

A GAME FOR KID'S SAKE

By Diane O'Brien

NINE YEARS ago, Jim and Pat Mead welcomed their first foster child, Paula, into their home. On that day, they vowed to help Paula, a victim of child abuse, begin a healthy new life. They never imagined, however, that the love and concern they had for their new daughter would affect the lives of hundreds of other children.

Today, the Meads are the founders of a successful child abuse prevention program appropriately named FOR KIDS SAKE. Through this program, which operates through private donations and the help of hundreds of volunteers, the Meads give guidance

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Child Abuse

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and assistance to both parents and children. They have coordinated an in-service training program to be used by emergency service personnel, doctors, nurses, teachers and social service workers to help detect possible child abuse situations. Jim Mead, a Brea (California) police officer, has also developed a simple chart to be used as a tool by public service workers so that probable abused children may be identified and help for both the child and parent be obtained.

When six-year-old Paula arrived at the Mead's home, she was totally autistic, with no recognition that anyone or anything existed. Paula was mentally handicapped. Her condition was a direct result of the physical abuse and chronic starvation inflicted by her real parents before she was three years old.

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Jim and Pat Mead and their three daughters were the seventh foster family Paula had lived with in a three-year period. Each of the other families who had taken Paula were certain that she would begin to talk and behave normally once she was given a healthy home environment. When signs of improvement were few, the families hopelessly gave Paula back to the social service workers.

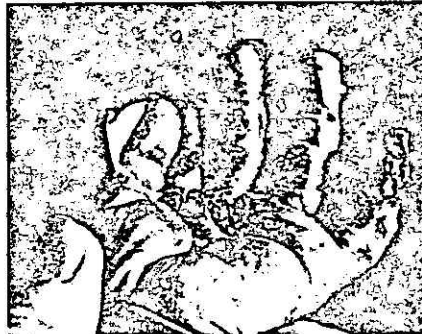
What the families did not realize was that the scars that marred Paula would never completely heal. But Paula could learn a new type of fearless living. It was the Mead family who finally understood Paula's needs and who were willing to sacrifice for her.

Each day the Meads spent caring for Paula, they were reminded of the thousands of other children who are daily subjected to abuse. "When Paula was first brought to someone's attention, she was three years old," said Jim. "She had a broken arm, a skull fracture, multiple rib fractures, multiple cuts and abrasions, cigarette burns about her entire body and she was severely weakened from starvation."

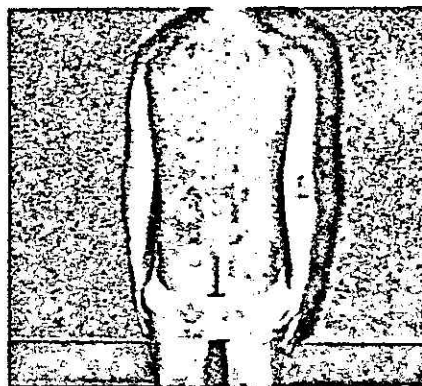
As a police officer, Jim was familiar with child abuse cases. He knew Paula was just one of many brutally battered and mistreated children in the United States.

"The number of child abuse cases

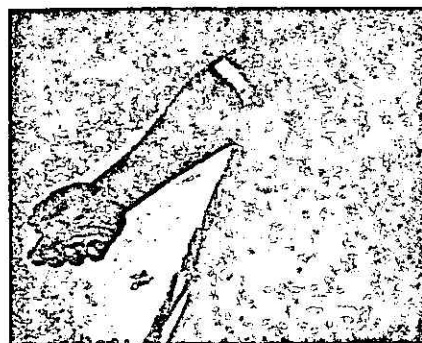
occurring each year has reached epidemic proportions," he said. "Thousands of dollars in research is being spent to treat the 'offenders,' the parents. It wasn't until after Paula arrived that I realized it was time that someone began to protect the 'victims,' the children. To the helpless a-



An example of an immersion burn caused by dipping the child's hand into scalding water. The depth of penetration of the burn indicates that the hand was probably held in the water for between 20 to 30 seconds.



This child's wounds are located in the primary target zone, which extends from the back of the neck to the back of the knees. Multiple bruising and series straight line lacerations can be seen.



Defense wounds on the arms and hands are a typical type of wound a child may receive when trying to defend himself in an abuse situation.

bused child, no amount of money or research will make up for the mental and physical anguish they endure."

The more the Meads lived with,

worked with and cried over their foster child, the more Jim affirmed his belief that a significant amount of child abuse could be prevented. In September, 1974, Jim received an opportunity to validate his belief when he attended the Delinquency Control Institute (DCI) as part of his training as a juvenile police officer.

"At DCI I finally had the time and resources at my disposal to prove or disprove my theories about detecting and preventing child abuse," Jim said. "I was going to prove that there were common identifiable criteria in homes of neglected or abused children. And once I determined the common factors, I planned to develop a simple but effective training tool for police officers, emergency paraprofessionals, emergency room doctors and nurses, teachers and local, state and federal agencies to use in detecting — and hopefully preventing — child abuse."

Jim developed a questionnaire to elicit the necessary information he needed to begin his research project. With the assistance of the Los Angeles Police Department's Battered Children Unit and members of the Sacramento Police Department's Community Relations Department, Jim researched approximately 200 California child abuse cases. Using the computer programming facilities at DCI, he came up with a completed research study that gave him the criteria he needed to prove or disprove his theory.

After compiling his findings, Jim discovered that there were, as he suspected, certain identifiable criteria in child abuse cases. "Once I had the findings, I had to devise a workable tool that would enable social service agencies to actually put my research to work in the field," said Jim. "I needed something that was scientifically valid, but could be used in less than 60 seconds. I know how social service personnel work because I am one. If they are given something long and complicated to work with, they won't use it. I had to find something gimmicky, yet something that would help better detect possible child abuse cases by identifying the common characteristics that increase the probability of abuse in a home."

Jim decided a simple game would be the most effective way to get the social service workers to use and remember the child abuse detection tool.

"I spent a week wandering through toy stores, racking my brain to find that super simple game," said Jim. "I knew I had the power to create a usable tool, but I just couldn't come up with the right vehicle for my findings."

One night after Jim had been trying

to come up with the right game, he decided to quit for the evening and join Pat to watch television. Totally frustrated, Jim told Pat that he couldn't find the game that would effectively and simply carry his child abuse criteria.

"Pat was watching the television show, 'Hollywood Squares,' " recalled Jim. "Suddenly, after watching the program with her for a few minutes, I began jumping up and down, crying 'That's it! That's it!' The simple game was tic-tac-toe — the game they used on 'Hollywood Squares.' Within a few moments, I had the game scratched out on a piece of paper with one child abuse identifier value written in each tic-tac-toe square. Everybody knows how to play tic-tac-toe and therefore to use the tool, they wouldn't have to learn a new game."

In each one of the tic-tac-toe squares, Jim placed an important statistical value which, through scientific research, he found to be a value present in most child abuse cases. He designed the card on a piece of heavy paper and made it small enough to fit in a man's shirt pocket or a woman's purse. In this way, social service workers could use the card with a minimum of effort and in a short amount of time.

"The profile card was developed to help detect child abuse in its early stages before the child is injured or killed," explained Jim. "For example, a police officer responding to a family disturbance, an EMT responding to an injury, or a welfare case worker making regular home visits can complete the card during or after any visit that involves children."

According to Jim, the person using the card places an "X" in each square that he finds applicable to the particular situation. Once all the values that concern the family situation are marked, the number of complete tic-tac-toes are totaled. The more tic-tac-toes, the greater the probability that the family has a child abuse problem.

The reverse side of the card gives suggested action for the responder, depending on the number of tic-tac-toes completed.

"The secret is that the policeman, emergency responder or welfare case worker did not respond to a call or check on a welfare family looking for child abuse. But, if child abuse exists, the tic-tac-toe card will assist the worker in detecting abuse by using the values indicated.

Jim stressed that if child abuse is suspected, normal investigative techniques to factually validate or invalidate the existence of child abuse should be employed. He said that the

card was designed to be used as a tool or a probability indicator and should not be used as the sole determinant in making a decision about child abuse. The card is valid and is based on empirical data, but it should be used to assist the well-trained police officer, emergency worker, social servant, doctor or teacher.

BATTERED CHILD PROFILE		
TIC TAC TOE		
DIRECTIONS: Place an <input type="checkbox"/> in each square if you find that situation exists.		
Child Has Bruises	Child is First Born	Suspicious Head Injuries
Thin Suspect	 One for the KIDS	Victim Before
Child Under 6 Years Old		Suspect 25-35
	Unexplained Lacerations	
POSSIBLE EVALUATION		
1. Tic Tac Toe - Possible Child Abuse		
2. Tic Tac Toes - Probable Child Abuse		
3. Tic Tac Toes - Child Abuse		
4. Tic Tac Toes - Emergency Action Needed (See other side for possible action)		

CAUTION: The profile is only a tool and should be used with care, concern and along with your own good judgement.

FOR KIDS SAKE

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Jim Mead - Founder
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REFERRAL AGENCIES

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Each tic-tac-toe square represents an important statistical value that increases the probability for child abuse. The more completed tic-tac-toes, the greater the chance for abuse.

GAME AIDS ABUSE PREVENTION

FOR KIDS SAKE gives away approximately 5,000 tic-tac-toe detection cards each month as part of their war against child abuse. "The card is being used all over the country," said Jim. "I received a letter from a small police department in

California that I trained to use the device two years ago. Since they learned how to use the tool, they have identified 30 families that were abusing their children. The department told me that they probably would have never discovered the child abuse problems if they had not learned about the tic-tac-toe device."

With these kinds of letters, Jim knows the tic-tac-toe card is doing the job he intended it to do. At FOR KIDS SAKE, early child abuse detection means they can help the families cope with problems and not arrest them.

The success and widespread use of the tic-tac-toe card encouraged Jim and Pat to expand their child abuse prevention work. Today, the card is just one of many training tools FOR KIDS SAKE offers free as part of their in-service training program. One of their major training tools is a complete child abuse service training program including information about FOR KIDS SAKE, the tic-tac-toe card and a slide cassette program used to train persons about child abuse and its effect on a child. The slides show actual wounds children have suffered and the tape cassette narrative explains the wound classification and how to identify the cause of infliction.

When an organization requests a slide cassette program, FOR KIDS SAKE puts together a package that corresponds with the type of work the particular organization does.

"The slides we send to a hospital show wounds that appear in all areas of a child's body," said Jim. "Whereas, the program we send to schools give examples of highly visible wounds that might be seen when working with a child in a classroom."

WOUND CLASSIFICATIONS

FOR KIDS SAKE has broken its training programs into major wound classifications as well.

According to Mead, bruises are the most common type of injury suffered by abused children. The primary target zone for bruise injuries extends from the back of the neck to the back of the knees.

"Approximately 70 percent of blows children receive are directed to the back of the body in this area," said Mead. "This includes wounds to the back of the arms and hands that children receive when trying to defend themselves."

According to Mead, emergency workers should look for contusions, welts, lacerations and scar tissue formation around the bruised area as an indication of a repeated pattern of bruising. Bruises to the back of the

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Child Abuse

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body are suspicious because in an accidental fall, a child will normally fall forward. Mead stresses that the responder to a probable child abuse case look for a series of injuries as another indication of abuse.

"When an adult loses control and begins to strike a child, very rarely does he hit the child just once," said Mead. "Child abuse is rarely a single injury."

Mead also suggests looking at the shape of the bruise to try to determine how the wound was inflicted.

"We have one picture of a child who was hit with a two by four," Mead said. "The only way we determined this was by measuring the wound. It measured exactly 3-5/8 inches across — exactly the measurement of a two by four board. If you think about the size and shape of the bruise, you may get an idea of the instrument used, and this makes good evidence from a law enforcement standpoint."

Lacerations and abrasions are other common wounds that occur in patterns or series. Studying these wounds will also give emergency

workers a good indication of how the wound may have been caused.

"There is a difference between the type of laceration caused by a belt and the type caused by an extension cord," said Mead. "An extension cord leaves marks of a consistent thickness. A belt wound, however is irregular because centrifugal force turns the belt, leaving both thin and wide marks in a looping fashion."

Another distinguishable laceration Mead identified is "series straight line laceration." These may result from a stick, switch, coat hanger, ruler or other fixed object. Most of these lacerations are seen on the upper part of the legs, buttock or lower back.

Mead said a belt buckle creates an identifiable wound, referred to as a "gull wing laceration." This hook-shaped cut is very thick and is shaped like a gull's wing. It is usually caused by the tongue of the belt making a whipping action. Gull wing lacerations are most often seen in multiple numbers and are located in close proximity to one another.

Abrasions to the neck, ankles and wrists are a good indication that a process known as "tethering" has been used on the child. According to Mead, parents may tie a child up, and place them in a closet or a room for long period of time. Abrasions result from the material the child has been tied with rubbing against the skin. Head injuries are the most common cause of death as a result of abuse seen today. Blows to the head frequently cause subdural hematoma, a bruise-like injury to the brain that can create pressure, resulting in retardation, paralysis and death. Mead said injuries to both sides of the head are probable indications of abuse.

"One of our favorite statements is 'Kids don't bounce,'" said Mead. "If a child falls accidentally, he will probably hurt one surface plane of his head. Injuries to both sides are very uncommon except in auto accidents. But, an auto accident would be documented and evidence of the accident would be available.

"A head injury that is not accompanied by abrasions may also indicate that the wound was intentionally inflicted. Beating or striking a child in the head may cause serious injuries without causing the type of abrasions that may result if the child was in an accident or had fallen."

According to Mead, the key to preventing complications from suspected head injuries is to have the child undergo a complete medical exam.

"Subdural hematoma does not always result immediately," said Mead.

EMERGENCY PRODUCT NEWS

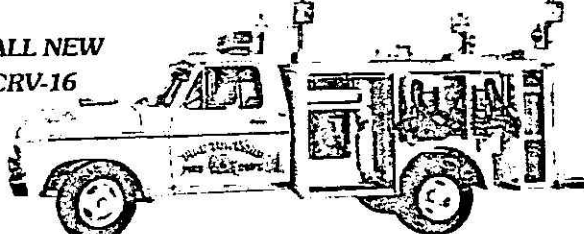
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"The child may appear to be acting normal, but pressure could be building up in the child's head and 24 hours later the child could die."

During the medical exam, Mead recommends that the physician run his hands through the child's hair to check for a type of abuse Mead refers to as the "spoon trick."

"This injury occurs when a parent, in an effort not to be detected as an abuser, uses a spoon to hit the child in the head. The results of this type of abuse is not always noticeable, but feeling the scalp for multiple lumps will determine if the child is a victim of the 'spoon trick.'"

Burn wounds seen in abused children take many forms. A common burn injury results from dipping a child in scalding water. A dipping injury produces an oval shaped burn and mainly is seen in the buttocks area or slightly above the buttocks.

"An elliptical pattern, created by the immersion line, is frequently seen in dipping injuries," said Mead. "These types of injuries are mainly associated with children that are not toilet trained. Parents often become frustrated when their children are not toilet trained and with the drudgery of changing diapers. It doesn't matter how old the child is — we've seen dipping injuries to children as young as six months old."

An immersion burn to the extremities is also commonly seen in child abuse victims. This type of burn progresses up the extremity and ends in a clear-cut line where the water line ended.

"Emergency workers should compare the parent's story of how the immersion burn happened to the burn itself," said Mead. "Look for the depth of the burn as an indicator. If the parent said the child stuck his hand in a pot of water, the child would probably have immediately removed his hand and the burn would not be as severe as the burn that results when a hand is held in scalding water."

According to Mead, burns to the palm of the hand are often used as a punishment for children who have been playing with matches. Parents sometimes punish their child by holding the child's hand over a hot burner, palm down. Mead suggests looking for a pattern in the burn as an indication. An electric burner will leave a coil-shaped burn and a gas burner will leave a star or circular pattern.

Children burned by cigarettes may be identified by deep, round burns, about the shape of the end of a cigarette. There is generally a slight charcoaling effect around the outside of the burn. Mead said cigarette burns

(Continued on page 44)



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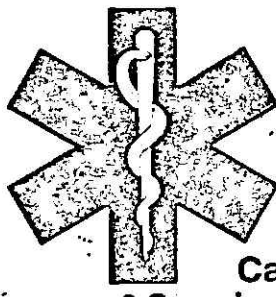


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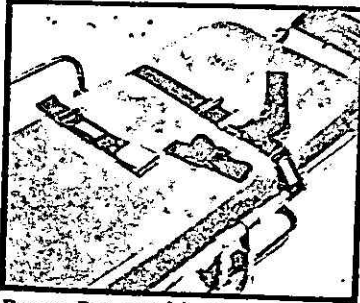
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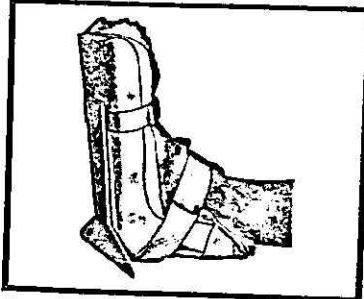
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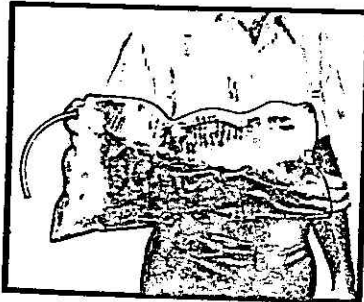
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Child Abuse

(Continued from page 43)

occur most frequently to the back of the hands and to the large area of the chest.

Studying the shape of the burn may help emergency workers determine the instrument that caused the injury. Mead has found that irons and curling irons are used frequently.

OTHER ABUSE INDICATORS

Neglect, although a non-physical form of abuse, is a definite child abuse problem, said Mead. A filthy home with all the common denominators for an unfit environment, including exposed electrical wiring, a lack of heat, gas, electricity and food, piles of trash including human and animal feces, may indicate weeks or months of neglect.

Sexual assault is a growing child abuse problem, now occurring to one out of four physically abused children. Mead suggests that during a medical exam the physician check the pubic area for skinning, abrasing, penetration and bite marks. Such wounds help to confirm suspicions of sexual assault.

Other standardized medical tests Mead recommends that determine if a child is a victim of child abuse include a series of long bone X-rays. The X-rays will detect any prior untreated fractures, which Mead said increase the probability of abuse.

Spiral fractures, which run around the bone, are a typical child abuse wound caused by a torsion of the bone. This may be the result of an adult swinging a child by an extremity. According to Mead, the chance of a spiral fracture occurring any other way is very slight.

Skull fractures that have not been treated may also be indicative of abuse. Mead said that an egg shell fracture, which is one main fracture at the point of impact and other radiating fractures, is common with children who have been banged against a wall.

Mead has found that many parents try to make excuses for their child's injuries so that it will appear the injuries occurred accidentally. They frequently use the excuse that their child is a bleeder or bruises easily. To refute any excuses, Mead suggests that the examining physician perform a blood work-up on the child. A blood coagulation test and blood platelet

count will indicate to the physician if the child is in fact a bleeder or a bruiser.

Medical personnel should also look at the healing process of the bruises. If the bruises are different colors, Mead said this may indicate that the bruises occurred at different times. He suggests that physicians as well as the person who responds to the home look for patterns in wounds and a series of repeated wounds to help identify probable child abuse.

ABUSE SEMINARS AVAILABLE

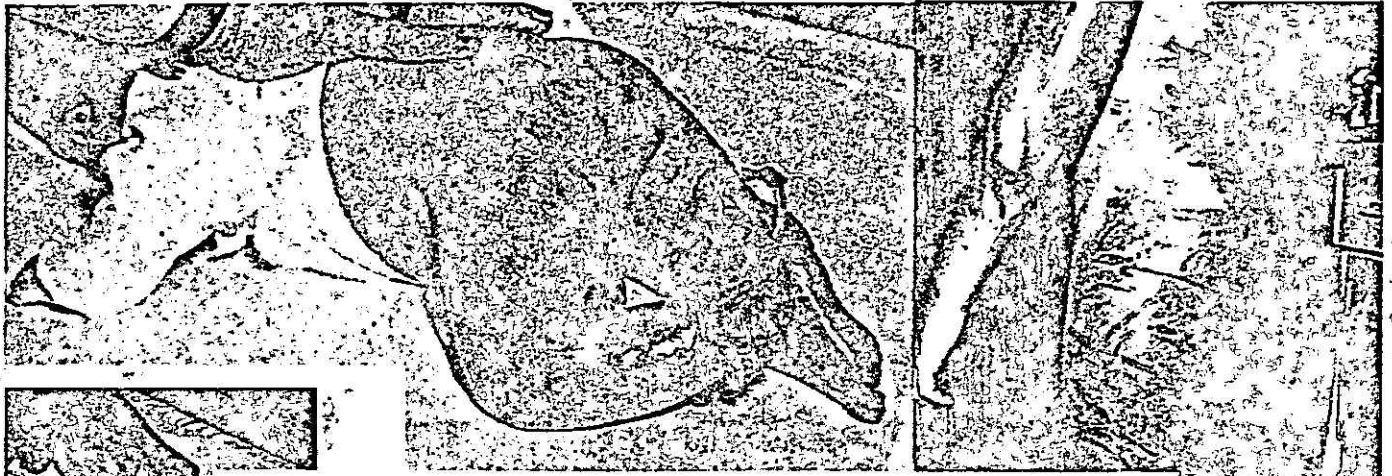
In addition to mailing in-service training programs to public service organizations, Jim, Pat and seven other FOR KIDS SAKE speakers give child abuse seminars for police departments, hospital emergency rooms, nursing staffs, emergency medical service organizations and teachers.

Along with their in-service programs, FOR KIDS SAKE operates a 24-hour counseling hot line available to anyone with a child abuse problem. They also have organized an "Effective Parenting Program" which uses workshops and school presentations to teach young persons how not to be abusive parents when they have children. According to Jim, 85 to 90 percent of abusive parents were abused by their parents when they were a child.

"We're trying to stop the cycle of abuse," said Jim. "If FOR KIDS SAKE or another organization does not intervene and teach abused children that child abuse is not right, when the abused child grows up and becomes a parent, he will most likely treat his child exactly like his parents treated him. How can a child know something is wrong, unless someone interferes and says it isn't right?"

By giving guidance and assistance to both parents and children and through the training programs for public service organizations, FOR KIDS SAKE is working daily to curb child abuse in this country. If emergency personnel learn to detect probable child abuse cases and then request the assistance for that family through the proper agency, they too can help to control the child abuse problem in their community.

EDITOR'S NOTE: Jim Mead has requested that anyone with black and white photos or color slides of child abuse victims who would like to help FOR KIDS SAKE build their in-service training programs, send the pictures to: Jim Mead, FOR KIDS SAKE; P.O. Box 471; Dept. EPN; Brea, California 92621.



Child Abuse and the Emergency Medical Technician

By Wayman C. Dunlap

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IT WAS another busy night for the emergency medical crews. The holiday season was rapidly approaching and the late evening traffic was causing the usual number of collisions and minor injuries.

But the call that came in at 7:30 that weekday evening wasn't about a traffic accident.

"Send someone over," the angry, nervous voice on the dispatcher's emergency line insisted. "My kid fell and I think she hurt herself."

The dispatcher took the address and rerouted an EMT team on its way in from a hospital run.

Set back from the roadway, the house looked run down, even in the darkness, and the technicians had to step past overturned garbage cans and broken toys to reach the front door.

"You took long enough," complained the occupant, a short thin man in his late 20s or early 30s. Huddled in a corner was the victim, a small, frightened girl, watching with tear-stained eyes the three men in the white uniforms. She might have been pretty, but it was hard to tell because of the blood on her forehead and the bruise on her cheek.

"What happened to her?" asked the senior technician.

"Oh, I don't know," shot back the visibly irritated parent. "She fell off the bed



Wayman C. Dunlap is a reporter for *The Blade-Tribune* in Oceanside, Calif., and a correspondent for both the *Los Angeles Times* and United Press International. His specialty is police reporting and he holds a Certificate of Achievement in police science from Palomar College. During his 11 year journalistic career, he has worked at weekly and daily newspapers, the Associated Press, radio and television and was news director of KARK-TV (Little Rock, Ark.) before moving to California. He is assigned to cover the Oceanside Police Department, the Oceanside Harbor Patrol, the state highway patrol, the Camp Pendleton military police, the Oceanside Fire Dept., as well as the municipal and superior courts.

or something; that's probably how she cut her head."

"What about these bruises on her back?"

"Who knows about kids? They fall all the time."

"I think we should take her to the hospital," the technician offered. "She looks pretty beat up."

"Whatta' ya' mean, beat up? There's nothing wrong with her and besides, it would probably cost a fortune and I'm outa work and there's nobody to sit with her younger sister here. That kid's been a problem to me the whole five years she's been born. Just patch her up and get out."

The call buzzer on the technician's belt went off about then and outside, the dispatcher was trying to find an available unit to cover a collision.

"Okay, mister, we've got to go, but we'll take her to the hospital if you want."

"Look, just forget you were here, okay?"

And they drove away. And five days later, the tear-stained, bruised, battered and beaten little girl was dead. Not from the technician's inattention to duty that first night, but because of his failure to observe, and act on, recurring tell-tale signs of what has come to be called "the battered child syndrome."

Their inattention was inexcusable, because the helpless victim, and her hostile, distant father, exhibited almost every classic symptom of the syndrome.

"Brutally battered, sadistically tortured and grotesquely burned children show up in hospital emergency rooms and police reports every day," Brea (Calif.) police officer Jim Mead, an expert in the subject of child abuse and the foster father of four battered children, wrote in a project report on the subject.

"In 1973 over 60,000 cases were reported in the United States while many more thousands of cases went unreported and even untreated."

Since Mead compiled his statistics as part of a special child abuse survey in conjunction with the University of Southern California, that figure has been found to be a gross underestimate. According to the U.S. Dept. of Health, Education and Welfare, the figure is estimated to range from one quarter million to one million battered children annually.

And, said Douglas Besharov, HEW's director of the National Center on Child Abuse and Neglect, one in every 500 of these youngsters will die from such mistreatment.

"If a communicable disease struck as great a rate of children, you'd say you had an epidemic on your hands," Besharov added.

What does all this mean to the emergency medical technician, the paramedic, the policeman, fireman, social worker or hospital attendant? Simply that the problem of battered children has reached such a magnitude that it behooves them all to become acquainted with the problem, and how to recognize it.

Child abuse in its varying forms is nothing new, of course. Infanticide was commonly practiced in India and China in the 1800s to hold down the population, and as late as this century, young children were being maimed and mutilated by parents and guardians and sent out on the streets to beg.

The first child abuse case to establish a precedent for children's rights not to be tortured came in New York in 1874. The young victim was represented in court by the Society for the Prevention of Cruelty to Animals, because no other agency or government body would.

But the psychological and sociological reasons for what is happening in the homes of Americans across the country — at a rate of approximately once every six seconds — are far different from population control.

Psychiatrists and sociologists place the blame on a number of factors: isolation, social stress, the unstable economic situation, married couples unprepared for

parenthood, self-hate of the parent, even a misplaced sex drive.

But regardless of the motivating factors, the end result is always the same. A physically battered, tortured child who is, and always will be, emotionally scarred. If it survives.

Mead, a family man with three children of his own, has joined the war on child abuse with a vengeance, and recruited a host of volunteers for the battle.

After seeing the results of a particularly brutal child abuse case (one of his foster daughters, who came to him after suffering multiple rib fractures, a broken arm, a skull fracture, burns over her entire body and multiple bruises, still does not speak) Mead figured there must be some way to detect potential child abusers, some common symptoms. But it wasn't so.

"Nobody had a full set of stats," he explained. "This is a virgin field."

Then, after enrolling in USC's Delinquency Control Institute, he found that the university's massive computer system would be available to him. He researched approximately 200 random proven cases of child abuse reported in the state in 1974, with the help of the Los Angeles Police Department's Battered Child Unit and the Sacramento PD's Community Relations Department.

A questionnaire was developed and all possible information on each case was fed into the computer, which spit back a 528-page readout comparing and correlating everything from the types of injuries most often inflicted, to the typical age of the victim and suspect, to the height and weight of the abuser.

From that massive study, Mead developed a "game simulation" — a pocket-sized "Tic-Tac-Toe" card that emergency personnel, social workers, teachers or anyone involved with children, could carry with them to assist in spotting the danger signals.

Mead emphasizes that the card itself "does not prove anything, but it is a probability indicator."

Scored like the usual tic-tac-toe game, there are eight boxes surrounding the center box, which is already filled in as "one for the kids." (See Fig. 1) Inside each box is a common indicator of child abuse: the child has bruises, has been a previous victim, is under six years of age, has suspicious head injuries, unexplained lacerations, and is first born. Two others deal with the suspected abuser: the suspect is between 25 and 35 years old and is "thin."

A score of one tic-tac-toe (three across in any direction) indicates a "possible child abuse" and suggests the parent should receive an informal referral to a private self-help group. Two tic-tac-toes indicate a probable child abuse and it's

suggested that an informal incident report should be filed. Three tic-tac-toes means child abuse is occurring and a formal crime report should be made. If all eight blanks are filled in, "emergency action is needed," and the child should be removed from the home.

Mead is careful to point out in his numerous lectures to emergency service agencies, nurses, teachers and social service groups that some child abuse cases do not fit the above pattern in any respect.

But the frequency is so rare as to make such cases minor exceptions.

"The basic hypothesis of my theory was that common factors exist in homes, in abusers, and in victims, that, if detected, could lead to the development of a simple but effective training tool," Mead explained.

"My second hypothesis was that police officers, probation officers and social workers of many local, state and federal agencies visit the homes in which child abuse occurs in order to provide a myriad of services without detecting the abuse factors."

Mead believes in his cause so strongly that, with the help of his wife (herself a former abused child) he has established a nonprofit corporation called "For Kids' Sake," and has set up a 24-hour-a-day, seven-day-a-week hotline for distraught or disturbed potential abusers to call in and talk out their frustrations, or obtain referral to public and private agencies.

To pay for the printing, mailing, telephone bills and other expenses, Mead spends his off-duty time and vacations lecturing and speaking to civic groups, asking for a \$5 donation here, or receiving a \$25 speaker's fee there, all of which goes to the corporation. He receives no local, county, state or federal funding.

In addition, to better inform other agencies of his findings, Mead has prepared a combination slide-cassette tape presentation on the subject of child abuse which is free to any agency in the country for the price of the postage to mail it back to him. Mead says he will also travel anywhere to speak to any group on the subject "if they'll get me there." That's all he asks.

(The corporation operates out of his home, and the slide-tape presentation may be obtained by writing to him. The address is 940 Pear St., Brea, CA 92621.)

Another expert on child abuse is Det. Ollie MacDonald of the Oceanside Police Department in San Diego County. Oceanside, a city of 54,000 located about 35 miles north of San Diego, is immediately adjacent to the giant Camp Pendleton Marine Corps training base.

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Child Abuse and the Emergency Medical Technician

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She, and her colleagues, Dets. Terry Stephens and Charles C. Sanders have handled more than their share of child battering and neglect cases. There are some definite indications, according to Mead's computer study, that military bases seem to account for a disproportionate share of such incidents, although that may be due to their better reporting and free medical care, which causes symptoms to be more readily spotted.

At a recent symposium on the subject of the battered child syndrome, Mrs. MacDonald was provided with a fact sheet prepared by state medical officers.

Some conclusions were that 75 percent of the "cases" are under four years of age and 25 percent under one year. Boy children are slightly more affected than girls, and men do more beating than women (although women are more commonly involved in homicides.) The mean age of abusers is 26 and they are of average IQ, although slightly better educated than the norm.

Mead's computer study did reflect some slight differences. For example,

when the abuser was between 26 and 35 (which most are) the victim was more likely to be a girl, and 80.4 percent of all victims had been abused before.

The instruments used, and the pain and suffering inflicted, has caused Mrs. MacDonald to equate some homes with medieval "chambers of horror."

They include geographic burns, characteristic in that they appear to have the shape of a known object evenly burned into the skin; for example, the grill work of an electric heater or the element of an electric stove.

Or, a scald burn between the shoulder blades which is the result of immersion of a child's upper back in hot water. Also common is the "Zebra burn," caused when children are held by their hands and legs under a running hot water faucet, causing the tissue on their abdomen and upper legs to fold up, preventing burns in the creases.

Periodically, there are contusions "clearly resembling the impressions of ornamental jewelry such as signet rings . . . which result from direct blows of clenched fists" and lash marks caused by belt buckles and extension cords.

Blows from heavy, blunt objects, such as a baseball bat on soft tissue, result in deep muscular hemorrhage and can be detected by X rays. Skull X rays may show an "egg shell" fracture on the back

of the skull, caused by a single blow.

"However, when children are slammed against a wall, or thrown there, the back of the head shatters in a multi-radiant fashion," the report notes. Rib fractures are the result of crushing forces applied to the sides of the chest while long bone fractures that are "torsion induced" are characterized as spiral fractures of the mid shaft or evulsion fractures of the ankle, knee, wrist or elbow joints. (Accidental fractures of long bones always have a transverse character.)

The policewoman noted that medical experts recommend that in all instances, children should be admitted to the hospital and should undergo bleeding and clotting tests to rule out hematological disorders. X rays of the skull, chest and long bones should be done in every case, regardless of the clinical findings.

As far back as 1968, the American Academy of Pediatrics noted certain continuing symptoms in children found to have been victims of child abuse.

Suspicion should be aroused, the Academy noted, when the child "exhibits an injury not in keeping with the stated cause, shows evidence of injuries (such as ecchymoses, or bruises in different stages of healing) received on different occasions, appears neglected and malnourished, is withdrawn and does not appear to turn to his parents for comfort and reassurance." Other tell-tale signs include a lack of the normal initial depressive reaction on being hospitalized, along with no desire to return home.

"What the fireman or policeman should be looking for," Mead said, "is the unusual or inconsistent type of injury. An injury inconsistent with the story given by the adult. The other thing is a series of injuries. For instance, a series of lacerations to the back of the body, or a series of welts to the back. Anything in series is suspicious, because you don't fall down and go 'boom, boom boom.' You just fall down and go 'boom.'"

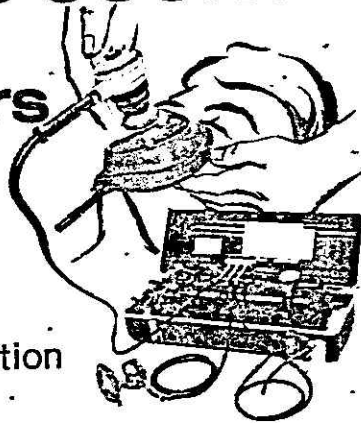
"If a parent says the kid fell out of bed, and he's got bruises that are all different colors of the rainbow, you know they're lying through their teeth."

The Orange County policeman also pointed out that the back of the body is generally more apt to be injured than the front, because when children fall, it's usually forward and they always try to break it somehow. "They almost never fall backward hard enough to cause such damage, and certainly not a series of injuries."

Oceanside's Det. Sanders concurred. "If a child has burns or bruises on his back, the parents will tell you he fell, but there's no way you can get a bruise in the small of your back unless you backed into something. Also, the stomach is a soft organ, it gives. It takes a pretty

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strong blow to cause a bruise there, more than from a fall."

Other manifestations, as pointed out by Det. Stephens, include stridation marks across the side of the face, ears and back, caused by instruments such as flyswatter handles, electrical cords, belts and bamboo sticks.

"Also, look for cigarette burns, unexplainable marks on the body, bruises around the mouth, face, ears and sometimes the back of the head," Stephens added. The officers generally agreed that where there are visible bruises, it usually means there are others elsewhere on the child's body.

Particular attention should be paid to the child's genital area, as damage to the groin and sex organs is all too common.

"There are five basic classifications of abuse," Mead said. "Accidentally inflicted trauma, where the parent over-punishes the child; inflicted trauma, probably the main one, where the parent knowingly inflicts injury; neglect, which includes locking children in closets; and sexual assault, which appears in 25 percent of all reported cases of child abuse."

The fifth category is mental abuse, where the child is emotionally or psychologically damaged.

"We have probably the least information in this area, and yet it's probably a fairly common type of thing, such as when the child sees the mother and father fighting, or threatening to kill each other." And there can be no doubt that torture with a hot iron or cigarettes will have some lasting mental effect.

Based on studies conducted by several state and national child welfare groups, and the USC computer, a picture of the abusive parent is also beginning to emerge.

The American Academy of Pediatrics suggested that doctors and emergency personnel should become suspicious when: parents are evasive, contradictory or angry; when they state a history of minor trauma (in the child) which is not in keeping with the severity of the injury, or when they have other symptoms of sociopathic behavior, such as alcoholism, transiency, work absenteeism, or scrapes with the law.

Other parental indicators are self-orientation and little concern for the child, his injuries or the prognosis, and when they are anxious to get away from the hospital before making sure that their child is safe and secure.

While observing the child, technicians should watch for a failure to thrive, developmental retardation, and "evidence of disturbed parent-child interaction; lack of attachment of the child to the mother and inappropriate maternal empathy," suggests the San Diego County Probation Dept.

BATTERED CHILD PROFILE

TIC TAC TOE

DIRECTIONS: Place an X in each square if you find that situation exists.

Child Has Bruises	Child is First Born	Suspicious Head Injuries
Thin Suspect	One for the KIDS	Victim Before
Child Under 6 Years Old	Unexplained Lacerations	Suspect 25-35

POSSIBLE EVALUATION

- 1 Tic Tac Toe — Possible Child Abuse
- 2 Tic Tac Toes — Probable Child Abuse
- 3 Tic Tac Toes — Child Abuse
- 4 Tic Tac Toes — Emergency Action Needed

(figure 1)

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Other typical reactions and attitudes of neglecting, battering adults, the probation department has determined, include evasiveness about the injury, irritation at being asked about it, and criticism of the child by the suspected abuser about the injury.

Abusers rarely show concern for the child, the injury or the prognosis, and often disappear from the hospital during examination or shortly after the child is admitted.

Mrs. MacDonald points out, however, that occasionally when a parent realizes what he has done, he will take great care to clean and dress the victim neatly before taking him for treatment. Clearly the regard is more for evading apprehension than for the well-being of the child.

There is still no clear determining correlation between the condition of the home and the propensity for the parents to beat their children.

Battalion Chief Hank Thompson of the Oceanside Fire Dept., who oversees the EMT operation, says his experience has shown that in most such cases, the victims come from unkempt and disorderly homes.

"I can't ever think of going to one that's turned out to be a child abuse case where everything was really in place and neat."

Det. Stephens tends to agree. "The

majority of them do come from this type of condition, but on the other hand you do get cases where the house is spic and span but the child is a victim of abuse."

All the experts agreed that their studies have shown the majority of persons who beat their children — maybe up to 90 percent — were victims of the battered child syndrome in their youth.

And for some as yet unexplainable reason, probably having to do with increasing financial demands, and hence increased stress, more cases of child abuse are discovered during holiday seasons than at any other time of the year. The most common hours it occurs are between six and ten p.m.

What does all this mean to the EMT, the paramedic, the policeman or fireman who may be called to the scene of an injury? Should he treat the child, and the parent, any differently than in any other injury case?

"No," declared Navy Chief Hospital Corpsman Willard Gubbins. "When you are at that stage, the ambulance attendant or paramedical personnel should deal strictly with the injury. Even in the emergency room, that is not the time."

Gubbins, a member of the U.S. Naval Regional Medical Center's child abuse team at Camp Pendleton, works closely with the hospital's medical personnel to

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Child Abuse and the Emergency Medical Technician

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investigate all suspected cases of child abuse. While he agrees that since child abuse is a "social pathology" and should ultimately be handled differently, it does not fall to the emergency team to change their prescribed method of operation.

"Except maybe, say an ambulance attendant entered a house for some other reason and he observed something suspicious, then he is required to report it."

In California, New York and a few other states, all persons who work with children are required by law to report suspected abuse or neglect cases, and are protected from civil liability for doing so (except in California, where there is a stipulation it must not have been done maliciously.)

Gubbins noted that the military is more acutely aware of the potentialities of the problem for several reasons. Medical care is free to dependents, and there is less hesitation about leaving a child in the hospital overnight, when, through X rays, untreated fractures and other

injuries are often discovered. Further, military families often suffer from one of the main contributing factors to the problem — isolationism, a removal from family and friends.

While the evidence of child abuse is sometimes overpowering, Gubbins said, the emergency personnel working the case should be especially careful "not to act in any accusatory manner, because things are not always what they appear, especially at the initial contact."

The San Diego County Probation Dept., admitting that compassion is difficult to find for child abusers, cautions that there should always be room for understanding.

"Parents who neglect and batter their children are actually speaking their parental incapacities in action language and are asking to be stopped in behaving as they do. Why else do they bring their children to hospitals and run so high a risk of punishment?"

"We think that parents run this risk because the risk of total, internal, personality disintegration is even more terrifying — a risk they run in continuing the care of their children."

To combat the problem, the county of San Diego has established the Child Abuse Coordinating Council, and a Family Stress Center, working closely with

Parents Anonymous groups. The council is composed of representatives of about 30 agencies concerned with child abuse, according to Dr. David Chadwick, medical director of Children's Hospital.

Members meet monthly to exchange ideas and coordinate information, develop programs and set up task forces to deal with the various areas of child abuse.

But on a different level, the need is becoming more evident for emergency personnel, such as fire departments, police departments, social service agencies and private self-help groups, to begin communicating.

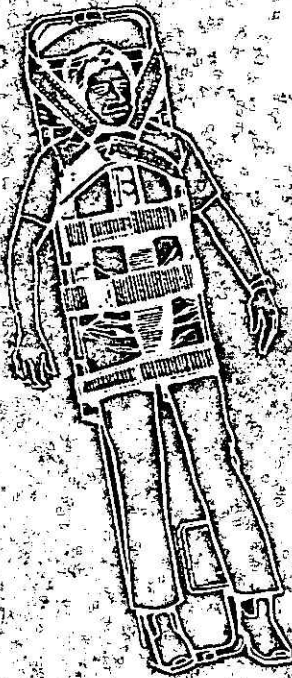
"There's many different agencies that are out there that are more than willing to help; in fact, in some cases are looking for people to help," declared Officer Mead, "but we don't communicate. We all live in our own little world."

Given the sometimes friendly enmity that exists between police and fire departments, it's not too surprising that there isn't more communication, but both the OFD's Thompson and Det. Stephens agreed that it was about time that that tradition was brought to an end.

"That's what we all have to work at," Mrs. MacDonald agreed, "recognizing why child abuse happens and working to prevent it."

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