

The Child Protection Team Handbook

*A Multidisciplinary Approach
to Managing Child Abuse and Neglect*

Edited by Barton D. Schmitt

Department of Pediatrics,
University of Colorado Medical Center,
Denver, Colorado



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1970's.

Understanding of Abuse and Neglect Dynamics

Familiarity with the basic characteristics of situations, parents, and children that contribute to child abuse and neglect is essential. Then, the worker must be able to interface these factors with judgment in deciding what constitutes a high-risk situation.

Knowledge of Pertinent Legal Process and Skill in Court Procedure

Knowing the legal definitions of abuse and neglect in state civil and criminal statutes, the procedures for exercising them, and the legal mandates for agencies such as police, courts, and social service departments is critical. Knowing how to file juvenile court petitions, testify, write progress and recommendations reports for the court with specific case plans, and the timetable to implement plans are also essential.

Frequently, the social worker needs to help prepare the parents for the court hearing. The parents should always be fully aware of the worker's recommendations and plans prior to the court hearing; whenever possible, this should be a mutual plan of the parents and the worker in the interest of the children.

Ability to Take Referral Information

Skill in knowing how to glean as much factual information as possible, often from very reluctant parties, explaining what action will follow the referral, giving assurance, and taking action quickly to initiate the actual evaluation are necessary intake skills.

Ability to Communicate through Writing

Knowing how to write succinct, accurate reports regarding intake findings, action taken, treatment plans, treatment progress, and recommendations is very important. Skills include the ability to relate content and style of writing to medical, social, legal, mental health, and educational agencies.

Skill in Interviewing Techniques

The worker must know how to make psychosocial evaluations, give support and information about what will happen to the parents, and begin establishing a treatment plan. This is an area of great importance, since it is the worker's immediate task to begin establishing an alliance with the parents, which serves as the foundation for the treatment plan. Moving beyond the parents' initial feelings of anger, loneliness, and guilt requires perseverance, understanding, and skill. (Simply assessing the family as

nonmotivated and resistant is unacceptable in protective services. The social worker must assertively and sensitively reach out to the families.)

Ability to Integrate Areas of Knowledge and Skill

This area has a twofold implication. First, the worker must be capable of blending together all of the gathered information in a comprehensive, organized picture of the family. Second, the worker must be able to combine sometimes disparate areas—for example, maintaining a supportive relationship with a parent, yet testifying in court regarding the family's shortcomings.

Initial Evaluation Responsibilities of the Social Worker

In a very simplistic sense, the social worker's main tasks are to ask the parents the right questions, listen carefully to what the parents say, make sound judgments with large doses of common sense. It is, of course, difficult to implement these ideas in practice, yet it is important to keep them in mind in order to maintain a perspective and not become muddled.

Before discussing the various tasks performed by the social worker during an evaluation, the ability of the worker to come to grips with the anxiety, and energy required to do intake evaluations in child abuse and neglect will be described. First, the social worker must be aware of the following nearly universal feelings: (1) anger at the parents, (2) denial that the child's injury was, in fact, nonaccidental, and (3) fear that something critical will be left out of the evaluation or that some blatant danger sign will be misinterpreted.

A helpful way of handling these types of feelings is to keep in mind some of the ideas previously discussed by Dr. Brandt F. Steele, Dr. C. Herma Kempe, and others in the literature on child abuse. For example, to be angry with the parents will not be productive in any way. In dealing with the anger, it is helpful to use the organizing principle that the abused parent is an abused child grown up. In other words, these parents have never had the opportunity in their deprived and needy lives to learn about other types of child rearing; they themselves, in many respects, are still very childlike and immature. To avoid the tendency to deny that an injury was inflicted, one must keep in mind that abusive parents, through their abusive behavior, are asking for help.¹ They do not want to treat their children badly. Denying that abusive behavior is occurring in a family is only setting up the family for further failure and, very likely, more dangerous abuse.

Compounding the feelings the social worker will inevitably experience:

the feelings the parents are having, which are often fear and loneliness. These feelings frequently are transformed into anger toward the social worker. The most important thing to keep in mind here is not to take what the parents are saying as personal attacks, but to interpret their behavior as a way of life for them.² In most situations, the social worker and the parents can work through this period. It requires considerable resiliency, patience, and understanding by the worker; but, in most cases, the parents will begin to believe that the worker cares about them, and they will take that important step of beginning to trust the social worker.

Perhaps one of the most comforting aspects of the multidisciplinary approach is in relation to the two areas discussed—that is, the feelings of the social worker and the feelings of the parents. For example, there is an inherent check and balance to the amount of denial which can go on, since the other team members will be able to help the primary therapist recognize it. Also, the social worker alone does not have to deal with the many problems (e.g., great dependency, argumentative nature, and frustrations) of the parents, because other disciplines are involved, and there is added opportunity for a variety of people with different expertise and from various agencies to handle these areas constructively.

Once the social worker's need to master certain universal feelings in these types of cases is understood, the five major tasks of the social worker during an evaluation can be discussed. Each of these tasks is closely related to the others; none should be considered in a vacuum, but rather as one of five tasks together comprising the evaluative role of the social worker. The tasks are: (1) evaluation of the safety of the home, (2) intervention with the parents, (3) initiation of legal action, (4) initiation of ongoing treatment services to the family, and (5) collaboration with other agencies.

EVALUATION OF THE SAFETY OF THE HOME

The first decision which must be made regarding the home's safety is sorting out referrals which require a full evaluation from those which do not. A full evaluation is indicated when: (1) the injury is inconsistent with the explanation, (2) the injury is an unusual accident, (3) either parent may be borderline or psychotic, and (4) poor parent-child interaction has been observed. A full evaluation is not indicated in custody matters in divorce cases (custody evaluations require another type of careful evaluation) or in neighborhood squabbles. These circumstances should initially be evaluated by the appropriate agency (for example, the county Department of Social Services or the police). They should not begin by having the extensive evaluation of a child abuse and neglect case.

In order to evaluate the safety of the home, one must keep in mind the three major areas in operation at the time of the abuse, and ask questions addressing those areas: (1) Do the parents have the potential to abuse—

that is, were they abused as children? Did they experience a "motherless," lonely childhood? Do they see severe punishment as warranted to get their child to "shape up"? (2) Is the child in some way difficult (for example, colicky or premature)? Or is the child perceived by the parents to be special or different? and (3) Is there a precipitating crisis which triggers the abuse?³

Other specific areas included in the social work evaluation are: (1) a psychosocial evaluation of each parent, (2) an assessment of the total family functioning—what is the need-meeting system of the family? A good organizing principle here is "Who is doing what for whom?" Usually, in the abusive family, the child is taking care of the parent, or so the parents expect (C. Pollock, *personal communication*), (3) a determination of the perception of the child by each parent—Is the child seen as a separate individual? Is he seen as good or bad? and (4) an assessment of the prognosis for future abuse—This last area is the compilation of the first three points, with special emphasis on the strengths and weaknesses of each parent, their coping skills, and adaptability.

During this initial acute phase, it is important to have good psychiatric consultation readily available in those situations where: (1) the safety of the home is unclear, and a further evaluation by another person would be useful, (2) termination of parental rights is strongly considered, or (3) where there is consideration that one parent is psychotic, dangerous to his child or others, severely depressed, or suicidal. In those children who require hospitalization because of inflicted injuries, it can be assumed that there is a serious lack of impulse control, severe psychopathology, or both in the parents which must be evaluated closely.

The social worker has specific responsibility at the multidisciplinary (dispositional) conference to present a succinct, yet sufficiently detailed, evaluation regarding: (1) personal history of each parent, (2) significant information about the child and his role in the family, (3) principal features of the family, (4) diagnostic impressions, (5) safety of the home, and (6) tentative treatment plans or recommendations. (These treatment recommendations may be modified as needed by the team at the meeting.) If the social worker doing the initial evaluation will not be the continuing therapist, the person who will be assuming that responsibility should, if at all possible, be in attendance at the team meeting.

INTERVENTION WITH THE PARENTS

One of the most frequent questions that arise regarding evaluations with abusive parents is, "How do you get your foot in the door?" This action doesn't depend as much on the social worker's background and education as on the way in which the worker comes across to the parent in terms of attitude and sensitivity. If the worker communicates a message of understanding and shows interest in what has been happening to the par-

erits, he or she will find that most parents will respond positively. Furthermore, it is important to relate to the parents' feelings of being scared and alone, letting them know that you think they are good people.

Second, protective service workers must also be aware of their own feelings about being involved in protective service. Anyone who is in this field must do some real soul searching regarding their motivation to do this work, and how comfortable they feel with the responsibilities, power, and authority inherent in the job. Protective service workers must be screened carefully with considerable emphasis given to personal qualities. (Chapter 20 discusses this point in detail.) A protective service worker must feel comfortable identifying him- or herself to the parents as a representative from the Department of Social Services. Clearly, the social worker's feelings about this will, in some part, be communicated to the parents, and will affect how they, in turn, feel about being involved with protective services. If the protective services worker is uncomfortable in a position of power, the parents will assume some of that worker's anxiety.

Third, it is extremely important to be completely honest with the parents about what is happening. Most parents during this initial period of time have many questions, as well as associated anger and fears regarding any agency involvement with them and their child. It is helpful to address both their feelings and questions in a straightforward and candid manner. For example, it is best for the worker to tell the parents from the beginning that he or she is from the Department of Social Services, that a referral was received, and what the specifics of the referral are. (The exception to this is maintaining the confidentiality of the referral source.) It is also necessary to talk with the parents about the filing of a child abuse report as required by law, and the legal steps which may or may not be initiated. In this way, the parents have the opportunity from the beginning to know what is happening to them. The worker is, therefore, setting the stage for the early development of a trusting relationship and precluding an escalation of suspiciousness. Maintaining a firm, yet sensitive attitude conveys the message that the worker is interested in the parents, sees them as good people, and is going to stand by them until their situation improves.

Concomitantly then, a fourth component of approaching the parents becomes apparent—predictability. As implied in the previous paragraph, one of the universal goals in all child abuse situations is to help the parents learn to trust others. It is, therefore, imperative that the social worker be predictable with the parents. The best way to accomplish this is to help the parents anticipate all agency actions by preparing them in advance. Examples of this predictability would include sharing with the parents, ahead of the court hearing, the social worker's report and recommendations; discussing with them the recommendations of the multidisciplinary team meeting; and whether or not the police will be contacting them.

Several good rules to follow when getting started with a family are:

1. Make an appointment with the family. Don't just drop in, since such action would heighten their suspicious inclinations.
2. Visit the parents as soon as possible following your phone call or initial contact with them. Setting an appointment for one or two days in advance is anxiety provoking to the parents.
3. Interview the parents separately and then together. More information will be gleaned in this way.

An extremely important area where the social worker can be of invaluable assistance to the parents is in helping them work out concrete problems such as transportation, child care, financial problems, and hospital bills. Many of our parents move from crisis to crisis, and help in these areas often needs to be provided so that the parents can become less overwhelmed. Helping the parents compartmentalize their problems, so they can begin to feel some relief and sense of control over their lives, must begin before any other type of change in their relationship with their children can be expected.

INITIATION OF LEGAL ACTION

The protective service social worker most often has the responsibility of initiating legal steps to protect the child. The legal considerations during the acute phase of intervention are: (1) whether a police hold is necessary to keep the child in the hospital, (2) the reporting of nonaccidental trauma cases to the local law enforcement agency, and (3) whether a juvenile court petition is indicated for removal of a child from his home or for the court to gain jurisdiction of the matter or both. In discussing all three of these areas, it is important that each county Department of Social Services has written guidelines available to its workers, discussing when each is indicated.

A social worker performing acute intervention in a crisis situation must know the specific steps to take when a child must be removed from his home—for example, Who to contact? What forms need to be filled out? The specific steps, as well as the agency philosophy, should be spelled out. Trying to determine these steps at a time of crisis is nonfunctional, and perhaps even dangerous to the child in question, if action isn't taken quickly and smoothly. The following three documents are examples of guidelines developed for use at the Adams County Department of Social Services in Colorado (Appendix D1-3):

1. Criteria for Filing a Neglect Petition.
2. Guidelines for Placement of a Child in Foster Care.
3. Guidelines for Returning a Child Home and Case Closure.

The specific ideas contained in these guidelines may or may not be applicable to the reader and his setting; however, what is being suggested is a clear agency statement regarding important areas, as well as step-by-

step guidelines developed within each agency for the protective service workers.

INITIATION OF ONGOING TREATMENT SERVICES TO THE FAMILY

If the social worker can be a positive, moving force during the crisis stage, it is more likely that the parents will accept services and intervention during the next phase—ongoing treatment. In most situations, the families will be in need of a variety of intensive services from several different agencies, and early referrals should be made to the other agencies. If the social worker doing the evaluation will not be the ongoing therapist, it is important that he or she remain actively involved with the parents until the new therapist can be introduced to the situation. At all times, the parents need someone on whom they can rely for continuous support and understanding. If adequate staff is available to permit sufficient and uninterrupted time to the family's treatment, it is preferable for one social worker to do both the initial evaluation and the ongoing treatment in that: (1) the services and support to the family have continuity, (2) the difficult process of beginning to trust a person does not need to be repeated, and (3) the establishment of rapport with the family is often easier at the initial time of crisis, rather than after the crisis has passed, and the parents have become psychologically well-defended again.

COLLABORATION WITH OTHER AGENCIES

There are a variety of other agencies that the social worker comes in contact with during the course of an evaluation, depending on what action is needed in the situation. For example, if a child needs to be taken into protective custody, it is necessary to involve the police or juvenile court. In working with the police, it is most helpful if there are one or two juvenile officers who have been specifically trained in procedures in the area of child abuse and are sensitive to the problem. This can be accomplished through inservice training with the local police departments on an ongoing basis. It is truly time well spent. Unnecessary punitive legal action (i.e., arresting the parents) can be avoided if there is trust and good communication between the law enforcement agencies and the Department of Social Services. Often the police who make a referral to the department are not advised of the outcome and, therefore, are left with the impression that "nothing happened." However, if they find that prompt follow-up and help is available to the parents, they may consider incarceration and criminal action less necessary. See Chapter 12 for a full discussion of police involvement in child abuse cases.

Other professionals with whom the worker may need to share informa-

tion and discuss plans are mental health workers, medical personnel, various attorneys involved in a case. The parent's attorney can be a person to smooth case-flow. If he is knowledgeable about child abuse dynamics and effects on the child, he can be instrumental in gaining cooperation for the worker from his clients. If he is an attorney not familiar with these problems, the child protective service unit should begin to educate him, because, without his sanction, any case-plan can be undermined. Sharing information with the parent's attorney and the guardians appointed for the children is also essential.

Guidelines for Evaluation Content

The following three tools are being included in this chapter to help social workers in actual evaluation and its recording. The three tools to be discussed are:

1. comprehensive social history outline.
2. brief social history outline.
3. high-risk checklist for physical abuse cases.

COMPREHENSIVE SOCIAL HISTORY OUTLINE

With the current heavy demands on protective service workers and limited time, it is necessary to see in what way their time can be best utilized. Inevitably, dictation is one of the areas which falls down when a worker is hardpressed for time. Also, in many situations, significant information never gets included in the record while tangential, extraneous material does. For these reasons, we developed a system of recording at the Ad County Department of Social Services in Colorado to streamline the material, as well as its location in the record, and to free some of the worker's time.

One general outline can be used for all the services offered by the agency, with specific addenda pertaining to the area of specialization (i.e., adolescent services, employment, services to unmarried parents). The recordings (Appendix D 4-8) are organized in the following manner:

1. Family Social Study—filled out by Intake Social Worker and applicable to all types of cases.
2. Addendum for Neglect/Abuse Cases—filled out by Intake Social Worker.
3. Family Service Recording—an ongoing recording form filled out by the treatment worker at regular intervals and at the time of case closure.

4. Initial Social Study for Child in Foster Care—filled out at time of child placement.
5. Child Placement Service Recording—an ongoing recording regarding a child in placement which is filled out at regular intervals and at the time of case closure.

BRIEF SOCIAL HISTORY OUTLINE

In those settings where such detailed information as contained in the Comprehensive Social History Outline may not be necessary (such as in a hospital, or private agency or practitioner's office), the following outline is one suggestion for recording a child abuse situation:

1. Identifying data (family composition, age, living arrangements, referral source and reason, and dates of interviews).
2. Personal history (elaboration on high-risk checklist or weaknesses of patient; strengths of patient).
3. Summary impressions and recommendations (disposition, awareness of problem by patient, treatability, degree of risk in home to child, prognosis, and motivation).
4. Follow-up (progress notes).

A sample social work evaluation using this format appears at the end of this chapter.

HIGH-RISK CHECKLIST FOR PHYSICAL ABUSE

This is a 10-point list of areas that we have found, by experience to be correlated with risk to a child in his home (Table 1). The main purpose of the checklist is to ensure completeness in interviewing and to help in organizing one's impressions about a family. It also helps in arriving at more than "gut level" feelings about a parent's abusive profile.

It should not be used to diagnose or confirm whether or not abuse took place in a home; rather it is a tool for assessing the safety of the home, after the diagnosis has been confirmed by medical findings. The one exception to this is the confirmatory value of a low (healthy) score in situations of a single unexplained injury that could not have occurred in normal play, but was not witnessed (e.g., an unexplained fractured wrist).

A low score on the checklist documents that the parents do not have in operation those three major areas characteristic of abusive parents—the potential to abuse, see the child in a distorted way, and the presence of crisis. The ten factors of the high-risk checklist are geared at getting to those three important areas. This checklist is not applicable to neglect or failure-to-thrive cases; it only pertains to physical abuse situations. The checklist should never be filled out in the presence of the parent(s).

A "concerning" score is probably anything above 30 percent. (If age scores are calculated by multiplying raw scores by 2.5.) Both parents do not have to have high scores for the family to be considered high risk; if one parent does, that is sufficient to warrant further investigation. Factors that are particularly differentiating are scores above 70 percent. We are in the process of validating the scores at the University of Colorado Center.

The ten factors on the checklist are weighted differently (Table 2). This was a subjective judgement based on the combined experience of having seen hundreds of abusive parents. We gave the lowest weight or importance, to the following areas:

1. Parent repeatedly beaten or deprived as a child.
4. Parent with low self-esteem or socially isolated.
10. Child unwanted or at risk for poor bonding.

These three areas received the lowest weighting, because they are common findings in society, and their presence does not necessarily mean the parent will abuse. For example, a parent may have hated his father when he was abused so much that he has made a conscious decision to treat his children differently.

The following four areas received intermediate weighting:

2. Parent has criminal or mental illness record.
3. Parent suspected of abuse in past.
5. Multiple crises or stresses.
7. Rigid expectations of child's behavior.

Numbers 2 and 3 represent more pathology in the parents' lives than in the first grouping. Number 5 could be the precipitating factor to the abuse. Number 7 is setting the stage, so to speak, for the parent to be warranted to abuse the child.

The following three areas received the highest weighting:

6. Violent temper outbursts.
8. Harsh punishment of child.
9. Child difficult or provocative.

Numbers 6 and 8 received the highest rating, because they denote that the parent currently is displaying aggressive behavior toward the child. Number 9 is weighted highly, because the child is currently precipitating the abuse. Also, all of these factors deal with problems present, thus placing the child in current danger.

Working with the Juvenile Court

For a community to have an effective protective service system, it is essential that there be a good working relationship between

13. Convey your concern for both the children and the parents in your testimony. Help the Court understand that because of the parents' childhoods, they have not been equipped to raise their children differently. Never accuse the parents of being bad.

14. Share your report and recommendations with the parents prior to the hearing. What is said in the hearing should not be a surprise to them; rather, they should be prepared for it in advance.

15. Avoid the "them-us" camps prior to the hearing. There is a tendency for the parents and their attorney to group outside the courtroom on one side of the hall, and the social worker, county attorney, and witnesses on the other. Avoid this at all costs, since it only creates more distance between the worker and the parents. Go over and talk with the parents; ask if they have any questions. Remember, these are frightened, lonely people and going to court is reinforcing their already poor self-images.

16. Anticipate the questions the opposing attorney is likely to ask. This helps in preparing your testimony.

17. Avoid psychiatric jargon in testifying. Describe the situation regarding what is happening in the family as clearly as possible for the Court.

18. Of those things about which you are confident, testify conveying that confidence. If you are uncertain regarding a particular point or don't know the answer to a question, it is all right to say so.

19. What to present in testimony from your total evaluation will depend largely on the type of hearing (for example, temporary custody, adjudicatory, dispositional, and review), as well as your judge and the information he requires. Minimally, it is necessary to be able to address those areas described in the court report outline specific to each type of hearing. Expectations of the Court will vary, depending on the judge. Therefore, it behooves the worker to have a sense of the local Juvenile Court's unique characteristics. If these expectations are unknown, ask the judge what information he needs, and initiate meetings between the Court and the Child Protective Service Unit so that significant information will be conveyed to the court during the hearings.

20. Don't try to second-guess the Court either in your written report or testimony. Your recommendation should be based on what you, in your best judgement, feel to be in the best interests of the child, not what you think the judge will order.

21. Prior to testifying have the names of the children and parents clear in your mind. Nothing can dilute testimony more than mixing up names on the witness stand.

Special aspects of how to use the Court from the social work standpoint include:

1. Encourage the parents to come to the hearings. Parents can be represented by counsel and not appear at the hearing; however, this encourages denial on their part, and it does not involve them in planning with the

Court and Department of Social Services. Often, the Court can serve as a positive, moving force on a case which has stagnated.

2. Bring a case back into court when it is not moving (for example, parents refusing to see the social worker). It is tragic to lose the time between hearings (three or six months) in a child's life. If the parents refuse to cooperate, set the hearing for an earlier date to expedite planning.

3. Pursue an early adjudication when termination of parental rights is a strong consideration from the beginning of involvement with the family, or when the parents are refusing to participate in the treatment plan (i.e., denying responsibility for the injuries, and are fixated on projecting blame to a third party, thus precluding their involvement in positive planning for the future) and where the child has serious injury(ies). In large part, adjudication can be obtained with well-documented, *currently* available information, and court delays are often legal tactics which should be avoided.

4. Do not let the county attorney "negotiate" with the parents' attorney without your input. "Hammering out" a stipulation, or plea bargaining, can be dangerous to children and should be done only with mutual agreement of the attorneys, social worker, and other involved professionals.

5. Consider court filings judiciously. It is easier to file a case early in the involvement with the family, rather than months after the intake evaluation when no progress has been made with them. In addition, evidence loses its potency and cannot be used the greater the period of time between the incident and the filing.

6. Try to have the same judge hear the case each time it is reviewed by the Court. Familiarity with the family and its problems aids the Court in making a decision.

Pitfalls

Lack of Resources

One of the difficulties characteristic of the social work evaluation which has not yet been discussed is related to the current dearth of adequate resources and staff in community agencies. This situation increases pressure on the social workers and contributes to a high turnover rate. Protective service workers today feel great inner frustration. They want to provide more and better services to families; however, under the current fiscal constraints, they are unable to do so. To execute these evaluations, a special type of energy which allows a person to move quickly, assimilate the information, and make good judgements is required. When a social worker has too many cases to evaluate, the quality of service is often, by

necessity, reduced. To maintain the quality of service, as well as reduce worker turnover, a variety of approaches must be considered:

1. Provide workers with other than evaluation responsibilities. Doing "intakes" is particularly draining work, with no sense of completion. It is important for the social worker to have the opportunity to work with one or two families on levels other than the evaluative level and to provide services from evaluation through treatment to case closure. It is also helpful to have protective service workers carry some voluntary service families who are motivated and openly wanting services. Among the other types of experiences which can be used to balance the draining nature of abuse and neglect evaluations are: groups, therapy with a child, and supervision of a lay therapist.

2. Consider difficult case decisions as shared responsibilities utilizing the multidisciplinary review team and involving other agencies in the case.

3. Provide much ongoing support to the social workers from their supervisors, peers, and the administration of the Department of Social Services.

Misleading Evaluations

It is easy to be seduced by some parents who are particularly apt at portraying good impressions, yet are masking more severe pathology. To avoid being caught in this trap, don't make a decision based on just one aspect of a family. Put together the total picture, check all resources where the family might be known, and interview the parents more than once to solidify or amend initial impressions.

Over-identification with the Parent, Child, or Community

Maintaining objectivity in these cases is sometimes difficult, though absolutely necessary to make the best decisions regarding the family. For example, if the parents' rights are considered to the exclusion of the child's rights, the child could be placed in great physical and emotional danger.

Sample Social Worker Evaluation

I. Identifying Data

Family Composition: Father—Robert Dubin, 19 years old
 Mother—Janet Dubin, 18 years old
 Child—Brian Cohen, 16 months old

The Dubins were referred to Colorado General Hospital by a private pediatrician from a small, rural Colorado community where the family resides.

The referral was based on a possible failure-to-thrive diagnosis. Dubin felt Brian wasn't gaining adequate weight, and she was having difficulty getting him to eat. In general, Mrs. Dubin thought that there was "something wrong" with Brian; further, she considered him to be "easily" bruised. Brian had a history of frequent bruises. At the time of being admitted to Colorado General Hospital, he had three unexplained facial bruises. The previous six weeks he had almost continuous bruises of the face. On one occasion, he had grab marks on the arm from being held too tightly, which, the parents agreed, occurred while Mrs. Dubin was holding him by the wrist. Due to the concern for frequent, unexplained bruising on this child, a trauma X-ray series was done at the hospital. It revealed a six-to-eight-week-old healing fracture of the right collar bone. Mrs. Dubin could offer no explanation for the broken collar bone other than to say that, in the past, he had climbed out of his crib and fallen accidentally.

In terms of the child's weight and development, there was no indication of underfeeding; rather he was seen by the doctors to be a small, thin child which is likely genetic to this family. Brian impressed me as a rather depressed child. While being observed in his crib on the nursery, he seemed to sit in one place without much movement for extended periods of time.

Mr. and Mrs. Dubin were interviewed on January 22 and 23, 1968, a total time of approximately two and one-half hours. Earlier in the evaluation of Brian, the Dubins were quite cooperative in sharing information. However, later in the evaluation, when there was concern regarding the bruises and the broken collar bone, Mrs. Dubin became very agitated. There had been previous reports of suspected abuse in the community, and Mrs. Dubin wanted to leave the hospital immediately when she realized this was part of the evaluation.

II. Personal History

Mother: Janet is an attractive, neat 18-year-old woman whose personality is dominated by one mainly of anger and suspicion. She refused to share any information regarding herself initially. However, interestingly enough, she did open up freely following the decision to hospitalize Brian. She impressed me as being a girl of above-average intelligence, who was extremely independent in the world in general, and distances herself from others through her temper.

Janet described an emotionally-impoverished childhood, receiving little positive nurturing from either parent. Janet felt she was somewhat closer to her father than her mother, and she described him in terms of "a strong man." There was a markedly distant relationship with her mother, and Janet felt that she "never felt loved by her." Janet grew up in Colorado, where her father is a rancher and her mother is a housewife. She is the oldest of three children, and she perceived that her younger brother was the