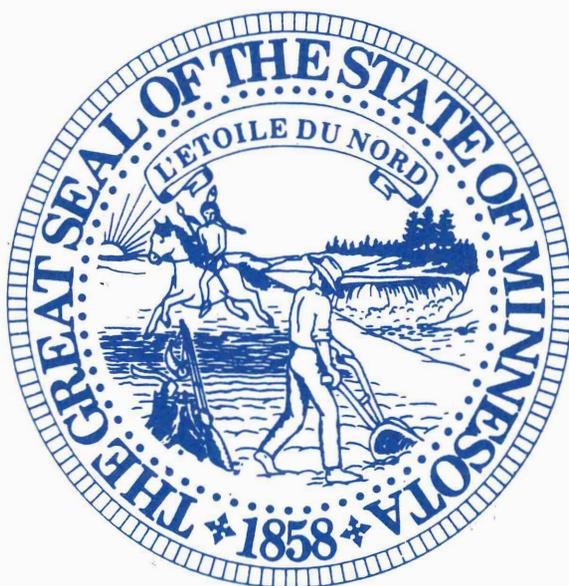




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Attorney General's Task Force on Child Abuse Within the Family



A Report to
Hubert H. Humphrey III
Attorney General
October 2, 1986

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ATTORNEY GENERAL'S TASK FORCE ON CHILD ABUSE WITHIN THE FAMILY

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Hubert H. Humphrey, III
Attorney General
102 State Capitol
St. Paul, Minnesota 55155

Dear Attorney General Humphrey:

The Task Force on Child Abuse Within the Family which you appointed on January 16, 1986, has completed its work and formulated its recommendations, which are contained in the attached report.

The task force held eleven public hearings, heard from over seventy-five witnesses and solicited written comments from over two hundred child abuse professionals. Testimony was given by representatives from all segments of the criminal justice and human service systems. In addition, it heard the anger and frustration from survivors of abuse, current victims and those who felt unjustly accused.

Our response to that testimony is the attached 85 recommendations. They range from expressions of support for present policy to suggestions for new programs aimed at increasing intervention. They reflect the following broad principles:

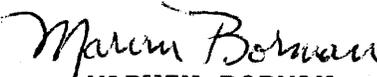
1. The need for greater focus on prevention of child abuse.
2. The importance of increased training for all involved in the processing and treatment of child abuse cases.

3. Establishing effective interdisciplinary child abuse teams to insure the most appropriate handling of the cases.
4. The tremendous need for statewide leadership in the human services area.
5. The acceptance of the fact that the system is not perfect, but that we can solve today's problems, anticipate there will be new ones tomorrow, and that we need the courage to experiment with a variety of ways of resolving family abuse and lessening trauma.

When this task force accepted your charge to examine our system of child protection and develop ways to lessen the trauma to victims and families, it was with the understanding that a concerted effort would be made to translate our efforts into action. We agreed and understood that what was desired was more than mere study and reflection. We believe we have met our charge.

The task force is committed to seeing that these recommendations are implemented. We urge your support and assistance in this effort. The result will be an improved system of child protection in Minnesota, sensitive to the needs of both families and victims.

Very truly yours,


MARVIN BORMAN
Co-Chair


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ACKNOWLEDGEMENT

A special thanks to those individuals who came forward and testified or took the time to submit written responses to the task force's mission statement. Their cooperation was essential to the success of this project.

Also deserving of the task force's gratitude are the Blandin and General Mills Foundations, for their financial support in funding the task force's efforts and to Control Data Corporation and Honeywell, Inc. for publishing this report.

Finally, thanks to the Hubert H. Humphrey Institute of Public Affairs and to Attorney General Hubert H. Humphrey, III, for their staff support of the task force's efforts.

INTRODUCTION

Children are our most precious resource. When they are abused, we all suffer. Yet, suffer they do, in numbers which seem unfathomable. None would dispute that child abuse must be eliminated. But how we accomplish that noble objective has been the subject of much public debate.

That debate often focuses on conflicting goals in dealing with victims, families and perpetrators. Stopping the cycle of abuse, treating the needs of the victim, restoring the family, punishing and rehabilitating the offender, all come into play in these cases. Sometimes the very system which seeks to protect victims is the source of further victimization.

In an effort to develop a more uniform public policy, consistent with lessening the trauma faced by victims and families, Attorney General Hubert Humphrey III on January 16, 1986, formed a task force on child abuse within the family.

The task force is composed of 21 individuals, representing a broad range of civic, community, business and religious organizations. Only five members of the task force work with child abuse on a professional basis.^{1/} Attorney General Humphrey said at the time that public policy formulation could be achieved in a more thoughtful and comprehensive manner if those involved in the deliberations were detached from the emotionally charged political environment that usually flows from the discussion of child abuse.

^{1/} See Task Force membership list at iii-iv

The Attorney General asked the task force to specifically examine child abuse within the family.^{2/} The task force focused on three major questions: (1) how to reduce trauma to children and their families in those instances when the state has intervened as a result of a child maltreatment allegation; (2) what the roles of punishment and treatment in cases of familial abuse should be; and (3) how important is the preservation of the family unit.

The task force held eleven public hearings -- eight in the Twin Cities metropolitan area and three in Greater Minnesota (Grand Rapids, Rochester and Marshall). It heard from over 75 witnesses, including county attorneys, public defenders, judges, human service and law enforcement officers, physicians, therapists, guardians ad litem, victims, victim advocates and parents who said they had been falsely accused.^{3/} It solicited written comments from over 200 child abuse professionals. Three nationally prominent researchers appeared before it: Lucy Berliner, Harbor View Medical Center, Seattle, Washington; Robert "Bud" Cramer, Madison County District Attorney, Huntsville, Alabama, and developer of the Huntsville National Children's Advocacy Center; and Dr. Gary Melton, professor of law and psychology at the University of Nebraska, Lincoln, Nebraska. The task force's efforts were funded by a \$12,000 grant from the Blandin Foundation.

^{2/} Child abuse within the family includes abuse involving "familial relationships" or "significant relationships," as those terms are defined in Minn. Stat. §§ 609.364, subd. 9 and 609.364, subd. 15 (Supp. 1985).

^{3/} Appendix B, task force witness list.

SCOPE OF THE PROBLEM

Until recently, child abuse was one of society's best kept secrets. Obviously that has changed. Highly publicized cases, such as those in Scott County, have raised both public consciousness and concern as to the nature and extent of the problem and our ability to resolve it.

Child abuse^{4/} occurs too often in everyone's neighborhood. Research has shown that while there is a strong correlation between poverty and neglect of children,^{5/} physical and sexual child abuse are not limited to any particular economic or racial group.^{6/}

In recent years, reports of all types of child maltreatment have increased dramatically. Nationally, since 1976, reports of child maltreatment have increased by 158 percent.^{7/} In 1984, there were 1.7 million cases nationwide of reported abuse and neglect.^{8/} In Minnesota, the Department of Human Services' reports

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- ^{4/} Child abuse and child maltreatment mean neglect, sexual abuse and physical abuse, as those terms are defined in Minn. Stat. § 626.556.
- ^{5/} National Center on Child Abuse and Neglect, The National Study of the Incidence and Severity of Child Abuse and Neglect, U.S. Department of Health and Human Services, 1981.
- ^{6/} Alene Beyer Russell and Cynthia Mohr Trainor, Trends in Child Abuse and Neglect: A National Perspective, (Denver: Children's Division, American Humane Society, 1984), p. 33.
- ^{7/} U.S. Department of Health and Human Services, Clearinghouse on Child Abuse and Neglect, "An Informed Approach to a Shared Concern," March, 1986, p. 3.
- ^{8/} Dr. Robert ten Bensel, Unpublished document presented to the task force, February 18, 1986.

of child maltreatment showed an increase of 68 percent from 1982 to 1984.^{9/}

Sexual abuse accounts for less than ten percent of reported maltreatment cases.^{10/} Yet, the most pronounced increase in the number of reported cases has occurred in the area of child sexual abuse. In 1976, the first year national data was collected, child protection agencies reported 1,975 cases of child sexual abuse. By 1983 that number had increased to 71,691.^{11/} In Minnesota, the number of reported cases of sexual maltreatment of children increased 133 percent from 1982 to 1984.^{12/}

While there has been a steep rise in the total number of reported cases, there has been a slight decline in the percentage of substantiated cases. Those figures for Minnesota are as follows:

9/ MINNESOTA CHILD MALTREATMENT REPORTS

1978 - 2,589	1983 - 11,422
1981 - 8,003	1984 - 16,676
1982 - 9,941	

Minnesota Department of Human Services, Child Maltreatment in Minnesota 1982-1984, February, 1986, p. 4.

10/ U.S. Department of Health and Human Services, Child Abuse and Neglect, p. 24.

11/ David Finkelhor, "How Widespread is Child Sexual Abuse?" Children Today, Vol. 13 (July-August, 1984), pp. 18-20.

12/ Minnesota, Department of Human Services, Child Maltreatment in Minnesota 1982-1984, Statistical Supplement, February, 1986, p. 9.

REPORTS OF CHILD MALTREATMENT IN MINNESOTA
Minnesota Department of Human Services

	<u>Total Number</u>	<u>Number Substantiated</u>	<u>Percent Substantiated</u>
1982	9,941	4,134	42%
1983	11,422	4,740	41%
1984	16,676	6,460	39%

The percentage of substantiated reports of child sexual maltreatment alone was somewhat higher:

REPORTS OF CHILD SEXUAL MALTREATMENT IN MINNESOTA
Department of Human Services

	<u>Total Number</u>	<u>Number Substantiated</u>	<u>Percent Substantiated</u>
1982	1,870	959	51%
1983	2,462	1,269	52%
1984	4,357	2,018	46%

These statistics must be read with care. Despite the increase in the number of reported cases, there is no strong evidence to indicate that child abuse is actually increasing. The rise in reported cases may be a function of improved reporting rather than an actual increase in abuse. Although the number of reports has increased, it is also believed that a significant percentage of abuse and neglect remains unreported.^{13/} Finally, there are differences among counties as to how they define substantiated and unsubstantiated cases of abuse.

^{13/} In their February 1986 report, Too Young to Run, The Child Welfare League of America reported that only one in five cases of abuse are reported.

The increasing number of cases contrasts with the availability of resources to handle the problem. The League of Women Voters' report Protecting Minnesota's Children noted that between 1976 and 1982 the dollar amount appropriated to child abuse and neglect under the Federal Child Abuse Prevention and Treatment Program declined by 14 percent.^{14/} These cuts have become greater with the current Gramm-Rudman legislation and increasing budget constraints at both the state and federal levels.

The task force heard testimony that increasing reports of child maltreatment coupled with budgetary cutbacks have jeopardized the ability of many local human service and law enforcement agencies to conduct adequate investigation and provide appropriate child protection services in each case of reported child maltreatment. Adequate resources must be made available to meet the needs of increasing caseloads.

I. PREVENTION

As the task force examined ways to reduce trauma to victims and their families after intervention, it became overwhelmingly clear that more emphasis must be placed on preventing child abuse. Responding to child abuse "after the fact" is inadequate.

^{14/} League of Women Voters of Minnesota, Protecting Minnesota's Children: Public Issues, 1986, p. 4.

Child abuse prevention is sound in both economic and human terms. The costs of child abuse are staggering. The range of responses to child maltreatment, from investigation to mental health services to incarceration of offenders, all tax the community's economic resources. In addition, the psychological cost to families who experience the trauma of child abuse is immeasurable.

The task force believes that primary prevention is a crucial factor in reducing trauma in families affected by child abuse. Primary prevention includes the identification of causes of child abuse and the strengthening of those efforts that inhibit its occurrence. Every effort must be made to stop the cycle of abuse.

The root of the most serious sexual and physical child abuse is often neglect: the failure to meet the most basic needs of families and children. More attention must be given to this aspect of abuse, which generates the largest number of child maltreatment reports, but the least amount of public focus. For example, in 1984 a full 77 percent of the 16,676 reports of child maltreatment in Minnesota were reports of child neglect.^{15/}

The treatment of adolescent male victims and offenders must also be considered. The task force heard that a significant percentage of victims are young males. Existing "rape crisis" centers may not appeal to these young boys as places of refuge. Greater effort must be taken to establish programs which motivate

^{15/} Minnesota Department of Human Services, Child Maltreatment, Statistical Supplement, p. 15.

these young male victims to come forward to report abuse. The task force heard testimony that, due to the cyclical nature of abuse, young victims may, if untreated, later become abusers. Accordingly, there is great potential to prevent future child abuse if young offenders receive treatment.

The task force believes that increased education for young and old alike is essential in preventing abuse. Efforts to teach children where to go for help, how to say no and the difference between "good" and "bad" touch must continue. More effective programs which teach young parents and others alternative, non-violent means of dealing with their children must be made available in schools and throughout the community.

Child abuse prevention is a community-wide responsibility. It encompasses both the public and private sectors. Prevention efforts in the public sector cannot be the responsibility of a single state agency. Therefore, the task force urges state agencies, such as the departments of public safety, human services, education and health to make identifiable commitments to the prevention effort. The recently organized Governor's Task Force on Child Safety, within the Department of Public Safety, and the Children's Trust Fund (Minn. Laws 1986, ch. 423), established by the 1986 Minnesota Legislature, are two worthwhile statewide prevention efforts.

In the private sector, businesses can aid in prevention by establishing employee assistance programs aimed at resolving issues of chemical abuse and family violence. Businesses can also support increased public awareness efforts.

Countless child victims are silently crying out for help. These cries must be heard and they must be recognized. Children must understand it is all right to talk--that they will be listened to and helped. A general public that is informed of the scope and magnitude of the problem of child abuse is more likely to support sufficient allocation of resources necessary to handle current child abuse and to also prevent future abuse.

PREVENTION RECOMMENDATIONS

The task force is convinced that more must be done to prevent child abuse. Accordingly, it recommends that:

1. The development and implementation of the Children's Trust Fund, (Minn. Laws 1986, ch. 423) be supported by the state and local units of government.
2. The State Department of Education, working with local school districts, develop and implement both adult and secondary level prevention education programs, such as those emphasizing parenting skills and non-violent means of problem resolution. A health education specialist, working with local school districts, could facilitate these efforts.

3. Improved definitions and clearer guidelines for dealing with neglect within the family be developed by state and local human services agencies.
4. State and local human services and treatment facilities focus more attention on the needs of adolescents, particularly males, who abuse and who are abused.
5. To stop the cycle of abuse, more resources be directed to the development and continuation of treatment programs for adults who were victims of child abuse.
6. The state departments of health, education, public safety and human services provide greater resources to deal with prevention issues. Religious and civic groups should also assist in addressing and treating family violence.
7. Employers be encouraged to establish employee assistance programs to address family violence.
8. Public and private organizations develop public awareness programs aimed at identifying and publicizing indicators and prevention of abuse.
9. Research grants, supported by state and federal funds, be awarded to conduct research to learn what prevention programs and strategies are effective in eliminating child abuse.

II. TRAINING

Child abuse generates a broad range of often conflicting responses and approaches. Yet, there is a singular, consistent need in the area of child abuse: training. Dr. Robert ten Benschel, one of the first speakers to appear before the task force, noted the critical need for professionals involved in the assessment and investigatory process to be well-trained in order to separate valid from invalid allegations and to minimize or avoid having the system victimize the victim. Other presenters also testified that all those involved in the handling of child abuse need better training. Investigators need to be better trained in questioning children; prosecutors, judges and defense attorneys in dealing with child witnesses in court; therapists in the child's treatment, and foster parents in dealing with children removed from their homes. Across-the-board, training must be improved, made available, utilized, and in some cases mandated.

The task force believes that competent professionals offer the best hope of protecting children. Several persons who appeared before the task force testified that this requires both specialized and interdisciplinary training. Interdisciplinary child abuse teams whose members understand and respect the roles of other members can meet the needs of child victims and families more efficiently. Private sector professionals such as physicians, therapists and pastoral counselors can also benefit from interdisciplinary training.

Finally, the task force believes that state sponsored training must be responsive to the specialized needs of the Indian community with its unique sovereign status, as well as the distinct needs of minority and rural communities.

TRAINING RECOMMENDATIONS

The task force recommends that:

10. State and local government provide adequate resources to train all persons who work with families to identify and assist victims of child abuse.
11. Training for first responders (law enforcement, child protection staff) in recognizing, objectively investigating, dealing with abuse and in understanding child development be mandated by the state.
12. Interdisciplinary training be strongly emphasized.
13. State and local units of government support and encourage participation in Project IMPACT, a state-developed, federally funded training program.
14. The Minnesota Supreme Court require all trial court judges to participate in training programs.
15. Training by state and local agencies of minorities and non-minorities to work with the minority populations be encouraged.
16. More state and local training opportunities be made available to professionals in rural areas.

17. More specialized classes, including internships and field work, be made available at the undergraduate level for social workers and others involved in protecting children.
18. Minnesota health care and medical schools require more specialized training in recognition, treatment and prevention of child abuse as part of the core curriculum for medical students.
19. Minnesota law schools offer specialized training in issues surrounding maltreatment cases.
20. Seminars be encouraged to develop course work to teach appropriate responses to child and family violence cases.

III. REPORTING ACT

The Child Abuse Reporting Act (Minn. Stat. § 626.556) appears to have had a significant and positive impact in the increasing number of reports of child maltreatment. However, the task force was informed that the Reporting Act also presents a dilemma. State law requires that law enforcement and human service personnel be notified when mandated reporters receive information (have reasonable cause to believe) that abuse has occurred. In effect, when a victim or family member informs a mandated reporter that abuse has occurred, the mandated reporter, i.e. doctor, counselor, therapist, etc., must inform appropriate authorities of the abuse allegations.

The task force heard testimony that mandated reporters do not fully comply with the reporting law. In part, resistance stems from lack of confidence in the judicial system, risk of alienating the victim and family and a belief that they can provide the needed services without reporting. In 1984, 8.3 percent of reported cases of child maltreatment in Minnesota were reported by medical professionals--far below what common sense dictates they come in contact with.^{16/} Another factor in failing to report familial abuse is fear of public disclosure when the report is forwarded to law enforcement and human services. The task force heard testimony that this fear of public disclosure results in victims and family members failing to report suspected abuse, despite wanting the abuse stopped. Dr. Sharon Satterfield, Program Director, University of Minnesota Program in Human Sexuality, told the task force of a potentially suicidal teenage girl who refused to come forward because she didn't want her father reported to the "authorities."

While the task force recognizes the dilemma faced by mandated reporters, it strongly supports compliance with the Reporting Act. Compulsory reporting laws provide the most effective means of generating intervention and breaking the cycle of abuse. However, the task force believes that the State should continue to explore ways to protect children while preserving the

^{16/} Medical professionals include private physicians, hospitals/clinics, public health nurses, coroners/medical examiners, other nurses.

confidentiality of those seeking help. On pages 36-37 of this report the task force outlines an experimental program to deal with self-reporting of child maltreatment. This voluntary treatment option is part of a three-pronged experimental approach to develop additional appropriate responses for increasing reporting and intervention.

REPORTING RECOMMENDATIONS

The task force recommends that reporting of child maltreatment be improved by:

21. Increasing efforts at the state and local level to educate mandated reporters as to their appropriate roles and responsibilities.
22. The establishment on a statewide basis of a toll-free, 24-hour, abuse hotline. The hotline would be staffed by trained personnel who would screen calls and direct callers to other available, appropriate resources. The hotline would work in conjunction with agencies such as the United Way First Call for Help program. All calls to the hotline would be confidential.

IV. HUMAN SERVICES INTERVENTION

The initial intervention by human services is a critical juncture in the handling of child abuse cases. The task force heard a number of concerns raised regarding human services intervention, including:

- A. The constantly expanding scope of intervention has taxed the resources of human services.
- B. The need for the most highly skilled child protection workers to screen cases at the intake stage.
- C. The need for state standards for assessment and management of child abuse cases to assure uniform inquiry in assessing risk, danger and level of immediate harm.
- D. The problem of inexperienced child protection workers being unable to conduct proper assessments and evaluations.
- E. Child protection workers suffering from inordinately high rates of burn-out.

The task force believes that at the stage of initial evaluation a full assessment of the child's problems and family relationship should occur. This would also provide more effective screening of cases which do not merit further action.

One difficulty in performing a thorough initial assessment is inadequate staffing and lack of trained personnel. Often, child protection service workers (CPS) are the least trained because those CPS positions are the entry point in many departments. The emotional "burnout" from dealing with abused children and dysfunctional families frequently results in high turnover. One person noted that child protection workers in Greater Minnesota rarely make it to their second anniversary of employment in that job.

Size of caseload also makes servicing the needs of families and children difficult. The problem of large caseloads is particularly evident in rural counties.

Perhaps because of inexperience, high caseloads, job stress, and burnout, many of the complaints regarding human services relate to the initial actions of child protection workers. These complaints often involve claims of hoax or false allegations. In the area of child custody cases, the problem of false allegations has become more pervasive. Not every allegation of abuse is true. Care must be taken so that individuals are not falsely accused of child abuse. The stigma and destructive impact of such allegations should not be ignored.

The issue in child protection is not guilt or innocence, but rather, to determine if the child is in need of protection and the family in need of services. Child protection workers should not view their job as the rescue of abused children from families. Because treatment of abuse often involves the entire family, child protection should avoid creating a hostile relationship with the child and the family. The task force believes that child protection workers must maintain objectivity in assessing family needs and determining whether abuse has occurred. By maintaining objectivity, child protection workers need not sacrifice any measure of protection for abused children.

One measure strongly supported by the task force, and consistent with state law, is to remove alleged offenders rather than children from a home where abuse is suspected. Removal of the child conveys that he/she did something wrong. It also unfairly separates them from others in the family. Alleged offenders, not children, should be removed when abuse is suspected. Removal of the child should only be considered when circumstances clearly demonstrate that the child will not be safe by remaining in the home.

HUMAN SERVICES RECOMMENDATIONS

The task force recommends that:

23. Human Services intervention focus exclusively on allegations of child abuse within a familial context. Investigation of abuse not involving family members should be handled by appropriate law enforcement personnel.
24. The State Department of Human Services provide uniform standards for intake and assessment. Local human service agencies should develop more extensive screening mechanisms for determining whether further investigation of a report of child maltreatment is appropriate.
25. Local agencies establish and adhere to standards for maximum caseload that permit efficient and effective handling of child abuse cases.^{17/}

^{17/} 1984 caseload survey by the Minnesota Attorney General showed caseloads ranging from 119 in Marshall County to lows of 10. Average reported caseload was 31.

26. Counties provide more adequate staffing to insure that CPS staff members have manageable caseloads.
27. The state establish competency standards or licensing for CPS staff.
28. Burnout of child protection workers be addressed by local human service agencies with appropriate state support and resources allocated to learn how it can be avoided.
29. The State Department of Human Services provide clear, uniform definitions for terms such as "substantiated abuse," "unsubstantiated," "unable to substantiate," and "maltreatment."
30. Where abuse has been substantiated, parents or guardians be informed of that finding in a timely and direct manner, and provided with clear procedures for challenging that finding.
31. The state establish an effective complaint procedure for citizens who feel aggrieved by local human services actions. A Human Services Ombudsman should be created to provide an effective complaint review process.

Minnesota law provides that the purpose of the juvenile court is, in part, "to preserve and strengthen the child's family ties, whenever possible, removing him/her from the custody of his/her parents only when his/her welfare or safety cannot be adequately safeguarded without removal."^{18/} While recognizing that,

^{18/} Minn. Stat. § 260.011, subd. 2 (1984).

in many cases, the structure of families has changed, maintaining the family bond when possible still remains a paramount concern.

Although the policy of the State is to strive to keep families together, the practice has not always been consistent with that policy. Removal of children from the home is obviously a major intrusion into the sanctity of the family and a traumatic event for the child. However, there are times when children must be removed from the home for their own protection.

HUMAN SERVICES RECOMMENDATIONS CONCERNING REMOVAL OF THE CHILD

When considering removal of the child the task force recommends that:

32. Well defined criteria for removal of children from the home be adhered to by the local human service agencies and adequately monitored by the State Department of Human Services.
33. Children removed from the home be returned to the family as soon as the conditions contributing to the removal have been corrected.
34. Foster caretakers receive appropriate state and local training to minimize trauma faced by children in their care. For example, a child placed in foster care should not be subject to questioning by foster caretakers about the abuse.

HUMAN SERVICES RECOMMENDATIONS - CURRENT LAWS

The task force reaffirms the following Minnesota laws and policies and recommends that they be more strictly adhered to:

35. Human Services intervention must abide by the following principles regarding removal of children:
 1. Families and children should remain together and receive family services assistance from family services workers or volunteers in their home. If the safety of the child does not permit that then:
 2. The child and family should remain together, in the home, and the alleged offender should be removed. If the safety of the child does not permit that, then:
 3. As a last resort, the child should be removed from the home.
36. Protective court orders concerning the conduct of parents and siblings be used to allow the child to stay at home.
37. If placement outside the child's home is required, placement with other relatives be considered first.
38. When it is not safe for the child to remain at home or with a relative, placement with a foster family close to the child's home be considered.
39. During the period in which the child has been removed from the home, supervised visitation by parents and/or guardians be promptly available, unless there is a judicial finding indicating that such visitation would not be in the best interest of the child.

40. In placing children, courts give consideration to maintaining the racial, cultural, ethnic and religious values of the child and family.
41. Out-of-home placements be reviewed in a timely manner as required by both state and federal law.
42. Emergency removal of the child from the home be subject to prompt judicial review.

V. CHILD ABUSE TEAMS

The task force heard conflicting testimony as to whether the current child protection system works well. There is a perception on the part of a significant number of individuals that the system has not functioned well. It became evident that the child protection system suffers from a lack of consistency in (1) how cases are handled from one county to the next, (2) competency of personnel and (3) adequacy of resources. In large measure, the task force discovered that where a person lives may be one of the most important factors in how his or her case is handled.

The task force learned that in counties where the system appears to be functioning well, a key component appears to be an active, well-coordinated child abuse team that provides sufficient communication back to mandated and voluntary reporters of abuse. Such feedback builds confidence in the system and support for the team. In Minnesota, local communities are encouraged to establish child abuse teams. Many have done so. However, the presence of a team does not insure that it functions well. The task force heard

testimony that many teams lack adequate know-how and financial support. Although the Department of Human Services provides support and guidance to local teams,^{19/} such support is not adequate.

Witnesses testified that well-run child abuse teams serve many purposes. The teams insure effective communication and cooperation among the groups responsible for appropriate action in child abuse cases. They allow skilled professionals from various disciplines to confer as to the appropriate action in a particular case. They provide consistency within a given locale, more effective service to families and peer support in fighting "burnout." Furthermore, they protect children from further trauma by minimizing the contacts between victims and service providers. As Huntsville, Alabama District Attorney Bud Kramer noted, every contact between the child and "system" personnel provides another opportunity for that child to be traumatized, no matter how well intentioned the questioner or intervenor. The task force agrees that contacts between the victim and the system must be kept to a minimum.

The task force heard that teams can have input both in the disposition of individual cases, and in the formulation of broad policy initiatives. In some instances the team that focuses on broad policy is different from the core group that handles individual cases--but the principle of joint action with a singular

^{19/} DHS Rule 207.

purpose still applies. Teams insure that decisions, such as removal of a child, are not made by a single individual, without considering the long-term victim and family needs.

The task force is convinced that the establishment and support of interdisciplinary child abuse teams throughout Minnesota will improve the way the child protection system functions in our state.

CHILD ABUSE TEAM RECOMMENDATIONS

The task force recommends that:

43. State law mandate counties or groups of counties to form child abuse teams with appropriate state support.
44. The state develop more specific guidelines for the establishment and functioning of local abuse teams.
45. The functioning of child abuse teams be evaluated and reviewed by appropriate state authorities.
46. Local counties whose child abuse teams fail to meet approved operating standards be subject to sanctions.
47. Child abuse teams strive to insure that contacts with the child are kept to a minimum.

The task force further recommends that:

- A. The use of audio and videotape to record statements, particularly in instances of pre-scheduled interviews, be strongly encouraged as a means of limiting questioning of the victim.

B. Suspected victims of familial child abuse and their family members should not be subject to repetitious and unsystematic interviews.

48. Teams develop procedures for providing feedback to all reporters of abuse in compliance with state law.

49. Teams work closely with the judiciary, the private sector and the community in developing appropriate local resources to meet the needs of abused children.

One team model which the task force found attractive was the National Children's Advocacy Center in Huntsville, Alabama. Funded by both public and private sources, the Center brings together into one facility the various child protection professionals, including law enforcement, human services, prosecution and mental health, reviews each case of abuse and determines the appropriate course of action. Professionals specially trained in child development interview children in rooms designed to appeal to children of different ages. Videotaping is available and interviewing is kept to a minimum. Following the interview, the family is referred for mental health therapy.

The Huntsville team review process determines the route a case takes--with a wide range of alternatives available including active law enforcement involvement, prosecution, changing custody, diversion, and ongoing review.

Dr. Carolyn Levitt, a pediatrician with St. Paul's Children's Hospital outlined a program similar to the Huntsville model. Dr. Levitt proposes to establish a facility where children would be interviewed and their case reviewed by professionals who are working with them. The facility would provide a warm, non-threatening environment. Dr. Levitt proposes to use the resources of St. Paul's Children's Hospital to provide expert diagnostic, consultation and treatment service. In addition, the program would bring together the medical, legal, psychological and social service components of child protection.

Dr. Levitt also proposes that such a program provide technical assistance to other professionals, as well as conduct research and data analysis.

The task force supports the development of regional child advocacy centers. Accordingly, the task force recommends that:

CHILD ABUSE TEAM RECOMMENDATIONS - A CHILDREN'S ADVOCACY CENTER

50. A center modeled after the "Huntsville" National Children's Advocacy Center be developed in Minnesota. Such a center would establish a place where services are provided to the abused child in a non-threatening physical facility, and where child abuse professionals are able to work together.
51. The Attorney General's office, law enforcement, human services and county attorneys support and participate in a child advocacy center.

52. Initially, a child advocacy center be established to act as a resource for child protection professionals in greater Minnesota.

53. Consideration and on-going review occur regarding the feasibility of regional facilities throughout greater Minnesota.

VI. CRIMINAL JUSTICE SYSTEM

Child abuse is a crime. Although a number of criminal justice professionals expressed grave concerns over attempts to "decriminalize" child abuse, the task force did not hear any support for decriminalization. The task force rejects the decriminalization of child abuse.

Nevertheless, the dynamics between the victim and the offender in this crime separates familial child abuse from other criminal offenses. Unlike burglaries or robberies, the victim's and offender's lives are intertwined. The dilemma for child victims is clear. They must choose whether or not to be the principal accuser of someone they want to stop abusing them, yet for whom they still may care; for whom siblings and the other parent may also care, and on whom the entire family may rely for financial support.

The task force learned that even when an offender is found guilty, parental rights are rarely terminated. As a result, when the offender has completed his or her punishment, the family is often reunited. For this reason, the task force believes that in cases of familial child abuse, punishment alone does not serve the needs of the victim or society.

In dealing with child abuse within the context of the criminal justice system, greater emphasis must be placed on the needs of the victim. In family abuse cases the primary goal of criminal justice intervention must be protection of the child and stopping the cycle of abuse. Punishment may be critically important, but it is merely one of the means to obtain that goal. Prosecutors should always insure that the system does not revictimize the victim. They should not ignore how the victim is affected by the resolution of the case.

In part, the needs of the victim can be better addressed through minor fine tuning of the criminal justice process. Recent legislative actions allowing the presence of a supportive person in the courtroom, and giving docket priority to abuse cases are steps in the right direction.

As with Human Services intervention, there is the need for well trained individuals, with specialized skills in child development. Professionals who interview children must be skilled in child development. They must understand the fear experienced by child victims and the tendency to deny or minimize their descriptions of the abuse. Yet, in doing so, questioning of the victim must be kept to a minimum. Physical and psychological examinations must be done in a way that minimizes victim trauma. Again, a coordinated team approach is essential.

The need for more effective coordination is highlighted by the two-track system of processing child abuse cases (criminal and juvenile proceedings). In some county attorney's offices the criminal and human service cases are handled by different personnel. This system provides for greater specialization and expertise, but creates concerns as to coordinating needs and objectives of victims and family. County attorneys should consider training a single "case coordinator" to insure that juvenile and criminal proceedings are in harmony with each other.

The judicial process is an integral part of the criminal justice system. The task force heard testimony that the court process presents another setting for potentially traumatizing and re-victimizing the victim. Testimony described the fear and anxiety experienced by young children, faced with the prospect of oversized chairs, black-robed judges and a courtroom of strangers.

The task force agrees that child victims should receive support before, during and after the court process. Their needs should be of major concern to the prosecutor, and be protected by representation from a guardian ad litem or family advocate. The task force also believes that judges must be sensitive to the potential trauma to which the young witness is exposed and should insure that the child is not subject to harassment.

The potential for the child victim to experience trauma in the courtroom can be reduced by both procedural and evidentiary reforms, as well as improved training of those involved.

COURTROOM PROCEDURE RECOMMENDATIONS

The task force recommends that:

54. A case coordinator be used by county attorneys to assure that juvenile and criminal actions proceed in concert with each other.
55. Training of judges include techniques to minimize trauma to child victim/witnesses. Judges must protect child witnesses from harassing or unduly embarrassing examination or cross-examination.^{20/}
56. Judges participate in interdisciplinary child abuse training programs.
57. Criminal and juvenile courts work in a coordinated manner concerning placement of the child, treatment of the family's mental health needs, the prosecution of the offender(s) or other final disposition of the case.
58. Child abuse cases have priority in docketing at all court levels, including Juvenile/Family Court, Criminal Court, the Appellate Court and the Supreme Court.
59. Video-taped and closed circuit testimony of child victims be used, where appropriate.

^{20/} Minnesota Rules of Evidence, 611 provides that the Court should exercise reasonable control over mode and order of interrogating witnesses so as to . . . protect witnesses from harassment or undue embarrassment (emphasis added). See also Code of Judicial Conduct - Canon 3A(2) and (3).

60. Current Minnesota laws be changed to presume a child witness' competence, giving the judge or jury the responsibility of weighing the credibility of the child's testimony.
61. The child victim have the support of guardian ad litem or other designated advocate in any judicial proceeding, including criminal cases.
62. Minnesota law be changed to extend the right to be heard at or prior to sentencing to all family members including the victim.
63. Current research projects, to be funded by grants from the Office of Juvenile Justice and Delinquency Programs, into the impact and effectiveness of recent procedural efforts to minimize the trauma of courtroom testimony of child witnesses be supported and encouraged by appropriate state and county agencies.

VII. AN EXPERIMENTAL APPROACH

The most perplexing issue the task force faced concerned the role of punishment in cases of familial abuse. The task force believes that protecting the child and restoring that child to as near a normal life as possible are the principal goals of intervention. Whenever possible, the family should be involved in seeing that the child's needs are met.

Nevertheless, there are significant public policy bases for supporting criminal sanctions as a necessary component of any disposition in cases of familial violence. First, we are dealing with criminal behavior. A number of witnesses before the task force, particularly "survivors" (adults who were victimized as children) stressed the importance of criminal prosecution and the message it sends to the victim: namely that the offender's behavior, not the child's, was wrong. Second, the criminal justice system provides the most effective means of control over offenders involved in treatment. Third, a criminal record provides the ability to track offenders and enhance punishment should they re-offend.

However, there are limitations to the criminal justice system's ability to resolve these cases. The task force was informed that only a small percentage of cases ever get reported, and only a small percentage of those are referred for prosecution.

The reasons for not prosecuting cases are varied. Some reports are false. Some are referred to juvenile court to be handled as neglect and dependency cases. Others never make their way to the County Attorney for consideration.^{21/} Presently there are no means of tracking cases through the criminal justice and human services systems. As a result, the task force cannot

^{21/} One of the problems caused by lack of any tracking system is the difficulty in determining what happens to a large number of cases that enter the system. Statistics in one metropolitan county showed less than 15% of cases originally investigated by Human Services being referred for prosecution.

conclusively state why the vast majority of cases never get referred for prosecution. This situation must be remedied. A statewide system must be developed which allows the determinations of where and why cases are disposed.^{22/}

In some instances, cases are not prosecuted because there may be insufficient evidence to believe abuse has occurred, or there is evidence of abuse, but not enough to support a criminal conviction (proof beyond a reasonable doubt). This is particularly true in cases involving young children. Evidence of abuse may be enough to bring a juvenile neglect and dependency proceeding, but not enough to meet the criminal standard of proof beyond a reasonable doubt. Licensed consulting psychologist, Jane McNaught, PhD, referred to the dilemma presented by cases involving young children. Criminal charges are rarely filed in these cases because very young witnesses are often found not competent to testify. Yet the perpetrator is unwilling to admit culpability because of fear of prosecution. Accordingly, juvenile court proceedings are delayed^{23/} and the family is unable to work together to treat the problem.

^{22/} Such a tracking system is now being developed by the Hubert H. Humphrey Institute of Public Affairs, under a grant funded by the General Mills Foundation, working in conjunction with the Minnesota Attorney General, the Minnesota Department of Human Services and local counties.

^{23/} Juvenile court proceedings are typically delayed until after resolution of the criminal case, as anything the defendant says in juvenile court can be used against him or her in criminal proceedings.

In determining whether there is sufficient evidence to proceed with criminal prosecution, or whether juvenile court is a more appropriate forum, the ultimate decision must rest with the local prosecutor. However, the opinions of other team members should be considered by the prosecutor. It is also essential that these decisions be made on the basis of objective factors, other than subjective considerations such as economic status or race. There is the perception that the economically advantaged avoid prosecution more readily by utilizing treatment alternatives. This perception, plus the reality that disposition of cases varies from county to county and prosecutor to prosecutor, undermines confidence in the system.

The most significant concern raised in testimony before the task force regarding the criminal justice system's ability to deal with child abuse within the family, was the public nature of the criminal process. Testimony highlighted the concerns of victims and non-offending spouses regarding the fear of the glaring spotlight of public disclosure. Treatment professionals who dealt with victims testified that victims were often fearful of coming forward because of such disclosure. They stated that some child victims may simply refuse to testify against their parent.

The task force believes that to stop the cycle of abuse Minnesotans must be willing to consider experimental programs which may generate increased intervention. In developing these programs, the task force believes that certain minimum requirements must be

met. First, such programs would be limited to cases of abuse within the family. Second, individuals entering such programs would have to be psychologically screened and found amenable to treatment. Third, they must be willing to admit guilt and be held responsible for their conduct. In addition, any such program must be available to offenders on a non-discriminatory basis. It must also be emphasized that where the offender does not meet these pre-conditions or where the abuse clearly requires full-blown prosecution, these options will not be available. Non-punishment dispositions would not be available for the abuser who abuses repeatedly, fails to accept responsibility and continues to abuse.

The task force also concluded that dispositions which provide treatment must also include ample control over the perpetrator, should they be unsuccessful in their attempts to complete treatment. Without legal controls, it is difficult to insure completion of family-based treatment.

The task force was informed that a variety of non-punishment options were available to county attorneys and are now being used in Minnesota. It felt, however, that such programs must be monitored and studied. It believes that, particularly in physical abuse cases, such programs hold the potential for increased intervention. If after a reasonable study period there is no showing of increased effective intervention, such programs can be abandoned.

The task force considered a number of options and selected three which it urges be implemented on an experimental basis. The programs range from a pre-plea, non-prosecution alternative available to a narrow class of individuals, those voluntarily coming forward; to post-plea arrangements with guarantees of no time in jail if the case, and the offender, meet certain conditions.

Some witnesses before the task force argued against consideration of any non-incarceration alternatives. One concern was that there is no data to show that such incentives will result in any increased intervention.

The task force recognized the absence of data to demonstrate that non-incarcerative incentives will generate greater intervention. However, it also found no data to the contrary. In effect, the question arises as to what we may lose if such experimental programs are established. In the final analysis, the task force concluded that if the goal of the system is protecting the victim and stopping the cycle of abuse, then a variety of means to generate greater intervention must be encouraged.

At present, physical abuse cases are rarely prosecuted, and sexual abuse within the family constitutes only a small percentage of the total number of abuse cases. If any additional intervention in these cases can be stimulated by a program which encourages greater participation, then in those cases not now reported, children who are being abused can receive help and protection. The task force recommends that such programs, even on an experimental or study basis, be developed and implemented.

RECOMMENDATIONS - ALTERNATIVE PROGRAMS

Accordingly the task force recommends that three counties agree to engage in an experimental program, each adopting one of the three options set forth in recommendations 64, 65 and 66.^{24/} The programs would operate for a limited period of time and would then be evaluated to determine if they were effective in increasing intervention and lessening trauma. If after review and evaluation they are found not to be effective, they would be discarded. These programs deal with cases of both physical and sexual familial abuse.

64. A county establish, on a limited and experimental basis, an authorized treatment program that could deal with voluntary reports of abuse. This program would include a human services component to provide for child protection needs. Those entering this experimental treatment program would be required to give a videotaped confession. Also videotaped would be the child victim's testimony. Treatment would be confidential. The perpetrator would be exempted from prosecution so long as he/she abides by the terms and conditions of the treatment. Terms of treatment would include compliance with child protection directives. Failure to abide by terms of treatment would result in prosecution. This program would not be available in cases already reported or under review and investigation.

^{24/} Recommendations 64 and 65 were approved with Thomas L. Johnson dissenting. A minority report is attached.

65. A county establish, on a limited and experimental basis, a program which encourages full admission of responsibility and submission to treatment in familial abuse cases which meet clearly defined criteria, by initially commencing proceedings in juvenile/family court, rather than in criminal court.

- A. Ample controls over the offender should be provided if the county attorney establishes a policy of commencing proceedings in juvenile/family court. Effective controls should include a requirement of a prompt full admission of guilt under oath before the judge equivalent to the requirements of a plea of guilty, a prompt assessment of the offender's amenability to treatment, a prompt commencement of treatment and completion of treatment. Such control could also include videotapes of the admission of guilt before the judge or videotaping of an admission of guilt as part of the investigation of the case or both. This control should further include a video tape of the child victim's statement of the facts.
- B. The ultimate control over the offender in such a program is the ability to commence prosecution in criminal court. This would occur if the offender does not promptly make a full admission of guilt, is not found amenable to treatment, or does not promptly

commence or complete treatment. This control includes use in the prosecution of the complete admission of guilt by the offender made in the juvenile/family court proceedings and the videotape of the child victim's statement of the facts. A procedure such as presently utilized in Rule 15, Minnesota Rules of Criminal Procedure (plea of guilty cases) could be established to insure later admission of an offender's statements.

66. A county establish, on an experimental basis, clearly defined policies in a limited range of familial abuse cases (offender screened and found amenable to treatment, in best interest of victim and family, etc.) requiring pleas of guilty in criminal court on condition of amenability to treatment and successful completion of treatment of the offender. Where appropriate, the court should consider:
 - A. Acceptance of a plea of guilty, imposition of a sentence, but staying the execution of the sentence on condition of successful completion of treatment.
 - B. Acceptance of a plea of guilty and a stay of the imposition of a sentence for a period of years with possible withdrawal of the plea of guilty or reduction to misdemeanor status after successful completion of treatment.

- C. Withholding acceptance of the plea of guilty for a period of years, placing offenders on long-term probation and possible dismissal after successful completion of treatment.
67. Policies regarding these non-incarcerative programs must be clearly defined and entrance into such programs be made available on a non-discriminatory basis.
68. The efforts of the General Mills Foundation and Humphrey Institute, working with the Attorney General's Office and the Department of Human Services in developing a tracking system for child maltreatment cases be supported by local human service and law enforcement agencies.

VIII. TREATMENT ISSUES

In addition to being a crime, child abuse is also a symptom of psychological and family disorders which require treatment. Treatment, not punishment alone, is necessary to assist the family and break the cycle of abuse.

Treatment of child abuse within the family involves not just the offender, but other family members, including the victim. The long-term emotional damage to victims of abuse can be substantial. In a recent study by Lucy Berliner and Jon Conte on the impact of sexual abuse on children, the authors noted that

. . . the effects of childhood sexual abuse are severe enough to raise major concerns about the long term mental health and social adjustment of adults victimized as children. For professionals and state policymakers to know the identities of abused children and provide no service likely to prevent or lessen the risk of

these effects in the future may well be indefensible.^{24/}

Respected treatment professionals who appeared before the task force such as William Seals and Michael O'Brien believe that generally those who abuse within the family can be successfully treated. However, fixated pedophiles^{25/} who abuse inside or outside the family are more difficult to treat.

In instances where offenders may eventually be reunited with their family, treatment is an essential component of any disposition. For the sake of both present and potential future victims, resolution of the abuse problem is a must.

The task force heard testimony that while treatment can be successful, it may be lengthy. For individuals who are incarcerated for abuse, their treatment needs may exceed their period of incarceration. The task force believes that society has an interest in accommodating longer term treatment needs, perhaps by extending periods of supervised release.

In resolving the abuse, treatment professionals need access to information concerning the offense. Prosecutors, mental health and child protection workers, working with victims and families, should work with those treating offenders, sharing appropriate information such as the extent of the abuse. Treatment must accommodate the needs of both offender and victim.

^{24/} L. E. Walker, (Ed.), Handbook on Sexual Abuse of Children: Assessment and Treatment Issues, Springer Publishers.

^{25/} "Fixated pedophile" means an adult who is primarily attracted to, and sexually aroused by, children.

Yet treatment costs money. If treatment is to be used as part of the disposition of some of these cases, it must be available regardless of where one lives or the economic status of offenders, victim or family.

Business and health care programs can play a major role in financing treatment costs. Health care can assist by establishing familial abuse as a diagnostic code that would allow it to be covered by health insurance. Insurance providers should be encouraged to take appropriate steps to insure that coverage. A step in the right direction is being taken by Responses, Inc.,^{26/} which has developed a "demonstration project" in which business is working to identify insurance claims arising out of family violence situations. The insight gained will lead to more appropriate and cost effective treatment reimbursement decisions.

Who treats is also an issue. The lack of competency standards for those who treat victims of abuse is a serious concern. In addition, some witnesses before the task force questioned whether those who diagnose abuse should then be involved in court ordered treatment. The concern is that an economic incentive to find abuse may distort the objectivity of the mental health professional. On the other hand many of those making the diagnosis are often the most

^{26/} Responses, Inc. is a non-profit organization with representation from both the public and private sectors of the community, involved in developing working models for reporting, treating and preventing family violence, child abuse and neglect.

skilled, particularly in rural areas. Excluding such skilled professionals from the treatment process would not benefit the victim.

TREATMENT RECOMMENDATIONS

In regard to treatment, the task force recommends that:

69. Treatment needs of child and adolescent victims, their families and the offender be addressed immediately. The victim need not wait for final disposition of the case to have his/her psychological and emotional needs treated.
70. Treatment needs of victims and their families be fully addressed and, where need is established, financially supported by state and local agencies. Special attention should be given to providing financial support, where appropriate, for the travel needs of victims and their families in Greater Minnesota.
71. Minnesota law require all child abuse offenders who receive prison sentences and are amenable to treatment, to undergo treatment.
72. Minnesota statutes be changed to allow those persons convicted of child abuse to remain in halfway homes for longer than the current time limit. Resources should be allocated to establish more halfway homes.
73. Child abuse offenders who receive prison sentences be placed on supervised release for longer periods following the completion of their sentence.

74. A diagnostic category or procedural code be established for the classification of sexual abuse victim and offender, and that insurers and employers provide financial coverage for individuals who fall within that classification.
75. Employers be encouraged where possible and appropriate to allow victims and offenders to keep their jobs.
76. Juvenile courts be given the authority to order mandated treatment of offenders and other family members.
77. Treatment providers meet minimal state standards of competency and ongoing educational requirements.
78. Data privacy laws allow treatment professionals working with offenders to share information with child protection and county attorney's offices.
79. Therapists who are called upon to diagnose abuse not provide long-term treatment of the victim unless all parties to the proceeding agree to such treatment or where changing therapists would not be in the best interest of the victim.

Although concerns were raised that little opportunity exists for keeping families together while providing treatment and preventing risk of revictimization, that option should not be precluded. The goal of intervention is to stabilize family involvement. Treatment should involve the family. Home-focused treatment and services should be an initial option, with removal of

children occurring only if necessary for their protection. It is not pleasant for a child to watch the family disassembled at the outset of the investigatory process and then see it struggle to reassemble during later therapy.

IX. MINORITY AND RURAL ISSUES

As previously noted, child abuse cuts across racial, socio-economic and geographical boundaries. It affects minority, rural and urban communities. The impact and strain upon rural communities caused by increasing numbers of cases is quite evident. The result is an inability to service the needs of families experiencing abuse in a timely manner. Representatives from sexual assault programs in rural Minnesota counties noted a higher percentage of incest cases than their urban counterparts.^{28/} Rural counties are also concerned about increasing state mandates without corresponding financial support.

Although the task force heard from representatives of various minority communities, it did not conduct an exhaustive review of the concerns of minority communities. In part, except for the Indian community, there was not a demand for a distinctly separate approach to familial child abuse involving minorities. Rather, it appears that the training and resource needs of the minority communities parallel those of non-minority communities.

^{28/} Testimony of Autumn Cole, Coordinator, FSATP Community Services Center, Inc., Willmar, at July 31, 1986 hearing.

The task force recognizes that more feedback from minority communities is needed to adequately address their concerns. It urges that state efforts, such as the Project Impact training program, include in all phases of its training effort professionals working with minority communities. It also urges further review and consideration of minority concerns.

RECOMMENDATIONS - MINORITY AND RURAL CONCERNS

The task force recommends that:

80. Training and treatment opportunities be made available by state and human services on a regional basis so as to better serve the needs of rural communities. The establishment of regional child advocacy centers is one way this could be accomplished.
81. Recruitment and training of minorities who work in the professions that deal with child abuse victims and their families be expanded so that minority communities can be served by minority professionals at all levels of intervention.
82. Treatment needs of victims and past victims of child abuse within the Indian Community be recognized and supported.
83. Appropriate qualified resources be made available by local agencies to address the language barriers experienced by certain minority populations during the course of child abuse cases.

84. Support be given to awarding research grants, both state and federally funded, to conduct research in the following areas:

- A. To review types of services that minority offenders, victims and their families receive and how this service differs from that received by majority populations.
- B. To review the out-of-home placements of minority victims of child abuse and determine if efforts are made to place these children in their own environment.

THE NEED FOR ACTION

The problem of abuse, both physical and sexual, is not new. However, dealing with these problems through the use of the court systems is rather new. With sexual abuse we are still in the learning stage--establishing acceptable standards and procedures for interviewing child witnesses, taking children's testimony, resolving the needs of victims, families and offenders.

In part, we suffer from a lack of data--an inability to track cases from the moment of entry into the system to their final disposition. Who are the decisionmakers; on what basis were decisions made; what are the effects of taking testimony by closed circuit television on jurors? On witnesses?

The system also suffers from what can best be described as a "turf problem." Those "experts" who work with these cases on a regular basis, and who have dealt with child protection longer than others, question the motives of those now pondering the issues. Some fear that the discussion of alternative dispositions and new procedures undermines the commitment to child protection.

The task force believes it is healthy to discuss the problems facing the system, in the hope that these concerns can be addressed and our ability to protect children and strengthen families increased.

Not every allegation of abuse is true. The impact of false allegations on families can be devastating--the stigma within the community, the potential loss of employment, and the trauma to all within the family. In child custody cases this problem is particularly evident. The reality of false allegations of child abuse further complicates a system whose primary concern is to stop child abuse when it is occurring. In order to determine whether a child has been abused, some degree of intervention must occur. The task force, and society, are still searching for the wisdom of Solomon to resolve this dilemma.

The efforts of the task force are not unique. Many other groups have and are continuing to study the problem of familial abuse. The League of Women Voters recently produced an excellent study entitled Protecting Minnesota's Children: Public Issues 1986. Responses, Inc. has been working for a number of years to bring the

health, business and court/public sector communities together to resolve family violence issues. The National Council of Juvenile and Family Court Judges recently drafted seventy-two recommendations for dealing with child abuse. The Minneapolis Chapter of United Way has made child abuse its number one priority. The Humphrey Institute is involved in a study financed by the General Mills Foundation to develop a tracking system for abuse cases, and learn more about the way reports of child abuse are dealt with throughout Minnesota. The St. Paul, Blandin and Bigelow Foundations have provided needed support for working projects in this area.

In addition, Ramsey County and Ottertail County are participating in a national study on the effectiveness of new courtroom procedures (closed circuit television, videotape depositions). The data is being collected. Its results will aid in further public policy development.

Discussion and research are not sufficient to improve the quality of child protection. Action is required. Certainly the State Department of Human Services must take a more active leadership role in assisting local child protection efforts. Certainly judges must become more involved in interdisciplinary training efforts and sensitizing themselves to the needs of child witnesses. Such action, however, is not solely the responsibility of government.

The responsibility for actions lies, as well, in the private sector. Business and health care must continue to recognize its responsibility to prevent family violence, and to encourage intervention through employee assistance efforts, to provide benefit packages to fund treatment for familial abuse.

There is no perfect system for handling abuse. We can address today's needs, and anticipate that new problems will arise tomorrow. We can better resolve tomorrow's problems if we have in place a system that brings together the public and private sectors to discuss their particular needs and concerns.

But the problem of familial abuse cannot be one solely addressed by "sectors" and "systems." Families and individuals must focus on the issue and help resolve it. Churches, synagogues, civic and community groups must be willing to lend support to efforts which alleviate abuse and protect children and families. They must lend their voice in support of efforts to establish children's advocacy programs, 24-hour hotlines, more effective intake screening and better paid child protective personnel.

In the final analysis parents and families must be counted upon to halt the spread of abuse--parents who provide their children with loving, nurturing environments. Parents who teach their children that family violence is not an acceptable means of problem resolution. Parents who recognize that when they or their loved ones suffer from abuse, intervention and treatment must be pursued.

Although the structure of the family is changing, with increasing numbers of single parents, working mothers and latchkey children, the family unit, even in its altered form, is still the key element in the preservation of our society and culture. It is the family which must nurture the young and impart moral values.

If the problems identified in this report are to be resolved, actions, not words, will be needed. The task force calls upon the public and private sectors, on the business and civil communities, on the churches and synagogues--on citizens throughout Minnesota, to take the steps necessary to convert these words into action. The fate of our most precious resource, our children, depends upon it.

FINAL RECOMMENDATION

85. The task force recommends that the Office of the Minnesota Attorney General have responsibility for insuring appropriate and effective implementation of these recommendations.

ATTORNEY GENERAL'S TASK FORCE ON
CHILD ABUSE WITHIN THE FAMILY

MINORITY REPORT

The report narrative states that "child abuse is a crime." I heartily concur. Unfortunately, I believe that recommendations 64 and 65 depart from that conclusion. I am opposed to both.

Recommendations 64 and 65 remove, in certain cases, both criminal prosecution and criminal sanctions as the approach of first choice against child abusers. The bulk of the testimony before the Task Force -- testimony from abuse victims, child protection workers, therapists, and others -- supported the use of the criminal justice system as the preferred manner of dealing with abusers. Little evidence was presented in support of an opposite view.

We are a mature community. We can deal with child abuse openly and directly. While the present system leaves much room for improvement, it does operate on the correct philosophical underpinnings. We should stay the course.

THOMAS L. JOHNSON
Hennepin County Attorney

RECOMMENDATIONS OF THE ATTORNEY GENERAL'S
TASK FORCE ON CHILD ABUSE WITHIN
THE FAMILY

PREVENTION RECOMMENDATIONS

The task force is convinced that more must be done to prevent child abuse. Accordingly, it recommends that:

1. The development and implementation of the Children's Trust Fund, (Minn. Laws 1986, ch. 423) be supported by the state and local units of government.
2. The State Department of Education, working with local school districts, develop and implement both adult and secondary level prevention education programs, such as those emphasizing parenting skills and non-violent means of problem resolution. A health education specialist, working with local school districts, could facilitate these efforts.
3. Improved definitions and clearer guidelines for dealing with neglect within the family be developed by state and local human services agencies.
4. State and local human services and treatment facilities focus more attention on the needs of adolescents, particularly males, who abuse and who are abused.
5. To stop the cycle of abuse, more resources be directed to the development and continuation of treatment programs for adults who were victims of child abuse.

6. The state departments of health, education, public safety and human services provide greater resources to deal with prevention issues. Religious and civic groups should also assist in addressing and treating family violence.
7. Employers be encouraged to establish employee assistance programs to address family violence.
8. Public and private organizations develop public awareness programs aimed at identifying and publicizing indicators and prevention of abuse.
9. Research grants, supported by state and federal funds, be awarded to conduct research to learn what prevention programs and strategies are effective in eliminating child abuse.

TRAINING RECOMMENDATIONS

The task force recommends that:

10. State and local government provide adequate resources to train all persons who work with families to identify and assist victims of child abuse.
11. Training for first responders (law enforcement, child protection staff) in recognizing, objectively investigating, dealing with abuse and in understanding child development be mandated by the state.
12. Interdisciplinary training be strongly emphasized.

13. State and local units of government support and encourage participation in Project IMPACT, a state-developed, federally funded training program.
14. The Minnesota Supreme Court require all trial court judges to participate in training programs.
15. Training by state and local agencies of minorities and non-minorities to work with the minority populations be encouraged.
16. More state and local training opportunities be made available to professionals in rural areas.
17. More specialized classes, including internships and field work, be made available at the undergraduate level for social workers and others involved in protecting children.
18. Minnesota health care and medical schools require more specialized training in recognition, treatment and prevention of child abuse as part of the core curriculum for medical students.
19. Minnesota law schools offer specialized training in issues surrounding maltreatment cases.
20. Seminars be encouraged to develop course work to teach appropriate responses to child and family violence cases.

REPORTING RECOMMENDATIONS

The task force recommends that reporting of child maltreatment be improved by:

21. Increasing efforts at the state and local level to educate mandated reporters as to their appropriate roles and responsibilities.
22. The establishment on a statewide basis of a toll-free, 24-hour, abuse hotline. The hotline would be staffed by trained personnel who would screen calls and direct callers to other available, appropriate resources. The hotline would work in conjunction with agencies such as the United Way First Call for Help program. All calls to the hotline would be confidential.

HUMAN SERVICES RECOMMENDATIONS

The task force recommends that:

23. Human Services intervention focus exclusively on allegations of child abuse within a familial context. Investigation of abuse not involving family members should be handled by appropriate law enforcement personnel.
24. The State Department of Human Services provide uniform standards for intake and assessment. Local human services agencies should develop more extensive screening mechanisms for determining whether further investigation of a report of child maltreatment is appropriate.
25. Local agencies establish and adhere to standards for maximum caseload that permit efficient and effective handling of child abuse cases.^{1/}

^{1/} 1984 caseload survey by the Minnesota Attorney General showed caseloads ranging from 119 in Marshall County to lows of 10. Average reported caseload was 31.

26. Counties provide more adequate staffing to insure that CPS staff members have manageable caseloads.
27. The state establish competency standards or licensing for CPS staff.
28. Burnout of child protection workers be addressed by local human service agencies with appropriate state support and resources allocated to learn how it can be avoided.
29. The State Department of Human Services provide clear, uniform definitions for terms such as "substantiated abuse," "unsubstantiated," "unable to substantiate," and "maltreatment."
30. Where abuse has been substantiated, parents or guardians be informed of that finding in a timely and direct manner, and provided with clear procedures for challenging that finding.
31. The state establish an effective complaint procedure for citizens who feel aggrieved by local human services actions. A Human Services Ombudsman should be created to provide an effective complaint review process.

HUMAN SERVICES RECOMMENDATIONS CONCERNING REMOVAL OF THE CHILD

When considering removal of the child the task force recommends that:

32. Well defined criteria for removal of children from the home be adhered to by the local human service agencies and adequately monitored by the State Department of Human Services.

33. Children removed from the home be returned to the family as soon as the conditions contributing to the removal have been corrected.
34. Foster caretakers receive appropriate state and local training to minimize trauma faced by children in their care. For example, a child placed in foster care should not be subject to questioning by foster caretakers about the abuse.

HUMAN SERVICES RECOMMENDATIONS - CURRENT LAWS

The task force reaffirms the following Minnesota laws and policies and recommends that they be more strictly adhered to:

35. Human Services intervention must abide by the following principles regarding removal of children:
 1. Families and children should remain together and receive family services assistance from family services workers or volunteers in their home. If the safety of the child does not permit that then:
 2. The child and family should remain together, in the home, and the alleged offender should be removed. If the safety of the child does not permit that, then:
 3. As a last resort, the child should be removed from the home.
36. Protective court orders concerning the conduct of parents and siblings be used to allow the child to stay at home.

37. If placement outside the child's home is required, placement with other relatives be considered first.
38. When it is not safe for the child to remain at home or with a relative, placement with a foster family close to the child's home be considered.
39. During the period in which the child has been removed from the home, supervised visitation by parents and/or guardians be promptly available, unless there is a judicial finding indicating that such visitation would not be in the best interest of the child.
40. In placing children, courts give consideration to maintaining the racial, cultural, ethnic and religious values of the child and family.
41. Out-of-home placements be reviewed in a timely manner as required by both state and federal law.
42. Emergency removal of the child from the home be subject to prompt judicial review.

CHILD ABUSE TEAM RECOMMENDATIONS

The task force recommends that:

43. State law mandate counties or groups of counties to form child abuse teams with appropriate state support.
44. The state develop more specific guidelines for the establishment and functioning of local abuse teams.

45. The functioning of child abuse teams be evaluated and reviewed by appropriate state authorities.
46. Local counties whose child abuse teams fail to meet approved operating standards be subject to sanctions.
47. Child abuse teams strive to insure that contacts with the child are kept to a minimum.

The task force further recommends that:

- A. The use of audio and videotape to record statements, particularly in instances of pre-scheduled interviews, be strongly encouraged as a means of limiting questioning of the victim.
 - B. Suspected victims of familial child abuse and their family members should not be subject to repetitious and unsystematic interviews.
48. Teams develop procedures for providing feedback to all reporters of abuse in compliance with state law.
 49. Teams work closely with the judiciary, the private sector and the community in developing appropriate local resources to meet the needs of abused children.

CHILD ABUSE TEAM RECOMMENDATIONS - A CHILDREN'S ADVOCACY CENTER

50. A center modeled after the "Huntsville" National Children's Advocacy Center be developed in Minnesota. Such a center would establish a place where services are provided to the abused child in a non-threatening physical facility, and where child abuse professionals are able to work together.

51. The Attorney General's office, law enforcement, human services and county attorneys support and participate in a child advocacy center.
52. Initially, a child advocacy center be established to act as a resource for child protection professionals in greater Minnesota.
53. Consideration and on-going review occur regarding the feasibility of regional facilities throughout greater Minnesota.

COURTROOM PROCEDURE RECOMMENDATIONS

The task force recommends that:

54. A case coordinator be used by county attorneys to assure that juvenile and criminal actions proceed in concert with each other.
55. Training of judges include techniques to minimize trauma to child victim/witnesses. Judges must protect child witnesses from harassing or unduly embarrassing examination or cross-examination.^{2/}
56. Judges participate in interdisciplinary child abuse training programs.

^{2/} Minnesota Rules of Evidence, 611 provides that the Court should exercise reasonable control over mode and order of interrogation of witnesses as to . . . protect witnesses from harassment or undue embarrassment (emphasis added). See also Code of Judicial Conduct - Canon 3A(2) and (3).

57. Criminal and juvenile courts work in a coordinated manner concerning placement of the child, treatment of the family's mental health needs, the prosecution of the offender(s) or other final disposition of the case.
58. Child abuse cases have priority in docketing at all court levels, including Juvenile/Family Court, Criminal Court, the Appellate Court and the Supreme Court.
59. Video-taped and closed circuit testimony of child victims be used, where appropriate.
60. Current Minnesota laws be changed to presume a child witness' competence, giving the judge or jury the responsibility of weighing the credibility of the child's testimony.
61. The child victim have the support of guardian ad litem or other designated advocate in any judicial proceeding, including criminal cases.
62. Minnesota law be changed to extend the right to be heard at or prior to sentencing to all family members including the victim.
63. Current research projects, to be funded by grants from the Office of Juvenile Justice and Delinquency Programs, into the impact and effectiveness of recent procedural efforts to minimize the trauma of courtroom testimony of child witnesses be supported and encouraged by appropriate state and county agencies.

RECOMMENDATIONS - ALTERNATIVE PROGRAMS

Accordingly the task force recommends that three counties agree to engage in an experimental program, each adopting one of the options set forth below. The programs would operate for a limited period of time and would then be evaluated to determine if they were effective in increasing intervention and lessening trauma. If after review and evaluation they are found not to be effective, they would be discarded. These programs deal with cases of both physical and sexual familial abuse.

64. A county establish, on a limited and experimental basis, an authorized treatment program that could deal with voluntary reports of abuse. This program would include a human services component to provide for child protection needs. Those entering this experimental treatment program would be required to give a videotaped confession. Also videotaped would be the child victim's testimony. Treatment would be confidential. The perpetrator would be exempted from prosecution so long as he/she abides by the terms and conditions of the treatment. Terms of treatment would include compliance with child protection directives. Failure to abide by terms of treatment would result in prosecution. This program would not be available in cases already reported or under review and investigation.

65. A county establish, on a limited and experimental basis, a program which encourages full admission of responsibility and submission to treatment in familial abuse cases which meet clearly defined criteria, by initially commencing proceedings in juvenile/family court, rather than in criminal court.

- A. Ample controls over the offender should be provided if the county attorney establishes a policy of commencing proceedings in juvenile/family court. Effective counties should include a requirement of a prompt full admission of guilt under oath before the judge equivalent to the requirements of a plea of guilty, a prompt assessment of the offender's amenability to treatment, a prompt commencement of treatment and completion of treatment. Such control could also include videotapes of the admission of guilt before the judge or videotaping of an admission of guilt as part of the investigation of the case or both. This control should further include a video tape of the child victim's statement of the facts.
- B. The ultimate control over the offender in such a program is the ability to commence prosecution in criminal court. This would occur if the offender does not promptly make a full admission of guilt, is not found amenable to treatment, or does not promptly

commence or complete treatment. This control includes use in the prosecution of the complete admission of guilt by the offender made in the juvenile/family court proceedings and the videotape of the child victim's statement of the facts. A procedure such as presently utilized in Rule 15, Minnesota Rules of Criminal Procedure (plea of guilty cases) could be established to insure later admission of an offender's statements.

66. A county establish, on an experimental basis, clearly defined policies in a limited range of familial abuse cases (offender screened and found amenable to treatment, in best interest of victim and family, etc.) requiring pleas of guilty in criminal court on condition of amenability to treatment and successful completion of treatment of the offender. Where appropriate, the court should consider:
 - A. Acceptance of a plea of guilty, imposition of a sentence, but staying the execution of the sentence on condition of successful completion of treatment.
 - B. Acceptance of a plea of guilty and a stay of the imposition of a sentence for a period of years with possible withdrawal of the plea of guilty or reduction to misdemeanor status after successful completion of treatment.

- C. Withholding acceptance of the plea of guilty for a period of years, placing offenders on long-term probation and possible dismissal after successful completion of treatment.
67. Policies regarding these non-incarcerative programs must be clearly defined and entrance into such programs be made available on a non-discriminatory basis.
68. The efforts of the General Mills Foundation and Humphrey Institute, working with the Attorney General's Office and the Department of Human Services in developing a tracking system for child maltreatment cases be supported by local human service and law enforcement agencies.

TREATMENT RECOMMENDATIONS

In regard to treatment, the task force recommends that:

69. Treatment needs of child and adolescent victims, their families and the offender be addressed immediately. The victim need not wait for final disposition of the case to have his/her psychological and emotional needs treated.
70. Treatment needs of victims and their families be fully addressed and, where need is established, financially supported by state and local agencies. Special attention should be given to providing financial support, where appropriate, for the travel needs of victims and their families in Greater Minnesota.

71. Minnesota law require all child abuse offenders who receive prison sentences and are amenable to treatment, to undergo treatment.
72. Minnesota statutes be changed to allow those persons convicted of child abuse to remain in halfway homes for longer than the current time limit. Resources should be allocated to establish more halfway homes.
73. Child abuse offenders who receive prison sentences be placed on supervised release for longer periods following the completion of their sentence.
74. A diagnostic category or procedural code be established for the classification of sexual abuse victim and offender, and that insurers and employers provide financial coverage for individuals who fall within that classification.
75. Employers be encouraged where possible and appropriate to allow victims and offenders to keep their jobs.
76. Juvenile courts be given the authority to order mandated treatment of offenders and other family members.
77. Treatment providers meet minimal state standards of competency and ongoing educational requirements.
78. Data privacy laws allow treatment professionals working with offenders to share information with child protection and county attorney's offices.

79. Therapists who are called upon to diagnose abuse not provide long-term treatment of the victim unless all parties to the proceeding agree to such treatment or where changing therapists would not be in the best interest of the victim.

RECOMMENDATIONS - MINORITY AND RURAL CONCERNS

The task force recommends that:

80. Training and treatment opportunities be made available by state and human services on a regional basis so as to better serve the needs of rural communities. The establishment of regional child advocacy centers is one way this could be accomplished.
81. Recruitment and training of minorities who work in the professions that deal with child abuse victims and their families be expanded so that minority communities can be served by minority professionals at all levels of intervention.
82. Treatment needs of victims and past victims of child abuse within the Indian Community be recognized and supported.
83. Appropriate qualified resources be made available by local agencies to address the language barriers experienced by certain minority populations during the course of child abuse cases.

84. Support be given to awarding research grants, both state and federally funded, to conduct research in the following areas:

- A. To review types of services that minority offenders, victims and their families receive and how this service differs from that received by majority populations.
- B. To review the out-of-home placements of minority victims of child abuse and determine if efforts are made to place these children in their own environment.

RECOMMENDATION TO THE ATTORNEY GENERAL

85. The task force recommends that the Office of the Minnesota Attorney General have responsibility for insuring appropriate and effective implementation of these recommendations.

LIST OF WITNESSES BEFORE THE TASK FORCE

1. Dr. Robert ten Bensel, Director of Maternal and Child Health, the University of Minnesota, Minneapolis
2. Fern Sepler-King, Executive Director, Minnesota Crime Victims and Witnesses Advisory Council, St. Paul
3. Dr. Ralph Underwager, consulting psychologist, Institute for Psychological Therapies, Minneapolis
4. Hollida Wakefield, a licensed psychologist, Institute for Psychological Therapies, Minneapolis
5. Dr. Sandra Hewitt, licensed consulting psychologist, St. Paul Children's Hospital, St. Paul
6. Dr. Sharon Satterfield, child and adolescent psychiatrist, University of Minnesota, Minneapolis
7. Susanne Smith, Hennepin County Guardian Ad Litem Program, Minneapolis
8. Elaine Dietrich, Family and Children's Services, Parents Anonymous, Minneapolis
9. Michael Clancy, intake supervisor, Washington County Social Services, Stillwater
10. Robert Carolan, Dakota County Attorney, Hastings
11. Robert King, Assistant Dakota County Attorney, Hastings
12. Mark Ponsolle, Assistant Dakota County Attorney, Hastings
13. Judge Lindsay Arthur, Hennepin County District Court, Minneapolis
14. Paul Gerber, Bureau of Criminal Apprehension, St. Paul
15. Peg Doe, VOCAL, Minneapolis
16. Michael O'Brien, PHASE Program, Stillwater

17. Stephen Peterson, Assistant Hennepin County Public Defender, Minneapolis
18. Dwaine Lindberg, Child Protection Supervisor, Minnesota Department of Human Services, St. Paul
19. Stephen Rathke, Crow Wing County Attorney, Brainerd
20. Robert Johnson, Anoka County Attorney, Anoka
21. William Seals, Director, Seals and Associates, Inc., Minneapolis
22. Mary Lou Bauer, VOCAL, Minneapolis
23. Jane McNaught, Ph.D., licensed consulting psychologist, Minneapolis
24. Lucy Berliner, M.S.W., Director, Sexual Assault Center, Harbor View Medical Center, Seattle, Washington
25. Robert "Bud" Cramer, Jr., District Attorney, Huntsville, Alabama
26. Gary Melton, Ph.D., Professor of Psychology and Law, University of Nebraska, Lincoln, Nebraska
27. Dr. Carolyn Levitt, St. Paul Children's Hospital, St. Paul
28. Lt. Beverly Ecklund, Duluth Police Department, Duluth
29. Don Bacigalupo, Carlton County Human Services, Cloquet
30. Julie Spare, Carlton County Human Services, Cloquet
31. Tom Papin, Itasca County Social Services, Grand Rapids
32. Rev. Dale Sewall, First Presbyterian Church, Brainerd
33. Nancy V. Cairns, Ph.D., licensed consulting psychologist, Northland Mental Health Center, Grand Rapids

34. Adrienne (Jay) Bendix, Minnesota Chippewa Tribe, Cass Lake
35. Jo Richmond, Coordinator, Sexual Assault Services, Women's Center of Mid-Minnesota, Brainerd
36. Kathy Bieler, Range Mental Health Center, Virginia
37. Loree Miltich, Director, Marriage and Family Development Center, Grand Rapids
38. Ricky Fred-Boham, Sexual Assault Program, Bemidji
39. Jodi Metcalf, Assistant Cass County Attorney, Walker
40. Nancy Steele, Transitional Sex Offenders Program, Lino Lakes Correctional Facility, Lino Lakes
41. Raymond Schmitz, Olmsted County Attorney, Rochester
42. Donna McNamara, Illusion Theatre, Minneapolis
43. Randy Bachman, Olmsted County Human Services, Rochester
44. Barbara Andrist, Olmsted County Health Department, Rochester
45. Debbie Anderson, The Rapeline Program, Rochester
46. Cathy Zupan, The Rapeline Program, Rochester
47. Deb Wellnitz, Brown County Family Services, New Ulm
48. Virginia Dixon, Director of Special Services, Rochester Area Public Schools, Rochester
49. Caren Markley, Rice County Social Services, Faribault
50. Judge Ancy Morse, District Court Judge, Olmsted County, Rochester

51. Bill Price, Survival Skills Institute,
Minneapolis
52. Kambon Camara, Survival Skills Institute,
Minneapolis
53. Ira Schwartz, Senior Fellow, Center for the
Study of Youth Policy, The Hubert H. Humphrey
Institute of Public Affairs, Minneapolis
54. Deborah Anderson, RESPONSES, INC., Minneapolis
55. Sister Giovanni, Guadalupe Area Project,
St. Paul
56. David Robinson, Director, EAR, Control Data
Corp., Bloomington
57. Bernard Bauer, VOCAL, Minneapolis
58. Karen Ray, Project Director, Project IMPACT,
St. Paul
59. Karen Mueller, Southwestern Mental Health,
Windom
60. Irma Cattoor, Public School Nurse, Marshall
61. Autumn Cole, M.A., Coordinator, FSATP,
Community Services Center, Inc., Willmar
62. Gwenn Johnson, Southwest Minnesota Sexual
Assault Program, Marshall
63. Dr. Barbara P. Yawn, Worthington Sexual
Assault Program, Worthington
64. Charlotte Dokken, Chippewa County
Family Services, Montevideo
65. Pam Otterman, Chippewa County Family
Services, Montevideo
66. Ron Ottersted, Beltrami County Sheriff's
Office, Bemidji
67. Noel (Chuck) Koenigs, Swift County Social Services,
Benson
68. James L. Morrison, Northern Pines Mental
Health Center, Brainerd

The task force also heard from 11 people who gave personal testimony concerning their own experiences with child abuse.