Principles and Suggested Language for Legislation on the Physically Abused Child

Many State laws that protect children from injuries and hazards already exist. As children become more vulnerable to danger in our fast-moving, ever-changing society, other protections are needed.

This legislative guide represents the first several steps which the Children's Bureau believes must be taken to assure identification, protection, and treatment for children who have been inflicted injuries upon them by their parents or others responsible for their care. A growing number of such injuries are being reported by medical personnel who are in a position to detect them.

This guide for State legislation is a first step and would require official reporting of these cases. The committee does not see legislation as the child issues that are seen most frequently by physicians in hospitals, or private practice. This legislation would place upon physicians the responsibility for identifying the child, but the responsibility for taking the appropriate legal steps would be that of the proper law enforcement official. At present, law enforcement constitutes the only chain of services which is sure to exist in even the smallest community: a physical or medical person given responsibility for this reporting. Upon receipt of such a report, the law enforcement official may follow any of several measures to ensure care and pro-
Children have the responsibility spelled out in their welfare laws. The Children's Bureau legislative guide, Proposals for Drafting Principles and Suggested Language for Legislation, provides a context for this. The guide specifically defines this responsibility and makes it mandatory on the welfare department to provide administrative officials with information about cases of abuse. The guide also states that the welfare department shall have the responsibility for initiating protective services in the case of a child who is abused or mistreated.

Parents have the primary responsibility for meeting the needs of their children. Society has an obligation to help parents discharge their responsibilities. Society must assume this responsibility when parents are unable to do so.

The physical abuse of children frequently follows a pattern of severe and repeated injury to very young children. The evil which this present pamphlet seeks to alleviate, and to eliminate in reported cases, is that inflicted on children. The attempts by those who should be least likely to engage in such conduct—parents or other persons responsible for their care—show the children are most likely to need the protection of society. When children are abused or mistreated by others, the state for their care and protection are expected to take whatever action may be indicated under the law. But when the family or other persons responsible for the care of children, when it has produced injuries and threatens them with more, the duty of the state is to provide protective services. In the vast majority of jurisdictions, the state has the responsibility to intervene in cases of abuse when it becomes known. The state's duty is to protect children from abuse and to prevent further harm. The state must act promptly when abuse is suspected.

Indeed, the Children's Bureau publication Proposals for Drafting Principles and Suggested Language for Legislation on Public Child Welfare requires that the Federal Government recommends that it be mandatory on the State department to investigate complaints of neglect and abuse of children and to offer social services or make proper referral to another agency.

SUGGESTED LANGUAGE FOR STATE LEGISLATION ON REPORTING OF THE PHYSICALLY ABUSED CHILD

An act for the mandatory reporting by physicians and institutions of certain physical abuse of children

1. PURPOSE

The purpose of this Act is to provide for the protection of children who have had physical injury inflicted upon them, and who are further threatened by the conduct of those responsible for their care and protection. Physicians and others who become aware of such an occurrence shall report to appropriate police authority thereby causing the protective services of the State to be brought to bear in an effort to protect the welfare of these children and to prevent further abuses.

2. REPORTS BY PHYSICIANS AND INSTITUTIONS

Any physician, including any licensed doctor of medicine, licensed osteopathic physician, intern or other person rendering medical or surgical care to a child, or any social service worker or other person having reasonable cause to suspect that child under the age of 18 years who has received serious physical abuse, generally from a parent or foster parent, shall cause a report to be made in accordance with the provisions of this Act.

3. NATURE AND CONSENT OF REPORT: TO WHOM MADE

An oral report shall be made immediately by telephone or otherwise, and followed as soon as practicable by a written report to an appropriate police authority. Such reports shall contain the names and addresses of the child and his parents or other person responsible for his care, shall state cause or to have been produced by a metabolic disorder, an infectious process, other disturbance. In these patients specific diagnostic procedures and radiologic examination of the entire skeleton may provide objective confirmation. Following diagnosis, radiologic examination can document the healing of lesions and reveal the appearance of new lesions if additional trauma has been inflicted.

The radiologic manifestations of trauma to growing skeletal structures are the same, whether or not there is a history of injury. Yet there is reluctance on the part of many physicians to accept the radiologic signs as indicating abuse when the evaluation for possible abuse. Occasionally, examination following known injury discloses signs of other, unsuspected skeletal involvement. When considered in conjunction with the clinical and radiologic examination of the entire skeleton may provide objective confirmation. Following diagnosis, radiologic examination can document the healing of lesions and reveal the appearance of new lesions if additional trauma has been inflicted.

The radiologic manifestations of trauma to growing skeletal structures are the same, whether or not there is a history of injury. Yet there is reluctance on the part of many physicians to accept the radiologic signs as indicating abuse when the evaluation for possible abuse. Occasionally, examination following known injury discloses signs of other, unsuspected skeletal involvement. When considered in conjunction with the clinical and radiologic examination of the entire skeleton may provide objective confirmation. Following diagnosis, radiologic examination can document the healing of lesions and reveal the appearance of new lesions if additional trauma has been inflicted.

PSYCHIATRIC ASPECTS

Psychiatric knowledge pertaining to the problem of the battered child is meager, and the problem is only partially understood, because of the non-existent. The type and degree of physical attack varies greatly. At one extreme, there is direct murder of children. This usually occurs when the perpetrator is a parent, and in these individuals, a frank psychosis is usually readily apparent. At the other extreme are those cases where no overt harm has been observed, and the child has been in the care of the mother, comes to the psychiatrist for help, filled with anxiety and guilt related to fantasies of hurting the child. Occasionally the child is the perpetrator, and a well-developed paranoid delusion, and has resulted in severe slapping or spanking. In such cases the adult is usually responsive to treatment; it is not known whether the amount of abuse by the adults would progress to the point where they would inflict significant trauma on the child.

6. PENALTY FOR VIOLATION

Anyone knowingly and willfully violating the provisions of this Act shall be guilty of a misdemeanor.
between these 2 extremes are a large number of battered children with mild to severe injury which may clear completely or result in permanent damage or even death after repeated attack. Descriptions of such children have been given by investigators including radiologists, orthopedists, and social workers. The latter have reported on their studies of investigations of families involved in such attacks and of their work in effecting satisfactory placement for the protection of the child. In some of these published reports the parents, at least one parent or both, have admitted the abuse, have been found to be of low intelligence. Often, they are described as psychopathic or sociopathic characters. Alcoholism, drug addiction, prolonged marital and minor criminal activities are reportedly common amongst them. They are immature, impulsive, self-centered, hypersensitive, and quick to react with poorly controlled aggression. Data in some cases indicate that such attacking parents had themselves been subject to some degree of attack from their parents in their own childhood.

Beating of children, however, is not confined to people with a psychopathic personality or of borderline socioeconomic status. It is a persistent feature of parents with good education and stable financial and social background. However, from the scant data that are available, it would appear that in these families as well, a basic neurotic structure which allows aggressive impulses to be expressed too freely. There is also some suggestion that the attacking parent was subject to some degree of depression. This would appear to indicate that one of the most important factors to be found in families where parental assault occurs is "to do unto others as you would have them do unto you." It is surprising; it has long been recognized by psychologists and social anthropologists that patterns of child rearing, both good and bad, so similar in one generation, recur in memory and are transmitted to the next in a relatively unchanged form. Psychologically, one could describe this phenomenon as an identification with the aggressive parent. It is also possible that the parents have strong wishes of the person to be different. Not infrequently the beaten infant is a product of an unwanted pregnancy, a pregnancy which is terminated by a suicide. Often the marriage, or at some other time felt to be extremely inconvenient. Sometimes several children in one family have been beaten; at other times the attack occurred at a moment of a violent attack while others are treated quite lovingly. We have also seen instances in which the sex of the child who is severely attacked is related to very specific factors in the context of the abusive parent's neuroses.

It is often difficult to obtain the information that a child has been attacked by its parents. To be sure, some of the extremely sociopathic characters will say, "Yeah, Johnny would not stop crying so I hit him. So what? He cried harder so I hit him harder."

One mother who seemed to have been the one who injured her baby had complete amnesia for the episode. She had no recollection of the assault itself and was able to explain this behavior or for direct description of dealings. This may be the case because of the "passive phenomenon of the person to be different."

The following 2 condensed case histories depict some of the problems encountered in dealing with the battered-child syndrome.

REPORT OF CASES

CASE 1.—This patient was brought to the hospital at the age of 3 months because of enlargement of the head, convulsions, and spells of unconsciousness. Examination revealed bilateral subdural hematomas, which were drained. Physical development was delayed. She was admitted to the hospital at the age of 3 months because of a fracture of the right femur, sustained in an automobile accident. The physician obtained the necessary information in the usual way. Observation by nurses or other ancillary personnel of the behavior of the parents in relation to the hospitalized infant is often extremely revealing. The following 2 condensed case histories depict some of the problems encountered in dealing with the battered-child syndrome.

CASE 2.—This patient was admitted to the hospital at the age of 3 months with signs of central nervous system damage and was found to have a fractured skull. The parents were asked about the history of having had a "nervous breakdown" and minor criminal activities are reportedly common amongst them. They are immature, impulsive, self-centered, hypersensitive, and quick to react with poorly controlled aggression. Data in some cases indicate that such attacking parents had themselves been subject to some degree of attack from their parents in their own childhood.

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that some individuals may react with aggressive attack or psychosis when faced with demands beyond their intellectual capacity. This mother was not allowed to have unsupervised care of her child.

Up to this point, the therapeutic experience with the parents of battered children is minimal. Counseling carried on in social agencies has been far from successful or rewarding. Reports of successful psychotherapy in such cases. In general, psychiatrists feel that treatment of the so-called psychopath or sociopath is rarely successful except perhaps as a temporary measure to control the behavior of the child. However, the combination of exposure of the character structure of attacking parents is sorely needed. Hopefully, better understanding may be obtained in the control and release of aggressive impulses, will aid in the earlier diagnosis, prevention of attack, and treatment of parents, as well as giving better ability to predict the likelihood of further attack in the future. At present, there is no safe remedy. In the situation except the separation of battered children, the situation presents a patient with a high initial level of suspicion of the diagnosis of the battered child syndrome. If trauma is the result of hereditary, multiple, unexplained fractures at different stages of healing, failure to thrive, when soft tissue swellings or skin discoloration exists, or in the situation where the degree and type of injury is at variance with the history given regarding its occurrence or in whom any child dies, an extensive radiologic examination is only undertaken soon after known injury; if a fracture is found, reexamination is done after reduction and immobilization; and, if satisfactory positions have been obtained, the radiographic examination is usually not carried out for a period of 6 weeks when the cast is removed. Any interval films that may have been taken prior to this time have usually been unsatisfactory since the fine details of the bony lesions would have been obscured by the cast. If fragmentation and bone production are seen, they are considered to be evidence of repair rather than manifestations of multiple or repetitive traumas. If obvious fracture or the knowledge of injury is absent, the child is usually admitted to an institution for rough handling, whether the arm injury, particularly of the type of shearing injuries, which are common in a punitive way or in an attempt to speed his ascent upstairs or in an attempt to bring a reluctant child to his feet. This type of injury may be present. The extremities are the "hands" for rough handling, whether the arm injury, particularly of the type of shearing injuries, which are common in the excessive new bone reaction. Histologically, the reaction has been used by an adult hand in grasping and seizing usually involve traction and torsion; these are the forces most likely to produce the extensive fractures characteristic of battered children (Figs. 1 and 2). Shaft fractures result from direct blows or from bending and compression forces. Time After Injury That the X-Ray Examination Is Made.—This is important in evaluating known or suspected cases of child abuse. Unless gross fractures, dislocations, or epiphyseal separations were produced, no signs of bone injury are found during the first week after a specific injury. Reparative changes may first become manifest about 12 to 14 days after injury and continue over the subsequent weeks depending on the extent of initial injury and the degree of repetition (Fig. 4). Reparative changes are always present in children less than in adults and are reflected radiologically in the excessive new bone reaction. Histologically, the reaction has been confused with neoplasms because of the similarity of the reaction and the reaction of young growing tissue.

In the first months of life syphilis can result in metaphyseal and epiphyseal lesions similar to those under discussion. However, the bone lesions of syphilis tend to be symmetric and are usually accompanied by other symptoms of the disease. Serological tests should be obtained in questionable cases.

Osteogenesis imperfecta also has bone changes which may be confused with those due to trauma. These may be due to nondiagnostic trauma and local exaggerations most marked in areas of rapid growth. However, scurvy is a systemic disease, and all of the bones show the generalized osteoporosis associated with the disease. The dietary histories of most children with recognized trauma have not been carefully documented, but in most cases of growth, the vitamin C content of the blood has been determined, it has been normal.

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The principal concern of the physician should be to make the correct diagnosis so that he can make certain that a similar event will not occur again. He should report possible willful trauma to the police department or any special children's hospital or welfare agency in his community. The report that he makes should be restricted to the objective findings which can be verified and, where possible, should be supported by radiographs and roentgenograms. For hospitalized patients, the hospital director and the social service department should be notified. In many states the hospital is also required to report any case of possible unexplained injury to the proper authorities. The physician should acquaint himself with the facilities available in his community which agencies provide protective services for children. These include children's humane societies, divisions of welfare departments, and societies for the prevention of cruelty to children. In addition to the police department, maintain a close association with the juvenile court. Any of these agencies may be of assistance in bringing the case before the court. The physician alone has the legal power to sustain a dependency petition for temporary or permanent separation of the child from the parents if, in his judgment, it is in the best interest of the child. Furthermore, in addition to the legal investigation, it is usually helpful to have an evaluation of the psychological and social factors in the case. This should be started while the child is safe. If the child is not safe, a court order should be obtained so that such investigation may be performed.

In many instances the prompt return of the child to the home is contraindicated because of the threat that additional trauma offers to the child's health and life. Temporary protection of the child, in a supervised foster home is often indicated in order to prevent further traumatic injury to a child who is returned too soon to the home environment. It is too often, despite the apparent cooperative-ness of the parents and their apparent desire to have the child with them, the child returns to his home only to be assaulted again and suffer permanent brain damage or death. Therefore, the bias should be in favor of the child's safety; everything should be done to prevent repeated trauma, and the physician should not be satisfied to return the child to an environment where even a moderate risk of repetition exists.

**Summary**

The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. Although the findings are quite variable, the syndrome should be considered in any child exhibiting evidence of possible trauma or physical abuse. Any history of history or trauma, subdural hematoma, multiple soft tissue injuries, poor skin hygiene, or malnutrition) or where there is a marked discrepancy between the clinical history and the radiologic data as supplied by the parents. In cases where a history of specific injury is not available, or in any child who dies suddenly, roentgenograms of the entire skeleton should still be obtained in order to ascertain the presence of characteristic multiple bony lesions in various stages of healing.

Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but our knowledge of these factors is limited. Parents who neglect or abuse their children do not necessarily have psychotic or sociopathic personalities or come from borderline socioeconomic groups, although most published cases have been in these categories. In most cases some defect in character structure is probably present; often parents may be repeating the type of child care practiced on them in their childhood.

Physicians, because of their own feelings and their difficulty in playing a role that they find hard to assume, may have great reluctance in believing that parents were guilty of abuse. They may also find it difficult to initiate proper investigation so as to provide the child with protective services. Above all, the physician's duty and responsibility to the child requires a full evaluation of the problem and a guarantee that the expected repetition of trauma will not be permitted to occur.

**Cumulative Child Abuse Report**

**Hennepin County Welfare Department (Minnesota)**

January 1, 1972

Reference is made to Minnesota Statute 1961, Section 626.52 as amended by Laws 1963 (7–163), Chapter 484, and by Laws Chapter 759, 1965 (7–165). An act relating to the protection of children and battered child; requiring the reporting of injuries or evidence of injuries appearing to arise from the maltreatment of minors. The Exhibit of the Child Abuse Services of Hennepin County Welfare Department, from July 1, 1963, to December 31, 1971, totaled 383 children abused from 358 families. These referrals occurred as follows:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Number of All Cases</th>
<th>Number of Children Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1 to Dec 31, 1963</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1964</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 30, 1965</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1966</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1967</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1968</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1969</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1970</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec 31, 1971</td>
<td>112</td>
<td>107</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification of the extent of abuse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical abuse, severe, occurring one time. The beating resulted in lacerations or fractures—55 incidents.</td>
</tr>
<tr>
<td>2. Physical abuse, moderate. No fractures but bruises on face and body and beating usually occurring more than once. The abuse usually occurred as a result of severe uncontrolled discipline methods—567 incidents.</td>
</tr>
<tr>
<td>3. Physical abuse, minor. No fractures but bruises on face and body and beating occasionally occurring—567 incidents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
</tr>
<tr>
<td>1-3</td>
</tr>
<tr>
<td>Over 3-7</td>
</tr>
<tr>
<td>7-15</td>
</tr>
<tr>
<td>Over 15</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The ages of children physically abused ranged from 17 days to 16 years, with 63% under school age. The ages were as follows:

<table>
<thead>
<tr>
<th>Grand total</th>
<th>131</th>
</tr>
</thead>
<tbody>
<tr>
<td>E65.7 percent.</td>
<td>383</td>
</tr>
</tbody>
</table>
DEMONSTRATION PROGRAM FOR THE PREVENTION,
IDENTIFICATION, AND TREATMENT OF CHILD
ABUSE AND NEGLECT

Sec. 3. (a) The Secretary is authorized and
directed to make grants to, and enter
into contracts with, public and non-profit
private organizations for demonstration
programs designed to prevent, identify,
and treat child abuse and neglect. Grants
under this section shall-
(1) for the development and establishment
of training programs for professional and
para-professional personnel in the fields of
medicine, social work, and education, and
engaged in, or intend to work in the field of
the prevention, identification, and treatment
of child abuse and neglect;
(2) for the employment of teams of
professional and para-professional
personnel, who are trained in the prevention,
identification, and treatment of child abuse
and neglect, to engage in the prevention,
identification, and treatment of child abuse
and neglect;
(3) for such other innovative projects that
show promise of successfully preventing or
treating cases of child abuse and neglect as the
Secretary may approve.
(b) There are authorized to be appro­
priated $10 million for the fiscal year ending
June 30, 1973, and $20 million for each of the
succeeding four fiscal years.

THE NATIONAL COMMISSION ON CHILD
ABUSE AND NEGLECT

Sec. 4. (a) There is hereby established a
National Commission on Child Abuse and
Neglect.
(b) The Commission shall be composed of
fifteen members to be appointed by the Presi­
dent in accordance with such experience and
training in the field of preventing and treat­
ing child abuse and neglect as the President
shall determine to be appropriate for the pos­
tion on the Commission. With the approval
of the Senate and House, the President shall
appoint not more than four additional
members as the needs of the Commission
require. The Senate and House may at
any time modify or rescind the provisions of
this section without regard to the provisions of
section 5332 of such title. and the Commission
shall be entitled to reimbursement for travel,
subsistence, and other necessary expenses
incurred by the members in the performance of
their duties as members of the Commission.
(c) Members of the Commission shall
serve without compensation at the rate of $100
per day for each day during which they are
engaged in the performance of their duties.
(d) The Commission is authorized to enter
into contracts or agreements with Federal,
State, and local public agencies, and with private,
nonprofit firms, institutions, and individuals for
the conduct of research or surveys, the prepara­
tion of reports, and other activities necess­
ary to the discharge of its duties.
(e) Any vacancy on the Commission shall
be filled by the President, subject to the approval
of the Senate and House.
(f) The Commission shall submit a report
at the end of its term, and at such other times as
the President may determine, to the President,
the Senate, and the House, and the President
shall transmit a copy to the Governor of each
State, and to the governing bodies of each
municipality or other political subdivisions of
such States.
(g) The Commission shall have the power
to hold hearings, and to take such testimony
and evidence as it deems necessary.
(h) The Commission is authorized to make
appointments, enter into contracts, and enter
into agreements for the purposes of this section.
(i) The Commission is authorized to
make grants to, and enter into contracts with,
States, counties, public and private agencies
founded on the general principles of this Act.
(j) The Commission is authorized to make
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into agreements for the purposes of this section.
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(l) The Commission is authorized to
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enter into agreements for the purposes of this section.
And Child Welfare is getting more and more such calls from every source. Of course, once perhaps thought to be an exclusively urban problem, is increasing in this section of Kentucky and over the state as a whole.

According to Bonta, Child Welfare Region F (including Boyd, Greenup, Lawrence and 16 other Eastern Kentucky counties) reported eight suspected cases of child abuse in 1971. Last year, that figure jumped to 71 cases.

Between July 1, 1971 and June 30, 1972, more than 800 suspected cases were reported in the state.

"Child abuse is a problem that's been with us a long time, but it's remained hidden," Bonta said. "Now our department has the statistics to bring it out into the open."

Not all the cases are confirmed, but the rapid increase in the number of reported cases is a sign of increased awareness. "We really have no idea how much child abuse actually goes on," Bonta pointed out. "The reported cases are the only ones we ever hear about, and I'm convinced that incidence level is much higher than the reporting level."

According to Bonta, the case described above is not an isolated incident. He showed how the boy had been repeatedly abused by his father and the abuse was never reported because of efforts by the aunt and other family members to protect the father.

Shielding of abusive parents is one only reason why many child abuse cases go unreported. Officials are often reluctant to report the suspected child abuse because they fear the notoriety, court proceedings and other actions that might result.

In addition, many fear the abuse may be increased by involvement of the police, who refuse to do so. In addition, the law provides immunity for persons who report abuse cases.

Under that law, a citizen can file a report if he has any reason to believe a child is being abused, whether or not he has seen actual abuse take place.

"Justice sometimes has to be done first on its own, and then the department will take over from there," Bonta said.

"A lot of people are going to come forward, once they learn that it can be done," Bonta said.

The law has not only added to the number of reports, but it has added to the severity of the reports. Of the eight cases reported, all were serious cases requiring medical attention by physicians.

"I think that the nature of the cases has increased," Bonta said. "There is a lot more awareness among the public and the police, and they are coming in with more severe cases."
It is time that this body endeavor to correct this problem which the rules of amateur sports in this country cannot even see. I ask unanimous consent that there be printed in the Record at this point an article by Mr. Ron Barak from the Southern California Law Review titled: and an article by Mr. Ron Barak from the Southern California Law Review titled: "The NCAA-AAU Dispute," which gives an excellent and accurate picture of the dimensions of this problem.

There being no objection, the article was ordered to be printed in the Record, as follows:

**THE GOVERNMENT OF AMATEUR ATHLETICS: THE NCAA-AAU DISPUTE**

Jurisdiction over American amateur athletics has long been a subject of controversy. In the last several years the debate has become increasingly heated. Two groups—the Amateur Athletic Union of the United States (AAU) and the National Collegiate Athletic Association (NCAA)—have been particularly involved in this conflict. The main victims of the controversy, however, are the athlete, the coach and the public. In the past, and threatened reprisals against non-cooperating athletes have caused national resentment. In addition, America's position as a leading world power in amateur sports is being threatened.

The problem has so far defied solution, although a number of prominent people have attempted its settlement and federal legislation has been introduced to defuse the controversy. This Note will consider the positions of the various disputants, analyze the relationship of domestic sports to International competition, and present a possible solution.

1. STRUCTURE OF AMATEUR ATHLETICS

a. International

International federations and committees determine the eligibility of athletes for international competition. For instance, the International Olympic Committee (IOC) controls participation in the Olympic Games, generally considered to be a pinnacle of athletic achievement. Since domestic athletes must adhere to the International rules, the international bodies can effectively influence the domestic amateur competition. Much of the current dispute concerns the degree to which purely domestic activities should respond to these private international authorities.

In addition to the IOC, a few international federations govern individual sports. Among these is the International Amateur Athletic Federation (IAAF), controlling track and field, and the Federation Internationale de Gymnastique (FIG), with jurisdiction over artistic gymnastics. These bodies have the power to penalize athletes who do not comply with their rules of conduct. Since these bodies are the result of private international effort, as with the IOC, and administer independent and autonomous programs. In addition, the IOCs control the national federations and the technical supervision of the events on the Olympic program. In order for an athlete to participate in the vast majority of international competitions, he must be in good standing with the international federation in charge of his sport.

b. National

American athletes compete in both domestic and international events. The interwoven nature of the federations greatly complicates the government of domestic athletics. To some extent the failure to effectively resolve the AAU-NCAA dispute is due to misunderstandings about the relationships between these international and national organizations.

The IOC rules provide for the formation of national Olympic committees and authorization to joing the Olympic Solidarity movement, a federation of federations of their respective countries "to organize and control the representatives of their country at the Olympic Games." Only the United States, Canada, and Australia have been officially recognized and approved by the IOC, can enter competitors in the Olympic Games. The national federations are members of the national Olympic committee, and hold membership in their various respective international federations. Only one organization per country may hold membership in any one international federation. In any group of federations there is a separate national member for each International federation. In the United States, however, the AAU acts as the national member for eleven international federations.

Although there had been a national Olympic committee in the United States for some time, the United States Olympic Committee (USOC) was incorporated by act of Congress in 1950 "to exercise exclusive jurisdiction over all matters pertaining to the participation of the United States in the Olympic Games and to promote, conduct, or finance American sports competition of the Pan American Games..." at the USOC membership includes every important American amateur sports association. In accordance with IOC regulations, however, only one national governing body for each sport and provides that these national federations shall constitute a voting majority of the USOC. The USOC recognizes several national federations, giving the AAU ten votes and each other federation one vote. Presumably this is because the AAU acts as the national federation for track and field, where the votes of the athletes are distributed among the non-federation members.

The AAU was established in 1888 as a union of athletic clubs, operating under one central administration. This organization became impractical with expansion and in a few years the current structure, a union of district associations, with some degree of autonomy, was adopted. The AAU has a Board of Governors, which elects the President and officers. Voting control of the Board is in the district associations, although a few votes are given to the national collegiate, the Armed Forces, and past presidents and past secretaries of the AAU.

The IOC empowers the national federations to act as a liaison between the corresponding international federation and its national Olympic Committee. In addition no athlete may compete in the Olympic Games unless he is "a member of the organization in his own country affiliated to the International Federation recognized by the International Olympic Committee governing the sport in which he competes, unless he is a national or international federation of amateur athletes simply because they have the responsibility of enforcing international regulations.

In the United States, as in most other countries, many organizations maintain amateur athletic programs. Much of the current animosity arises because of the national collegiate federations' control over domestic athletics far exceeds that necessary for their interna-